Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 April 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Public Health Update: Planning Objective 4D: Ensuring equitable opportunity for screening, including cancer screening, across Hywel Dda University Health Board.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jo McCarthy, Deputy Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Caroline Nichols, 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

This report seeks to update the Committee on progress against Planning Objective (PO) 4D, which is around increasing access and opportunity for screening and reducing the difference in uptake between those living in the least and most affluent areas of Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Across the national screening programmes in Wales, the aim is to ensure that everyone eligible for screening has equitable access and opportunity to take up their screening offer using reliable information to make a personal informed choice. Screening saves lives, reduces complications and enables choice, through early identification and treatment of health conditions. However, screening is not taken up equally across population groups resulting in disparities in outcomes and health inequities. Addressing this inequity in uptake is a key objective for the Screening Division of Public Health Wales (PHW) in partnership with its Local Health Boards through the implementation of the National Screening Equity Strategy 2022 – 2025.

A key headline from the 2020/21 PHW Screening Division Inequities Report highlights that people living in the more deprived areas of Wales have a lower uptake of screening for all adult screening programmes in Wales, compared to people living in the least deprived areas. There is a social gradient, with increasing deprivation resulting in decreasing participation in screening. As people from more deprived communities have higher rates of cancer mortality from bowel, breast and cervical cancer, the people who are at greatest risk have the lowest uptake of preventative screening that can save lives and reduce complications.

The work within PO4D addresses these findings by identifying both barriers and enablers of screening uptake but also ensuring appropriate information on the role and purpose of screening is shared with populations.

Asesiad / Assessment

Outlined are key initiatives for which work is currently being undertaken to increase screening uptake and decrease inequities in screening.

Moondance Cancer (Bowel Cancer) Learning Programme for Schools
A partnership programme between Moondance Cancer Initiative, HDdUHB and Pembrokeshire Healthy Schools Scheme. The programme, originally developed and piloted in Cwm Taf, is an investment to influence long-term behaviour change within younger generations by educating them about cancer, cancer treatment, and the connection to healthy behaviours through a fully developed curriculum package, with supporting materials for delivery. It also explores intergenerational learning, by raising awareness of bowel screening, signs, and symptoms with the pupils and wider school community, including family learning and awareness raising.

Currently two secondary schools in Pembrokeshire, Haverfordwest High and Milford Haven Comprehensive, are signed up and delivering the programme as part of a total of 24 schools who are engaging across Wales. Information received to date from the Moondance Initiative highlights that in Haverfordwest High 169 pupils and 145 households linked to those pupils have participated in a pre-programme survey, information from Milford Haven Comprehensive is expected soon. Once both schools have completed the programme, survey data will be shared with the partnership members, this will then be collated into a Hywel Dda report which will also include survey alongside information from teachers experiences and reflections of delivering the programme.

A key component of the programme is the development of a vfair - a virtual platform where the pupils and their family members from all participating schools across Wales will have the opportunity to access information, videos and activities linked to the learning programme content but also have access to professionals working within the field of cancer or screening to find out more about their role, innovation in care etc. Locally we have facilitated the support of the Health Board's Research and Development (R&D) team to showcase their innovation work aligned to cancer detection and treatment, along with a session on what happens after the bowel screening test is completed and returned, the tests that take place, the health professionals involved etc - 'The Poo Journey'. The virtual platform will also provide an opportunity for pupils to discover more about careers in the NHS and Education. All content will go live on 4 May 4 2023.

The programme showcases an excellent example of partnership working across education, health, and the wider community. Young people learning about health and keeping well through school and with their families is a great way of raising awareness and working towards preventing future ill health in our communities.
For more information about the Moondance Cancer Initiative's Bowel Cancer Programme here: https://moondance-cancer.wales/projects/bowel-cancer-programme

Cervical Screening and Ukrainian Refugees
A multidisciplinary team of key health professionals within HDdUHB, led by GP Cancer Lead, looking at cervical screening uptake within the Ukrainian refugee population in the Hywel Dda area. Through focus groups with our local Ukrainian population information around current knowledge of the cervical screening programme in Wales and barriers and enablers to uptake of screening will be obtained. Focus groups are currently being planned and will be facilitated through our Community Development Outreach Team with support from Swansea University who will provide support with qualitative findings from the focus groups, this will be done as part of a student's Public Health Masters dissertation. The aim is to facilitate the groups in early summer.

To support the focus groups a Hywel Dda Cervical Screening leaflet is being produced to ensure participants are able to retain all valuable information on the cervical screening in Wales and the Hywel Dda area. The leaflet is based on the national cervical screening leaflet.

Barriers to Screening Uptake in Carers
Looking at carers' uptake of screening programmes locally, their experiences, barriers and enablers. Nationally through Public Health Wales there is work being undertaken around unpaid carers and screening uptake in terms of themselves and for those they care for, the aim being to gain an understanding of their knowledge around screening, attitudes, experiences etc through a combination of surveys and focus groups and to develop a baseline of data.

This is an important piece of work as research conducted by Public Health Wales and Swansea University in 2021[1] highlights that unpaid carers not only experience poorer physical health but also at a younger age, and cancer being one of the most prevalent conditions where there is a greater difference between unpaid carers and non-carers.

To support work nationally, planning is underway with local colleagues supporting our carers in the Hywel Dda area to locate existing carers' support networks that would be able to give some time to act as a focus group for one session, this will ensure the Hywel Dda experience is reflected in the national work.

1. Huang F, Song J and Davies AR. (2021) *Unpaid carers in Wales: The creation of an e-cohort to understand long-term health condition amongst unpaid carers in Wales*. Cardiff: Public Health Wales NHS Trust

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to RECEIVE ASSURANCE from this report with regard to the progress being made around Planning Objective 4D: *Ensuring equitable opportunity for screening, including cancer screening, across Hywel Dda University Health Board*. Please note that as part of the planning objective review and annual plan 4D has become a deliverable as part of a new overall population health planning objective (7a Population Health - Develop and Implement Public Health Plans).

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 relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and wellbeing for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. 2.2: Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales. 2.3: Provide assurance to the Board that, wherever

	possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	This PO is not linked to any risk
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	4D Public Health Screening
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence around benefits of health screening for early detection of cancer or pre-cancerous cells is long established. Public Health Wales Screening Division can provide evidence base for all programmes where required.
Rhestr Termau: Glossary of Terms:	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:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: **Financial / Service:**	n/a
Ansawdd / Gofal Claf: **Quality / Patient Care:**	n/a
Gweithlu: **Workforce:**	n/a
Risg: **Risk:**	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template n/a
Cyfreithiol: **Legal:**	n/a
Enw Da: **Reputational:**	n/a
Gyfrinachedd: **Privacy:**	n/a
Cydraddoldeb: **Equality:**	n/a

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 April 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Public Health Update: Health Protection Planning Objective 4M
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jo McCarthy, Deputy Director of Public Health Alison Shakeshaft, Executive Director of Therapies
SWYDDOG ADRODD: **REPORTING OFFICER:**	Megan Harris, Consultant in Public Health

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 paper seeks to update SDODC on progress towards Planning Objective (PO) 4M: *Creating a sustainable and robust health protection service, including a sustainable Tuberculosis (TB) service model for Hywel Dda University Health Board (HDdUHB)*.

Cefndir / Background

PO4M seeks to establish a robust Health Protection system, building on work around the TB system in particular, which started before the COVID-19 pandemic in response to the Llwynhendy TB outbreak. Delay has been inevitable following the pandemic, however, partnerships, investment and innovative ways of working developed during the pandemic, have led to further opportunities to develop a multiagency, strong health protection system.

Asesiad / Assessment

A strong partnership has developed in the implementation of Test, Trace, Protect (TTP) which is now being developed further to evolve into a more robust health protection system across Local Authorities, the Health Board, Public Health Wales (PHW) and Welsh Government (WG). In March 2022 WG launched its transition plan “Together for a Safer Future” and this highlighted the vital role that TTP played in reducing the transmission of COVID-19 throughout the pandemic. In line with this plan, a Regional Strategic Oversight Group has superseded the role of the Regional Incident Management Team (IMT) and county IMTs in steering this process as we move forwards. Partner contributions are positive and have maintained a “can do” attitude to responding to on-going challenges. The focus now is to develop multi-agency agile health protection teams which can respond to a range of health protection challenges and disease outbreaks.

Funding was provided this financial year to support the transition from COVID-19 stable into endemic and strengthen the health protection system. A workshop has been scheduled on 20 April 2023 to continue the discussions on the health protection system for Hywel Dda that was suspended due to the pandemic.

The total funding available for 2023/24 is £1.9m which is non-recurrent. Despite the non-recurrent nature of this funding, it is clear that WG is committed to supporting the system going forward, and we expect some ongoing health protection related funding. There is a separate funding stream for the COVID -19 vaccination programme. The Regional Strategic Oversight Group agreed on 23 February 2023 that funding would be assigned as follows:

- £732k for the Health Board community testing based on a much reduced 5 day service in Spring/Summer and 7 day service in Autumn/Winter
- £100k for the cost of Point of Care Testing (POCT) for equipment, maintenance, warranties etc
- £1.068m for the LA teams, split as follows:
  - £534k for Carmarthenshire
  - £36k from the Ceredigion and Pembrokeshire element for the HB to employ a part-time IPC nurse to work within the Ceredigion and Pembrokeshire LA teams
  - £296k for Pembrokeshire
  - £202k for Ceredigion

The TB Operational Group has been re-established; the group was originally set up to respond to the Llwynhendy TB outbreak and response, and then to the Ukrainian refugee settlement programme, but will not turn attention to the long term plan for TB services in HDdUHB. Terms of Reference are being developed and pathways and services being reviewed. The group is also updating the corporate risk register in line with the Llwynhendy Outbreak External Review.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to RECEIVE ASSURANCE that post-COVID-19 health protection plans are in motion, including establishment of a system to review TB pathways and ensure the service can respond to asks going forward. The partnerships developed and nurtured during COVID-19 and our Ukraine response, are key to a strong multiagency system going forward.

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 relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and wellbeing for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. 2.3: Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate risk around Llwynhendy TB outbreak sits under Dr Phil Kloer, Medical Director. This is regularly reviewed.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	4M Health protection
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within the report
Rhestr Termau: Glossary of Terms:	RSOG - The Regional Strategic Oversight GroupTB - Tuberculosis, a respiratory illness which can have devastating effects and which is spread through prolongued contact with an affected person. Treatment is long and challenging so prevention is key.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	RSOG have agreed the health protection spend for 23-24. Alison Shakeshaft is RSOG chair

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A

Risg: **Risk:**	N/A
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 April 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hywel Dda University Health Board Draft Health Improvement & Wellbeing Plan
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jo McCarthy – Acting Director of Public Health Lee Davies – Executive Director of Strategy & Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanna Dainton – Head of Health Improvement & Wellbeing – Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Strategic Development and Operational Delivery Committee (SDODC) is asked to consider the early draft version of our first Hywel Dda Health Improvement and Wellbeing plan (attached). The plan takes a population health approach and sets out how, over the next three years, alongside our key partners, we will support our residents to live and enjoy a healthy lifestyle.

The SDODC is asked to consider the content and actions contained within the plan and to provide comments or suggested amendments to be incorporated into the final draft version prior to it being issued for consultation with key stakeholders and submitted to the Board and RECEIVE ASSURANCE with regard to ongoing progress with regard to the relevant planning objective

As part of the planning objective review and annual plan PO4S has become a deliverable as part of a new overall population health planning objective: PO7A: *Population Health - Develop and Implement Public Health Plans* which:

- Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course
- Provide robust health protection and vaccination services for the community
- Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches

Cefndir / Background

This early draft Health Improvement and Wellbeing plan has been developed to improve population health and wellbeing, supporting and enabling people to fulfil their potential and strengthen their resilience. The plan focuses on specific key actions we will undertake with our partners to address issues that, evidence informs us, are the leading causes of preventable ill health and early death, including smoking, alcohol misuse, drug use and wider wellbeing

factors such as emotional wellbeing, suicide and self–harm, physical activity and nutrition, health, housing and gambling.

Many cases of life changing illness, such as cancer, respiratory disease, stroke and mental illness, are linked to these issues and represent key drivers of health inequality. Supporting people to live healthier lives now will help prevent avoidable ill health in the future. Although obesity is one of the leading causes of preventable ill health, there is a separate plan to cover this.

Asesiad / Assessment

The Health Improvement and Wellbeing plan has four discrete sections that can be taken as standalone documents and will inform the work programme of the Health Improvement and Wellbeing Team within Public health and its wider partners over the next three years.

The **Tobacco Control** section of the plan has five key priority areas, as follows:
- Health Inequalities
- Prevention
- Smoke free Environments
- Smoking Cessation and Wellbeing Service Delivery
- Partnership, Collaboration and Outcomes

The **Alcohol Harm Reduction and Drug Misuse Strategy** has six key priority areas, as follows:
- Prevention and Early Intervention
- Harm Reduction
- Treatment and Recovery
- Crime Reduction and Availability
- Complex Needs – Substance Misuse, Mental Health and Housing
- Strategic Planning and Partnership

Wider Health and Wellbeing factors:
- Emotional Wellbeing
- Suicide and Self–Harm
- Physical Activity and Nutrition
- Health and Housing
- Gambling

The Enabling factors section includes:
- Research and Evaluation
- Impact and Outcomes
- Value Based Health Care
- Partnership

The aims and outcomes within the plan are based on our analysis and understanding of local need, national strategy and the available evidence base. Each of the sections of the plan will be supported by detailed implementation plans, refreshed annually to reflect key changes in policy, guidance and local issues. In addition, each section will consider how we will:

- Demonstrate population, patient and service level outcomes and impact
- Reduce health inequalities
- Empower people to take responsibility for their health choices
- Be innovate and consider research and evaluation

- Take a value based healthcare approach
- Create the best opportunities to prevent health problems at an early stage
- Ensure services will continuously improve

Each planned action with the Health Improvement and Wellbeing Plan has the potential to make a significant impact both to the health and wellbeing of the population and to reduce health and social care costs. For instance, the Blue Light Project, (one action within the Drug and Alcohol section of the plan) an evidence-based model to work with change resistant drinkers which we have commissioned from Alcohol Change UK has estimated that 400 change resistant drinkers within the Hywel Dda area are costing local public services approximately £10m per annum. The roll out and evaluation of the model in some areas of the UK have generated cost savings of £360k.

We will, ensure that the impact of the actions within this plan are measured in terms of population, patient and community outcomes as well as wider value based health and social care considerations.

Argymhelliad / Recommendation

The Strategic Development and Operational Development Committee is asked to CONSIDER the scope, implications and content of the early draft Health Improvement and Wellbeing Plan to inform the final version for Board and consultation with wider stakeholders and RECEIVE ASSURANCE in respect of ongoing progress with regard to planning objective PO7A: *Population Health - Develop and Implement Public Health Plans*.

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 relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and wellbeing for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. 2.2: Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales. 2.3: Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH). 2.4: Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving

	early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 1. Putting people at the heart of everything we do 2. Working together to be the best we can be All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4S Improvement in Population Health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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:	The evidence around the benefits of health improvement and wellbeing is established.
Rhestr Termau: Glossary of Terms:	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:	Within the report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	n/a

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	n/a
Gweithlu: **Workforce:**	n/a
Risg: **Risk:**	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template n/a
Cyfreithiol: **Legal:**	n/a
Enw Da: **Reputational:**	n/a
Gyfrinachedd: **Privacy:**	n/a
Cydraddoldeb: **Equality:**	n/a

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

Hywel Dda Health Improvement & Wellbeing Strategy

Foreword

Hywel Dda's first Health Improvement & Wellbeing Strategy sets out how, over the next 3 years, we will support our residents to live and enjoy a healthy lifestyle.

Our vision is that individuals, families and communities across Hywel Dda feel equipped to make positive choices. Our vision will encourage people to strengthen their resilience in order to prevent and reduce harm. Our vision will support our population in fulfilling their potential.

Much premature ill-health and disability can be prevented. This strategy focuses on action we will undertake with our partners to address issues that the evidence informs us are the leading causes of preventable ill health and early death including:

- Smoking
- Alcohol Use
- Drug Use
- Wider Wellbeing factors:
  - o Emotional Wellbeing
  - o Suicide and Self-Harm
  - o Physical Activity & Nutrition
  - o Health & Housing
  - o Gambling

Many cases of life changing illness such as cancer, respiratory disease, stroke and mental illness are linked to these issues and represent key drivers of health inequality. Often people may face one or more of the issues identified within this strategy.

Although obesity is one of the leading causes of preventable ill-health there is a separate strategy that looks at this which can be accessed here XXXX

Supporting people to live healthier lives **now** will help prevent avoidable ill-health in **the future**.

The aims and outcomes within the strategy reflect our understanding of local need, as described in the full needs assessments associated with this document.

Each aspect of the strategy will include a focus on how we will:

- Demonstrate outcomes and impact
- Reduce health inequalities
- Create the best opportunities to prevent health problems and offer support at an early stage
- Empower people to take responsibility for their health choices
- Make changes based on the best evidence of what works well
- Ensure services continuously improve
- Be innovative and consider research and evaluation

The strategy will be supported by detailed implementation plans, refreshed annually to reflect key changes in policy, guidance and local issues.

Contents

Introduction

Tobacco Control Strategy (Smoking)

- o Health Inequalities
- o Prevention
- o Smoke-free Environments
- o Smoking Cessation & Wellbeing
- o Partnership, Collaboration & Outcomes

Alcohol Harm Reduction & Drug Misuse Strategy

- o Prevention & Early Intervention
- o Harm Reduction
- o Treatment & Recovery
- o Crime Reduction & Availability
- o Complex Needs – Substance Misuse, Mental Health & Housing
- o Strategic Planning & Partnership

Wider Health & Wellbeing factors:

- o Emotional Wellbeing
- o Suicide & Self – Harm
- o Physical Activity & Nutrition
- o Health & Housing
- o Gambling

Enabling Factors:

- - Research & Innovation
- - Impact & Outcomes
- - Value Based Health Care
- - Partnership

References

Glossary

Introduction

What does good health look like?

This is a complex question to answer. It is more than simply the WHO definition of health – it is not merely the absence of disease.

A Population Health Approach

This strategy is focused on taking a population health approach:

The King's Fund defines this as:

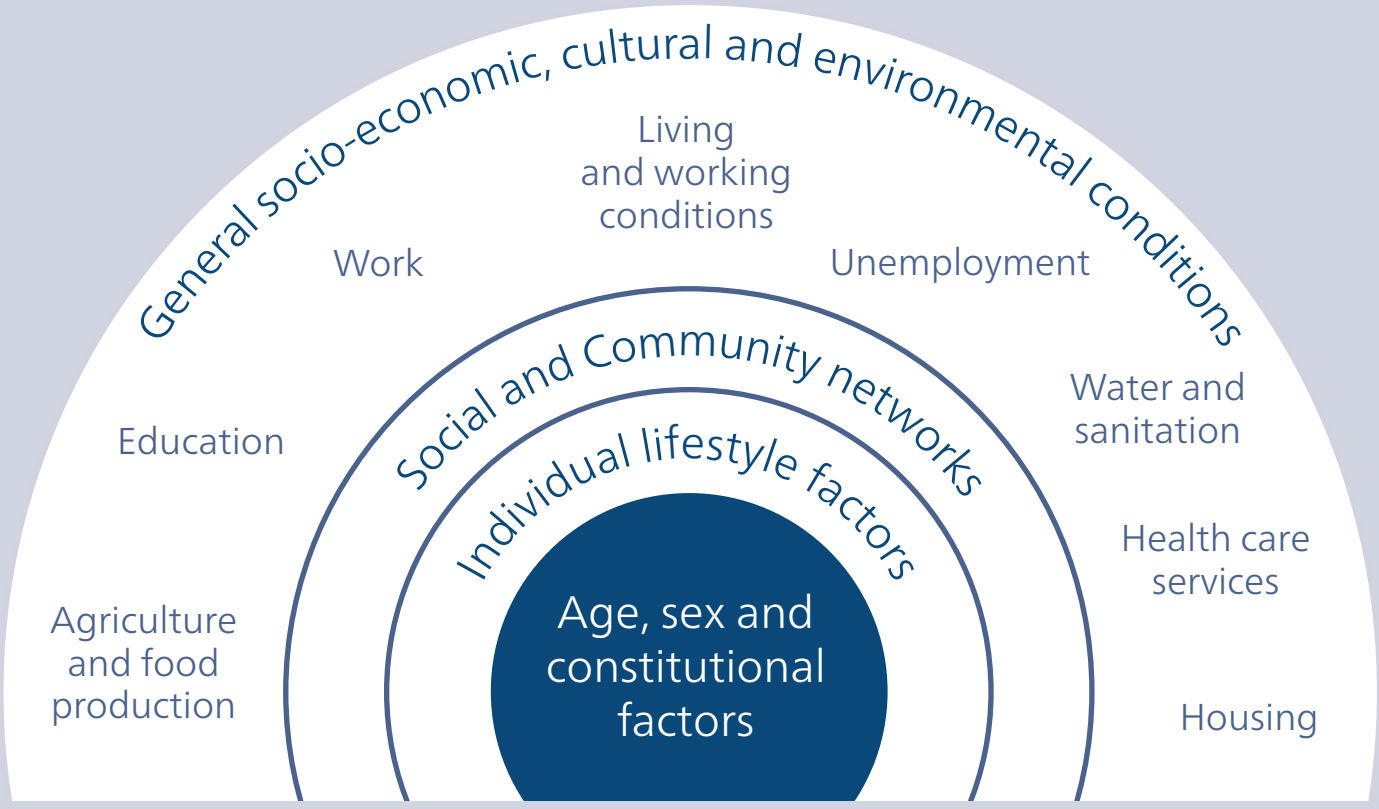
An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

Buck et al 2018, p18

Population health requires input from numerous partner organisations, such as the NHS, community groups, local authorities and political leaders, as well as public health teams whose action and influence should be seen as key in a population health approach.

Our health is shaped by a range of factors, as set out in Figure 1 (Dahlgren and Whitehead, 1993).

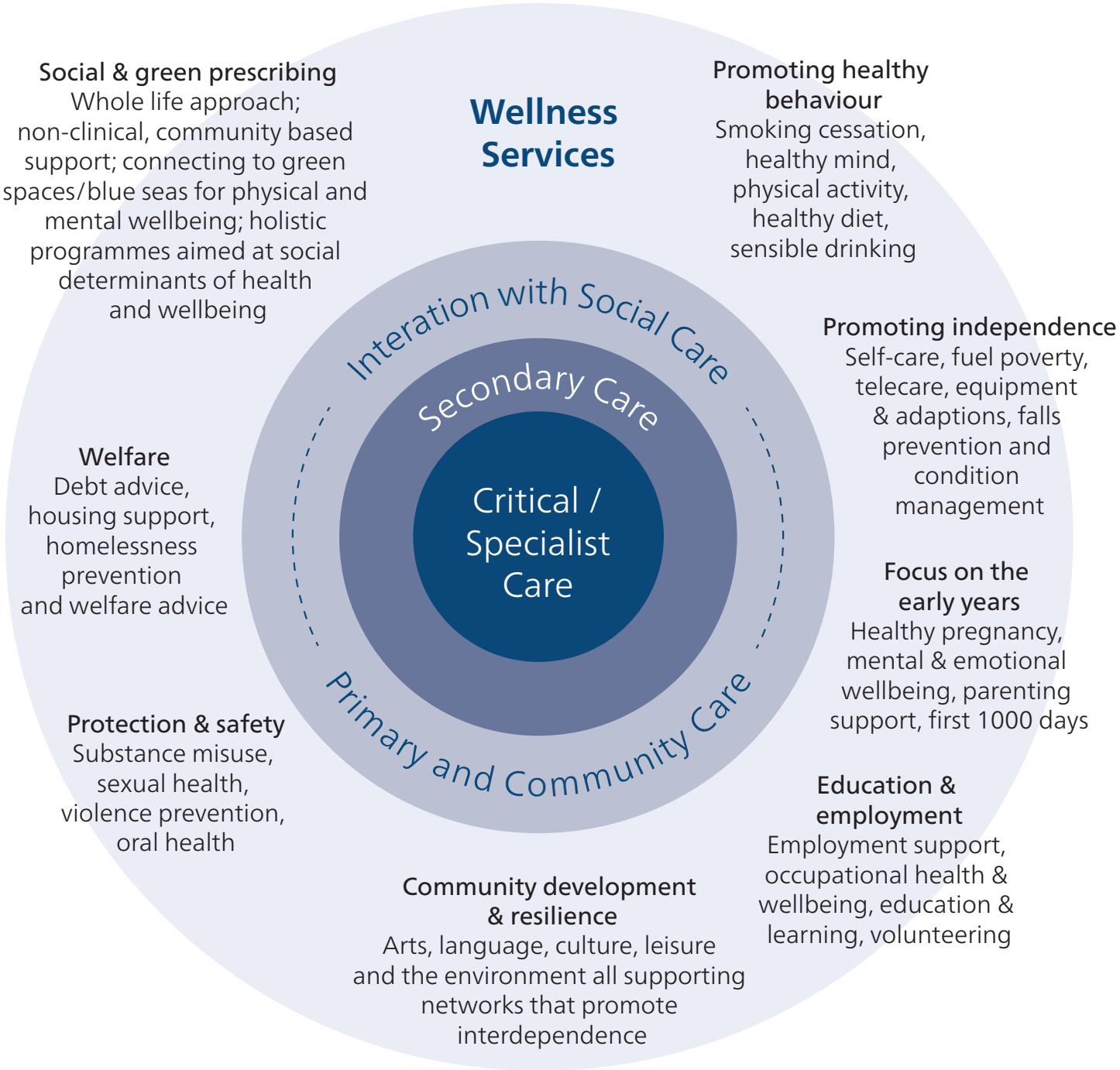
Figure 1 - What affects our health?



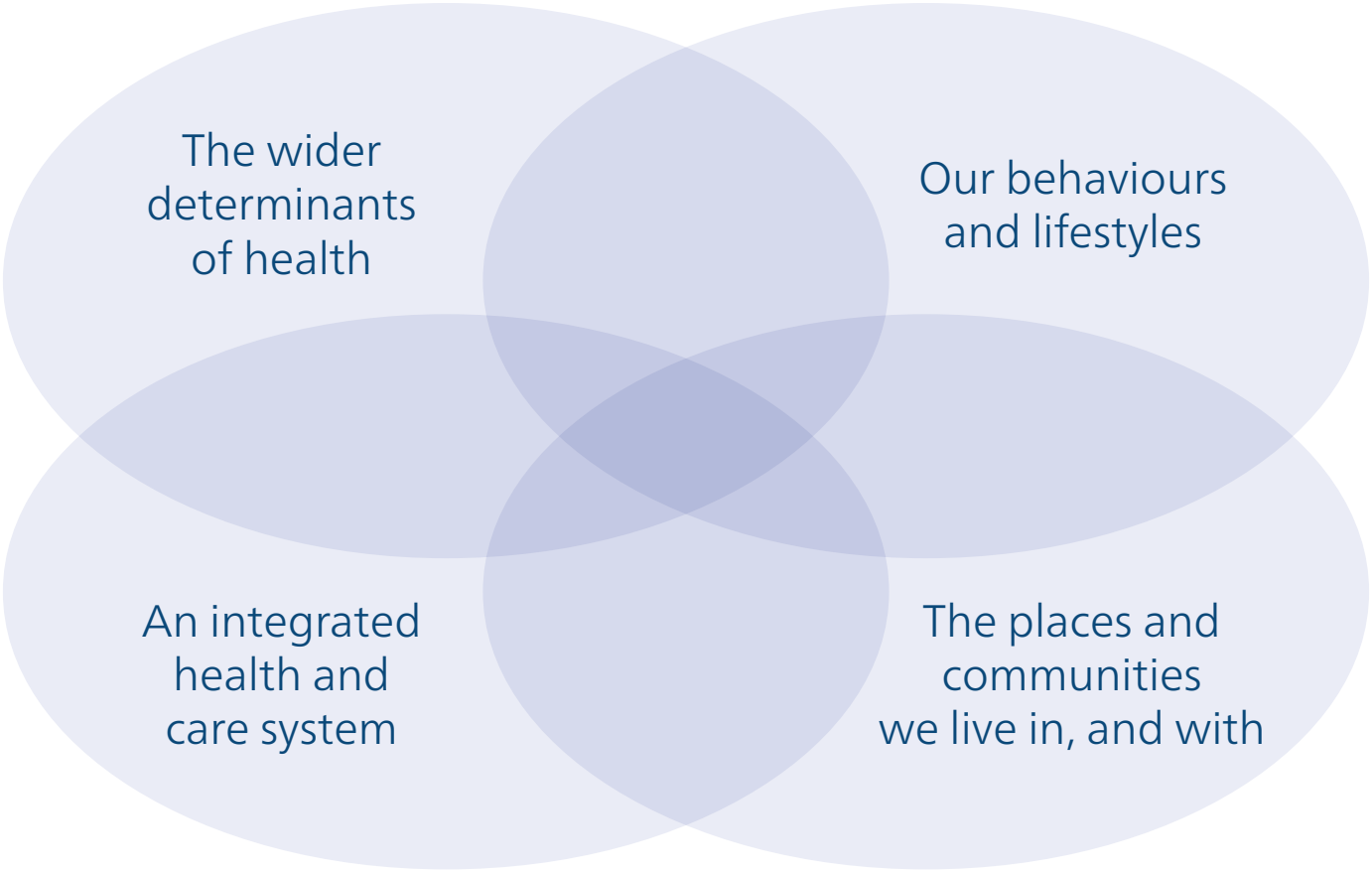
Source: Dahlgren G. Whitehead M 1993

Locally within Hywel Dda, we are focused on achieving a social model of health in line with the Social Model for Health diagram below (Director of Public Health, 2018-19).

Figure 2 - Social Model for Health



The Kings Fund (2022) describes a population health system as focused on four key areas as follows:



A population health system is built upon four pillars. These four pillars are:

- **The wider determinants of health:** these are the **most important** drivers of health. In addition to income and wealth, these determinants include education, housing, transport and leisure. These are all inter-dependent as health and wealth are strongly correlated, so no policy can ever work in isolation.
- **Health behaviours and lifestyle:** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to health outcomes.
- **Places and communities:** our local environment is an important influence on our health behaviours, and there is strong evidence of the impact of social relationships and community networks, including on mental health.
- **Integrated health and care systems:** this reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs rather than within organisational silos.

The focus of this strategy is on health improvement and lifestyle. However, as will be seen from the individual action plans, in order to effectively support health behaviours and lifestyle amongst our community all four of the pillars must be addressed. Each is interconnected and the actions within this strategy therefore address all four pillars to varying degrees.

Global burden of disease

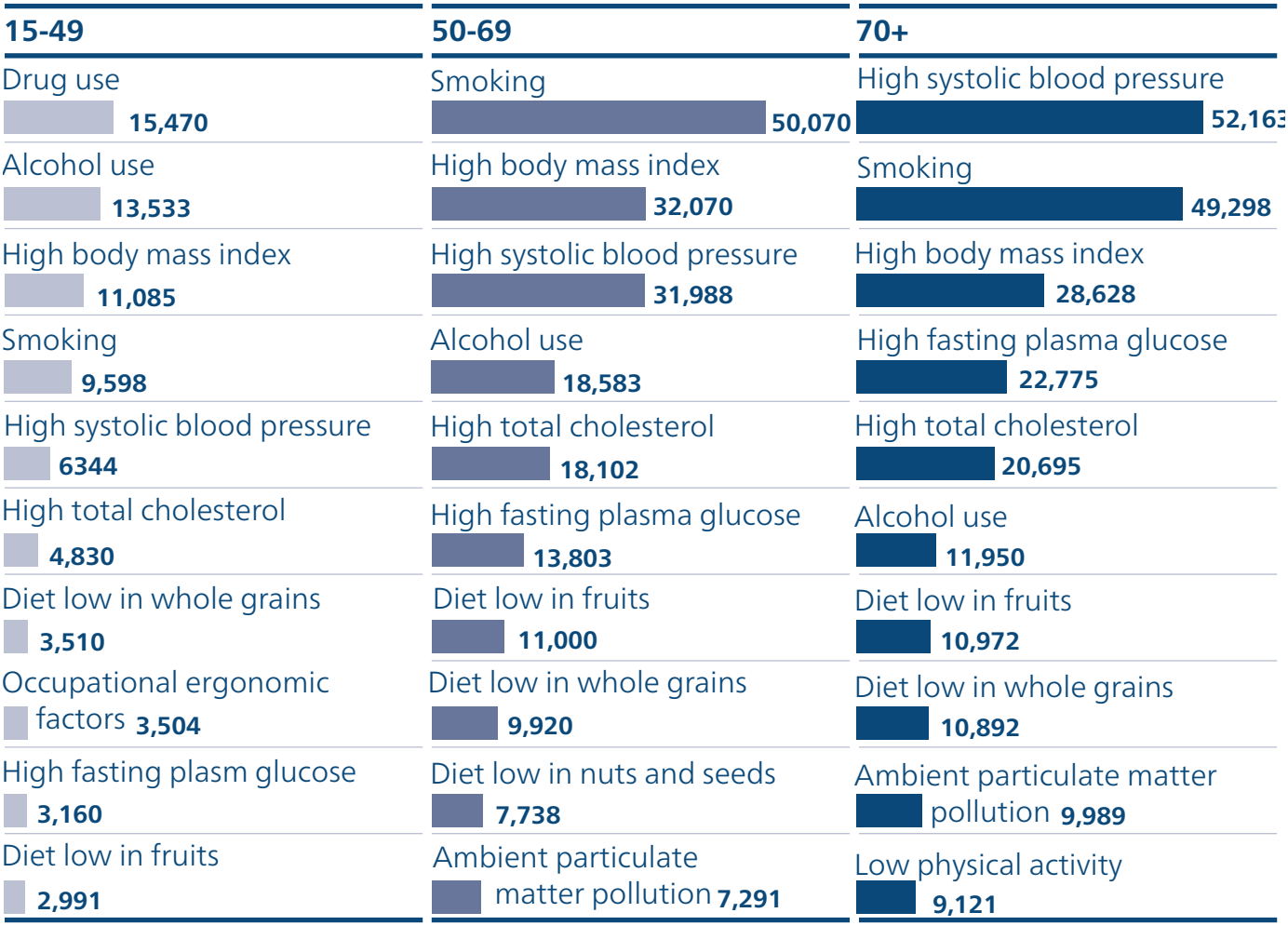
The diagram below shows the top risk factors for disability adjusted life years in Wales. The leading risk factors include:

- Smoking
- Alcohol Use
- High BMI
- Drug Use
- High Blood pressure
- Nutrition
- Physical activity

The risk factors are slightly different for each age group with drug and alcohol use the leading risk factors in the 15 – 49 age group Smoking and BMI are the highest risk factors in the 50 – 69 age range and high blood pressure, smoking and high BMI are the leading risks in the 70 plus age range (Public Health Wales Observatory, 2016).

Top 10 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs) by age group, counts, all persons aged 15+, Wales, 2016

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



The top 10 risks in the 15-49 age group account for 77.1% of total DALYs (96,100)

The top 10 risks in the 50-69 age group account for 76.2% of total DALYs (263,300)

The top 10 risks in the 70+ age group account for 75.7% of total DALYs (299.000)

Figure 3 - Global Burden of Disease (Public Health Wales Observatory, 2016)

Hywel Dda University Health Board consists of the three Local Authority areas of Carmarthenshire, Ceredigion and Pembrokeshire and has a total population of 374,600 people (Public Health Wales, 2016).

Generally, Hywel Dda has an older population than the rest of Wales with 9.8% of Hywel Dda residents aged over 75, compared to the Welsh average of 8.6%. It is estimated that 59% of Hywel Dda adults are overweight or obese (above all Wales average of 57%) but only 23% of Hywel Dda residents smoke compared to 24% across Wales (Public Health Wales, 2019a) (more recent data on smoking to follow).

However, it is important to note that data can become outdated quite quickly as demonstrated by the progress made on smoking prevalence in Hywel Dda throughout the pandemic.

It is self-reported that 40% of the adult population of Hywel Dda drink above the alcohol guidelines compared to 45% for all-Wales (Public Health Wales, 2019a). However, we are aware that over 60% of assessments by specialist drugs and alcohol services are related to alcohol consumption and that much of the harm caused by this remains hidden. Other indicators are presented in Table 1 below. Hywel Dda has some of the lowest figures for drug related deaths in the UK and the focus remains on reducing such deaths, as a single drug related death is one too many.

Summary Statistics Description of Hywel Dda University Health Board's population (Public Health Wales, 2019a)

Hywel Dda HB	
Total Population	374,600
% aged 75 and over	9.8%
Life expectancy at birth – males	77.5 years
Life expectancy at birth – females	82.0 years
% overweight or obese adults	59%
% adults who smoke	23%
% adults drinking above guidelines	40%
MMR uptake	92.2%
Live births per 1000 women aged 15-44	57.9
Emergency hospital admissions (European age standardised rate pre 1000 population)	59.5

Strategy Context

Figure 4 – Figure to illustrate national and local strategic context of the strategy (Hywel Dda, 2021)

This strategy ensures that we deliver on our commitment to the expectations of key legislation and plans with our partners:

Healthier Wales cover

A Healthier Wales: Our Plan For Health and Social Care – Welsh Government June 2018

A national plan to bring health and social care services together, so they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

Illustration

Wellbeing of Future Generations (Wales) Act 2015

National legislation to improve the social, economic, environmental and cultural wellbeing of Wales and to deliver sustainable services for future generations. There are seven wellbeing goals and five ways of working to demonstrate the principle of the Act has been applied.

Social services cover

The Social Service and Wellbeing (Wales) Act 2015

National legislation to promote wellbeing of those who need support, or carers who need care and support, with a duty to work collaboratively with local authority partners, through the establishment of a Regional Partnership Board (RPB).

Public Services Board (PSB) Wellbeing Plans

Partnerships of public agencies to support longer term population health and wellbeing through a number of wellbeing objectives and actions.

West Wales Care Partnership

The West Wales Care Partnership is the Regional Partnership Board for the Hywel Dda area and drives integration, innovation, and service change, bringing together partners from local government, the NHS, third and independent sectors with users and carers with the aim of transforming care and support services in the region.

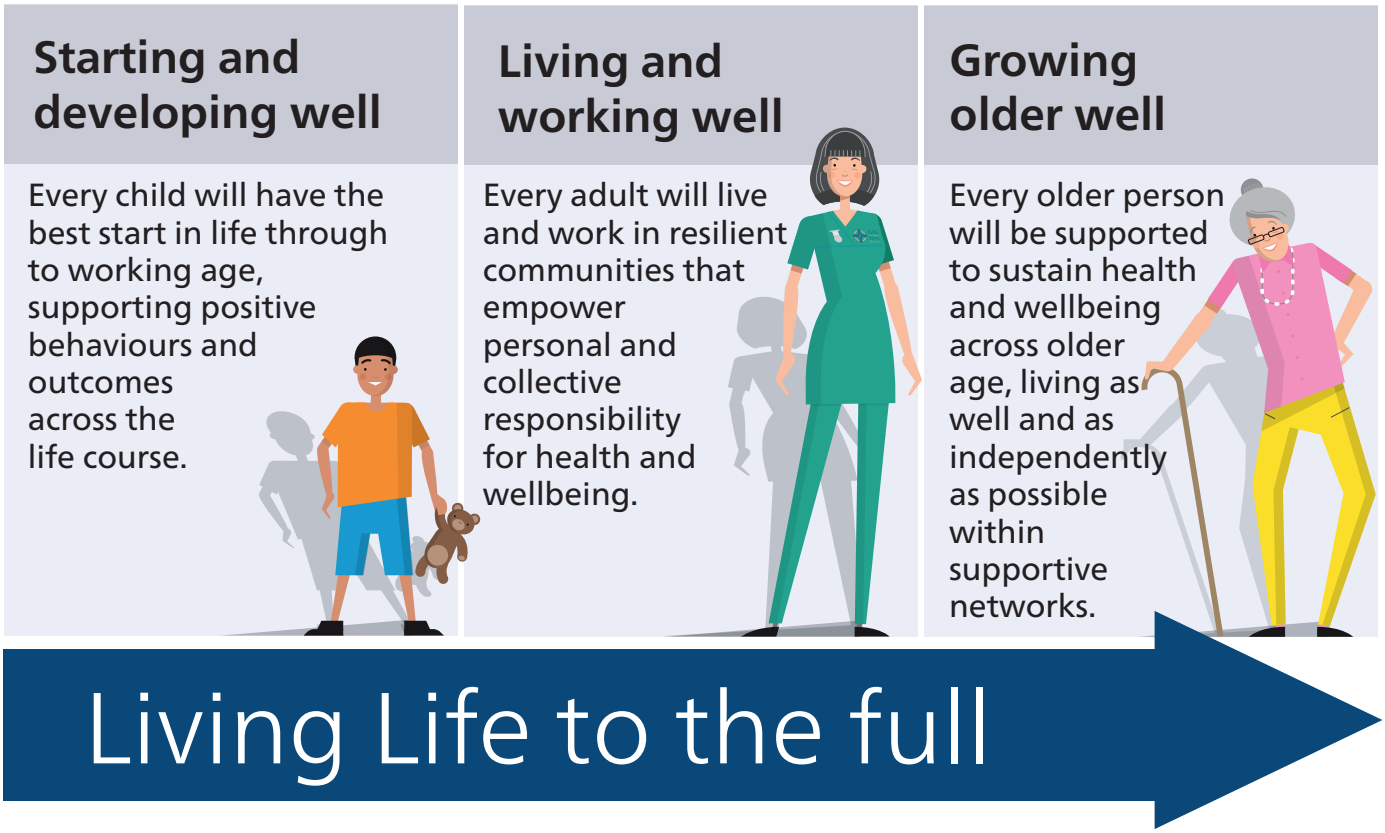
West Wales Area Plan 2018-2022

A plan jointly produced by the Health Board, the three local authorities and other partners.

The individual sections of the strategy set out national and local need and strategic context for each of these health behaviours.

Each strategy spans across the life course.

Figure 5 – A Health And Wellbeing Framework for Hywel Dda (2021)



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University Health Board

A Smoke- Free Hywel Dda University Health Board: HDUHB Tobacco Control Strategy 2022 – 2025

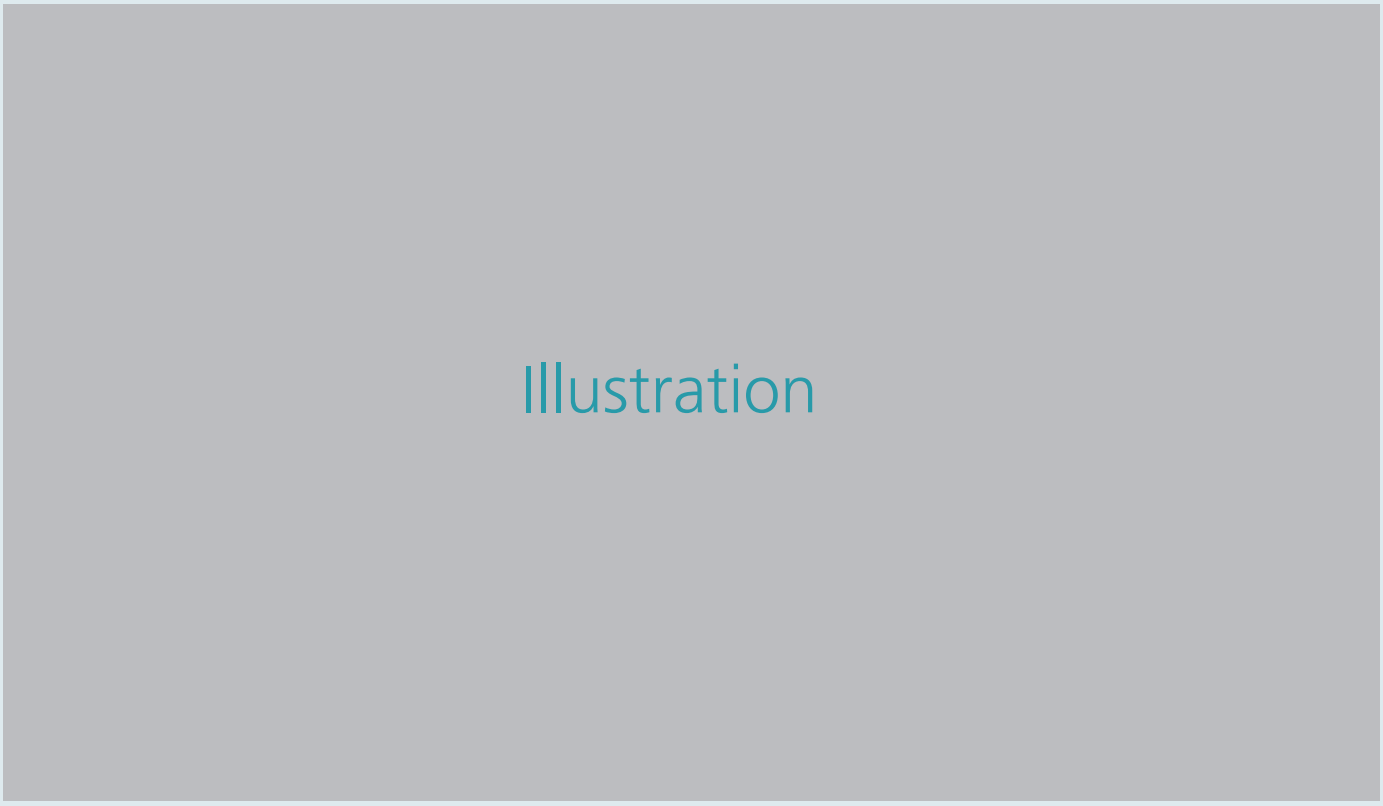
Introduction

Smoking is the leading cause of preventable ill health and premature death in Wales and a major cause of health inequality. Every year around 5,000 people, in Wales, die from smoking related conditions such as cancer and heart disease, with many more living with debilitating smoking-related illnesses such as emphysema and chronic obstructive pulmonary disease.

The reasons why people take up smoking are complex. Approximately 13% of people in Wales are smokers (Ash Wales, 2022). Smoking prevalence in Hywel Dda has decreased significantly in the last two decades from 26% in 2003-05 to 17% in 2018-19 (Public Health Wales Observatory, 2020). In 2022 HDUHB was the only area in Wales to reach the WG target of 5% of the population accessing smoking cessation services.

However, despite these significant improvements the impact of tobacco is a key component of the deep-rooted health inequalities that we wish to tackle in HDUHB. These inequalities have become more evident during COVID-19 and the disproportionate impact has made tackling the causes of these health inequalities even more important. Those in our most deprived communities are more likely to smoke. Smoking attributable mortality and hospital admissions are twice as high among those living in the most deprived areas compared to those living in the least deprived. Addressing the inequalities gap will be the focus of future activity with a greater focus on developing and testing treatment models for those with long-term illness and those living in communities with existing high levels of smoking.

87% of the Welsh population are already Smokefree and 53% of smokers want to quit (ASH Wales, 2022). A full copy of the HDUHB smoking needs assessment can be found here Tobacco Control Compendium.pdf.



Impact of smoking

Everyone deserves to live in a healthy, smoke free environment.

Health risks of smoking

Smoking increases the risk of developing more than 50 serious health conditions. Some may be fatal, and others can cause irreversible long-term damage to health.

Smoking causes around 7 out of every 10 cases of lung cancer (70%). It also causes cancer in many other parts of the body.

Smoking damages the heart and affects blood circulation, increasing the risk of developing conditions such as

- coronary heart disease
- heart attack
- stroke
- peripheral vascular disease (damaged blood vessels)
- cerebrovascular disease (damaged arteries that supply blood to your brain).

Smoking also damages the lungs, leading to conditions such as:

- chronic obstructive pulmonary disease (COPD), which incorporates bronchitis and emphysema
- pneumonia

Smoking can also worsen or prolong the symptoms of respiratory conditions such as asthma, or respiratory tract infections such as the common cold.

In men, smoking can cause impotence because it limits the blood supply to the penis. It can also reduce the fertility of both men and women.

Health risks of passive smoking

Second-hand smoke comes from the tip of a lit cigarette and the smoke that the smoker breathes out. Breathing in second-hand smoke, also known as passive smoking, increases the risk of getting the same health conditions as smokers.

For example, if someone has never smoked but has a spouse who smokes, their risk of developing lung cancer increases by about a quarter.

Babies and children are particularly vulnerable to the effects of second-hand smoke. A child who is exposed to passive smoke is at increased risk of developing chest infections, meningitis, a persistent cough and, if they have asthma, their symptoms will get worse. They are also at increased risk of cot death and an ear infection called glue ear. Living in a home with smokers also makes young people more likely to start smoking and increases the relapse risks following a successful quit e.g following a smoke free hospital stay or smoke free pregnancy.

Health risks of smoking during pregnancy

Smoking when pregnant can put the heath of an unborn baby at risk, as well as the health of the mother.

Smoking during pregnancy increases the risk of complications such as:

- miscarriage
- premature (early) birth
- a low birth weight baby
- stillbirth.

In Wales 33% of women aged 16-19 were recorded as smokers at initial maternity assessment compared to 10% of women aged 30+. Women from low income groups are much more likely to smoke during pregnancy (Ash Wales, 2022).

Smoke-free pregnancies tie in with efforts to reduce health inequalities caused by smoking.

Addressing harms from tobacco

Smoking prevalence in Wales has reduced to the lowest level since records began but there is still much to do.

Reducing inequalities

- Approximately 13% of adults are smokers and as smoking patterns across our society are not uniform, smoking is a major cause of inequalities (Ash Wales, 2022).
- Smoking rates are higher in some groups including:
- people in socio economically deprived areas
- people in routine and manual occupations
- people with mental health conditions
- those with substance misuse (drug and alcohol) issues
- The cost of smoking is the most motivating factor to initiate a quit attempt
- Smokers are over 3 times more likely to have a successful quit attempt with specialist behavioural smoke free support and licensed medication (Ash Wales, 2022)
- Harm reduction approaches should be offered to those unable or unwilling to commit to an abrupt quit (in line with NICE NG209).

Future generations

- Most adults who smoke have their first cigarette as a teenager, tobacco is an addiction that starts in childhood
- In Wales, 4% of adolescents aged 11-16 smoke at least weekly. Adolescents from less affluent families are twice as likely to smoke than those from more affluent families (Ash Wales, 2022)
- Young people with a smoke-free childhood are more likely to remain smoke-free
- Some children and young people continue to start smoking and so we need to do more to understand why children take up smoking (including the influence of vaping and cannabis on tobacco use) and ensure that all children and young people have a smoke-free childhood.

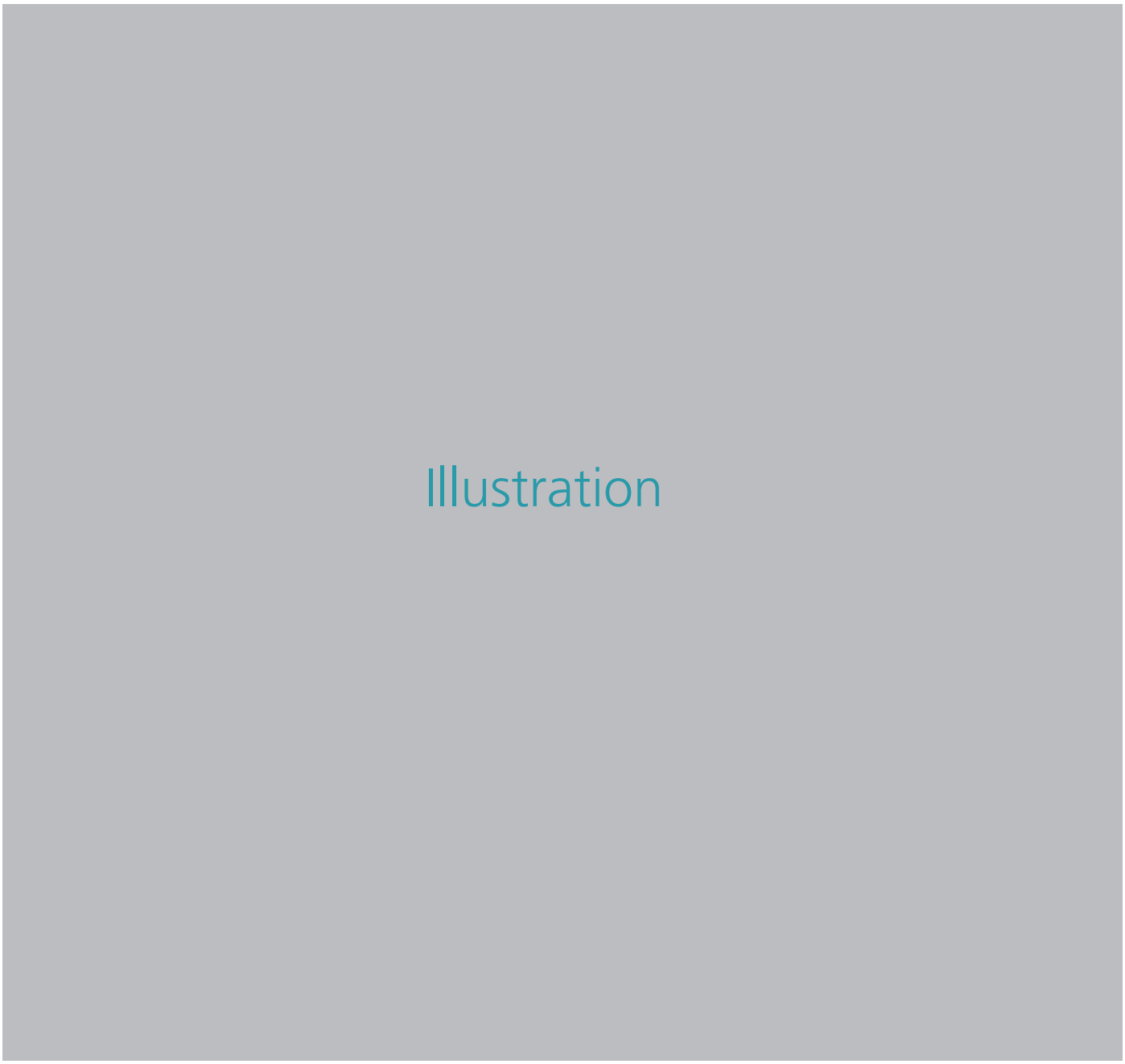
Whole system approach

- Co-ordinated tobacco control actions can have a big impact on the population

Our vision to achieve a smoke free Hywel Dda by 2030

Our local priorities - what will we do?

Our vision is to reduce smoking prevalence to 5% by 2030. The actions in this strategy set out how we plan to do this. Our local strategic priorities are in line with the overarching aims of the national Welsh Government Tobacco Control Strategy: A Smoke -free Wales (2022), which outlines three key themes of Reducing Inequalities, Protecting Future Generations and taking a whole system approach. Our local priorities are therefore organised around these key themes and detail our planned actions to achieve these priorities in line with the available evidence base.



Reducing inequalities

Local Priority 1: Health Inequalities -

To tackle the ingrained health inequalities associated with smoking through focusing on groups within Hywel Dda:

- Where rates of smoking are the highest
- Who have the highest risk of taking up smoking
- Who feel the health impact of smoking the most

We will work in collaboration with these priority groups, taking a community led approach to tobacco control.

Protecting future generations

Local Priority 2: Prevention –

We will aim to support a Smoke free generation by increasing our efforts to prevent the uptake of smoking in children and young people.

Local Priority 3: Smoke-free Environments –

Everyone deserves to live in a healthy, smoke free environment. We will make Smoke-free the norm.

Whole-system approach

Local Priority 4: Smoking Cessation & Wellbeing –

We will support more smokers to quit through continued delivery of evidence based support and further develop innovative, targeted smoking cessation services.

Local Priority 5: Partnership, Collaboration & Outcome Focused –

We will work in collaboration with all of our partners to develop and deliver our vision of a Smoke - free HDUHB by 2030 and ensure an evidence and outcome based approach.

Planned actions: how will we do it?

Reducing inequalities

Local Priority 1: Health Inequalities - To tackle the ingrained health inequalities associated with smoking through focusing on groups within Hywel Dda:

- Where rates of smoking are the highest
- Who have the highest risk of taking up smoking
- Who feel the health impact of smoking the most

Illustration

Planned Actions: Promoting Quitting

We will:

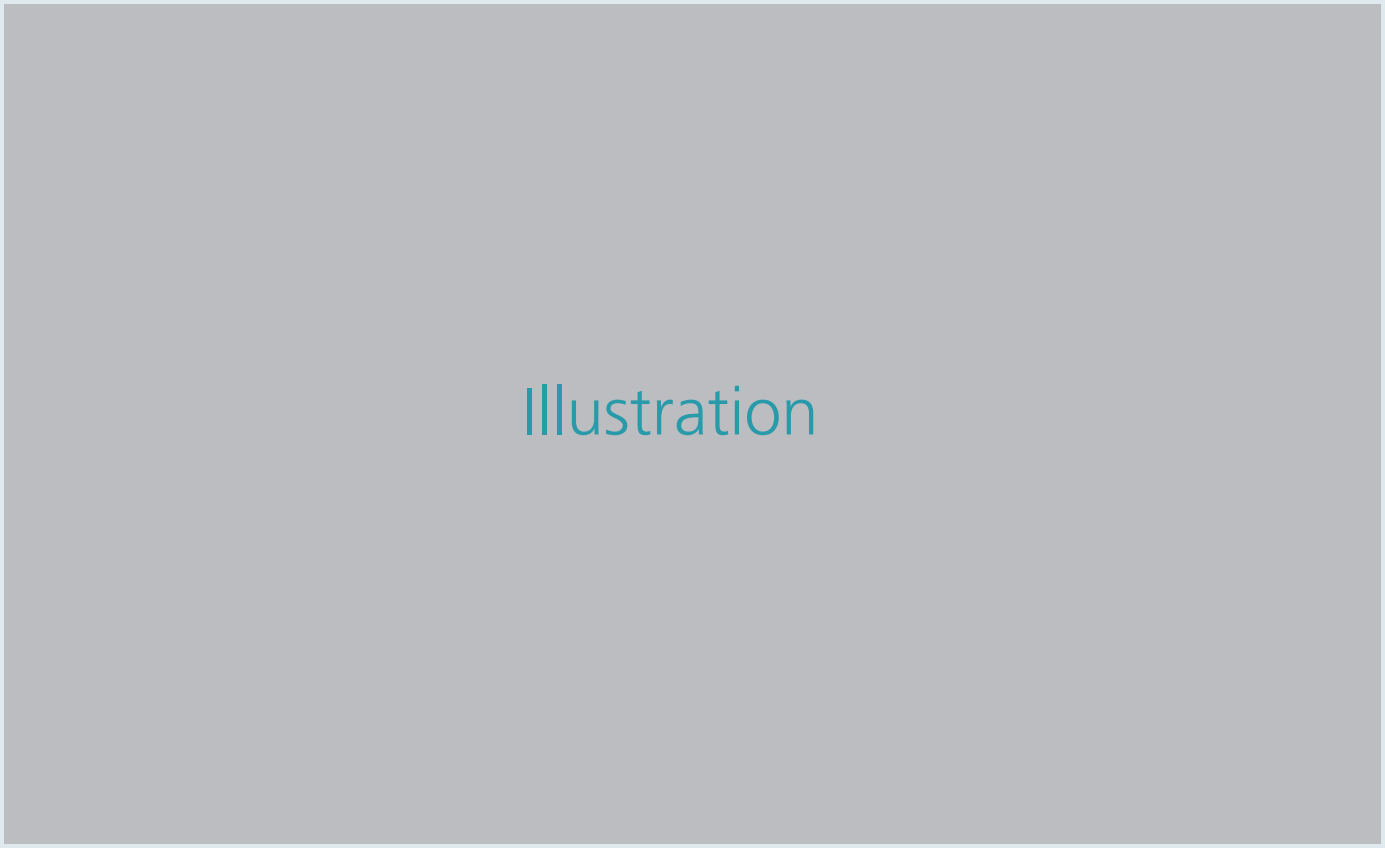
- Develop and deliver evidence based communication strategies about stopping smoking in line with NICE and other guidance
- Develop targeted campaigns towards groups that epidemiological data identify as having a higher than average or stagnant rates of smoking, including the following groups:
  - People who misuse substances
  - Mental Health & Learning Disabilities
  - Housing & Homeless Population
  - Workplace Smoking & Wellbeing Interventions – Private and public sector – routine and manual workers
  - BAME
  - LGBT +
  - Travellers
  - Consider campaigns in specific geographical locations
- Ensure campaigns are based on strategic research and qualitative before and after testing with the target audience using a range of media channels, including those most used by children and young people
- Evaluate the impact of the campaigns delivered using process and outcome measures
- Involve community pharmacies in local campaigns and maintain links with other professional groups such as dentists, fire services and voluntary groups.

Illustration

Planned actions:
how will we do it?

Protecting future generations

Local Priority 2: Prevention – We will aim to support a Smoke free generation by increasing our efforts to prevent the uptake of smoking and vaping in children and young people



Planned Actions: Promoting Quitting

We will:

- Develop and deliver with schools and partners a multi–agency co-ordinated approach to school based prevention interventions that are evidence based, linked to school smoke-free policies, integrated into the curriculum and in line with the NICE guidance on behaviour change approaches
- Work with schools to ensure that school smoke-free policies include smoking prevention activities (adult or peer led), staff training and take account of vulnerabilities, trauma and cultural, special educational or physical needs
- Support the development of adult – led prevention interventions in schools that:
  - Are curriculum based and include information on health effects of tobacco use, the legal, economic and social aspects of smoking and its prevalence and consequences
  - Develop decision making skills through active learning techniques and include strategies for enhancing self-esteem and resisting the pressure to smoke from the media, family members, peers and the tobacco industry
  - Discourage children, young people and young adults who do not smoke from experimenting with or regularly using e-cigarettes
  - Talk about e-cigarettes separately from tobacco products
  - Are clear that children and young people who do not smoke should avoid e-cigarettes
- Further develop and deliver evidence based training to local services that work with young people, in particular those working with the most vulnerable. The training will include key information on smoke-free homes and cars, vaping, nicotine dependence and referral routes
- Develop and implement a Hywel Dda wide multi-agency protocol and referral process to support schools to manage children and young people vaping or smoking, ensure that any wider vulnerabilities are also able to be addressed to maximise outcomes for children and young people
- Develop evidence based, peer led interventions aimed at preventing the uptake of smoking
- Develop and deliver local mass media campaigns for prevention to prevent uptake and de-normalise tobacco use
- Involve children and young people in the design of interventions to prevent the uptake of smoking
- Work with the Welsh Government and Trading standards on the "No Ifs. No Butts" campaign to report illegal selling of tobacco and vapes.

Local Priority 3: Smoke-free Environments – We will make Smoke-free the norm and ensure our environments are free from the harm caused by tobacco smoke.

Planned Actions:

Smoke-free environments are an important tobacco control measure. Evidence shows that smoke-free legislation reduces exposure to second- hand smoke.

Smoke free environments not only protect non-smokers from the harm of second hand smoke, they also de-normalise smoking behaviour, prevent uptake and reduce relapses.

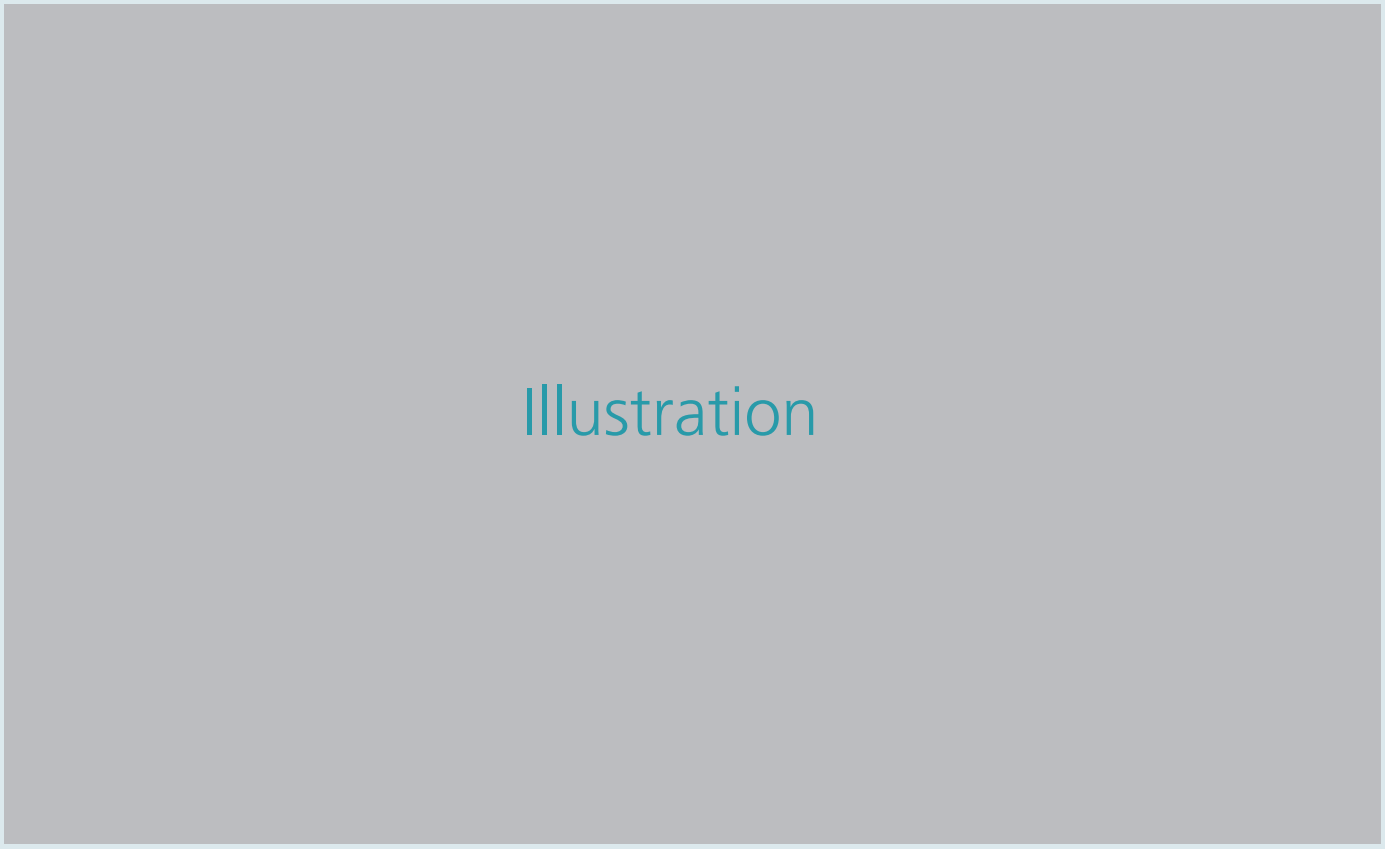
In Wales, the legislative measures recently introduced include a ban on smoking in enclosed public spaces and workplaces (2007), legislation prohibiting smoking in cars carrying children (2015) and further legislation prohibiting smoking in a range of public spaces including hospital grounds, school grounds, outdoor areas of childcare settings and public playgrounds in 2021.

We will:

- Raise public awareness of the harm caused by smoking and second hand smoke and highlight that smoking causes a range of diseases and conditions including cancer, chronic obstructive pulmonary disease and cardiovascular disease
- Develop and implement an updated HDUHB Smoke-free Policy in line with the legislation, recent NICE guidance NG209 (2021), WG Tobacco Control Strategy (2022) and all Wales Medicine Management (2021)
- Ensure information on free NHS support is available to all smokers, staff, patients and public
- Continue to develop the Smoke Free Implementation Group
- Continue supporting the Mental Health Smoke-free task Group
- Confirm HDUHB position on the use of vapes
- Support temporary abstinence to abide by smoke free policy for service users in hospital or educational settings
- Provide nicotine replacement for inpatient smokers in line with the All Wales Medicines Management Initial Prescribing Document (2021).

Whole-system approach

Local Priority 4: Smoking Cessation & Wellbeing – We will support more smokers to quit through the further development and delivery of evidence based and innovative smoking cessation provision



Planned Actions:

In order to support a further reduction in adult smoking levels more smokers need to be engaged with and encouraged to use specialist smoking cessation services that offer evidence-based behavioural support in combination with appropriate medication/nicotine replacement therapy.

We will:

- Ensure the continued development and delivery of our HDUHB Health Improvement Team smoking & wellbeing service provision, ensuring it continues to be in line with the most recent evidence base and allows innovation
- Develop services and treatment approaches to increase engagement, such as offering Harm reduction approaches for those unwilling or unable to commit to an abrupt quit
- Provide tailored support to young people with a nicotine addiction to manage their school day without suffering uncomfortable withdrawal or risking exclusion
- Continue to develop early intervention & screening approaches, in particular the primary care health coach approach
- Support people to stop smoking in secondary care through:
    - Further development of hospital Service Provision and implementation of the Ottawa/ CURE model
    - Targeted Inpatient provision
    - Targeted Outpatient provision
    - Targeted Pre admission provision
- Following NICE guidance on the use and promotion of medicinally licensed nicotine-containing products for those accessing the HDUHB smoking cessation and wellbeing service.

Maternity Provision - Pre pregnancy and pregnancy

- Identifying pregnant women who smoke and referring them for stop smoking support
- Investigate incentives - Cochrane Review (Notley et al, 2019): pregnant women are twice as likely to quit when receiving incentives
- Develop and implement a primary care poster campaign for women trying to conceive and those in the early stages of pregnancy
- Follow up women who have been referred for stop smoking support
- Provide support to stop smoking
- Ensure equitable access for all pregnant women that accounts for culture, sociodemographic factors, age and language requirements
- Reach pregnant women with complex social and emotional needs
- Help partners and others in the household who smoke by offering harm reduction approaches.

Target people with health conditions caused or made worse by smoking, including:

- Type 1 Diabetes
- Asthma
- Chronic Pulmonary disease
- People with a smoking related illness.

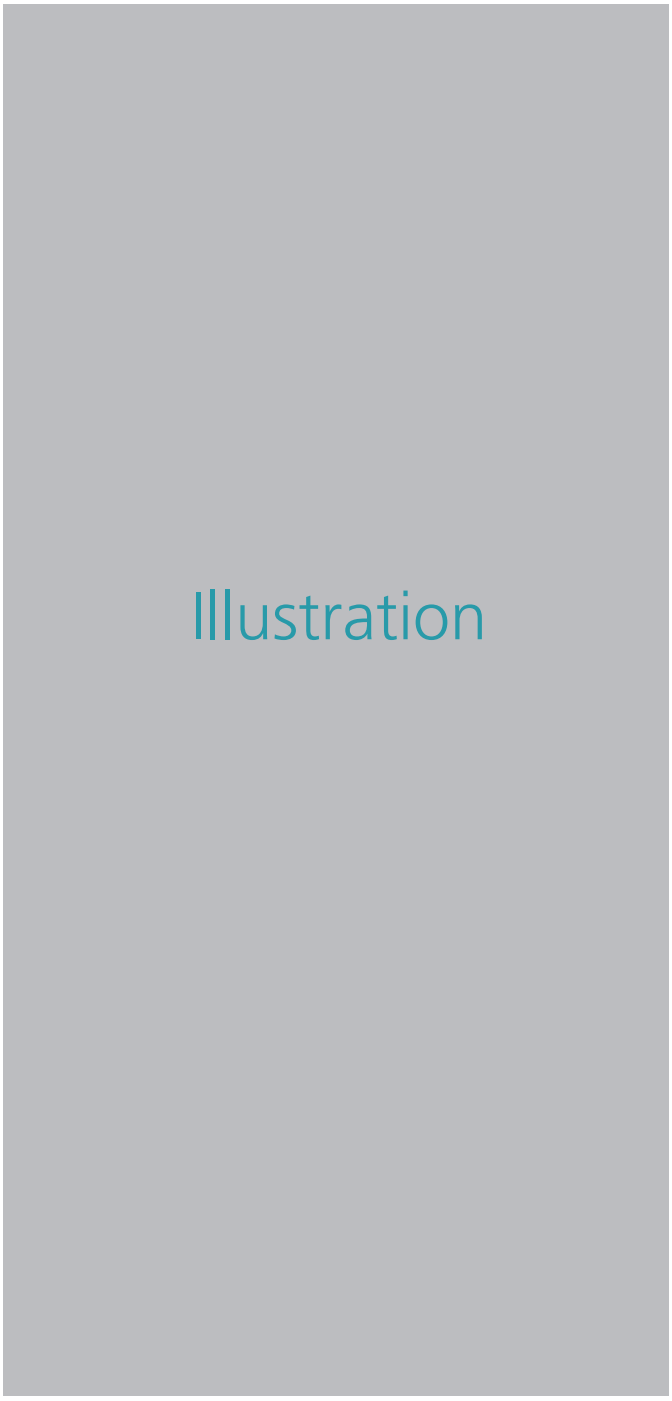
Local Priority 5: Partnership, Collaboration & Outcome Focused – We will work in collaboration with all of our partners to develop and deliver our vision of a Smoke - free HDUHB by 2030 and ensure an evidence and outcome based approach.

Planned Actions:

We will do this through ensuring we work with all of our partners across the Hywel Dda Community, including patients, the public, our partners and other partnership structures such as the RPB and PSBS.

We will continue to work with local partners including:

- Pharmacies, in particular those providing level 2 and level 3 support
- Develop further link with primary care teams to support referrals
- Local drug and alcohol services to further support joint working
- 3rd sector organisations to help tackle inequalities.



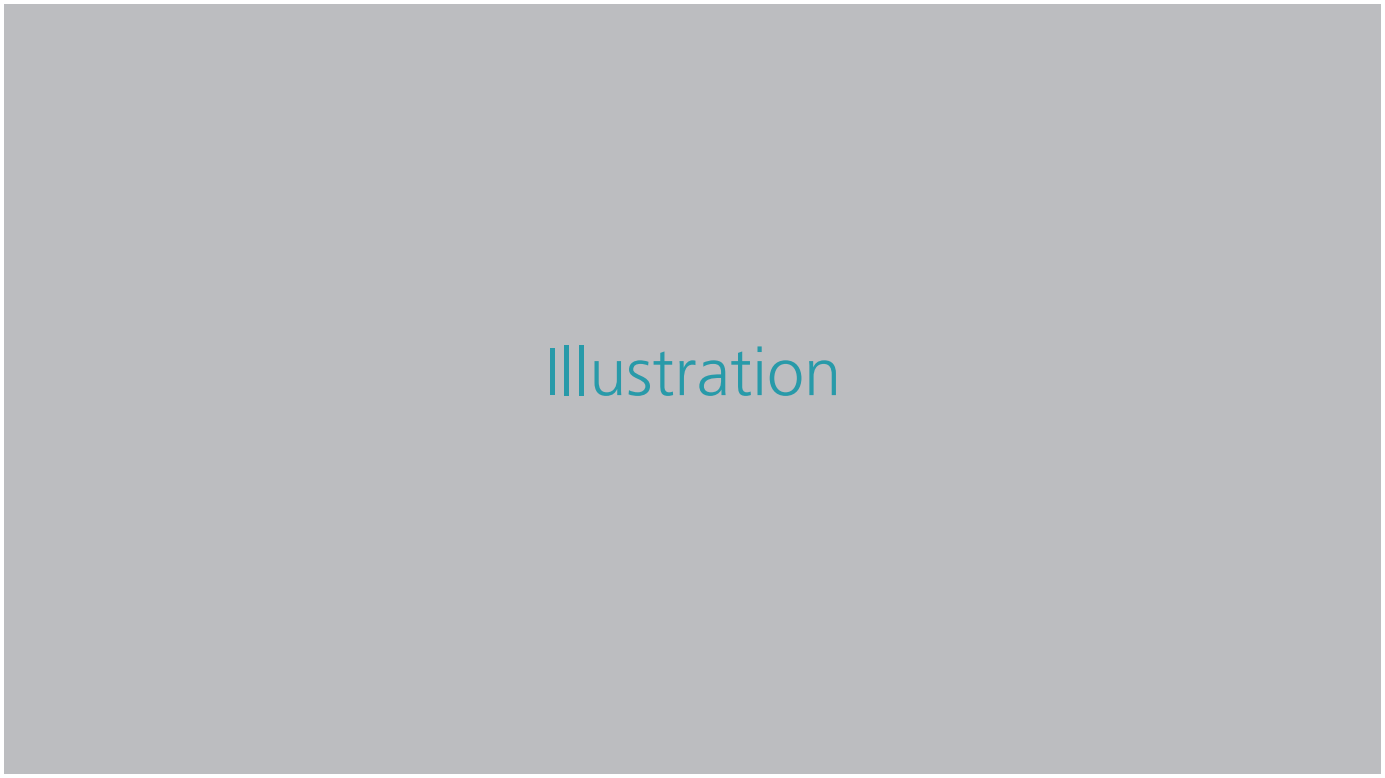
IMPACT – How will we know we've made a difference?

High Level Indicators:

- Smoking Prevalence – Target 5%
- Smoking Cessation Service Take Up– Priority groups/Occupation
- Treated smokers by priority groups
- Smoking Status at time of delivery for maternity & collection of maternity specific data in line with Welsh Government K.P.I.s
- Adherence to smoke free hospital sites legislation
- Smoking status recorded for all inpatients
- Young people smoking prevalence
- Reduce the numbers of pregnant people identified as smoking at delivery

Performance Management

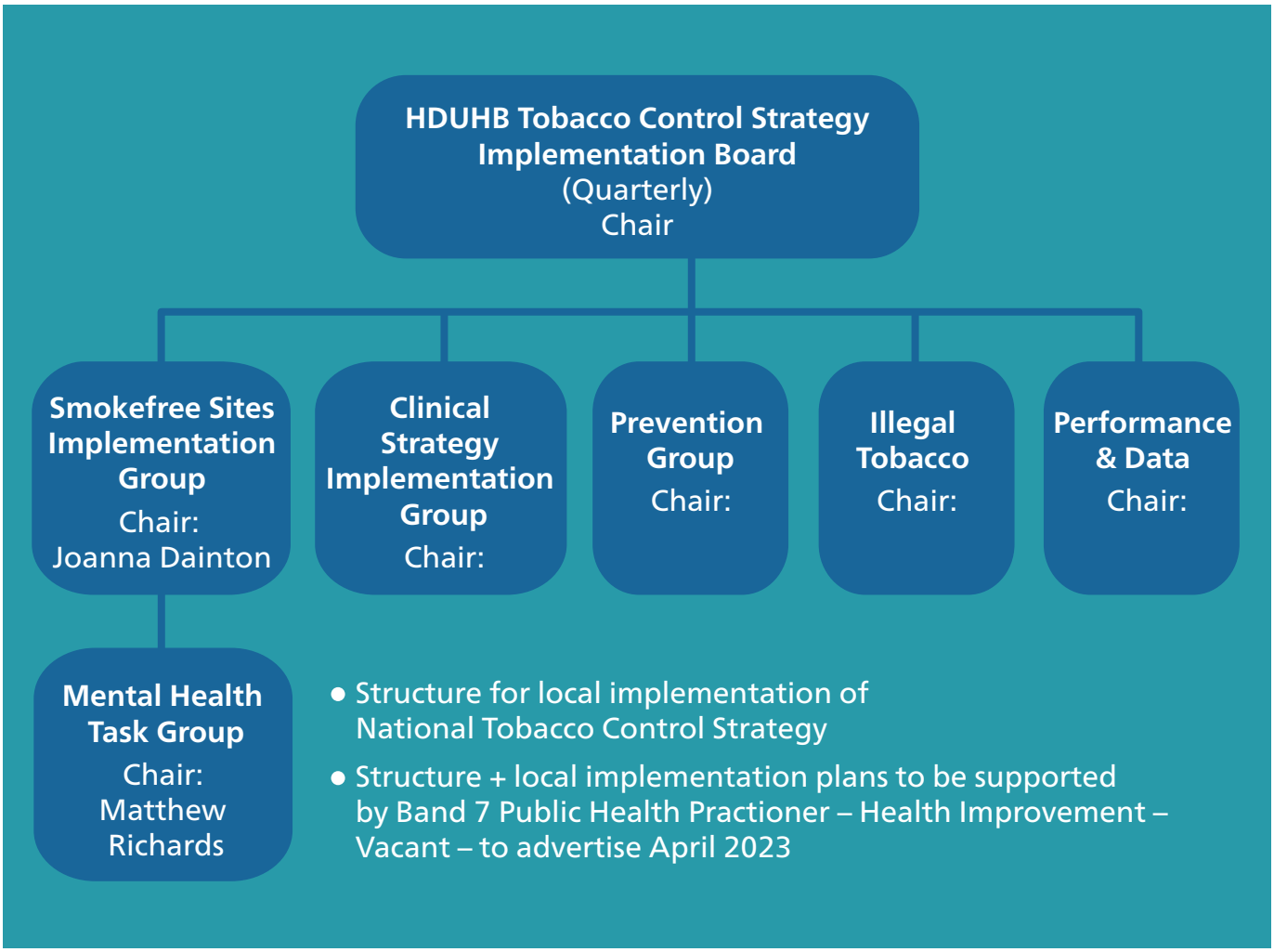
- Performance targets
- Monitor performance data for stop smoking
- Audit



Strategy delivery, monitoring & evaluation

The local impact of our strategy will be monitored through a newly established multi agency Hywel Dda region Local Tobacco Control Board.

Figure 1 – Figure to show local tobacco control governance structure



The board will be chaired by the clinical champion for the Health Board. It will be supported by the Health Improvement & Wellbeing team within the Public Health Directorate.

Glossary / Definitions:

NICE Guidance

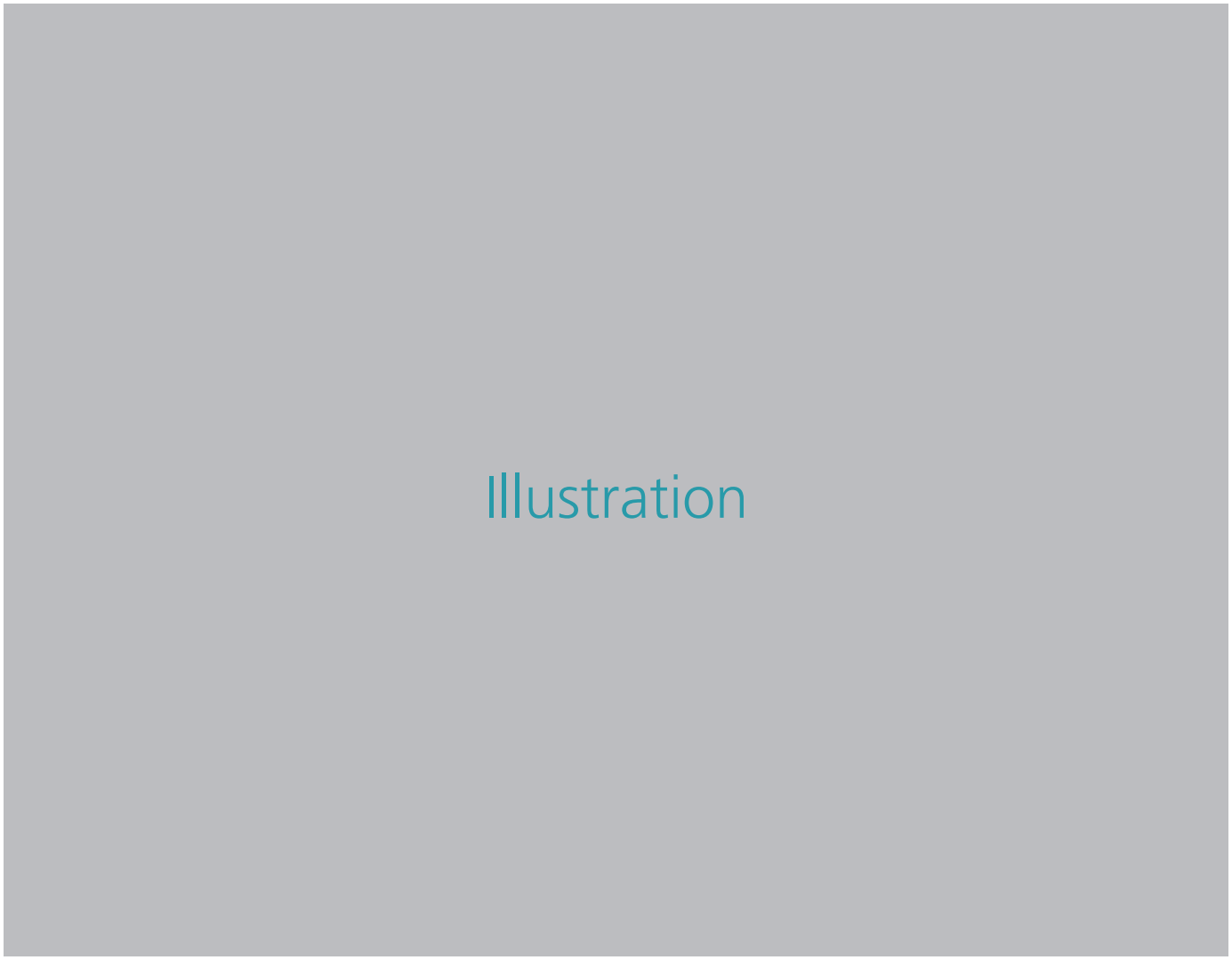
Children: aged 5 – 11

Young People: aged 12 – 17

Young adults: aged 18 to 24

Adults: aged 18 and over

Recommendations for preventing uptake are for those aged 24 and under.



Disclaimer/ Notice

As of November 2021 when this strategy was written, no nicotine containing e- cigarettes were licensed as medicine for stopping smoking by the Medicines and Healthcare products Regulatory Agency (MHRA) and commercially available in the UK market. All nicotine-containing e-cigarettes in the UK that are not licensed as a medicine by the MHRA are regulated by the Tobacco and Related Products Regulations (2016) and cannot be marketed by the manufacturer for use for stopping smoking.

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Alcohol Harm Reduction and Drug Misuse Strategy 2022 – 2025

Tackling drug and alcohol related harm across the life course

Introduction

Drug and alcohol misuse can cause serious harm to individuals, families and communities. Tackling the causes and effects of drug and alcohol misuse is complex and requires a multi - agency approach across organisations and partnership structures.

Our vision is to ensure that individuals, families and communities across Hywel Dda are equipped to make positive choices and strengthen their resilience to prevent and reduce drug and alcohol related harm and fulfil their potential.

Our Vision

Figure 1 – Figure to show Dyfed Area Planning Board Vision

Individuals, families, and communities in Hywel Dda are equipped to make positive choices and strengthen their resilience to prevent and reduce drug and alcohol related harm

Health and Wellbeing Framework Drivers

Starting & Developing Well	Living & Working Well	Growing Older Well
We are committed to delivering integrated services for children and families and building on the principles of early intervention and prevention across all localities in Hywel Dda.	We are committed to maximising all opportunities to improve the health of Hywel Dda residents in mid adulthood and ensuring that everyone has the opportunity to fulfil their potential.	We are committed to supporting people to maintain good health, wellbeing and independence for as long as possible, and ensuring that people with drug and alcohol needs are afforded choice, dignity, and respect at the end of their lives.

Strategic Priorities

Reduce Drug and Alcohol Related Harm: Identifying people with established use of alcohol and other drugs, and providing them with support to change their behaviours and mitigate against the known health risks.	**Prevention and Early Intervention:** Addressing behaviours with the potential to cause harm, such as the use of alcohol and other drugs, before they become routine for an individual, or "normal" within a community.	**Tackle Drug and Alcohol Related Crime and Disorder:** Taking a partnership driven and systematic approach to the reduction of drug and alcohol related criminal activity.
Building Recovery in Communities: Support service users in treatment for the period required, recognising that true "recovery" relies on holistic support in areas such as housing, employment, mental health, and adult education.	**Support Communities and Change Culture:** Creating the conditions which will support healthy behaviours and reduce harms, through the fostering of cohesive, inclusive, and resilient communities and on the provision of services locally available to all.	

Values and Principles

Whole Family Approach Tackle Stigma Reduce Inequality	Evidence Based Partnership Driven	Asset Based Workforce Development Service User and Family Engagement	Strong Communications Community Engaged

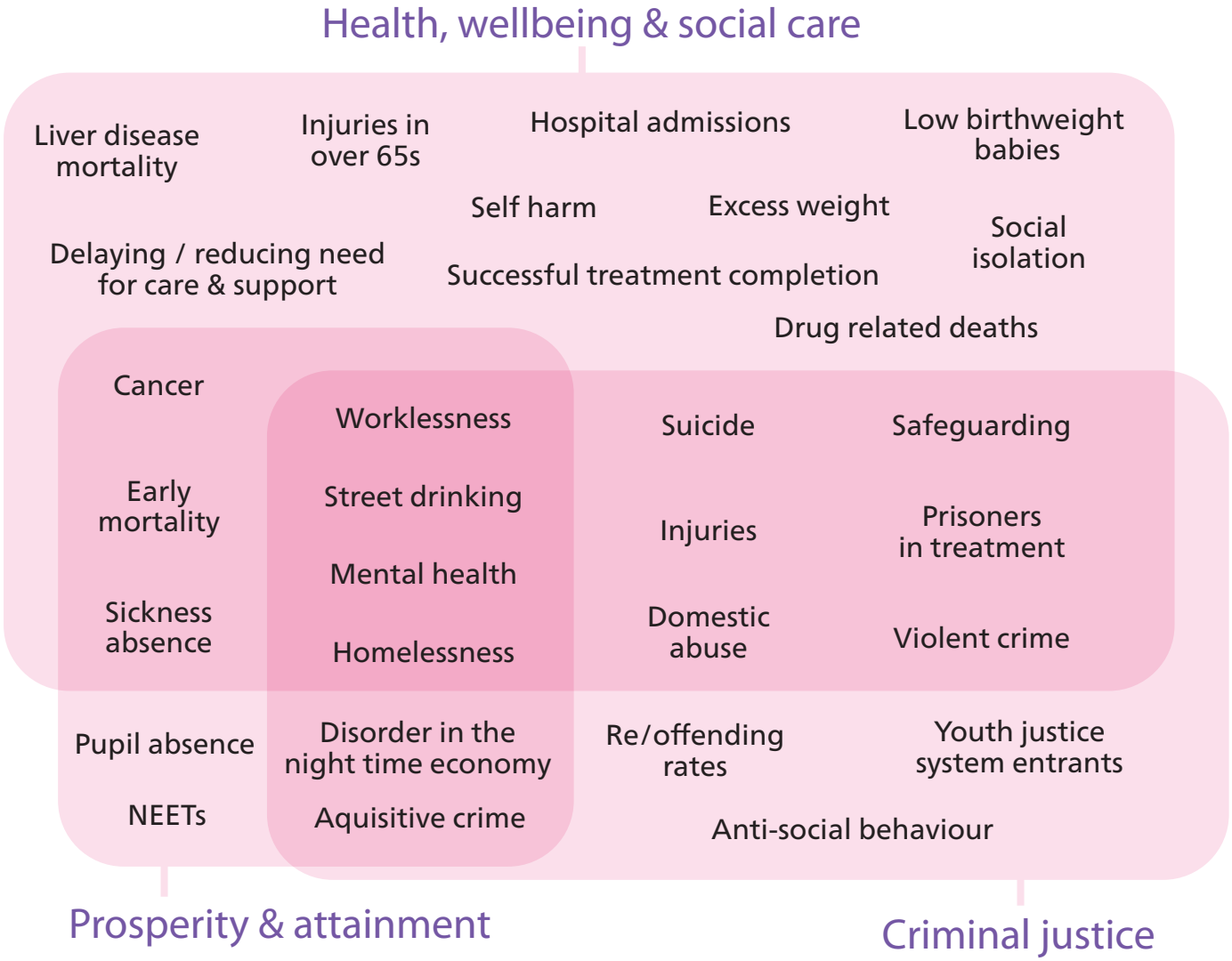
This strategy sets out how we will achieve this vision by detailing our planned actions against the following key priority areas across the life course:

Priority 1: Prevention & Early Intervention
Priority 2: Harm Reduction
Priority 3: Treatment & Recovery
Priority 4: Crime Reduction & Availability
Priority 5: Complex Needs – Substance Misuse, Mental Health and Housing
Priority 6: Strategic Planning & Partnership

Background

The effects of drug and alcohol misuse are far reaching and impact across all levels of society.

Figure 2 – Figure to show Drug and Alcohol Misuse Impact (Public Health England, 2015)



Alcohol misuse is a major preventable public health concern. Over 5% of the global burden of disease and injury is estimated to be attributable to alcohol misuse. Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking at hazardous or harmful levels, and children and young adults who suffer from the consequences of parental alcohol misuse.

Each year alcohol misuse is estimated to contribute to 3.3 million deaths worldwide; on a global level, alcohol represents the fifth leading risk factor for morbidity and mortality (World Health Organization, 2014). Alcohol consumption is associated with many chronic health problems including mental ill health, liver, neurological, gastrointestinal and cardiovascular conditions and several types of cancer such as breast, mouth, gullet, stomach, liver, pancreas, colon and rectum. It is also linked to accidents, injuries and poisoning (Rehm et al., 2010). Drinking during pregnancy can also have an adverse effect on the developing foetus. The resulting problems can include lower birth weight and slow growth, learning and behavioural difficulties and facial abnormalities (British Medical Association Board of Science, 2007).

Alcohol and Drugs

Regular drinking outside of recommended upper limits risks a future burdened by illness (including cancer, liver disease, high blood pressure and heart disease), increases the risk of falls and fractures and impacts negatively on people's mental health and wellbeing and excessive regular drinking can all too easily turn into dependence.

This strategy covers alcohol and all illicit drugs including Opiates, Crack, Cocaine, Ecstasy, Cannabis and new and emerging drugs. It also includes action to tackle the misuse of over the counter and prescribed medication. Poly drug use (using more than one substance at a time) is of increasing concern with combined alcohol, illicit drugs and prescribed medication a risk factor in fatal overdoses.

Figure 3 – Figure to show UK Chief Medical Officers Revised Alcohol Guidelines (2016)

Alcohol Consumption: The Local Picture

According to Public Health Wales (2019b), Hywel Dda, via self-reported data, has 16.6% non-drinkers, the lowest percentage of non-drinkers of all seven Welsh health boards. It also has the lowest level of harmful drinkers (2.4% of the Hywel Dda population). Hywel Dda has the highest percentage of moderate drinkers (63.8%) and the second highest percentage of hazardous drinkers although there is little significant fluctuation across Wales. Carmarthenshire has the most harmful drinkers of the three Hywel Dda local authority areas with 3.1% compared to 2.2% (Pembrokeshire) and 1.2% (Ceredigion). Carmarthenshire also has the highest proportion of hazardous drinkers (17.5% with Pembrokeshire having 17% and Ceredigion having 16.8%. Pembrokeshire has the highest level of moderate drinkers (66.6%) whilst Ceredigion has the highest percentage of non-drinkers at 20.2%.

It is important to note that whilst none of the counties are significantly higher than the rest of Wales, this information is interpreted from self- reported data which may be inaccurate for a whole host of reasons.

Locally, the most recent drug and alcohol service information indicates that the COVID -19 pandemic and cost of living pressures are leading to an increase in alcohol use for some population groups and there is an expectation that this will increase ill-heath and the demand on services.

Figure 4 – Figure to show alcohol public health information (Public Health Wales, 2019b)

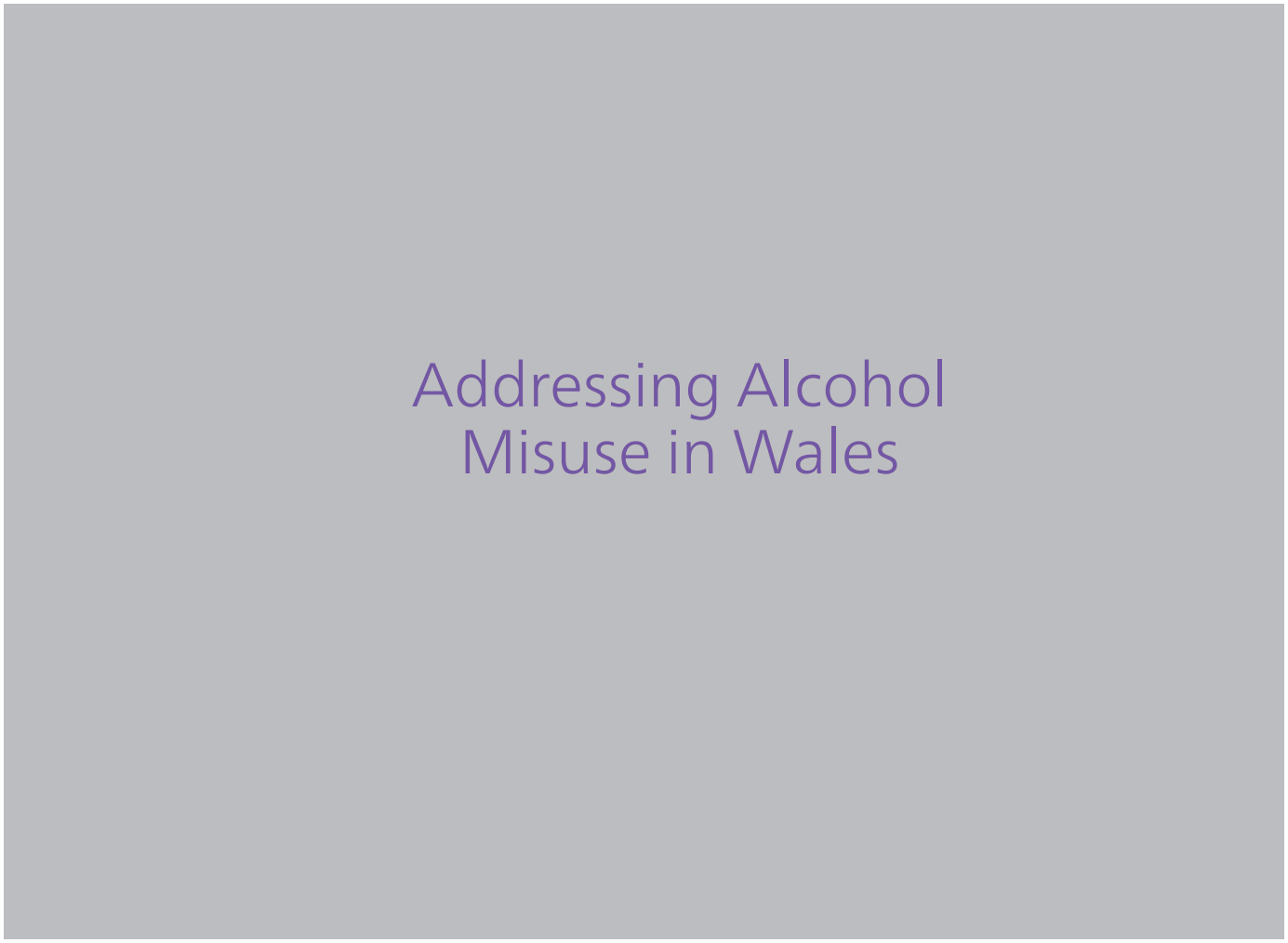
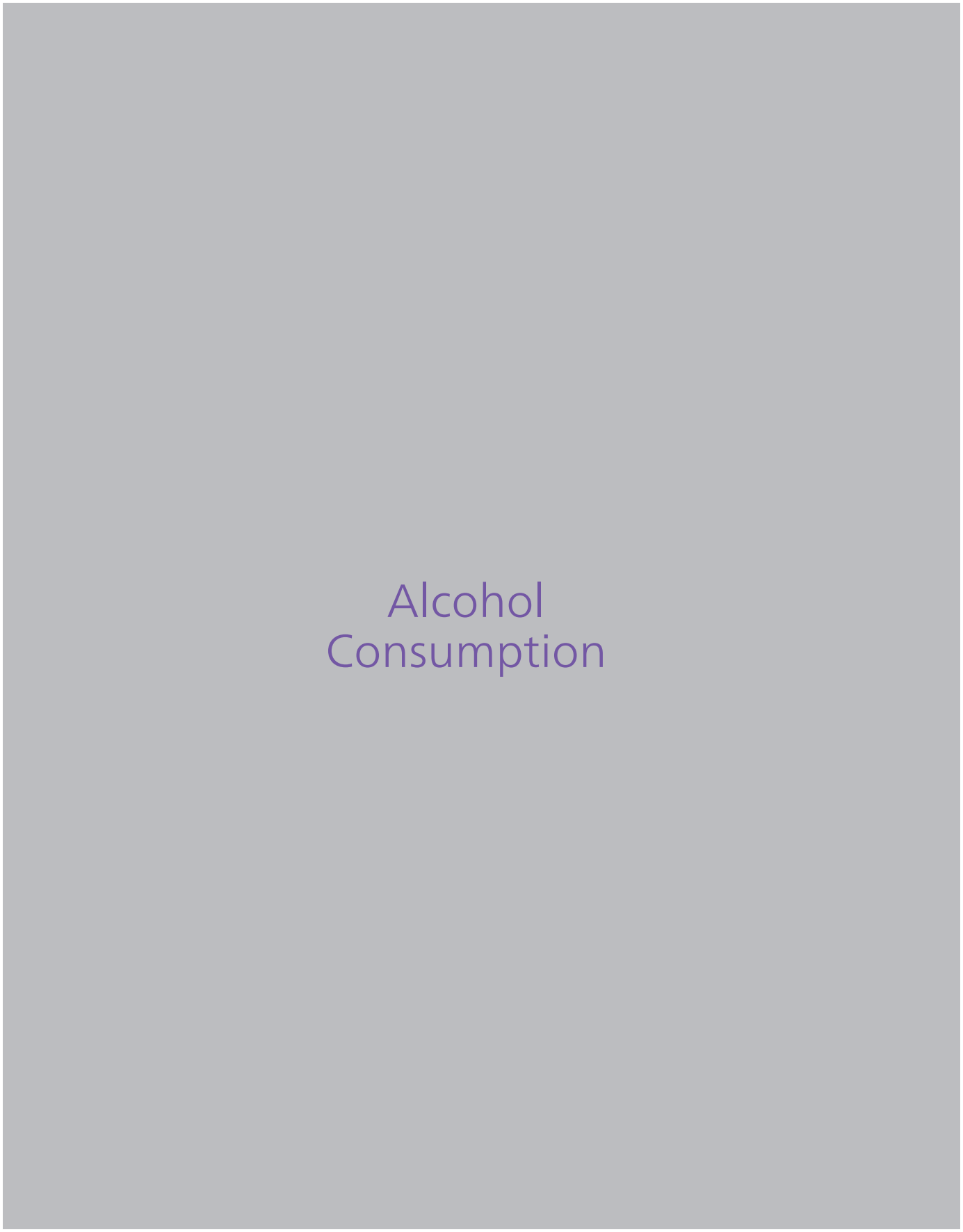


Figure 5 (below) – Figure to show Alcohol Consumption: Local Picture (Public Health Wales, 2019b)



Drug Misuse

The UK has a higher prevalence of drug misuse than any other country in Europe. This is important because the problem use of illicit or prescription-drugs carries many serious health risks, often because they are not controlled or supervised by medical professionals. Street drugs are often mixed with many other substances, which can be more harmful than the drugs themselves.

As well as having immediate health risks, some drugs can cause physical or psychological dependency, with the result that larger amounts are needed to get the same effect often leading to long-term damage to the body. Heavy or long-term use of some illegal drugs may cause the user to overdose, which may cause permanent damage to the body and can be fatal.

Drugs & Alcohol - Increasingly Important Risk Factors

Both alcohol and drugs contribute to the global burden of disease and are increasingly important risk factors and accountable for high levels of disability adjusted life years (DALYs) in Wales.

Figure 6 – Figure to show Change in DALY's between 1990 and 2016 (Public Health Wales, 2019)

Working in Partnership to Achieve Success

A Partnership Approach:

National Structure and Area Planning Boards (APBs) in Wales

Across Wales there are seven Area Planning Boards (APBs) responsible, within their regions, for the assessment of need, review of the evidence base, strategic planning, commissioning and performance monitoring of services and interventions to address drug and alcohol use. They were established to support delivery at regional Health Board level, reinforcing the need for collaboration across a range of agencies and where possible, to pool both financial and physical resources to ensure the best possible outcomes.

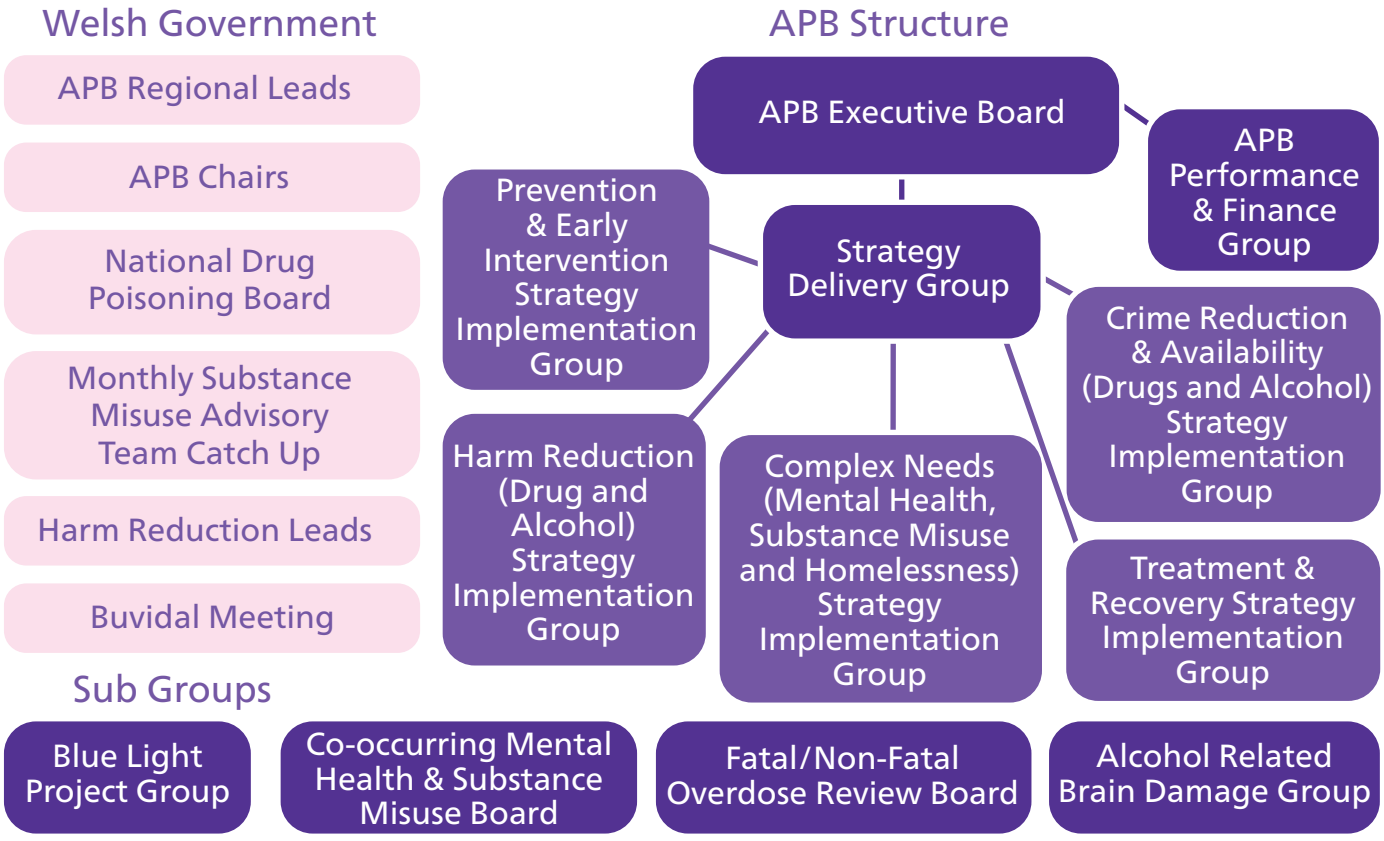
APBs are made up of the statutory responsible authorities who have a duty to ensure there is a local plan in place to tackle alcohol and drug use. The statutory responsible authorities are:

- Dyfed Powys Police
- Hywel Dda University Health Board
- Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities
- Fire Service
- Probation Service

Membership also includes the Police and Crime Commissioners Office, the third sector, drug and alcohol services and Public Health Wales. The Area Planning Board is also keen to ensure both service user and patient and public involvement in its work.

APB Structure

Figure 7 – Figure to show Area Planning Board Governance Structure



Working Together Cover

National Strategic Priorities – Welsh Government

The Welsh Government 10 year Substance Misuse Strategy "Working together to Reduce Harm 2008-18" and its subsequent evaluation indicated that significant progress has been made. The Substance Misuse Delivery Plan 2019-2022, which superseded the Strategy was refreshed in January 2021 to reflect the COVID-19 pandemic and is in the process of being refreshed. Our local priorities are in line with the expected priorities of the new strategy.

Figure 8 (above) – Figure to show Welsh Government 10 Year Substance Misuse Strategy (2008)

Development of Local Strategic Priorities

A substance misuse needs assessment was conducted in 2019 and a range of priorities identified, which included additional investment into key service areas. During 2021 a series of stakeholder events were held to revisit local need and the current evidence base and to formulate our local strategic priorities.

Local Strategic Priorities

Series of workshops in June 2021:

- Harm Reduction
- Treatment & Recovery
- Prevention & Early Intervention

Figure 9 – Figure to show APB Local Strategic Priorities

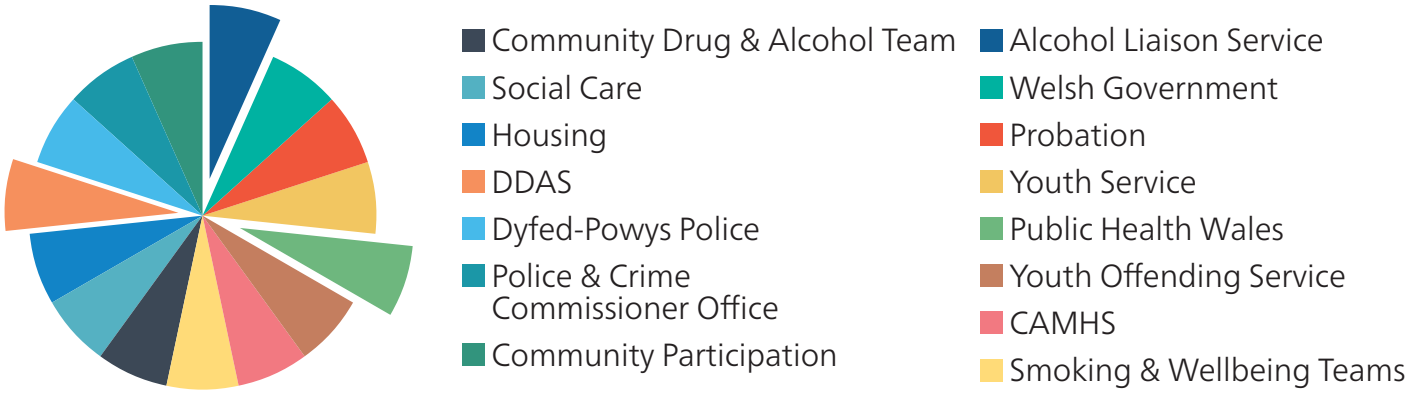
	Workshop Agenda Items (2.5hrs duration):	
10am	Welcome and introductions	Joanna Dainton
10am-10.15	Context Setting Presentation	
10.15-10.35	Breakout Activity 1 – Vision Setting	
10.35-10.50	Feedback Activity 1	
10.50-11.15	Breakout Activity 2 – Resource Bubble Diagram	
11.15-11.30	Feedback Activity 2	
11.30-12.10	Breakout Activity 3 – Goal Setting, Impact & Performance	
12.10-12.25	Feedback Activity 3	
12.10-12.30	Workshops resulted in the following:	

See overleaf

Individuals, families, and communities in Hywel Dda are equipped to make positive choices and strengthen their resilience to prevent and reduce drug and alcohol related harm		
Health and Wellbeing Framework Drivers		
Starting & Developing Well We are committed to delivering integrated services for children and families and building on the principles of early intervention and prevention across all localities in Hywel Dda.	**Living & Working Well** We are committed to maximising all opportunities to improve the health of Hywel Dda residents in mid adulthood and ensuring that everyone has the opportunity to fulfil their potential.	**Growing Older Well** We are committed to supporting people to maintain good health, wellbeing and independence for as long as possible, and ensuring that people with drug and alcohol needs are afforded choice, dignity, and respect at the end of their lives.
Strategic Priorities		
Reduce Drug and Alcohol Related Harm: Identifying people with established use of alcohol and other drugs, and providing them with support to change their behaviours and mitigate against the known health risks.	**Prevention and Early Intervention:** Addressing behaviours with the potential to cause harm, such as the use of alcohol and other drugs, before they become routine for an individual, or "normal" within a community.	**Tackle Drug and Alcohol Related Crime and Disorder:** Taking a partnership driven and systematic approach to the reduction of drug and alcohol related criminal activity.
Building Recovery in Communities: Support service users in treatment for the period required, recognising that true "recovery" relies on holistic support in areas such as housing, employment, mental health, and adult education.	**Support Communities and Change Culture:** Creating the conditions which will support healthy behaviours and reduce harms, through the fostering of cohesive, inclusive, and resilient communities and on the provision of services locally available to all.	
Values and Principles		
Whole Family Approach Tackle Stigma Reduce Inequality	Evidence Based Partnership Driven	Asset Based Workforce Development Service User and Family Engagement
Strong Communications Community Engaged		

Attendance and Feedback

Figure 10 – Figure to show attendance and feedback at APB Priority Setting Workshops that were held in summer 2021



"The workshop was very well organised, with a clear agenda and the right people involved. It was better to split into smaller groups, to encourage deeper discussion."

Priority Area 1:

Prevention & Early Intervention – Improve population health and wellbeing through a focus on prevention

Figure 11 – What is prevention? (World Health Organisation, 2023)

What is Prevention?

Primary prevention – interventions designed to ensure risks and health problems do not develop in the first place.

Secondary prevention – If risk emerges, secondary interventions attempt to stop it before more complex health problems emerge. Interventions include screening and brief interventions.

Tertiary interventions are used once issues develop.

A comprehensive prevention strategy will blend multiple interventions together and target different groups based on their need for support.

Our Prevention Approach

A cross partnership approach is crucial to tackle the leading cause of drug misuse and harmful alcohol use. It is recognised that prevention through the age groups is key to build resilience within the population, particularly young people and those entering the older age bracket. For instance, alcohol use is often accelerated during significant life events such as menopause, death, divorce and retirement. In addition, there is evidence that the COVID pandemic has influenced drinking patterns in some population groups and there is a need for targeted health promotion and communication campaigns delivered in line with the available evidence base.

Figure 12 – Figure to show information about resilience and risky health behaviours (Public Health Wales, 2019c)

Resilience

- Resilience is the capacity to "bounce back" from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties than those with less resilience
- Those who are resilient do well despite adversity. Evidence shows that resilience could contribute to healthy behaviours, higher qualifications and skills, better employment, better mental wellbeing and a quicker or more successful recovery from illness
- Resilience is not an innate feature of some people's personalities. Resilience and adversity are distributed unequally across the population and are related to broader socio-economic causes – inequalities in power, money and resources that shape the conditions in which people live and their opportunities, experiences and relationships
- Those who face the most adversity are least likely to have the resources necessary to build resilience. This "double burden" means that inequalities in resilience are likely to contribute to health inequalities
- Building resilience, particularly in young people, may help to protect against engaging in risky behaviour and improve health and health behaviour
- Interventions and research have shown that it is possible, and desirable, to build resilience before the onset of adversity. This in fact may have a greater impact than acting later on in the life course. However, research also shows that although early intervention is desirable, effective resilience building programmes can have an effect even on older children or extensive problems
- Building children and young people's resilience in schools, particularly at primary age, can have a significant impact.

Resilience & Risky Health Behaviours

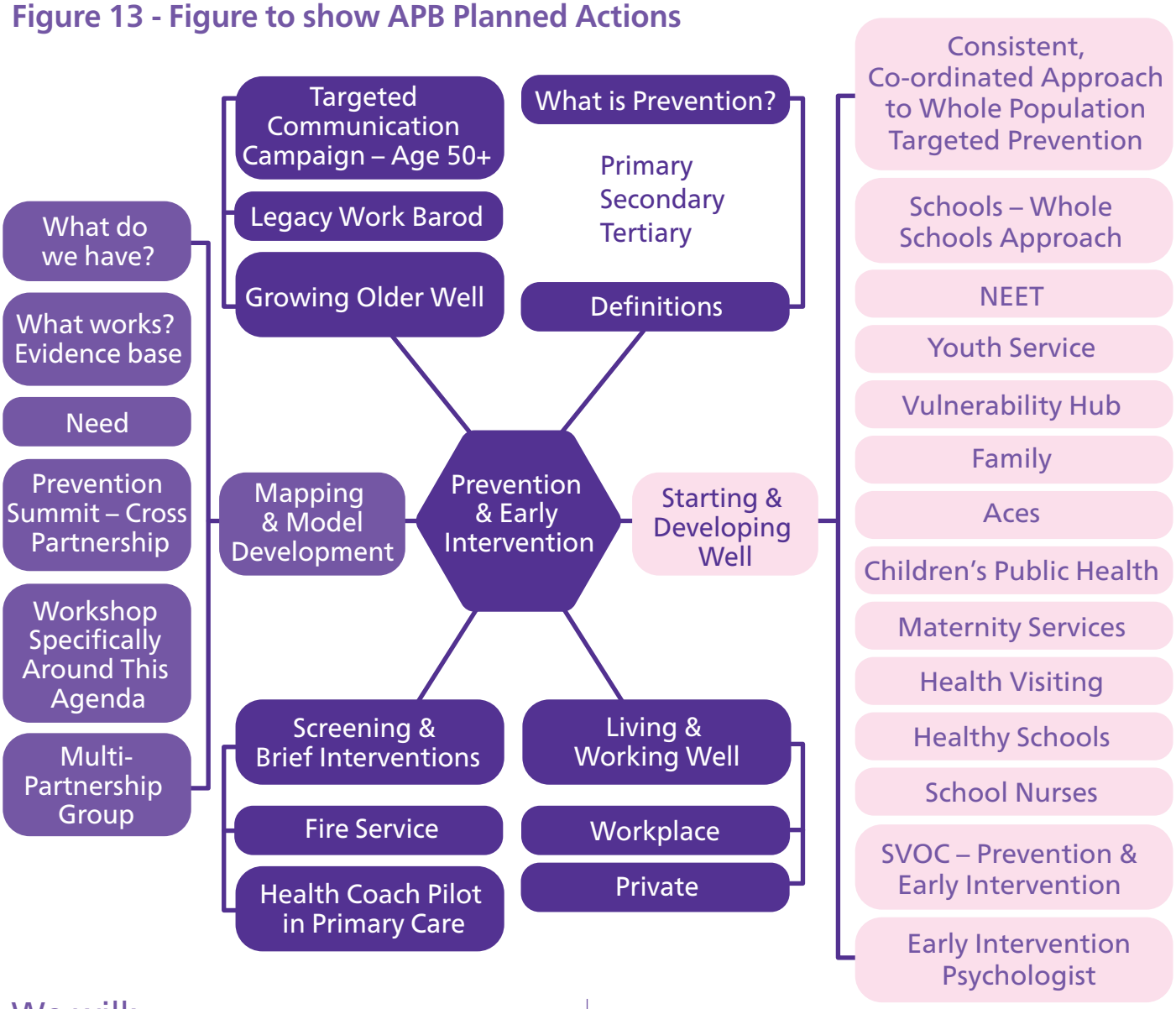
Risky health behaviours include smoking, drinking alcohol, illicit drug use and unprotected sex. The evidence suggests that these behaviours tend to cluster together, and there is evidence of a social gradient, where those from more disadvantaged socio-economic groups are more likely to engage in risky behaviours and multiple risky behaviours.

An American Intervention, CTC, implemented in the UK, used a social development strategy with young people to strengthen protective factors, increase resilience and enable positive development. Its evaluation showed that compared to control groups, young people were:

- 32% less likely to have initiated the use of alcohol
- 33% less likely to have initiated cigarette use
- 25% less likely to engage in violent behaviour
- More likely to have improved academic performance

Our Planned Actions

Figure 13 - Figure to show APB Planned Actions



We will:

- Further develop the multi - agency Hywel Dda Prevention & Early intervention Group to ensure a cross partnership approach

Pre – Conception & Pregnancy

- Increase awareness of the harm of alcohol to the unborn child
- Ensure that all professionals who have contact with pregnant women are trained in alcohol identification and brief advice (an evidence based conversational tool which has been shown to alter drinking behaviour)
- Ensure the early identification and support of pregnant women drinking above recommended guidelines
- Ensure that pregnant women who are identified as having an alcohol misuse problem are signposted to appropriate treatment

Alcohol has negative consequences on the health and wellbeing of school aged children. Young person's bodies are less able to cope with alcohol and drinking at an early age can cause serious health problems (both physical and mental). Drinking at an early age is also associated with increased risk of anti-social behaviour or crime and other risk – taking behaviour including more sexual partners, pregnancy and drug misuse.

Children & Young People

- Ensure a co-ordinated and consistent approach to delivery of prevention programmes for children and young people in schools and other settings in line with the evidence base on what works.

Figure 14 - Figure to show Alcohol Whole School Approach

- Ensure the early identification and support of school aged children drinking alcohol and ensure robust pathways are in place for referral into effective treatment (as seen in Figure 14 above)
- Specific targeted prevention work at those most at risk of future problematic substance misuse, including young people experiencing Adverse Childhood experiences, those on the edge of care and those not in education, employment or training (NEETs)
- Trauma informed services – Ensure all services interacting with children and young people in Hywel Dda are aware of the trauma informed approach and supporting toolkit
- Deliver training, information and material to raise awareness of the trauma informed approach. The objective will seek to stop intergenerational problems, develop resilience, improve life chances and focus on preventing and minimising the impact of Adverse Childhood Experiences (ACEs)
- Continue to expand and develop the Early Intervention & Prevention Service launched in November 2021 to provide psychological support to children and young people aged 18 and under who have experienced ACES and are at future risk of problem substance misuse, criminality and other risk taking behaviours that may impact.

Figure 15 – Figure to show Hywel Dda University Health Board Prevention and Early Intervention Service – Children and Young People

Prevention and Early Intervention Service

Children & Young People

How many adults in Wales have been exposed to each ACE?

Child Maltreatment

Verbal abuse 23%

Physical abuse 17%

Sexual abuse 10%

Childhood Household Included

Parental separation 20%

Domestic violence 16%

Mental illness 14%

Alcohol abuse 14%

Drug use 5%

Incarceration 5%

Compared with people with no ACEs, those with 4+ ACEs are:

4 x more likely to be a high-risk drinker

6 x more likely to have had or caused unintended teenage pregnancy

6 x more likely to smoke e-cigarettes or tobacco

6 x more likely to have had sex under the age of 16 years

11 x more likely to have smoked cannabis

14 x more likely to have been a victim of violence over the last 12 months

15 x more likely to have committed violence against another person in the last 12 months

16 x more likely to have used crack cocaine or heroin

20 x more likely to have been incarcerated at any point in their lifetime

Service Aims:

- Preventing emotional, mental and physical ill heath as a consequence of Acute Childhood Experiences (ACEs)
- Proactive outreach to target high risk children / young people
- Promoting early interventions as a means to prevent long term dependence on substances and prevent an increased need to access substance misuse services and / or mental health services in the future
- Reducing future potential criminality

Interventions:

- Specialist interventions integrating psychological models

Team:

- Clinical Psychologist, Registered Mental Health Nurse, Dual Diagnosis Practitioner for Young People

Adult & Older Adults

We will:

- Work with primary care and further roll out of the screening and early intervention project across primary care clusters using a health coach approach. The project supports GP practices to screen for alcohol using the validated AUDIT - C tool, smoking, physical activity and healthy eating. The project aims to increase self-efficacy, achieve long lasting behavioural change and intervene early to prevent or reduce disease
- Increase organisations, services and areas where AUDIT-C is being used to ensure early identification of potentially hazardous or harmful drinking and enable the conversation. This will include:
  - o Our HDUHB Smoking & Wellbeing Team
  - o Mental Health 111 Triage Service
- Deliver targeted health promotion campaigns on alcohol for key priority groups. Our local needs assessment indicates an increase in drinking in some populations as a result of the COVID pandemic. An increase in drinking has also been identified in the over 50 age group following life events such as bereavement, empty nest, menopause, retirement. These campaigns will have a focus on wellbeing and healthy lifestyle, stress management and behaviour change techniques
- Develop and delivering campaigns with our local workforce within the public and private sector to raise awareness of alcohol use and healthy lifestyles and wellbeing including stress management and behaviour change techniques and information on access to services
- Develop and deliver campaigns with our local communities depending on identified need.

Attitudes and Social Norms

We will:

- Work with our community and residents to challenge attitudes and social norms and reduce stigma in order to ensure they do not present a barrier to service access

Communications:

We will:

- Further develop the Health Improvement & Wellbeing Team website which will include as a minimum information on alcohol, drugs, smoking, health behaviours, audit tools for individuals to assess their own wellbeing (including an Audit C for alcohol), downloadable self-help resources to improve self-efficacy and support behaviour change for individuals, parents, carers and communities and provide details for services
- Develop an Area Planning Board for Drug and Alcohol Misuse website enabling contributions from all APB partner members
- Develop a Hywel Dda Health Improvement & Wellbeing App
- Develop a Hywel Dda Health Improvement podcast – Conversations with… to include 20 minute interviews with local services, thought leaders and health leaders
- We will further explore the evidence base for the use of technology in behaviour and lifestyle change.

Priority Area 2:

Harm Reduction - Reducing drug and alcohol related-harm

What Works?

The evidence clearly indicates a number of measures that will reduce harm from alcohol:

- Safe and Supportive Environments
- Reduced Affordability
- Changed Attitudes and Social Norms
- Support for Behaviour Change
- Reduced Availability
- Families are Supported and Protected

Figure 16 – Figure to show Theory of Change for Alcohol (Public Health Wales Observatory, 2021)

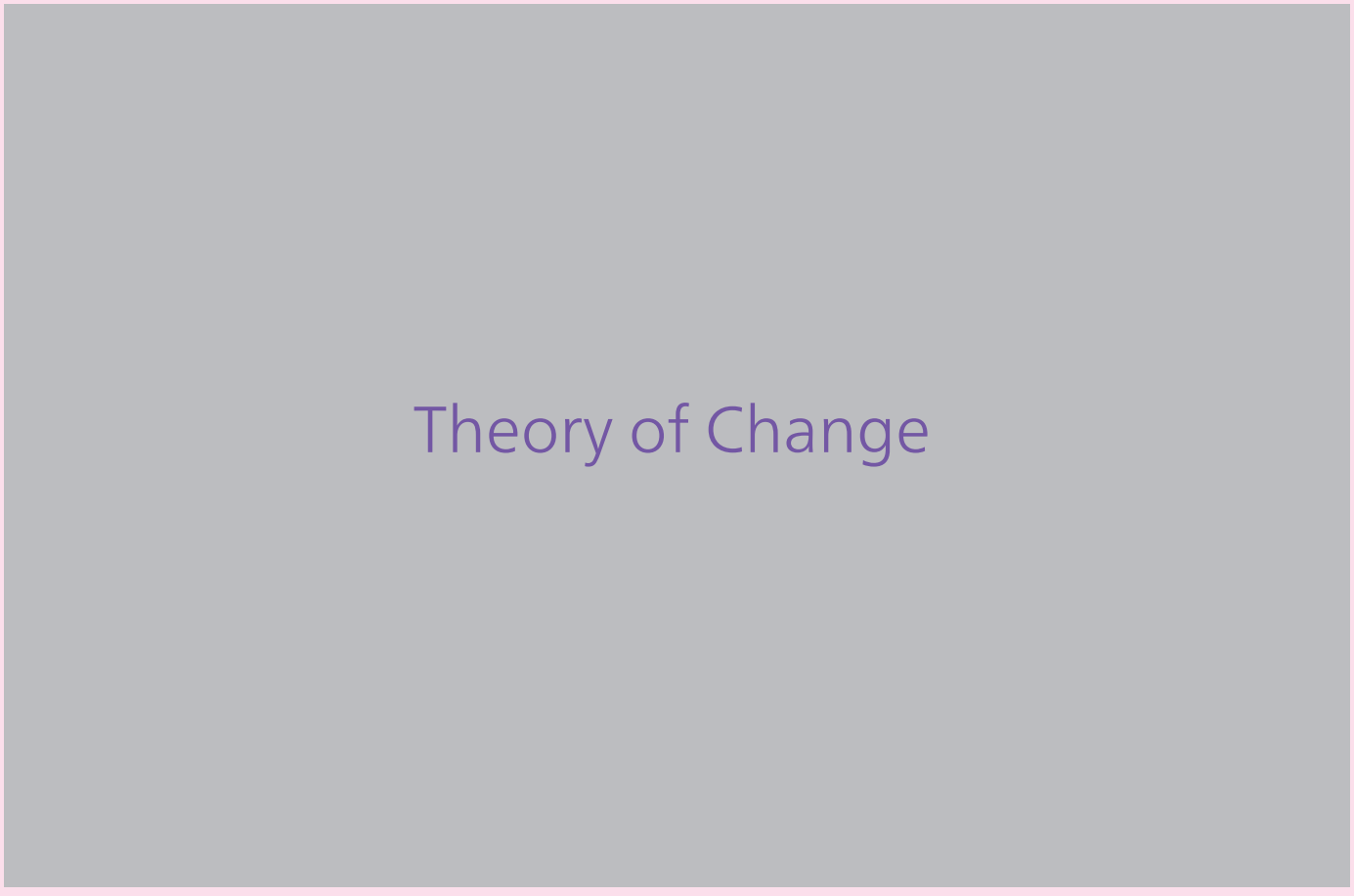
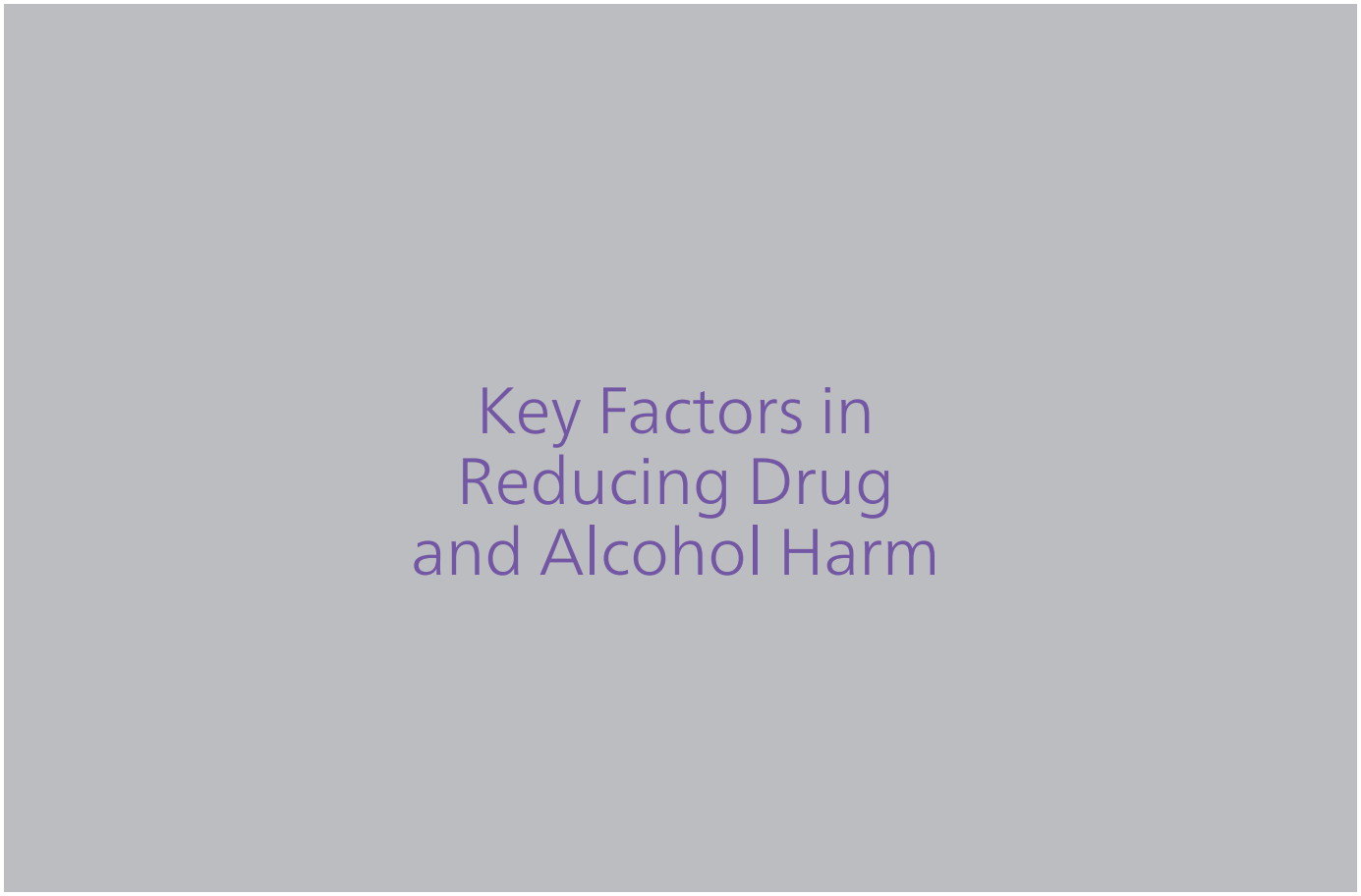


Figure 17- Key Factors in Reducing Drug and Alcohol Harm (Public Health Wales, 2021)



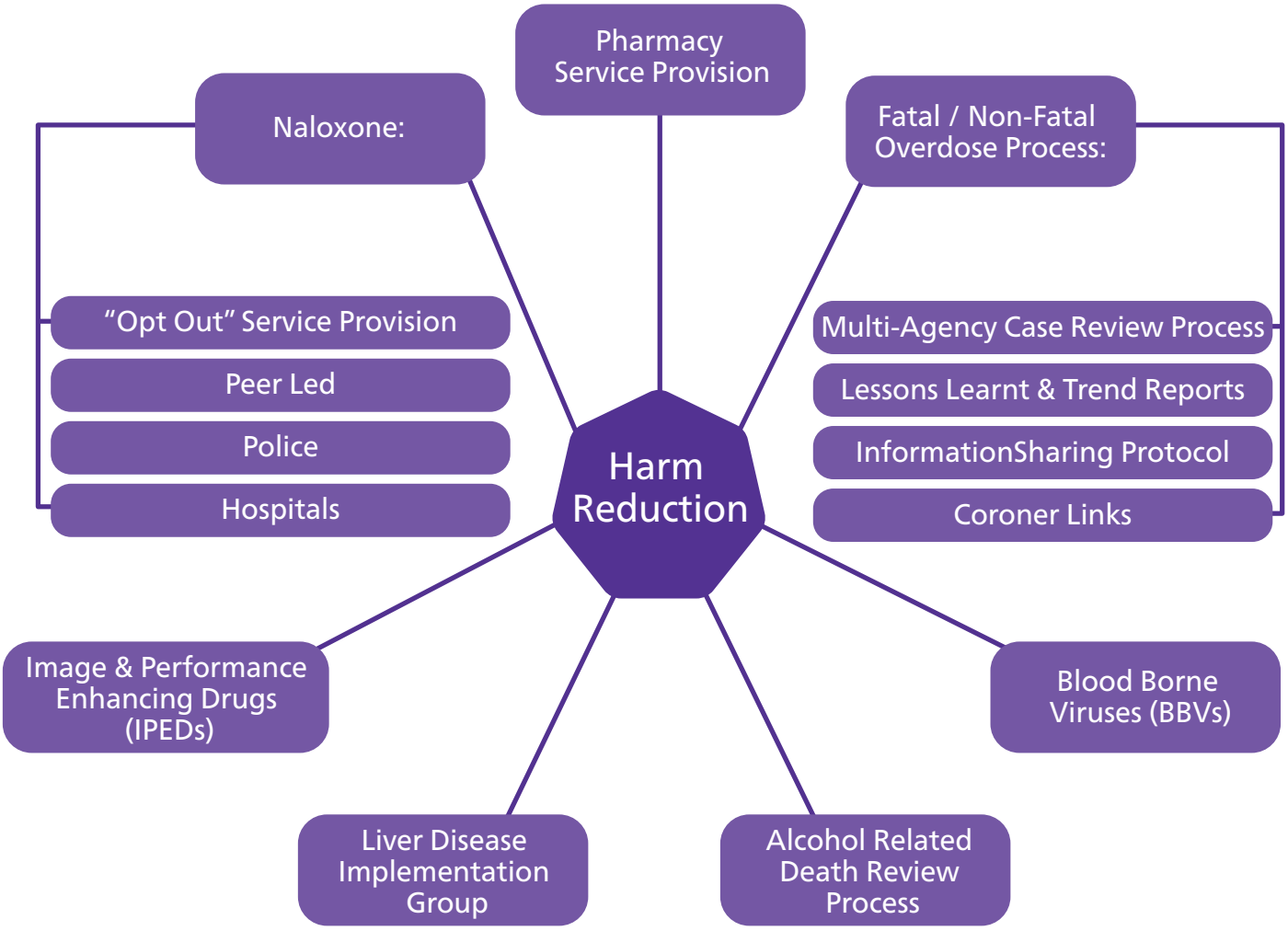
Reducing Harm from Drugs - What Works?

- Treatment Engagement - Being in treatment is the best evidenced service response to prevent overdose deaths
- Treatment Retention - There is heightened risk of overdose when discharged from any service (prison, hospital, residential rehabilitation or drug treatment) particularly when this is unplanned. Ensuring that people who drop out of treatment, for whatever reason, are followed up and supported should be key priorities
- Treatment Access - Typically, motivation fluctuates and so people need to be engaged at the moment they present. Access to the right service at the right time is crucial
- Opioid substitution treatment is the World Health Organisation recommended treatment. There is a substantial and overwhelming evidence for this as a protective factor against overdose deaths as well as other outcomes
- Naloxone - Naloxone reduces fatal overdoses rates in people using opiates near, or in the presence of, other people who are themselves trained in naloxone administration
- Needle Syringe Provision, BBV Services, Smoking Cessation Support.

Figure 18 - Figure to show Preventing and Reducing Drug and Alcohol Related Harm – Guidance (Public Health Wales, 2016)

Figure 19 – Figure to show APB Harm Reduction Planned Actions

Our Planned Actions



We will:

Fatal and Non- Fatal Overdoses

- Continue to develop and support the HDUHB multi - agency fatal and non-fatal overdose review board, ensuring dissemination of key themes and lessons learned to influence service commissioning and harm reduction campaigns
- Develop and implement a local multi-agency Drug Alert Process
- Ensure robust Information Sharing protocols are in place
- Ensure local information is shared with the National Drug Poisoning Board and the all Wales Harm Reduction leads group in order to reduce fatal and non- fatal overdoses
- Develop links with other safeguarding boards to ensure information sharing on risks and service development needs
- Continue to develop robust links with local coroners and ensure seamless pathways for receipt of toxicology reports
- Establish Alcohol related death review process
- Conduct a local needs analysis in relation to dependence or misuse of prescribed analgesics to support appropriate treatment.

Naloxone

Naloxone is a medication used to reverse the effects of opioid overdose. It is a very important factor in the efforts to prevent drug related overdose.

We will continue to:

- Further roll out the Peer to Peer Naloxone provision
- Support the further roll out of the Police Naloxone programme
- Work with partners to establish the distribution of Naloxone via settings accessed by the homeless, including temporary accommodation
- Continue to support Naloxone distribution via substance misuse services
- Explore the distribution of Nyxoid (Nasal Naloxone) to carers and family members

Blood Borne Viruses & Needle Syringe Programme

Needle and Syringe programmes are important measures to reduce the spread of blood borne viruses within the community. We will:

- Develop and deliver an Image and Performance Enhancing Drugs Campaign including harm reduction information, advice and training to the community, sports sector and individuals both using and at risk of using IPEDS
- Develop and deliver Blood Borne Viruses (BBV) Campaigns to raise awareness of the risks of BBV transmission and how to minimise these
- Re-establish or establish routine opt out testing (dry blood sport testing and venepuncture) for blood borne viruses (BBV) Hepatitis B, C and HIV) and hepatitis B vaccination for all those in contact with substance misuse services including low threshold services and community pharmacy providers
- Continue to monitor local performance against the Welsh Government KPI for BBVs and the WHO elimination target
- Continue to develop, support and monitor Pharmacy and service based needle syringe provision, ensuring ample coverage, ease of access and appropriate levels of harm reduction advice.

Safe and Supportive Environments

- Work with partners to design environments across Hywel Dda to minimise harms related to drug and alcohol misuse in line with the evidence base
- Further develop links with and access to community groups, diversionary activities and sporting activities as part of the health and wellbeing of those with substance misuse issues
- Work with partners to review licensing and density and location of alcohol outlets
- Work with partners to review alcohol sales to young people
- Deliver targeted campaigns to raise awareness of and prevent spiking in
- Night Time Economy - Work with the police and partners to support their efforts to reduce violence associated with alcohol and drug use.

Reduced Affordability

- Work with Welsh Government on harm reduction measures related to Minimum Unit Pricing (MUP)

Figure 20 – Figure to show how the APB will measure reduction in alcohol related harm

Measuring Reduction in Alcohol Related Harm - Indicators

Safe Environments	• Alcohol Related Recorded Crime • Alcohol Related Violent Crime • Alcohol Related Sex Crime • Crime & Anti-Social Behaviour Incidents
Reduced Affordability	• MUP
Changed Attitudes & Social Norms	• A & E Attendances for Alcohol • Proportion of Young People Using Alcohol • Proportion of Adults Drinking Above Guidelines • Hazardous & Harmful Drinkers
Support for Behavioural Change	• Numbers Accessing Treatment for Primary Alcohol • Alcohol Related Deaths • Alcohol Related Liver Disease • Successful Completion of Alcohol Treatment
Families Are Supported & Protected	• Reported Cases of Domestic Abuse Associated With Alcohol • Family Support for Concerned Others (Parent/Sibling/Partner)

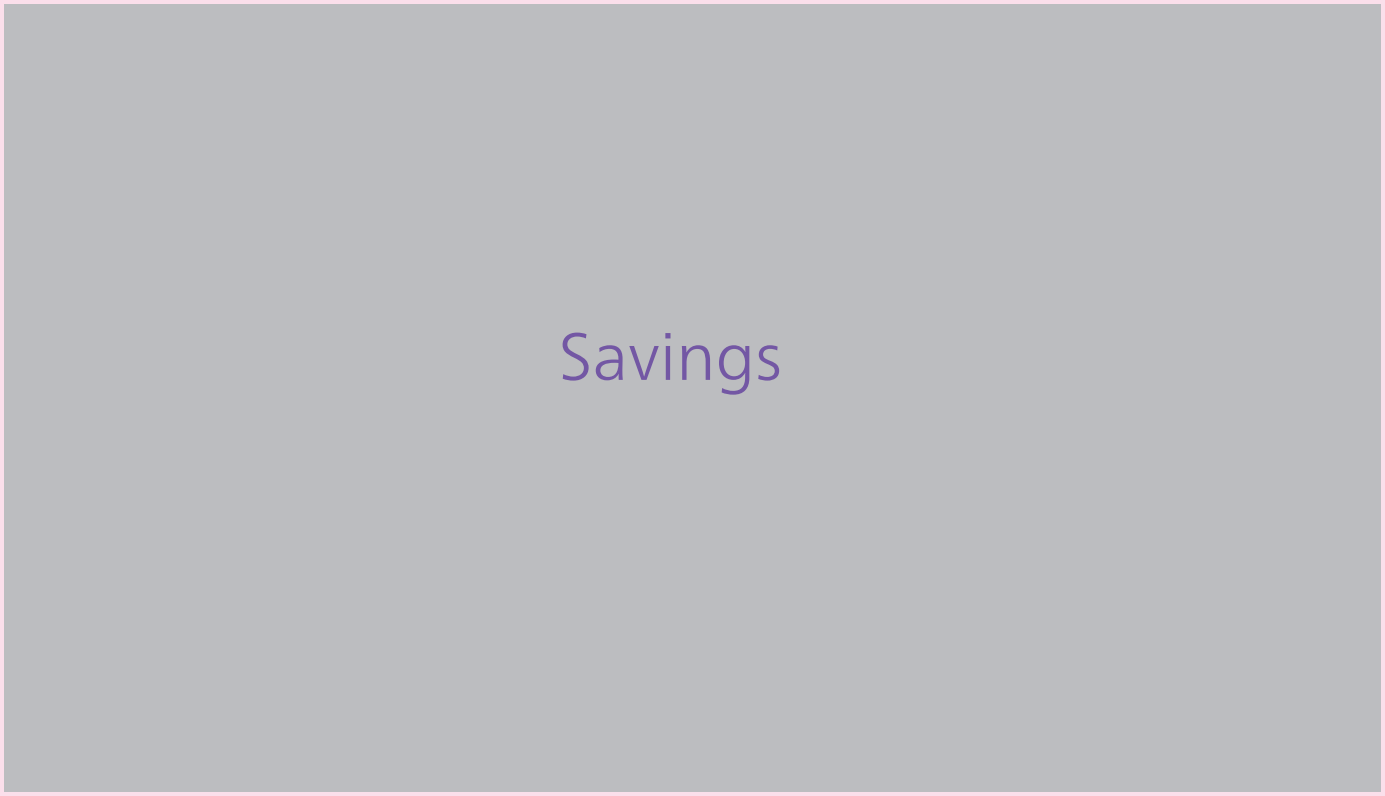
Priority Area 3:
Treatment & Recovery

Why?

Investing in Drug & Alcohol Treatment Saves Money

There is strong and clear evidence that treatment for drug and alcohol misuse reduces associated crime. Every £1 spent on drug treatment saves £10 on crime and £14 on public health costs. (Journal of Epidemiology and Community Health). Drug and alcohol treatment reduces the burden on local authority services. Dame Carol Black's 2021 independent review estimates the costs of drug use to social care at £630 million a year and notes that treatment for dependent drug users can reduce the cost of drug related social care by 31 per cent. Being in treatment reduces offending behaviour – up to half for alcohol users – reduces drug and alcohol related deaths, and the spread of blood borne diseases such as Hepatitis C.

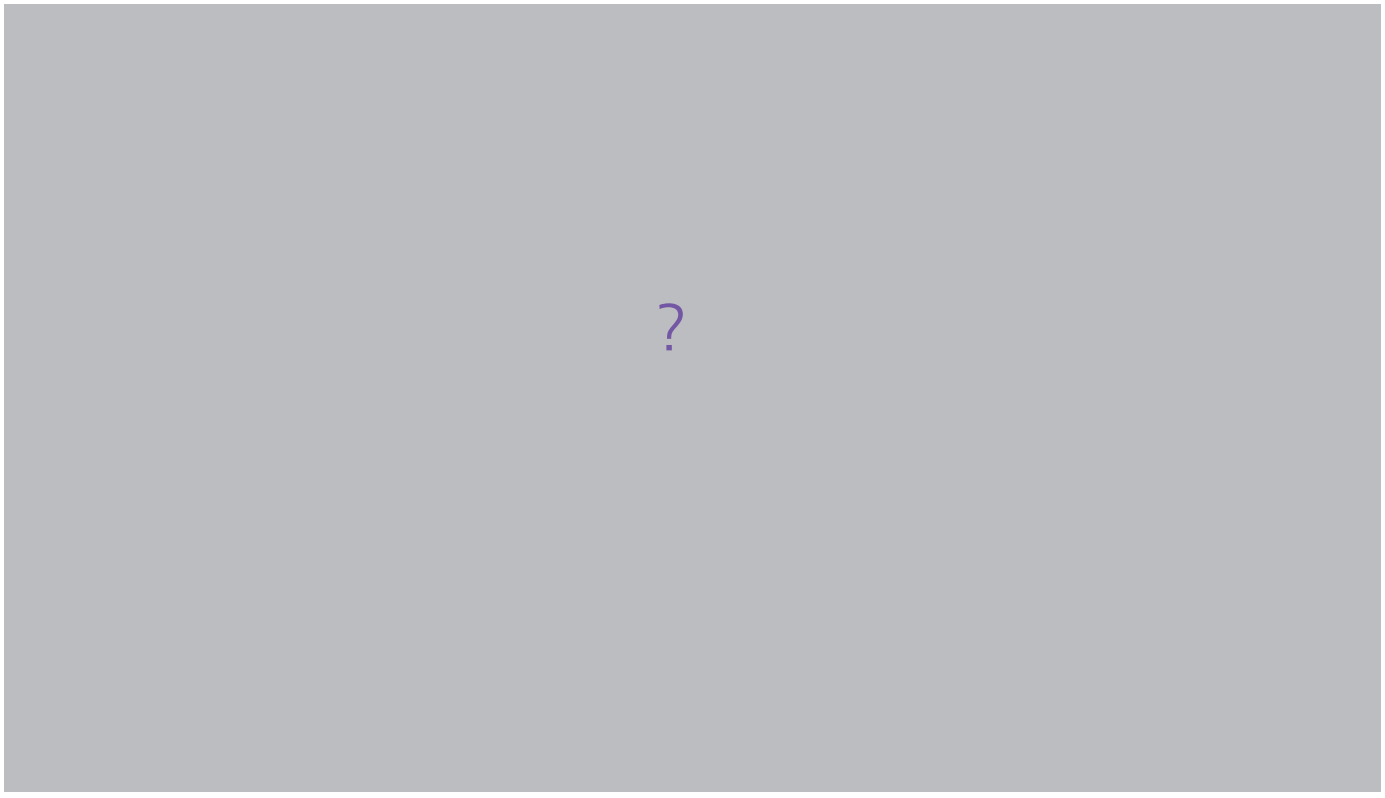
Figure 21 – Figure to show social return on investment on drug and alcohol treatment (Public Health England, 2015)



What Works?

Figure 22 – Figure to show What Works (Public Health England, 2015)

Local Service Profile

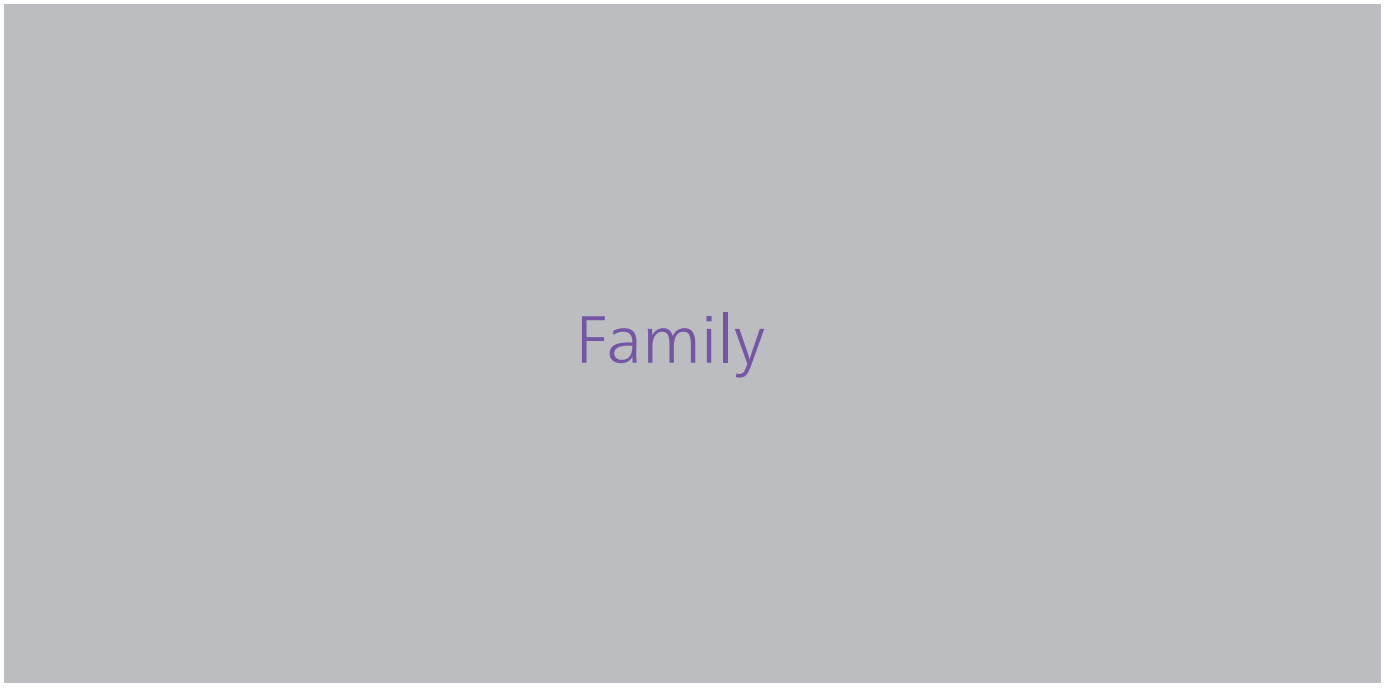


Planned Actions: Children & Young People Treatment

We will:

- Review for local implementation the WG children and young people service provision in line with the recently issued consultation framework
- Ensure provision of specialist services for children and families to provide support
- Transitional arrangements – ensure that there are transition services in place for young people and their families who have substance misuse issues, including co-occurring
- Ensure that services are developed with an awareness of ACEs and that staff are trained in this
- Ensure there are joint systems in place for the early identification and preventative action to help reduce the numbers of children taken into care as a result of substance misuse
- Provide timely, accessible services to parents with substance misuse problems so they are helped to keep the family unit together by managing risk
- Partners to ensure that services are easily accessible to support children and young people on the edge of care whose lives are affected by substance misuse
- Partners and Local Authority Social Services to ensure easy access to dedicated transition services for young people who have substance misuse issues and care experience. Levels of care and support offered at this stage in life should be at least equitable with those provided by children and young people's services
- Work in partnership to safely reduce the numbers of children in need by ensuring substance services support families to stay together and reduce the need for children to be looked after by managing risk associated with substance misuse and supporting vulnerable families whose children are judged to be on the "edge of care".

Figure 23 – Figure to show effects of drug and alcohol misuse (Public Health England, 2015)

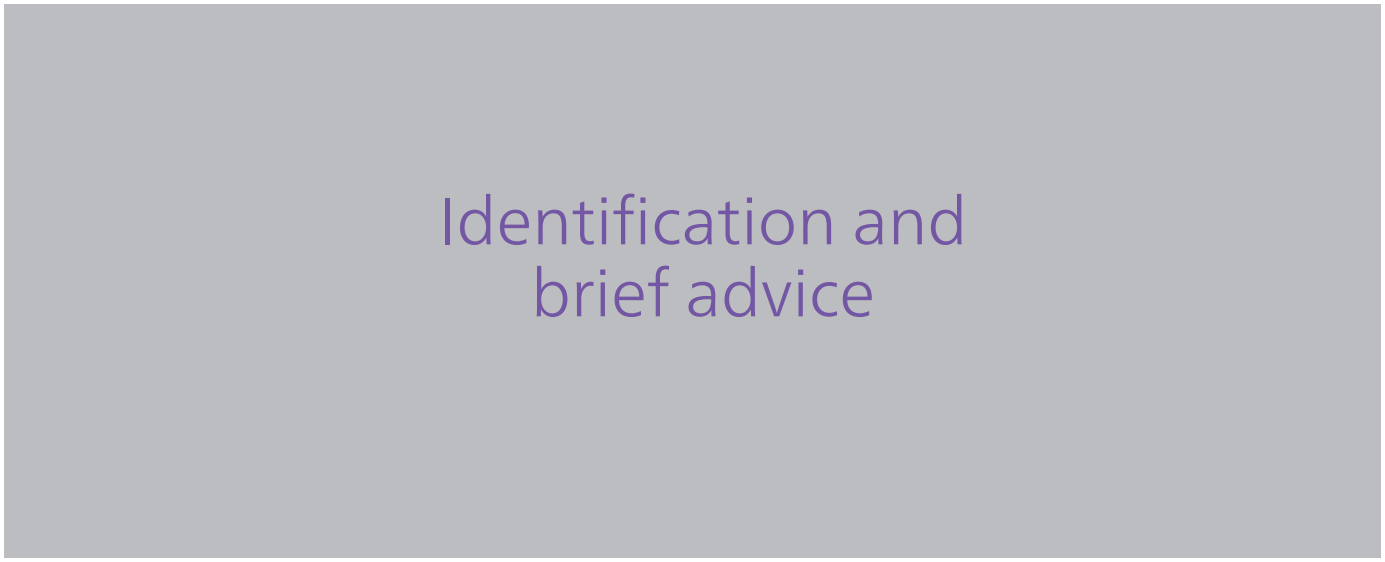


Adult Treatment

We will:

- Continue to develop and deliver effective and accessible services in line with the evidence base available at point of need
- Continue to jointly commission with our partners across the Hywel Dda footprint SPOC Brief Interventions & Time limited Intervention - psychosocial and psychological, harm reduction advice
- Family Support Services for concerned others
- Ensure a range of Opioid Substitution therapy (OST) provision is available based on the needs of the individual and best practice as set out in NICE Models of Care and the Orange Book
- Investment and further development of a nurse led Prescribing Model for drug and alcohol prescribing within structured community service provision
- Buvidal – Further roll out of Buvidal across the Hywel Dda footprint and evaluation of impact
- Conduct a local needs analysis in relation to dependence or misuse of prescribed analgesics to support appropriate treatment
- HDUHB Alcohol Liaison Service - Continue to support the development of the Alcohol Liaison Services in each of the four HDUHB hospital sites
- Blue Light Project -
- Assertive Outreach – Develop an outreach and in reach service provision for complex change resistant alcohol users and those who are isolated due to their substance misuse issues, particularly older people
- Social Care
- Inpatient Detox and Residential Rehab - Review access and outcomes and invest in capacity to undertake assessments
- Establish direct referral from Alcohol Liaison service to residential rehab
- Alcohol Related Brain Damage (ARBD) - Continue to develop the multi – agency ARBD Working group to lead on the implementation of the Welsh Government ARBD Treatment Framework to ensure timely diagnosis and referral through clear care pathways to specialist assessment, treatment and rehabilitation services
- Identify ARBD clinical champion within HDUHB to support the agenda

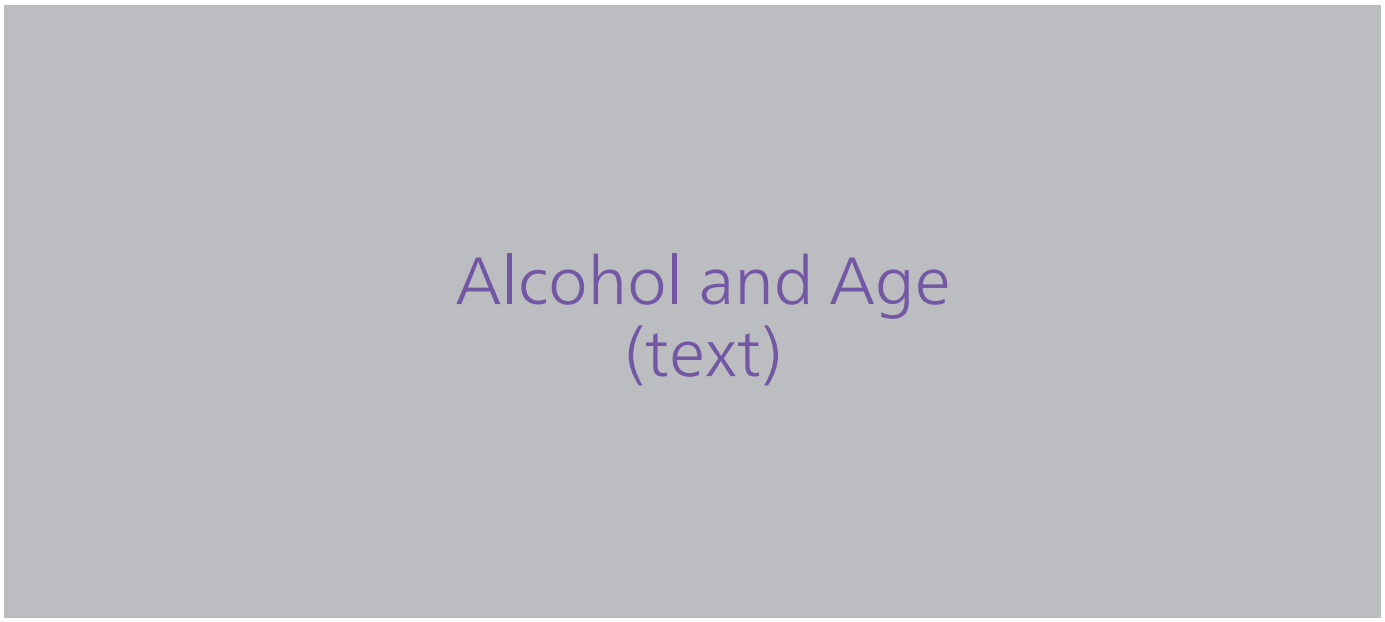
Figure 24 – Figure to show alcohol Brief Advice Return on Investment (Public Health England, 2015)



Service Accessibility

We will:

- Work with Armed Forces Liaison Officers and military charity organisations to ensure services are accessible to and meet the needs of veterans, including those with co-occurring conditions
- Opening Hours – Ensure service delivery is flexible including provision outside of normal working hours and weekend provision
- Continue to deliver blended model of service delivery with the opportunity to
- Waiting Times
- Service Engagement
- Ensure stigma isn't a barrier to access – confidential and discrete
- Ensure services meet the needs of older people in relation to harm surrounding both drug and alcohol use (including prescription only medication) and explore the feasibility of developing specialist provision within existing services for older adults



Resilience in Older Ages (text)

A Charter to support older adults in Wales (text)

- Work with service providers to ensure the physical health needs of the substance misuse population (particularly with an aging population) are assessed and referred where necessary
- Raise staff awareness about the need to make the "Active offer" (providing a Welsh language service without service users having to ask for it) and encourage their workforce to develop capacity to use Welsh in the workplace. This will include encouraging staff to register and complete the online WorkWelsh learning courses for the health and care sector provided by the National Centre for Learning Welsh

Recovery & Social Integration

- Continue to contribute to the peer mentoring
- Develop links and opportunities with local business to support employment opportunities for those recovering from drug and alcohol problems and ensure reintegration into society

Priority Area 4:
Crime Reduction & Availability

We are committed to working with our criminal justice colleagues and we will continue to work with partners in the criminal justice sector to tackle drug and alcohol related crime and violence, the causes of crime and the availability of drugs and alcohol.

Our planned actions are:

- To continue to contribute to action to tackle Serious Violence and Organised Crime, County Lines and other drugs and alcohol related crime and harms through partnership work with the Serious Violence and Organised Crime Board, the Local Crime Justice Board, the Contest Board, Community Safety Partnerships, the Drug Thematic Review Board and other forums as necessary
- Work with the Police and Crime Commissioner and Dyfed Powys Police to set out key objectives in reducing the availability of illegal drugs and new psychoactive substances and publicise successful outcomes, particularly in relation to work on County Lines
- To develop a co-ordinated approach to prevention of future criminality, problematic substance misuse and other risk taking behaviour across criminal justice and non-criminal justice organisations
- To discharge our Violence Duty in partnership with other responsible authorities
- Jointly Commission services where appropriate
- To develop a shared outcome and performance dashboard across criminal justice and generic services to clearly capture need and service and population level outcomes and develop information and data sharing protocols to support this work
- To explore opportunities for joint research on the effectiveness of local prevention, harm reduction and treatment interventions in reducing crime and improving wellbeing
- Support landlords in Wales to identify and support activity to tackle behaviours associated with gang-related / county lines activity and continue to work with Dyfed Powys Police to raise awareness of trends in terms of activities and best practice for prevention.

Priority Area 5:
Complex Needs – Substance Misuse, Mental Health and Housing

The Welsh Government Strategy includes a commitment to supporting the most vulnerable in society and these individuals frequently present with complex needs which impact on a range of associated needs including housing and homelessness. In 2022/23 Welsh Government made available additional recurring funding for working with those with complex needs, with particular consideration of those that are homeless / vulnerably housed and those with co-occurring substance misuse and mental health issues.

Our planned actions to drive forward this agenda locally are as follows:

- Establishment of Complex Needs Project Board and appointment of project manager
- Establishment of a virtual Multi-Disciplinary Case review team to lead on the complex needs agenda across housing, mental health and substance misuse
- Recruitment of dedicated staff to support the complex needs agenda and virtual team as follows:
  - o HDUHB Substance Misuse and Mental Health Nurses
  - o Social Worker Carmarthenshire Local Authority
  - o Support Workers Ceredigion, Carmarthenshire and Pembrokeshire to support housing needs
  - o Increased investment in HDUHB Community Drug and Alcohol Team (CDAT)
- Continue to develop the Substance Misuse and Mental Health Co-occurring Board and supporting action plan in line with the Welsh Government Treatment Framework for Co-occurring Substance misuse and Mental Health
- Recruitment of a HDUHB Adult Addictions psychologist
- Review processes and links between CMHTs, crisis intervention teams and drug and alcohol services ensuring appropriate referral pathways, assessment and timely access to treatment based on service user needs and that information and signposting into services is effective
- Develop protocols with social housing and private sector landlords to help identify tenants who may be in need of substance misuse services
- Develop referral pathways between rough sleeping outreach teams and local authority homelessness teams to residential rehabilitation units, including referral pathways from Housing First projects
- Support landlords in Wales to identify and support activity to tackle behaviours associated with gang-related / county lines activity and continue to work with Dyfed Powys Police to raise awareness of trends in terms of activities and best practice for prevention
- Work with Community Alcohol Partnerships to develop local initiatives to tackle underage drinking and anti-social behaviour

Priority Area 6:
Strategic Planning & Partnership

Planned actions:
We will:

- Ensure the partnership structures and relationships between the Area Planning Board for Drug and Alcohol Misuse, Regional Partnership Boards and Public Service Boards are well-aligned, co-ordinated and consistent, particularly in relation to prevention and improving inequalities in health
- Review the APB clinical governance arrangements and ensure they support the delivery of effective services
- Ensure the APB has strong governance and monitoring around safeguarding with services and formalise relationships with safeguarding boards
- Support the implementation of the Welsh Community Care Information System (WCCIS) for drug and alcohol services
- Ensure strong involvement of service users, patients and the public in strategic planning, design and delivery of services and interventions
- Ensure there is a local workforce development plan in place for drug and alcohol services
- Establish a local community resilience but with partners and targeted communities

Impact: How will we know we've made a difference?

Strategy Delivery

Implementation of the strategy will be supported by a detailed implementation plan detail population and service level outcome measures.

High Level Indicators

We will monitor the following indicators:

- Prevention & Early Intervention
- Adults in Hazardous, harmful, dependent categories
- National Survey for Wales drinking patterns
- Reported consumption stats by age / demographics
- British Crime Survey
- Health Behaviour in School Aged Children Survey

Alcohol Harm Reduction - Health

- A & E attendances for alcohol
- Under 18 specific hospital admissions
- Alcohol Specific hospital admissions working age 18 – 64
- Alcohol Specific Hospital Admissions 65 +
- Alcohol attributable Hospital Admissions
- Presentations for alcohol treatment
- Successful treatment completion
- Alcohol Related deaths
- Alcohol related liver disease

Alcohol Harm Reduction – Crime

- Alcohol Related recorded crime
- Alcohol Related Violent crime
- Alcohol Related Sex crime
- No of cases of domestic violence associated with alcohol misuse
- Alcohol related anti-social behaviour
- Adults in substance misuse treatment who successfully engage in treatment following prison release

Drugs

- Drug Related Deaths (Fatal and non- fatal overdoses)
- Drug Related Hospital Admissions
- Successful Completion of Substance Misuse Treatment

Reduction in Drug Related Crime

- Drug related recorded crime
- Drug related violent crime
- Acquisitive crime
- Domestic abuse associated with drugs

Service level data

- Number of non- fatal overdoses that become fatal overdoses
- Naloxone Distribution & Setting – Pharmacy, agency, Spike on a Bike,
- Naloxone uses to save a life
- Numbers of Dry Blood Spot Tests
- Number of vaccinations
- Pharmacy Needle Syringe Programme Activity

Treatment & Recovery Measures

- Referrals and assessments for treatment by modality, substance, age and other demographics
- KPIs – Waiting times and DNAs
- Successful Treatment Completions
- Improvement in quality of life
- TOPs Indicators

Complex Needs & Homelessness

Review appropriate outcome measures for this priority area.

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

Wider Health & Wellbeing factors

Emotional Wellbeing & Resilience

Our mental health influences our physical health as well as our capability to lead a healthy lifestyle and to manage and recover from illness and stress.

The World Health Organisation (WHO) defines mental health as "a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully and is able to make a contribution to his or her community"

There are indications that self-reported mental health and wellbeing at a population level, including anxiety, stress and depression worsened during the pandemic and remains worse than at pre-pandemic levels.

Groups considered to be at most risk of experiencing poor mental health include the following:

- Children and young people with particular characteristics
- Young adults aged 18 to 34
- Women (especially lone mothers)
- Women experiencing domestic violence
- Adults living alone
- Adults with pre-existing mental health conditions
- Adults with caring responsibilities
- Adults with low income
- Adults who have experienced loss of income since the pandemic
- Adults working in small businesses or are self employed
- Front line health and social care professionals
- Adults with long term physical health conditions

Social risk factors including poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender based), trauma and low social support.

Across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on average income but the impact of the current cost of living crisis is likely to expand this across population groups.

Mental health issues and suicide can be preventable.

Planned actions:

We will work with our partners within the Regional Partnership Board, Public Service Boards and Local Mental Health Partnership to:

- Support the assessment of local need and review the evidence base on what works to support population emotional wellbeing and resilience
- Develop and deliver targeted, co-ordinated and evidenced based health promotion campaigns with key messages on how people can manage stress and emotional wellbeing including positive coping mechanisms, building resilience and how nutrition, physical activity and alcohol can also impact on emotional wellbeing
- Design and develop a Health Improvement & Wellbeing app that will support healthy behaviours linked to emotional wellbeing
- Continue to expand the Health Coach in primary care service, across clusters, to build self-efficacy within individuals to address lifestyle behaviours that can impact on emotional wellbeing such as nutrition, physical activity, alcohol and smoking.

Case study Report from Health Coach within the Health Improvement & Wellbeing Team:

Patient A is a 72-year-old Male who wanted to achieve a healthier weight. He wanted to be under 20st.

This meant he would need to lose 2 stone.

He suffered from hypertension and was also on blood thinners. He has wonderful neighbours, and frequently gets involved with village life. He also likes to attend the village pub, for socialising more than anything.

Health coach approach

The first consultation lasted around an hour, I used this opportunity to introduce myself and what the service had to offer. I let the patient talk freely about the reasons he was referred, and anything else he wanted to talk about in-between. I didn't talk much in the first few sessions, but when I did it was mostly to clarify that I'd understood his situation.

It was clear to see that he loved to cook, but portion size and comfort eating soon became apparent. I was able to offer patient some information on what a heathy portion looked like. As well as the amount of different food groups that should be included. He soon became more aware of the amount of high fat ingredients used within his cooking. We also looked at why the excessive portion sizes appeared necessary. Patient didn't like wasting anything, so we thought of ways to reuse and freeze. All this change was made easier by allowing a treat a week, it also made the treat taste even better.

Within Health Coach we ask questions in a certain way, that allows the patient to think about their answer and to come up with their own solutions, often without them realising it. Open questions and using motivational interviewing techniques, helped to gradually build a holistic picture. This approach also helped identify other arears such as loneliness, exercise, and motivation. These all soon become topics for conversation, as well as new goals. I suggested some chair exercises and gave him our health coach watch/step counter. This soon encouraged him to walk daily around the village, and whilst he was out, he would meet others and have everyday conversations. He soon made this a regular occurrence. I also offered 'Food Wise' as another support pathway, however patient declined and said that health coaching was helping him tremendously. I talked about another exercise group, but patient felt happier doing his own exercise. We moved on to talk about motivation and how gentle exercise will help him feel focuses and motivated to continue to work towards his goals. I also talked about how exercise is a great way to release endorphins which can improve our sense of well-being. The water bottle I gave also help to encourage him to drink more fluids, and therefore not use food as a hand to mouth action due to boredom.

Outcomes

Practitioner notes:

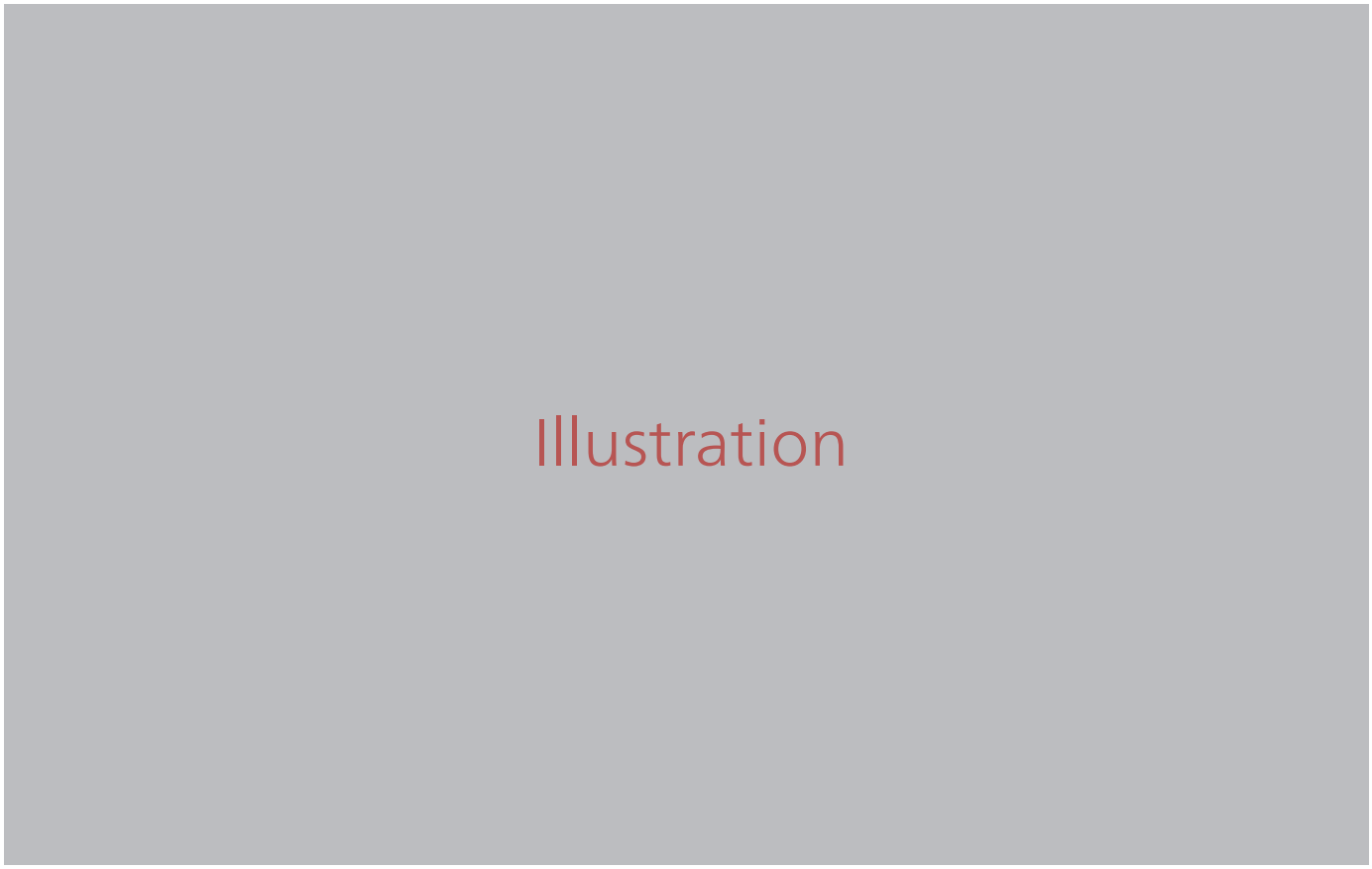
I'm so proud of my patient. His incredible (2stone) weight loss has made such a difference to his everyday life. I feel privileged to have been able to help him identify ways to find motivation and the realisation of the benefits a healthier lifestyle. I could have encouraged patient to take the opportunity of the other services I mentioned, but as health coach was making a difference I didn't continue to pursue.

I feel health coaching is all about identifying specific tools needed in patient lives to make change happen, as well as creating an awareness of their own individual situations. Ultimately to keep working on their own ability to self-motivation, this will create longevity for their future health.

- Take responsibility, and try not to give into temptation, but to have a greater awareness of it and feel in control.
- To make healthier choices and not to allow patient to punish themselves if they stumble along the way, but to congratulate patient who stumble, and have identified it. This will often make them learn from it.

Patient Comments

Just like to thank you for all your help and advice given by you during the Wellbeing program that I attended. My Christmas target of 2 stone loss was reached by the last week in August, all down to the guidance you gave me. With my newfound confidence I have now set a new target of another stone by Christmas. Thank you for your time and effort.



Suicide & Self Harm

Background

Suicide is one of the leading causes of preventable death and has been the biggest killer of men and women aged between 20 and 34 years in Wales and England every year since 2001. For every person who dies by suicide, many more will have attempted suicide. Suicide is not a mental health problem in itself, but it is linked to mental distress. Each death has a devastating effect on families, friends and the wider community. It is estimated that around half of the population know someone who has died by suicide in their lifetime. Besides the trauma it leaves behind, suicide is a wider public health problem, indicating a deeper pool of suffering and poor mental wellbeing beneath the figures.

"To prevent suicide we need to know how many people die by suicide, when, and where, so that we know who is at risk. Understanding suicide statistics can help us better target action and prevent suicides." [Understanding UK and Republic of Ireland Suicide Statistics, Samaritans]

There is no single reason why someone may take their own life. It is usually in response to a complex series of factors that are both personal and related to wider social and community factors. Given that – and the fact 75% of people who take their own lives are not known to mental health services – the effort to reduce rates of suicide and self-harm remains a major public health challenge.

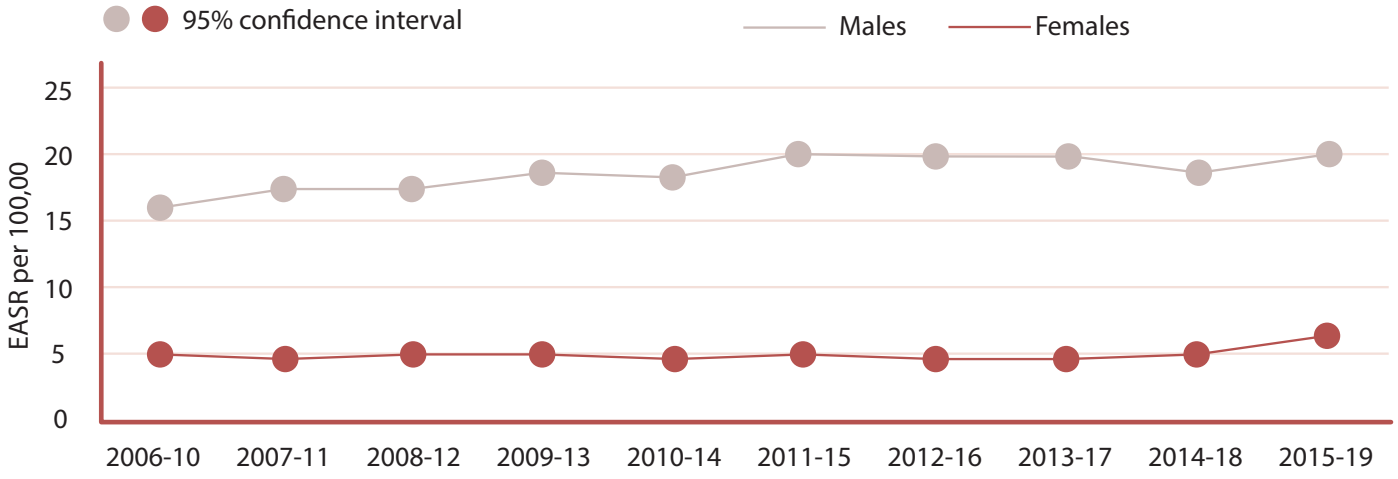
National Picture

Each year, between 300 and 350 people die by suicide in Wales (there were 330 deaths registered in 2019) around three times the number killed in road accidents. It is the most common cause of death for men aged 20-49 and the leading cause of death for people under 35.

Since the period 1981 to 1983, there has been a general downward trend in the Wales suicide rate. However, in recent years (since 2008-10) there has been a marked increase, particularly among males. For females, the suicide rate in Wales has been generally stable since the mid-1990s, but this average hides different trends in the age groups.

Suicides, 5 year rolling rate, males and females aged 10+, Wales, 2006-2009

Produced by Public Health Wales Observatory, using PHM and MYE (ONS)



*Includes deaths from intentional self-harm for persons aged 10-14

Produced by the Public Health Wales Observatory, the graph above shows that men made up around three-quarters of suicides in Wales in 2019, a figure that has remained consistent since the 1990s. In 2019, 248 men died by suicide and the male suicide rate for Wales was 18.8 per 100,000 population compared with 5.8 per 100,000 for females (a total of 82 deaths).

Among females, the most noticeable change over time has been a substantial fall in the suicide rates among those aged over 45 years. From the period 1981 to 1983 to the period 2015 to 2017, the female rate has fallen by 51% for those aged 45 to 64 years (from 14.1 to 6.9 deaths per 100,000), by 73% for those aged 65 to 74 years (from 14.5 to 3.9 deaths per 100,000) and by 75% for those aged 75 years and over (from 10.0 to 2.5 deaths per 100,000). In contrast, the rate of suicide in women aged 10 to 24 years had a statistically significant increased from 1.4 deaths per 100,000 in 1981 to 1983 to 4.8 deaths per 100,000 in 2015 to 2017, which is equivalent to 39 deaths in the latest period compared to 14 deaths in 1981 to 1983.

Males aged 25 to 44 years have had the highest age-specific suicide rate since the early 1990s with a rate of 28.3 deaths per 100,000 in the period 2015 to 2017; for females the highest rate seen for that period was among those aged 45 to 64 years (6.9 per 100,000).

Deaths by suicide of patients under the care of mental health services

Suicides by patients (i.e. people in contact with mental health services within 12 months of suicide) make up around 25% of people who die by suicide. In a review of patient suicides the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) found that Wales had 836 deaths of patients by suicide between 2009 and 2019. At 22% of all general population suicides this was the lowest proportion in the UK.

The most common method used by patients in the UK is hanging/strangulation which has also increased by 45% during 2009-2019 time period. The increase was especially seen in women, from an average of 32% of all female deaths in 2009-2012 to 41% in 2016-2019, and in patients aged under 25, from an average of 53% in 2009-2012 to 60% in 2016-2019. In this period Wales had a higher proportion of suicide by hanging/ strangulation (54%) compared to the UK average (46%).

A full copy of the public health team needs assessment on suicide and self- harm can be found here XXXX

Risk factors

Risk factors indicate whether an individual, community or population is particularly vulnerable to suicide, and exist at various levels.

Factors may relate to the individual, be social or contextual in nature, and can exist at multiple interaction points. Where risk factors are present there is a greater likelihood of suicidal behaviours. Prevention efforts should focus on at risk groups while simultaneously focusing on the entire population in order to mitigate risk at the individual level.

Individual	Situational	Socio-Cultural
Male sex Low socio-economic status Restricted educational achievement Previous suicide attempt(s) Mental disorder (including those unrecognised or untreated) Major physical or chronic illnesses including chronic pain Alcohol or substance misuse Family history of suicide History of trauma, abuse or neglect Sense of isolation	Job and financial losses Stressful life events (including divorce/separation) Relational or social losses or discord Easy access to lethal means Clusters of suicide have an element of contagion	Exposure to suicidal behaviours Stigma associated with poor help seeking behaviour Barriers to accessing health care , particularly mental health and substance misuse treatment

Protective Factors
Strong connection to family and community support ie: social connectedness
Skills in problem solving, conflict resolution and non-violent handling of disputes
Restricted access to the means of suicide
Seek help and easy access to quality care for mental and physical illness
Personal, social, cultural and religious/spiritual beliefs that support the self

Source: Suicide Prevention Strategy

Planned Actions:

An effective local public health approach is essential to suicide prevention. This in turn is dependent on effective partnerships across all sectors including health, social care, education, the environment, housing, employment, the police and the criminal justice system, transport and the third sector.

We will therefore:

- Work with local partners within Safeguarding Boards, Suicide and Self-Harm Boards and other strategic and local partnerships to develop multi-agency approaches to the prevention of suicide and self- harm and wider efforts to support well-being.
- Work to ensure suicide prevention remains a strategic priority both within the Health Board and with our partners across the system
- Contribute to and inform the development of plans for the following prevention interventions:
  - o Universal interventions - to eliminate or attenuate risk factors, strengthen protective factors and aimed at whole populations across different settings. This will include tackling stigma, increasing public and professional awareness and improving community resilience and social connectedness. It will also include measures to encourage help seeking behaviour and to restrict access to the means of suicide.
  - o Selective / targeted interventions - aimed at individuals or groups within a particular population or setting at increased risk of suicidal behaviours (such as those with mental health issues, drug and alcohol issues and the unemployed).
  - o Indicated interventions – aimed at reducing reoccurrence in those with known suicidal ideation and self-harm
- Support the development of workplace programmes - The workplace is an important setting to focus suicide and self-harm prevention efforts. Adults may spend a third or more of their waking hours at work. The evidence suggest suicide prevention at work is best addressed through a combination of:
  - Improving knowledge, raising awareness and de-stigmatising mental health problems, suicide and self-harm (to encourage help seeking behaviour and the ability to respond to colleagues in distress);
  - Measures to recognise, prevent and reduce occupational stress;
  - Recognition and early detection of mental health, substance misuse and emotional difficulties; and
  - Appropriate intervention, support and management available through employee health and wellbeing services.
- Work with partners to further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm and professionals
- Work with partners across partnership structures and organisation to ensure appropriate responses to personal crises, early intervention and management of suicide and self-harm
- Work with partners to ensure information and support is available for those bereaved or affected by suicide and self-harm

- Work with partners to support the media in responsible reporting and portrayal of suicide and suicidal behaviour
- Work with partners to reduce access to the means of suicide
- Support the development of systems to ensure learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action
- Ensure the substance misuse workforce, smoking & wellbeing team, health improvement team and other professional organisations are trained to understand the risks of suicide and are able to access appropriate interventions as necessary

Indicators

- Reduction in the number of suicides
- Types of suicides (reduced based on targeted programmes)
- Number of people self -harming
- Number of people trained
- Number of partners involved
- Outcomes of multi media campaigns

Illustration

Physical Activity & Nutrition

In Hywel Dda, as in the rest of Wales and the developed world more people are struggling to maintain a healthy weight. Six out of ten adults and one in four children aged four to five years are overweight or obese and the trend looks likely to continue upwards. Being overweight has become the new normal and our ability as a society to recognise and maintain a healthy weight more challenging.

Obesity is one of the most preventable causes of ill health and early death and is the direct cause of diseases of the heart and circulation as well as some cancers. Its impact on children is most evident in increasing rates of Type 2 diabetes.

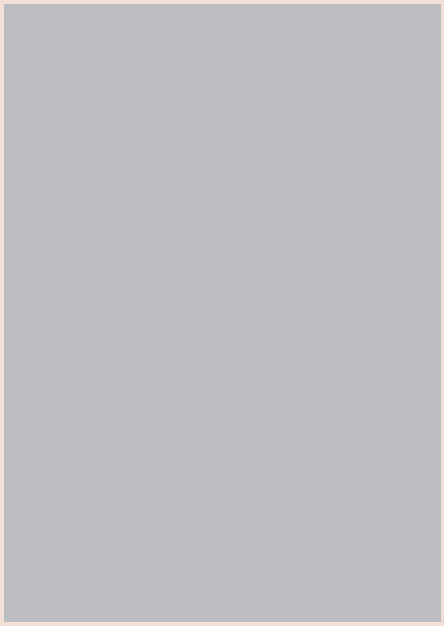
The scale of the challenge is significant. The changes in the way we live and work, our food consumption habits, reduced levels of physical activity and our environment all contribute to levels of overweight and obesity. These changes, which have taken place over a generation, are not easily reversed. We also know that there are barriers to achieving and maintaining a healthy weight which can vary according to ethnicity, poverty and age. An approach which harnesses the collective efforts of society combined with a focus on building resilience will give us a better chance of enabling change.

The COVID-19 pandemic has also significantly impacted upon the progress nationally on the Healthy Weight: Healthy Wales 2020-2022 Delivery Plan. Services, funding and capacity across government and with key partners were shifted to meet urgent needs elsewhere and, therefore, many of the commitments set out in the plan were paused. In October 2020, Welsh Government published Renewed Priorities for 2020-21 which focused upon five key areas. This reflected the progress which could be made during the pandemic and aimed to establish delivery ahead of a renewed and re-energised focus in 2021-22.

The impact of the pandemic has provided new challenges in relation to physical and mental health that need to be considered.

Within Hywel Dda there is a separate action plan focused on the action we will take to tackle obesity and the link can be found here xxx

This section focuses on the work we will undertake from a public health perspective, with partners, to increase levels of physical activity within our population.



Physical Activity Chart

Physical Activity: National/ Local Contrast

Physical Activity: National/ Local Contrast Chart

Physical Activity: Potential Actions Diagram

Planned actions:

We will work with partners within the Regional Partnership Board, Public Service Boards and other relevant strategic and operational partnerships to contribute to and further develop multi - agency plans and targeted interventions to increase population physical activity in line with the evidence base.

This will include:

- Review of the evidence base on what works to increase physical activity across age ranges and deliver targeted and population level interventions in line with this

Physical Activity:
Potential Actions List

Physical Activity:
High Level Indicators

Health & Housing

Background

Poor quality housing in Wales cost the NHS more than £95m per year in first year treatment costs alone and the cost to Welsh society is over £1bn. (PHW, 2019)

An extensive body of evidence now exists showing the critical importance that good housing has on health and well-being and its impact across the life-course. Poor housing is associated with poor physical and mental health and causes, or contributes to, many preventable diseases and injuries including respiratory and cardiovascular diseases and cancer.

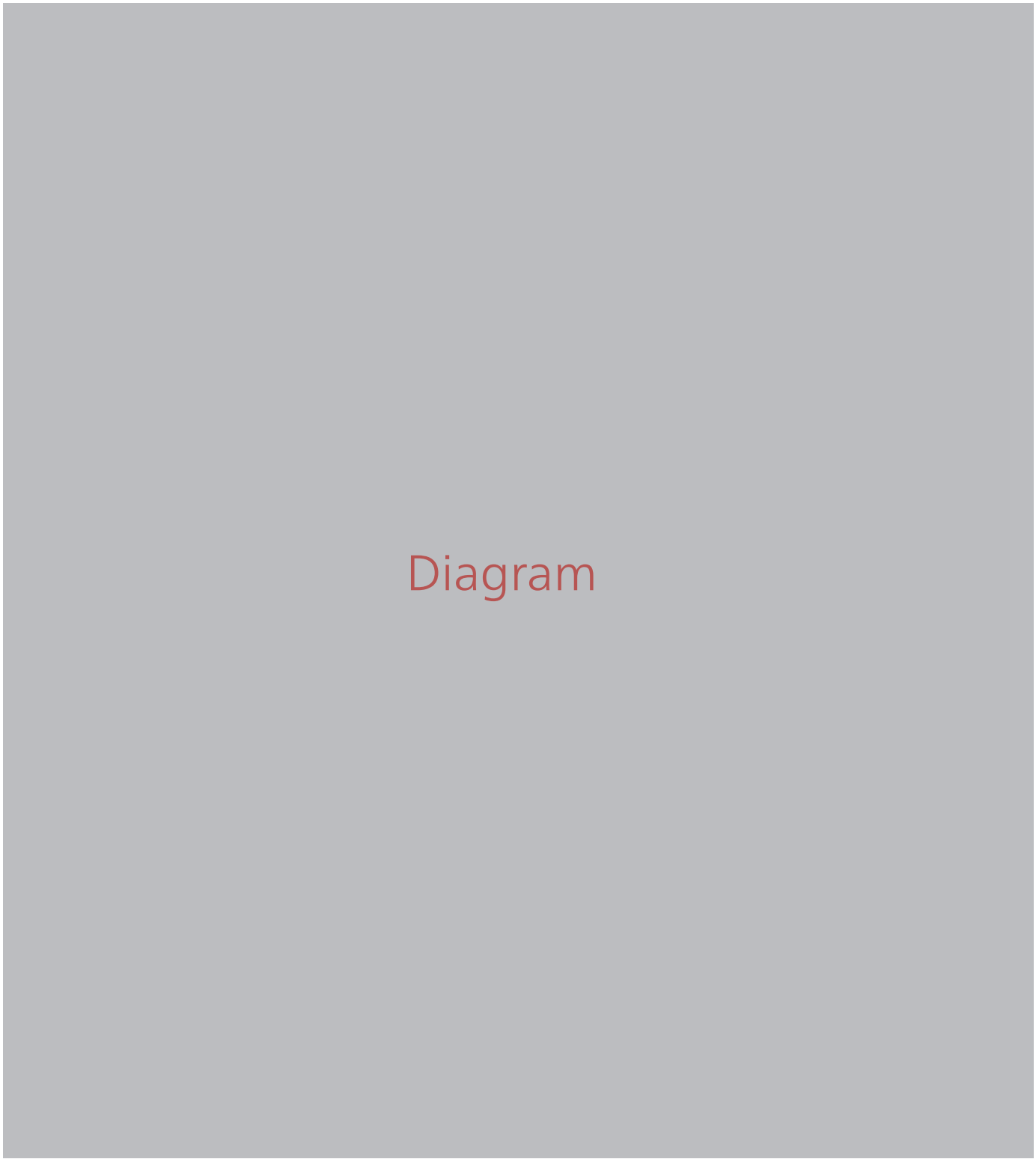
Health and Wellbeing Impacts Diagram

Source: PHW, 2019

To improve population health we need to continue to focus on the relationship between health and housing so that we can maximise mental and physical health and well-being outcomes, particularly for those who are the most vulnerable.

Diagram

There are significant benefits in investing further in work with our partners. For instance, upgrading houses can give us 39% fewer hospital admissions for cardiorespiratory conditions, and £1 spent on improving warmth in vulnerable households can result in £4 of health benefits. Improving ventilation improves children's asthma and is likely to reduce school absence, and home adaptations can generate £7.50 of health and social care cost savings for every £1 spent. The benefits of prevention and early intervention, such as falls prevention initiatives and preventing homelessness are also clear as demonstrated below.



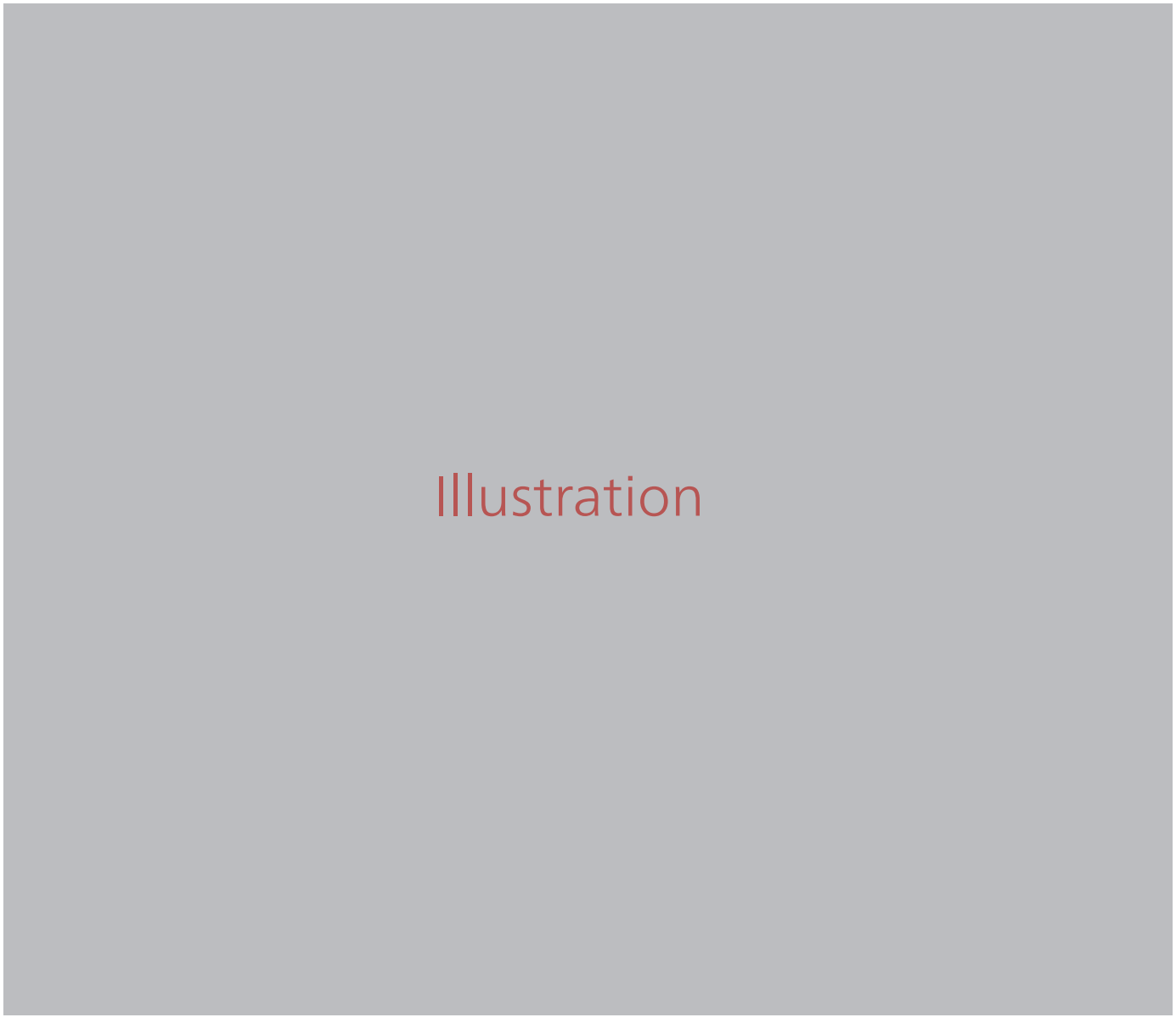
Hywel Dda is leading a Bevan Exemplar housing and health project and the output of phase 1, a good practice guide, is in Appendix 1'.

Planned Actions:

Within Hywel Dda we will work with our partners across the system to make positive changes to further integrate health, social care and housing, reduce inequalities and realise cost savings across organisations in order to optimise population health and wellbeing. This is in line with key policy drivers such as A Healthier Wales, Prosperity for All and the Public Health Wales and Community Housing Cymru Strategic goals as set out in their 2019 report "Making a difference. Housing and Health: A Case for Investment).

We will:

- Contribute to the assessment of need and review of the evidence base around what works in tackling these issues
- Develop a local action plan which outlines they key public health steps we can take related to heath and housing
- Work with local partners to implement the Bevan Exemplar guide across Hywel Dda
- Develop clear outcome measures that demonstrate impact



Gambling

In June 2022, 43% of people aged 16 and over in the UK had taken part in a form of gambling activity in the previous four weeks and a recent study estimated that 1.4 million people are being harmed by their own gambling, with a further 1.5 million at risk. (Source)

The impact of gambling related harm is varied and wide-reaching. It extends beyond the gambler to affected others such as families, friends, and colleagues.

The estimated cost to Welsh public services from problem gambling is between £40 and £70 million.

There are also concerns that technological advances, such as the growth of online and mobile platforms, have exposed increasing numbers of people to the risks of gambling related harm.

Who is at risk of developing problem gambling in Wales?

The Gambling Commission has a responsibility under the UK Gambling Act 2005 to report on levels of problem gambling in Great Britain. The Commission has previously undertaken standalone surveys of gambling behaviour in Wales, and in a 2018 survey of gambling behaviour estimated that there are approximately 18,000 'problem gamblers' in Wales. Problem gambling is defined as "gambling that is disruptive or damaging to you or your family, or interferes with your daily life." (Source)

A 2019 survey of student health and wellbeing in Wales found that one in 10 young people aged 11-16 reported having spent their own money on gambling activities in the past 7 days. (Source)

Questions on gambling were included for the first time in the 2020/21 National Survey for Wales, as part of an online trial.

Questions on gambling behaviour are also included in the 2022/23 survey and will provide a more up to date picture of the issue in Wales.

Illustration

Taking a public health approach to tackle problem gambling

Traditionally problem gambling has been viewed from a medical perspective, with a focus on treating the symptoms or behaviour of the individual. Research states that this approach fails to recognise the harms on families, friends and colleagues. Estimates suggest that a typical problem gambler can affect around six other people.

There are therefore increasing calls for gambling related harms to be considered a public health issue.

The Chief Medical Officer for Wales highlighted the importance of recognising and addressing gambling harms in his annual report more than five years ago. He made several recommendations to Welsh Government, such as convening a task and finish group which sets out an action plan to reduce gambling related harm across Wales, and to improve the co-ordination and promotion of existing prevention and treatment services. Responding to the recommendations, the Welsh Government set up a Task and Finish Group on Gambling Related Harm.

In 2019, Public Health Wales commissioned an initial examination of gambling as a public health issue. The research, led by Bangor University, highlighted the inequity of gambling harms, with certain groups more at risk of experiencing problem gambling, including:

- Children, either as a result of their own gambling or as a result of parental or carer gambling.
- Individuals living in most deprived areas, with problem gambling over seven times higher compared to least deprived areas.
- Those with constrained economic circumstances due to unemployment, underemployment, financial difficulties and debt.
- Some ethnic groups who are said to gamble less but show elevated rates of problem gambling.

The University has also published an interactive map of the likely distribution of risk of gambling harms across Wales.

Gambling, debt and the cost of living crisis

Many households are already seeing a significant reduction in their disposable income due to the cost of living crisis. While the UK and Welsh Governments have put in place a package of financial support, many families have had to adapt their spending habits, and some will have cut back to the point they have no further options.

In June, GamCare reported that helpline advisors had received a number of calls from people who are gambling as a way to make extra money to cover their bills – a situation which means they often end up in a worse financial situation.

Reducing Gambling related harm

The Welsh Government views tackling gambling related harm as a key priority and has led this through actions such as including measures to improve the links between problem gamblers and substance misuse services within the Substance Misuse Delivery Plan 2019-2022.

An all Wales Gambling harm reduction task and finish group issued key recommendations during March 2022 stating that Welsh Government should:

Continue to advocate for reform of the Gambling Act 2005 and support a population-level public health approach.

- Continue to implement the recommendations made by the Chief Medical Officer in his 2016/17 annual report.
- Develop educational resources and programmes, particularly for children and young people, for inclusion in the new Welsh curriculum.
- Develop a clear referral pathway and continue to work with the Welsh Health Specialised Services Committee and NHS Wales to develop and deliver a specialist gambling treatment service for Wales.

Welsh Government has accepted all four of these recommendations and has confirmed that following completion of the Public Health Wales gambling health needs assessment currently being undertaken, there will be consideration of the need for the development of specialist treatment services in Wales.

Planned actions

We will:

- Undertake a local needs assessment (to include mapping and gapping exercise) and review of the evidence base, in particular links between substance misuse, alcohol consumption and gambling
- Establish a local multi- agency action group to focus on gambling related harm
- Develop a local action plan to minimise gambling related harm
- Work with GambleAware to ensure close links between substance misuse services and support for problem gamblers
- Develop outcome measures to demonstrate impact

Health Improvement & Wellbeing Strategy Delivery

The delivery of the strategy is dependent on a multi agency, cross system approach.

The Health Improvement & Wellbeing team within the public health directorate will lead on the strategy delivery within and across the Health Board footprint.

The diagram below outlines the key areas of responsibility that the team will focus on to ensure successful strategy delivery, including enabling factors, research and evaluation and assessment of impact through the monitoring of population and service level outcomes.

Health Improvement Team

Strategic Planning & Partnerships

- Needs Assessment
- Strategy
- Commissioning
- Partnership Development

Tobacco Control

- Smoke Free environments
- Reducing Prevalence
- Clinical Strategy
- Smoking Cessation
- Prevention
- Illegal Tobacco

Alcohol Harm Reduction & Drug Misuse Strategy

- Prevention & Early Intervention
- Harm Reduction
- Treatment & Recovery
- Crime Reduction & Availability
- Children & Families
- Complex Needs & Homelessness

Wider Health Improvement & Wellbeing & Health Inequalities

- Blood Borne Viruses
- Gambling
- Health & Housing
- Suicide & Self-Harm
- Physical Activity
- Community Engagement

Enabling Factors

- Communication Strategy & Plans:
  - App
  - Website
- Estates
- Finance
- Risk & Governance
- Contract Management

Outcomes, Population & Performance

- Population Outcomes Intelligence
- Performance Management
- Outcome Dashboard
- Annual Report
- KPIs

Innovation & Evidence Based

- Journal Club
- Research Evaluation & Audit

Tackling the Leading Causes of Preventable Ill Health

Values & Culture

- Team Development & Training

Innovation and evidence-base

Converting the evidence-base into practice is a key driver for effective service delivery. A journal club has been established within the Health Improvement and Wellbeing Team where the latest research topics are reviewed and discussed. Topics considered so far include i) hepatitis C ii) gambling iii) suicide and a refreshed journal club will be re-launched in January 2023 so that is clearly underpins our strategic priorities going forward based on latest publications.

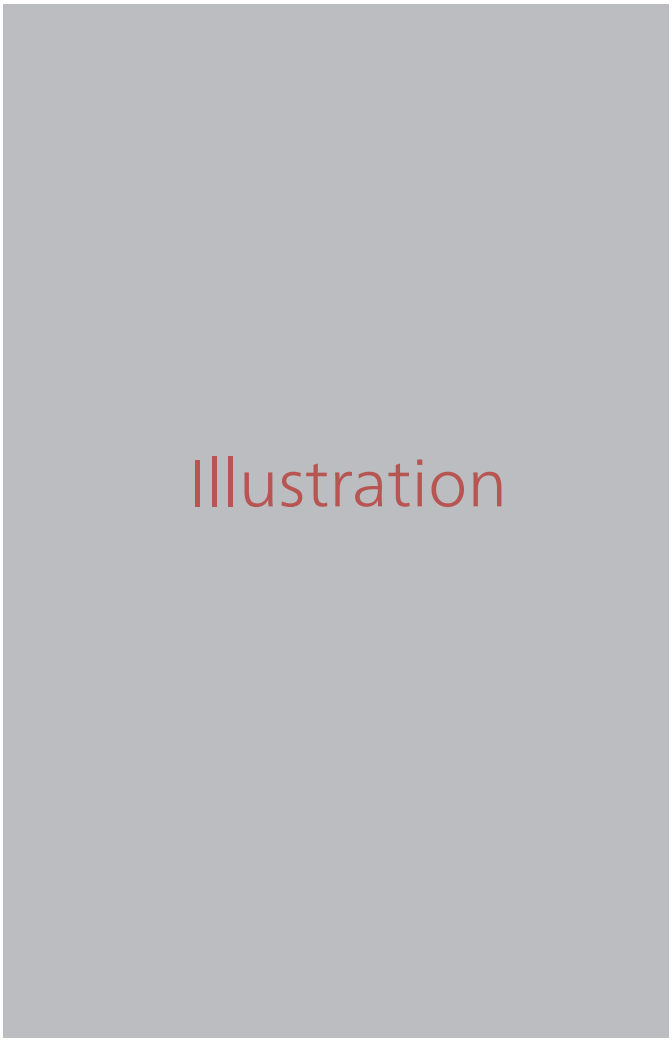
We are also focusing on ensuring that we research interventions we are undertaking so that they contribute towards the evidence base.

For instance, we are working with Swansea University and Dyfed Drug and Alcohol Services (DDAS) to undertake research on the impact of an initiative set up called "Spike on a Bike". During the COVID-19 pandemic, it was noted that for people who use substances, there was a reduction is their uptake in harm-reduction kit such as clean needles and syringes. A novel service was introduced called 'Spike on a Bike' which provided mobile delivery of the kit and could be booked online. An impact evaluation of the service is now underway with seed money from HDUHB

There is also another discussion underway with another research group based at University of Wales Trinity St David's. This will focus on the needs of younger adults (19-25 years of age) in a recovery programme focussed on both mental health and substance misuse.

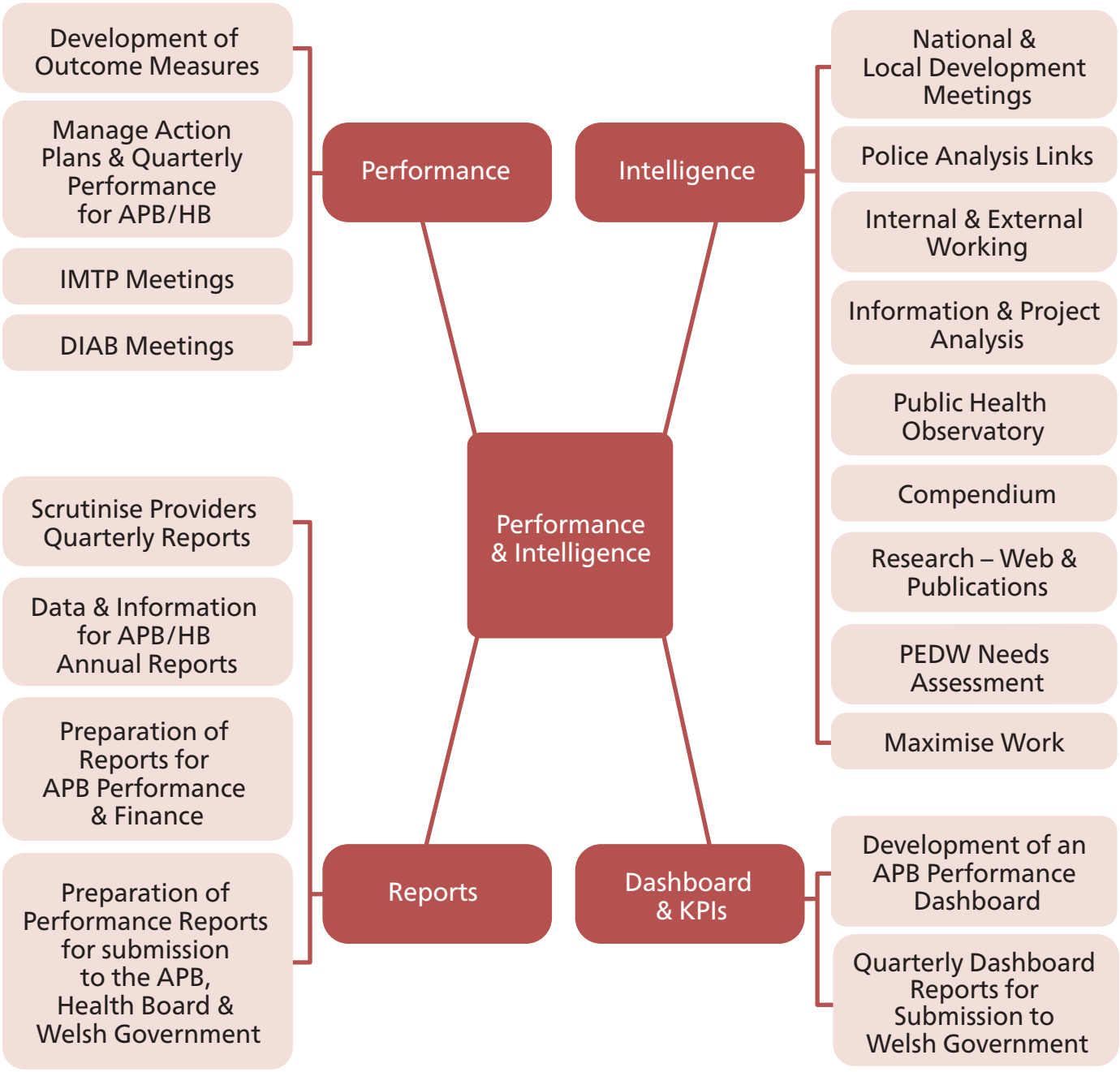
Other plans include:

1. Research into our Children and Young Persons Early intervention & Prevention Service
2. Research into our innovative health coach model which has been providing screening and early intervention within primary care for a range of lifestyle factors to demonstrate impact
3. Research into the impact of our local drug and alcohol treatment service provision on individual improved health and wellbeing and reduced criminality



Outcomes: Population & Performance

Our clear priority for the next three years is to continue to develop our performance management systems and data to ensure we are able to clearly demonstrate impact and outcomes at both a population and service delivery level to ensure the best health and wellbeing for our local population.



Appendix A

A GOOD PRACTICE GUIDE FOR NHS WALES DEVELOPED VIA A BEVAN COMMISSION EXEMPLAR
Good practice guide short version Bevan Exevplar_.pdf

References

Glossary

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