Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Goal 3 - 20four7 Prevention Programme – Quarterly Update.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Executive Director of Public Health.
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alistair Fisher, Public Health Programme Manager. Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations. Dr Bruce Bolam, Deputy Director / 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 report is brought to the Strategy and Planning Committee to provide a quarterly update on progress to develop and deliver the 20four7 Prevention Model, which is aligned within the 2026/27 Annual Plan to Hywel Dda University Health Board's (HDdUHB's) Strategic Objective 2: Healthier Communities and Planning Goal 3.

The Strategy and Performance Committee (SPC) is asked to review this report and receive assurance that progress has been made to:

- Align the Governance Framework of 20four7 to Community by Design, and to
- Initiate the plans to develop new models for the management of chronic conditions through the application of Population Health Management tools.

Cefndir / Background

The 20four7 Prevention Model has been developed by HDdUHB to provide the Health Board with a shared language and approach to address the rising demands placed on health services in West Wales due to avoidable and preventable ill-health, by embedding prevention as the foundation of our work.

Following the previous update provided to the SPC on 28 April 2026, which focused on emerging plans, early engagement, governance under development, further and significant engagement has been undertaken that has produced clearly defined governance arrangements for 20four7, aligned to Community by Design.

In addition, this work has identified a process to facilitate the full scope of Primary, Community and Secondary Care services to develop and embed high value and holistic prevention into existing delivery, whilst concurrently developing future service and pathways.

This Health-Board wide engagement, with Primary Care, Clinical Care Groups (CCGs), Clinical Leads, Professional and Staff Forums, has been run in parallel to the emergence of new policy and guidance at a national level. Principally, that focused on Community by Design and Population Health Management.

Asesiad / Assessment

1. Governance

The strong foundations that 20four7 has established mean HDdUHB is well placed to deliver two of the three transformational shifts which form the national Community by Design programme. The 20four7 Prevention Model is expected to support delivery of:

- Transformational Shift 1 - Embedding Prevention & Population Health Management
- Transformational Shift 2 - A New Model for the Management of Chronic Conditions in the Community

Furthermore, the national architecture of Community by Design features “once for Wales with local subsidiary” approach that supports HDdUHB’s identification of seven priority health areas within the 20four7 Prevention Model.

Using Population Health Management methods and tools, which will include linking data, segmentation, risk stratification and professional knowledge, lived experience, community insight we can identify need, understand the drivers of that need, coordinate targeted interventions and evaluate whether those interventions improve outcomes. In doing this the Health Board will evidence it is delivering Transformation Shift 1 of Community by Design.

It is proposed that this work will be undertaken by seven Population Focus Outcome Improvement Groups (PFOIG):

1. Cancer
2. Cardiovascular Disease (CVD)
3. Child and maternal health
4. Diabetes
5. Frailty, falls and physical decline
6. Mental health and substance misuse
7. Respiratory diseases

Staff feedback indicates the seven PFOIGs will operate best by being built on established groups where they are already in existence and have good engagement, such as the Diabetes Programme and Delivery Group. It is proposed each PFOIG will support development of plans aligned to Transformation Shift 2 of Community by Design. Therefore, Terms of Reference, including membership, will be reviewed to ensure Health Board wide leadership.

The proposed role of the PFOIGs will be to support development and coordination of plans for the seven priority health areas, subject to confirmation. It is proposed that CCGs will be directly involved in the development of these plans through key senior staff participation in the PFOIG. With ongoing engagement through monthly 20four7 agenda item on each of the CCGs.

Where more than one CCG is accountable for delivery, coordination will be provided by the 20four7 Delivery Group. This will be a newly establish group that will provide updates to the A Healthier Mid and West Wales (AHMWW) Group and its subgroups. In accordance with its work programme quarterly updates will be presented to the SPC on a quarterly basis. The next update will be on 22 December 2026.

2. Planning

As set out within HDdUHB's 2026/27 Annual Plan, delivery Planning Goal 3 will be achieved by strengthening prevention services, advancing population health programmes and monitoring performance. The annual report states this will be delivered through actions grouped under four themes:

1. Leadership and Governance
2. Enabling Our Workforce
3. Evaluation and Performance
4. Operational Delivery

Over Quarters 2 and 3 of 2026/26, Operational Delivery Plans, Theme 4, will be developed through the work of the PFOIGs. Review will be provided by the 20four7 Delivery Group, with oversight provided by the Community by Design Transformation Group and the AHMWW Group. These plans will be presented at a 20four7 Board Seminar scheduled for October 2026.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the 20four7 Prevention Model is progressing with a Board Seminar on this topic scheduled for October 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.2 Provide assurance in respect of the achievement of the Health Board's strategic aims, goals and priorities, on: 2.1.2.1The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership; 3.1.13.Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans. 3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Principal Risk 1194
Parthau Ansawdd: Domains of Quality	7. All apply 1. Safe

Quality and Engagement Act (sharepoint.com)	3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	3. 20Four7 Population Health
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions. 5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing. 6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales (2026) NHS Wales Technical Planning Guidance 2026-29

	Welsh Government (2026) Welsh Health Circular: Population Health Management Well-being of Future Generations (Wales) Act 2015 ARCH Health Needs Assessment PHW (2025) Prevention Based Health and Care: A framework to embed prevention in the health and care system. Allied Health Professions Federation. UK Allied Health Professions Public Health Strategic Framework 2019-2024. 2019. PHW (2025) Identifying policy options to tackle health inequalities: policy analysis and opportunities for learning for Wales. PHW (2023) Working together for a healthier Wales: Our long-term strategy 2023-2035. PHW (2025) Investing in a Healthier Wales: prioritising prevention.
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	A Healthier Mid and West Wales Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The report does not seek approval for new funding. Activity described for 2026/27 is being delivered within existing and agreed resources, including approved allocations to support phased health coaching implementation. Future investment opportunities (e.g. further service expansion or digital supports) would be subject to separate business case development, affordability assessment and approval through established governance routes. Embedding prevention within core planning and delivery arrangements supports longer-term value for money by targeting avoidable demand and reducing inequalities.
Ansawdd / Gofal Claf: Quality / Patient Care:	Strengthening the delivery of the 20four7 Prevention Model is expected to have a positive impact on quality and patient outcomes by supporting earlier intervention, more proactive care and improved uptake of preventive services. The approach promotes consistency, equity and evidence-based practice across pathways, particularly for populations at higher risk of poor outcomes. No adverse impacts on quality or patient safety are anticipated.
Gweithlu: Workforce:	The paper focuses on embedding prevention within existing workforce roles and structures and on phased development of specific enabling roles. There are no anticipated adverse workforce impacts arising from the

	proposals. Workforce implications associated with future service development would be subject to separate consideration and approval, including appropriate engagement and workforce planning.
Tegwch Iechyd: **Health Equity:**	The 20four7 model is focused on the 20% most socioeconomically deprived communities, directing prevention efforts where the need is greatest. This report is not proposing service or pathway changes. As the development of new models of care is considered equity focussed health impact assessment will be undertaken.
Risg: **Risk:**	None at this stage.
Cyfreithiol: **Legal:**	No direct legal implications or risks are identified. The approach aligns with statutory duties under the Well-being of Future Generations (Wales) Act and relevant NHS Wales policy frameworks.
Enw Da: **Reputational:**	The report supports delivery of nationally visible prevention priorities and therefore has the potential to positively influence organisational reputation. Failure to demonstrate progress in these areas would carry reputational risk; however, the approach outlined provides a credible and proportionate framework for delivery and assurance.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	The 20four7 model is focused on the 20% most socioeconomically deprived communities, directing prevention efforts where the need is greatest. In addition, the “20” includes individuals with protected characteristics, inclusion health groups, the poor access and health outcomes associated with rurality, and the intersectionality of these factors. This report is not proposing service or pathway changes. As the development of new models of care are considered Equality Impact Assessment (EqIA) will be completed.