



**PWYLLGOR STRATEGAETH A CHYNLLUNIO  
STRATEGY AND PLANNING COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Strategic Approach to Value Based Health Care
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr. Mark Henwood – Executive Medical Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Simon Mansfield – Head of Value Based Health Care

**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 previous Value Based Health Care (VBHC) strategic approach ended at the end of March 2025. A refreshed strategic approach for 2026–2031 has therefore been developed to reflect the lessons learned from experiences to date, respond to current organisational and system pressures, and set a clearer direction for embedding a value-driven approach across the Health Board. The final draft of the Strategic Approach to VBHC has been approved by the Formal Executive Team and is attached to provide assurance to the Strategy and Planning Committee (SPC).

Cefndir / Background

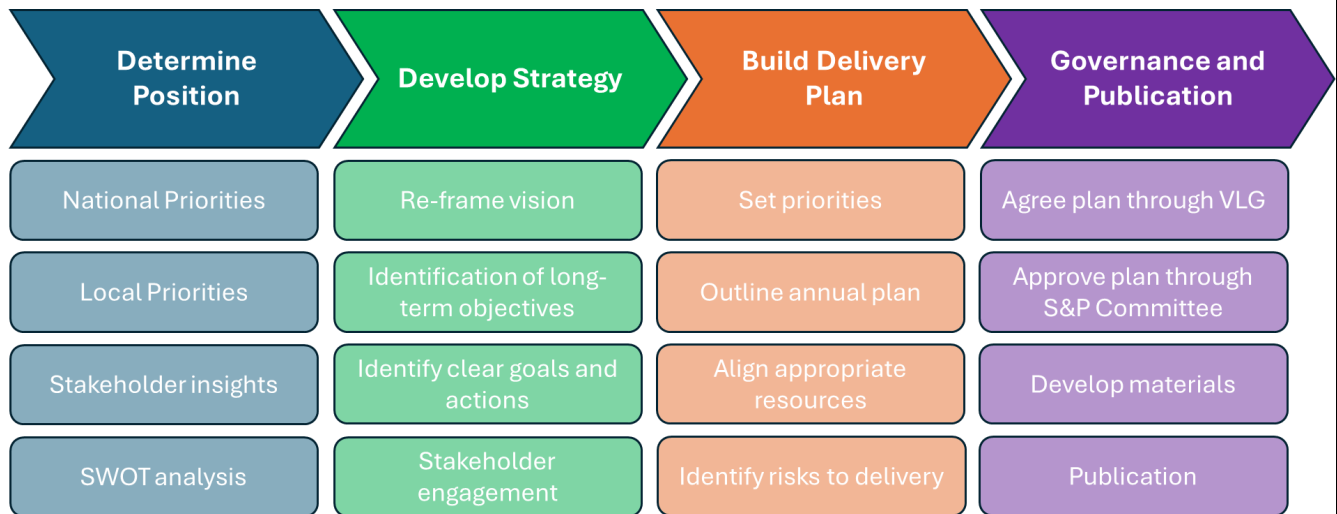
Since the introduction of VBHC within Hywel Dda University Health Board (HDdUHB) in 2019, significant progress has been made to develop capability in this area, supported by dedicated teams and resulting in a number of collaborative projects. Despite these successes, challenges remain in achieving consistent adoption and the sustainable integration of VBHC initiatives into core operational business. The evolving health and care landscape, including the increasing financial pressures and population health needs, provides the imperative to adopt a more cohesive and embedded VBHC approach going forwards.

The current Strategic Approach to VBHC expired at the end of Financial Year (FY) 2025/26 and a refreshed approach to VBHC has been developed for publication. The process for development of the new approach to VBHC has taken into consideration the reflections of progress made against the previous strategic approach as well as the national and local priorities for Value-driven services.

Asesiad/Assessment

The refreshed Strategic Approach to VBHC, has been informed by the lessons learned from the implementation of VBHC in HDdUHB. The development process has incorporated both national and locally prioritised areas of focus. A comprehensive stakeholder engagement exercise has been undertaken along with independent review by a recognised industry expert. The development of the Strategic Approach has been refined through continued stakeholder

engagement, through the Value Leadership Group (VLG) and more recently through the Formal Executive Team.



During the period covered by the previous Strategic Approach to VBHC (2022-2025), there have been a number of notable achievements, these have included:

- Successful implementation of digital Patient Reported Outcome Measures (PROM) collection solution and wide scale roll out of collection in circa (c.)30 pathway areas,
- Transition through a national framework and regional assessment to procure a new digital PROM collection solution and transition of c.30 pathways to this new platform,
- Collection of 60% of all digital PROMs in NHS Wales using the Promptly Health platform,
- Development of comprehensive VBHC Education Programme ‘Bringing Value to Life’ run as residential course and online offerings,
- Expansion of the initial education offering to an ‘Advanced Practitioner Programme’ to practically accelerate VBHC Projects,
- Creation of Rapid Value function, that has facilitated over £1.5m of cash releasing and productivity benefits per annum,
- Alignment with National prioritised ‘high value, high impact areas,
- Development of prototype PROM dashboards to be used by clinical colleagues,
- Completion of high impact VBHC Projects including Nephrology prehabilitation, Cellulitis Improvement Programme, Heart Failure, Atrial Fibrillation, Vascular Podiatry, Fracture Liaison Service and Obstructive Sleep Apnoea.

Despite these successes, there have been challenges, which have impeded the potential impact of the VBHC Programme:

- Demand for VBHC input has grown exponentially, leading to challenges in responding effectively to individual demands and diluting the impact of the function,
- PROM and other outcome data, is not available in a usable format to consistently drive change in the way we deliver services,
- Data interoperability and information governance issues have prevented the wider rollout of PROM collection beyond outpatient settings, and has precluded meaningful implementation in primary care settings,
- VBHC Projects have demonstrated significant benefits for patients and for the system, but in many cases these benefits have not been operationalised due to the difficulties in sustainably funding new ways through the disinvestment in lower value activity.

The stakeholder engagement exercise has provided clear insight into the priorities of decision makers, and the challenges that we face:

- ***There is a strong appetite for outcomes measurement:***  
Staff expect VBHC to be driven by measurable outcomes (including PROMs and PREMs) and want actionable metrics.
- ***Patient-centred philosophy is understood and valued:***  
Staff link this to operational realities (pathways, teams, and coordination) rather than abstract rhetoric.
- ***Data/IT is a bottleneck:***  
People want dashboards, integrated records, and clearer data flows to make outcomes measurement meaningful.
- ***Operational constraints (capacity, waiting lists, time) are real:***  
These issues threaten the VBHC Programme unless the issues of capacity and workflow are addressed.
- ***Multidisciplinary working and pathways:***  
These are considered essential levers to deliver VBHC but require standardisation and shared governance.
- ***Finance is on people's minds:***  
There is interest in aligning incentives, but uncertainty around the practical commissioning and delivery models.

Considering the achievements and challenges so far and the insight that has been gained from the stakeholder engagement, the refreshed Strategic Approach has been developed around a vision and three primary aims.

#### **Vision:**

*“Value will be integral to all that we do, using the voice of our population to inform the choices that we make in all parts of our system, leading to a positive impact in the ways that we provide healthcare.”*

#### **Primary Aims:**

##### **1. Impact** – ‘from insight to impact’

The things that a value-driven approach enable us to do will demonstrably transform services by focusing our scarce resources on the things that really make a difference and are of importance to our population, our organisation and the nation. Our engagement and communications will ensure that our population understands how to engage with us and the difference that their voice can have in improving their lives. Insight alone is not enough; we must strive to use this insight to make a real difference.

##### **2. Embedded** – ‘from peripheral to core’

For VBHC to become a core part of all that we do, our work should be planned from the outset rather than as a series of opportunistic and unconnected projects. The VBHC Programme must integrate with the Clinical Services Plan (CSP), Clinical Care Groups (CCGs) and colleagues from across the Health Board to fully understand and respond to the priorities of the organisation. In working more closely with the structure of the organisation, the work of the VBHC Team can be better aligned with core activities.

##### **3. System-wide** – ‘from condition to life course’

VBHC seeks to understand the outcomes and goals that are important to an individual. In achieving this, it becomes increasingly important to consider the life course of individuals rather than seeing people through the lens of their presenting complaint. There is also significant focus on the prevention agenda and the ‘shift left’. This objective is best served

by a more coherent approach that takes into consideration the choices that are made in Primary and Community Care, as well as in Secondary Care and working with Local Authorities, third sector organisations, individuals and communities.

The development of the Strategic Approach to VBHC 2026-2031 has concluded with a final draft, which is attached as Appendix A for assurance. This draft provides a clear, but broad strategic direction of VBHC for the next five years and will be supported by detailed annual delivery plans, which will be informed by engagement with executive colleagues and governance structures to ensure that strategic planning objectives are reflected in the work of the VBHC Team year by year.

### Argymhelliad / Recommendation

The Committee is asked to;

- **RECEIVE ASSURANCE** from the final draft of Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026–2031, which is currently being produced as a professionally typeset document.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, including the medium-term financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Hywel Dda University Health Board - "Our Approach to Value Based Health Care – 2022-2025"
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Value Leadership Group Formal Executive Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Welsh Government funding of the HDdUHB Value Based Health Care Programme and the accountability for driving Value centred change.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles drive the delivery of equitable services across the Health Board.
<b>Gweithlu: Workforce:</b>	None
<b>Risg: Risk:</b>	None
<b>Cyfreithiol: Legal:</b>	None

<b>Enw Da: Reputational:</b>	None
<b>Gyfrinachedd: Privacy:</b>	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
<b>Cydraddoldeb: Equality:</b>	Equality Impact Assessment completed.

# Appendix A

## Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026-2031

### Foreword

Hywel Dda University Health Board (HDdUHB) faces a defining moment in how we shape and deliver care for the people and communities we serve. The challenges facing health and care - rising complexity of need, innovative technologies, and constrained resources - require us to move beyond traditional models of efficiency and productivity to ensure that every pound spent actually makes a difference in providing health and care that is fit for the future. Value Based Health Care (VBHC) is a data-driven discipline that supports the transformation required, ensuring that the actions we take are anchored in delivering outcomes that really matter to our population.

This Strategic Approach builds on the progress we have made and sets out how VBHC will become an integrated delivery mechanism for our organisational strategy 'A Healthier Life Well-lived.' Value-Based Health Care requires us to take a system-wide view and achieve the best possible outcomes, equitably, for our population. It requires collaboration across professions, pathways and partners with a shared focus on delivering outcomes that are meaningful to our population; it guides us to use our resources wisely by investing in the things that have demonstrable impact; it is rooted in 'Community by Design' recognising that the greatest value is often created within communities through prevention, early intervention and partnership working.

Over recent years, HDdUHB has made considerable progress in building an organisational culture and infrastructure to support Value-Based approaches to care design and delivery. This includes the capability to capture patient-reported outcomes, providing rich insights into what matters most to people and revealing opportunities to redesign care. Our focus has been to combine the voice of our population through Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) alongside existing data sources and provide our clinicians, managers, and leaders with access to actionable insights, enabling unwarranted variation to be tackled, outcomes to be improved, and unmet need in our population to be addressed.

Through this Strategic Approach we are looking to go further. The scope of our ambition is to move beyond isolated projects to a cohesive system of Value Managed Health Care, which improves outcomes for every person, in every community, at every stage of life. This requires collective ownership, informed prioritisation, and a willingness to re-examine how we work. It also requires imagination and collaboration across organisational boundaries, recognising the value of working together and embracing innovation where it delivers meaningful benefit. This is how we aim to deliver equitable, high-value care that is sustainable into the future.

## **Vision**

*Value will be integral to all that we do, using the voice of our population to inform the choices that we make in all parts of our system, leading to a demonstrable improvement in patient outcomes, equity, and sustainability.*

## **Aims**

To progress towards our vision of a Value Based Health Care driven system, we have identified three principal aims and the priorities within them. The aims are:

1. **Impact – Insight to Impact.** To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation, and strengthens stewardship, resulting in better outcomes and better value for our population.
2. **Embedded – Peripheral to Embedded.** To embed VBHC as a core organisational approach, ensuring that value drives everyday decision-making, resource allocation and service improvement across HDdUHB.
3. **System-Wide – Condition and life-course.** To take a system-wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.

## **Aim 1: Impact – Insight to Impact**

To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation, and strengthens stewardship, resulting in better outcomes and better value for our population.

### **What we will deliver and why**

Translating insight into impact is essential to the delivery of VBHC because data, feedback, and analysis only create benefit when they drive real changes in care delivery. Taking a data driven approach we seek to identify and proactively support people and communities most at risk, particularly those with unmet need, through Value-Based resource allocation. Insights from PROMs/PREMs stratified by ethnicity and deprivation, pathway reviews, resource analysis, staff feedback, and improvement work, provide a rich picture of outcomes, experience, efficiency, inequality, and unwarranted variation. But without a structured approach to acting on these findings, HDdUHB risks becoming “data rich but action poor,” gathering evidence without applying it to the delivery of better outcomes or improved value.

While considerable progress has been made over the past four years, including HDdUHB being one of the largest collectors of PROMs in NHS Wales, its action to embed these data in clinical decision making and ensure value is part of operational and strategic planning has been more limited.

This strategic approach to VBHC sets out to build upon the foundational work already undertaken. This will include focusing analysis and improvement across national high-value, high-impact pathways, and local priority areas, so that our scarce capacity is targeted where the greatest population benefit can be achieved. The insights facilitated by the programme will also support tackling unwarranted variation, including aligning to the focus on conditions with a high preventable burden, Urgent and Emergency Care (UEC), the Getting it Right First Time (GIRFT) programme, getting the basics right in chronic disease management, embedding supported self-management within models such as Community by Design and the focus on the most disadvantaged sections of our population through the 20four7 approach. By aligning insight with organisational priorities, we will be able to strengthen service reconfiguration and design, ensuring decisions about fragile services, including those within the Clinical Services Plan (CSP), or new models of care are grounded in the needs, outcomes, evidence, and priorities of our population. This approach will be underpinned by collaborative working with other parts of our health system, as well as with Local Authorities and third sector organisations.

VBHC insight is equally important for strengthening stewardship, allowing HDdUHB to identify and address low-value care, optimise interventions and productivity, and ensure that clinical time and resources are channelled into activity that has demonstrable impact. It underpins priority agendas such as holistic care for older people, end of life pathways, women’s health plans, and mental health services, helping teams design pathways around what matters to individuals rather than around organisational boundaries. It also enables Value-Based procurement by providing the

evidence needed to select products and technologies based on their real effect on outcomes, experience, and resource use.

Ultimately, translating insight into impact ensures that HDdUHB's strategic and national priorities are delivered through evidence-based action, focusing improvement and resource in the areas of highest need, reducing variation, strengthening stewardship, and creating a learning system that continuously improves outcomes, experience and value for patients and communities.

## **How we will deliver**

### **Priority 1: Strengthen the collection, quality, and use of standardised outcomes and wider VBHC Insight**

We will systematically address unmet need by improving the collection, analysis, and integration of standardised outcomes including population and activity data and PROMs, PREMs, to ensure that the voice of our population and the outcomes they achieve meaningfully shape clinical practice and service design. This will be delivered through:

- Embedding a broad range of standardised outcome measures into clinical decision-making, establishing reliable processes so that clinicians can efficiently access, interpret, and integrate standardised outcomes into consultations and shared decision-making alongside existing data sources.
- Developing a clear prioritisation framework to determine where PROM/ PREM collection should be focused based on the likelihood of influencing clinical decisions, pathway redesign, or strategic planning.
- Reviewing and optimising the digital PROM collection platform, ensuring it is user-friendly, efficient, and fully aligned to wider digital transformation programmes. Collaborating with colleagues to effectively review and analyse existing data sets alongside the collection of new data.
- Leveraging advanced analytics, including segmentation, risk stratification, and outcomes modelling, to enable the organisation to convert VBHC insights into actionable improvements at pathway, service, and organisational levels. This will be supported by an agreed VBHC scorecard, which will include:
  - Outcomes that matter to people
  - Experience
  - Value and productivity
  - Equity
  - Sustainability

## **Priority 2: Embed VBHC into strategic and operational planning across the organisation and with partners.**

We will ensure that VBHC becomes a core method for delivering organisational and national priorities by systematically aligning insight with planning, resource allocation and strategic decision-making. This will be delivered through:

- Embedding VBHC within annual and medium-term planning cycles, including those led by Clinical Care Groups (CCGs), so that inequalities, outcomes, experience, and value are central to operational and strategic goal-setting. Where appropriate, the Value Delivery Fund will be invested to facilitate the transition to higher value activities, providing there is a clear focus on long term sustainability and clarity about the reduction of services that add little or no value.
- Systematically identifying and reducing low value activities to ensure that our scarce resources can be targeted on the areas of highest need and inequity.
- Integrating VBHC into all investment and business cases, ensuring the Executive Team and Board receive proposals supported by robust outcomes analysis and Value-Based assessments, linked with the analytical capabilities of the TriTech Institute.
- Working with academic partners to create the capability and methodology for shifting resources from low-value to high-value activities, supporting HDdUHB to make evidence-based decisions and maintain performance in a fiscally constrained environment.
- Aligning planning and improvement efforts across organisational boundaries, ensuring VBHC methods are used collaboratively with partners including Local Authorities, Primary Care, and Community Care, as well as neighbouring Health Boards. The focus with each will be supporting whole-system, outcomes-driven change.

### **Priority 3: Build the capacity and capability of staff to apply VBHC across planning and operational priorities.**

We will grow the skills, confidence, and capability of staff across all services to apply VBHC methods to the issues that matter most in their clinical, operational, and strategic contexts. This will be delivered through:

- Strengthening our partnership with the VBHC Intensive Learning Academy at Swansea University, offering staff access to high-quality formal education, and continuing to expand our joint work on strategic and operational planning.
- Expanding opportunities for staff development, including targeted programmes, applied learning, coaching and project-based learning linked to priority pathways and service challenges.
- Developing international learning partnerships to understand how leading health systems across the world are implementing VBHC, enabling HDdUHB to adopt and adapt best practice from global exemplars.
- Building internal capability for advanced analytics, outcomes interpretation and Value-Based decision-making, ensuring teams have the skills and support needed to turn insight into practical, measurable improvement.

## **Aim 2: Embedded – Peripheral to Core**

To embed VBHC as a core organisational approach, ensuring that value drives everyday decision-making, resource allocation and service improvement across HDdUHB.

### **What we will deliver and why**

Embedding Value Based Health Care across HDdUHB is essential to moving Value from the periphery of organisational activity to the core of how we operate every day. The next phase of implementing VBHC across the organisation will involve it becoming a conscious, routine part of planning, decision-making and service delivery. This means ensuring that Value is not confined to the individual projects of the interested and committed few but becomes part of everyone's daily business. In other words, it becomes an organising principle for how we understand need, allocate resources, design pathways, and measure improvement. We cannot rely on additional investments in health and care to bring about change. We need to use the existing resources we have in a different configuration.

Over the past four years, HDdUHB has built a solid foundation in VBHC. The organisation has invested in the infrastructure to support implementation and has cultivated a cadre of VBHC trained professionals equipped to lead meaningful change. This movement has already delivered tangible benefits. We have embedded Value-Based approaches within priority pathways including heart failure, bone health, respiratory (including recent work on the sleep pathway), trauma and orthopaedics, and diabetes. Several of these are nationally prioritised high value, high impact pathways. Through the VBHC Delivery Fund, we have supported targeted improvements in areas such as the vascular podiatry service, atrial fibrillation service, and the acute kidney injury service, demonstrating that even modest investments, when guided by outcomes and value principles, can yield significant impact. Our own Applied Practitioner Programme and partnership with the VBHC Intensive Learning Academy at Swansea University has strengthened organisational capability further, including recent work supporting the CCGs in understanding the potential of VBHC in the context of their operational plans.

The next stage is to ensure that VBHC is fully embedded operationally as “the way we do things.” This requires the organisation to draw together insights from the data infrastructure we have developed, including PROMs/PREMs, clinical audit, resource utilisation and unwarranted variation, and population need. It is imperative that these datasets consistently drive better decision making, prioritisation and resource allocation. Embedding VBHC means that service decisions are grounded in outcomes evidence; that unwarranted variation is systematically identified and addressed; and that investments are guided by clear value considerations that maximise improvements in outcomes and sustainability. This includes strengthening the organisation's ability to make difficult but necessary decisions about resource allocation, ensuring consistent focus on activities that deliver the greatest impact for patients and communities

To achieve this shift, HDdUHB will develop a systematic approach to harnessing the enthusiasm, expertise and lived experience of the multi-professional VBHC community

across the organisation. This includes creating a structure through which clinical teams, managers, analysts, and improvement specialists can work together to overcome barriers, apply VBHC methods to real operational challenges, and celebrate progress. Strengthening our academic partnerships will remain central, not only with Swansea University's Intensive Learning Academy, but through growing our international learning relationships to understand how leading systems around the world are implementing VBHC.

Embedding VBHC across the organisation will allow HDdUHB to move from pioneering pockets of best practice to a fully integrated, outcomes-driven, learning health system. By making VBHC part of everyone's work, we ensure that every decision, from patient consultations to Board-level strategy, advances the outcomes that matter most to our population and the sustainability of our healthcare system.

### **How we will deliver**

## **Priority 1: Secure organisational ownership of VBHC and service delivery functions**

HDdUHB will ensure that VBHC is owned, led, and driven by operational teams, supported by specialist expertise, so that value becomes a routine part of how services are planned, delivered, and improved. This will be achieved by:

- Establishing a VBHC business partnering approach, to provide operational teams with VBHC guidance and support, ensuring that the organisation's analytical and methodological capability is directed where it can have the greatest impact on outcomes, unwarranted variation, and resource utilisation.
- Supporting a rolling programme of change, led by CCGs and other stakeholders, enabling VBHC priorities to be systematically identified, worked through and, where appropriate, implemented. A new approach to the VBHC Delivery Fund will be developed, to 'enable change' rather than running new services in parallel with existing models of care.
- Strengthening leadership responsibility for VBHC within CCGs and service areas so that each group takes ownership of applying VBHC insights to the issues that matter most to their populations and pathways.

## **Priority 2: Develop a unified and coordinated organisational approach to VBHC across corporate functions.**

VBHC will be integrated into the full range of corporate activities so that planning, finance, digital, workforce, improvement and clinical governance functions consistently use VBHC principles in how they guide and support operational teams. This will be achieved by:

- Aligning corporate processes and governance mechanisms so that VBHC becomes a consistent method for prioritisation, risk management, investment decision-making and assurance.

- Embedding VBHC in financial, workforce and digital planning, ensuring corporate functions actively enable the shift towards outcomes-driven service design and reductions in unwarranted variation.
- Creating consistent organisational standards for outcomes-driven decision-making, ensuring that PROMs/PREMs, clinical audit insights, resource utilisation and population need intelligence are used systematically across all functions.
- Providing clear governance and direction through the Value Leadership Group and Board oversight through the Strategy and Planning Committee.

### **Priority 3: Sustain and expand delivery of national and local high-value, high-impact pathways.**

This will be achieved by:

- Continuing to focus on national priority areas, with reports to national Value and Sustainability Board, mirrored locally by the Value and Sustainability Group.
- Aligning VBHC with major service changes, including those set out in the Clinical Services Plan, ensuring that population need, outcomes evidence and resource utilisation insights directly shape decisions about pathway redesign and service configuration.
- Optimising the potential of VBHC to drive productivity improvements, ensuring that outcomes evidence, unwarranted variation analysis and resource utilisation insights are used to identify opportunities to streamline pathways, reduce avoidable activity, improve flow, and release capacity that can be redirected to areas of highest value.
- Leveraging population health data to highlight inequities and unmet needs as well as the outcomes we would expect to see in our population compared to our observations and data.

## **Aim 3: System-Wide - Condition and Life Course**

To take a system-wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.

### **What we will deliver and why**

We believe that the greatest opportunities to improve outcomes and sustainability lie in addressing the root causes of ill health and not just the symptoms. Investing in prevention is one of the highest value actions we can take to improve outcomes sustainably and ameliorate the predicted increased demand for our services.

Supporting prevention requires a 'system wide' approach. Moving forward, the reach of the VBHC programme will extend into all parts of the system, spanning preventive services, Primary and Community Care, hospital services, and end-of-life care. This reflects a simple but powerful truth: the highest-value care often happens outside of hospital settings and long before an individual enters a disease-specific pathway. For our VBHC programme to realise its full potential, it must reach beyond episodic treatment and focus on the broader determinants of health and the lived experience of our population.

The healthcare needs of our communities are not static. They evolve across the life course, shaped by changing circumstances, acute events, chronic conditions, and the pursuit of wellbeing at every stage of life. A system-wide VBHC approach will enable HDdUHB to respond to this dynamic reality by considering the needs of distinct population segments, for example, people living with chronic disease, those in need of palliative and end-of-life care, or older individuals at risk of falls and frailty. VBHC provides a structured method to ensure that pathways, models of care and resource allocation are aligned to the needs of these sub-segments, rather than being constrained by organisational or traditional service boundaries.

High quality outcomes are shaped by a wide range of factors, from prevention and early intervention to effective management of long-term conditions and dignified, person-centred end-of-life care. No single part of the system is responsible for delivering these outcomes alone. A system wide VBHC approach therefore requires multi-stakeholder participation, bringing together the collective insight and capability of Primary and Community Care, Public Health, Local Authority partners, CCGs, digital and analytics teams, and the wider voluntary and community sector. This collaborative focus, embracing the Social Model for Health and Wellbeing, is essential to achieving the optimum allocation of resources across the care continuum and ensuring that investment is guided by the outcomes that matter most.

This strategic approach will place a major emphasis on this system-wide approach. VBHC demands that we work in partnership to build health in our communities, not just treat illness when it presents. By engaging the entire system, HDdUHB can ensure that prevention, early intervention, pathway redesign, resource utilisation, and population outcomes all reinforce one another. This shift will enable us to move from a collection

of isolated initiatives to a unified, outcomes-driven health and care system delivering better value, better experience, and better long-term outcomes for our communities.

## How we will deliver

### **Priority 1: Maximise the contribution of VBHC to the Social Model for Health and Wellbeing**

HDdUHB will strengthen the role of VBHC in supporting prevention, community resilience, and the wider determinants of health, ensuring that value is generated long before people require hospital-based care. This will be delivered through:

- Working in partnership with the Centre for Social Innovation at the University of Wales Trinity St David, to support community-focused approaches, including the Community Health and Wellbeing Workers programme, to improve outcomes through earlier, person-centred intervention.
- Examining and promoting preventative and lifestyle-based approaches, including lifestyle medicine, behaviour change and supported self-management, to improve health outcomes at reducing the need for more complex or acute interventions. This will support the work on Health Coaches and Community Health and Wellbeing Workers.
- Strengthening the use of population segmentation and insight, ensuring that interventions are designed and targeted to the needs of different population groups across the life course.
- Ensuring VBHC supports a shift towards building health in our communities, not just managing illness, by aligning resources to prevention and early intervention where the potential value is greatest.
- Evaluating social investment models, which are geared towards enabling early intervention and prevention.

### **Priority 2: Maximise VBHC implementation and impact in Primary Care**

We will collaborate more closely with Primary Care colleagues to advance our collective understanding of individuals and segments of our population. We will seek to share data so that we can identify and address the needs of our population, understanding the key role that Primary Care has in the pathway of care. We will achieve this by:

- Working with Primary Care colleagues on shared VBHC initiatives that seek to improve outcomes and reduce variation in all parts of the healthcare system.
- Developing an understanding of the existing data that is collected routinely in Primary Care and working towards the collection of standardised outcome measures throughout the life course of our citizens to understand then things that are important to them in all parts of their life.

- Aligning VBHC with Primary Care transformation programmes, including chronic disease management, urgent primary care, and preventative pathways.
- Strengthening collaboration between Primary Care, Community Care, Public Health, and CCGs, ensuring that a consistent VBHC methodology underpins pathway development and resource allocation across the interface.

### **Priority 3: Develop a strong ‘people and communities’ approach.**

To understand and demonstrably respond to the collective voice of our population voice, we will:

- Set up and routinely engage with a citizen panel, which may co-opt individuals as specific service areas are considered. This will also include patient advocacy groups to provide summarised feedback.
- Develop and strengthen community-based approaches that embed prevention into all pathways and address unmet social need.
- Ensure that PROM and PREM data is transparently fed back to individuals and to the wider population to provide assurance that the voice of the population is being heard and considered in all that we do.
- Work with citizens in the co-design of services, considering the activities that they believe add highest and lowest value so that through approaches like the Socio-Technical Allocation of Resources (STAR) we can move scarce resources to where they will have the greatest impact.

## **Delivering the plan: how the VBHC Team will work**

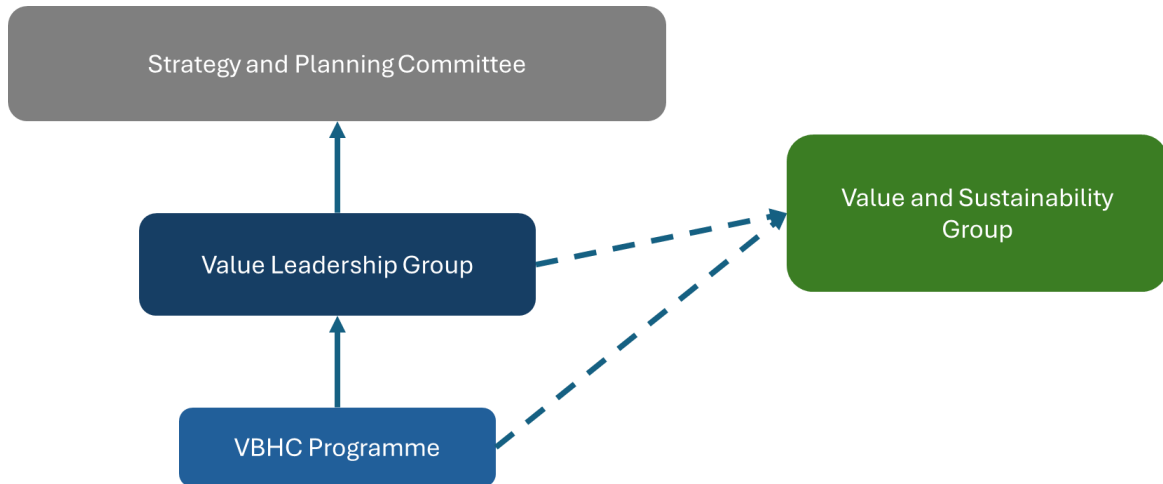
Delivering this Strategy requires a clear operating model for how the VBHC Team will support clinical and operational services to translate insight into measurable improvement. The VBHC Team will act as an enabling function: building capability, providing analytical and methodological support, brokering partnerships, and helping teams to prioritise and deliver change that improves outcomes, experience, equity, and stewardship. Our approach will be practical and delivery-focused, working alongside CCGs, corporate functions, and system partners to embed VBHC into routine planning and improvement, rather than running standalone projects.

### **How we will organise the VBHC Team**

- Value partnering with services –VBHC resources will align with CCG priorities and help teams define the outcomes that matter, interpret variation, and support services to turn insight into actionable improvement plans.
- Insight and analytics – a dedicated analytical function will develop and maintain the VBHC scorecard, support segmentation, and risk stratification, and provide timely pathway insight (PROMs/PREMs, utilisation, variation and equity) to inform decisions.
- Improvement and implementation support – improvement practitioners will support prioritised pathway redesign and evaluate the impact of those changes.
- Education, coaching, and community of practice – the team will curate learning pathways (including the Swansea University partnership), provide coaching, and convene a multi-professional VBHC community to spread effective practice.
- Partnership and system working – a system interface will connect VBHC work with Primary Care, Local Authorities, Public Health, Third Sector and neighbouring Health Boards, supporting shared outcomes and whole-system pathway change.

## Governance, prioritisation, and decision-making

- Strategic oversight will be provided through the Value Leadership Group, with Board assurance via the Strategy and Planning Committee (SPC):



- A transparent prioritisation process will be used to select pathways and improvement opportunities based on population need, outcomes opportunity, unwarranted variation, equity impact, feasibility, and system sustainability.
- Integration with planning cycles – VBHC insight will be embedded into annual and medium-term planning, business cases, and investment decisions so that value considerations shape resource allocation and delivery commitments.
- Value Delivery Fund as an enabler – where used, investment will be time-limited and focused on implementation support and transition to higher value care, with clear benefits realisation and sustainability plans, including the reduction of low value activity where appropriate. Wherever possible, this will be through ‘buying out’ time of staff to work on implementing VBHC approaches within their structure. It is recognised that occasionally the VBHC Team will need to be bolstered to directly support.
- Clear escalation and assurance – delivery risks (e.g., digital dependency, capacity constraints, clinical safety, or inter-organisational barriers) will be escalated through agreed governance routes, supported by routine reporting against the VBHC scorecard.

## Ways of working

The VBHC Team will work to support operational and corporate teams to facilitate their work in improving the outcomes for our population. We will achieve this through:

- Co-delivery with frontline teams – VBHC work will be delivered in collaboration with operational teams, with clear roles, timelines, and system ownership for implementation.
- Regular delivery rhythm – routine pathway ‘huddles’ to review insight and progress, with quarterly value reviews to evaluate benefits realisation, learning, and next priorities.
- Standard products and toolkits – the VBHC team will support services with consistent templates for pathway baselines, outcomes sets, measurement plans, value cases, and benefits tracking.
- Knowledge management – learning from pathway work will be documented and shared across the organisation through a VBHC community of practice and accessible resources.

## Engagement and communications

- Population voice at the centre – PROMs/PREMs and qualitative feedback will be routinely used alongside clinical and operational data, with transparent feedback to people and communities on what we heard and what we changed.
- Citizen and patient involvement – the VBHC Team will support the development and facilitation of a citizen panel and pathway specific engagement, enabling co-design and ensuring improvement is grounded in lived experience.
- Staff engagement and capability – we will use a clear communications plan to explain the purpose of VBHC, celebrate progress, and make it easy for teams to access support, training, and practical tools.
- Partner alignment – communications and engagement will be coordinated with system partners so that shared outcomes, responsibilities, and dependencies are explicit, supporting smoother whole-system delivery.

Success will be judged by demonstrable improvement in outcomes that matter to people, measurable reductions in inequity and unwarranted variation, improved patient outcomes and experience, stronger equity, and clearer stewardship of resources. The VBHC scorecard will provide a consistent line of sight from pathway activity to organisational priorities, and will support regular review, learning and accountability. By working in this structured way, the VBHC Team will help HDdUHB move from pockets of innovation to a coordinated, outcomes-driven system that reliably delivers higher value care.