



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 December 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood – Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	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

This paper has been produced to provide the Strategy and Planning Committee (SPC) with assurance on the activity of the Value Based Health Care (VBHC) Programme, the work to refresh the Strategic Approach to VBHC and the collaboration with the Swansea University Value Based Health and Care Academy.

Cefndir / Background

Since the introduction of VBHC within Hywel Dda University Health Board (HDdUHB) in 2019, significant progress has been made through collaborating with multidisciplinary teams on Value initiatives. However, challenges remain in integrating VBHC approaches into the provision of sustainable services that truly meet the needs of our population. In response to these challenges, work is now underway to refresh the Strategic Approach to VBHC, and a collaboration has been entered into with Swansea University Value Based Health and Care Academy, to address how Value initiatives are conceptualised and delivered within HDdUHB.

Strategic Approach to VBHC

The existing Strategic Approach to VBHC covers the period from 2022-2025 and expires at the end of March 2026. A refreshed approach to VBHC is now being developed for formal publication in Quarter (Q) 1 2026/27. The process for developing the new approach to VBHC has taken into consideration the progress made under the current strategic approach as well as the national and local priorities for Value-driven services. This work has been underpinned by a comprehensive stakeholder engagement exercise, which has enabled the VBHC Team to better understand the objectives of senior decision makers throughout the organisation. A thematic review of these stakeholder sessions was undertaken, with the following summary points:

- ***There is a strong appetite for outcomes measurement:***
Staff expect VBHC to be driven by measurable outcomes (including patient reported outcome and experience measures) and want actionable metrics.
- ***Patient-centred philosophy is understood and valued:***

Staff link this thinking to operational realities such as pathways, teams, and coordination, rather than abstract rhetoric.

- **Data/IT is a bottleneck:**
Our staff want Patient Reported Outcome Measures (PROM) dashboards, integrated records, and clearer data flows to make outcomes measurement meaningful.
- **Operational constraints (capacity, waiting lists, time) are real:**
These issues threaten the impact of the VBHC Programme since meaningful change is dependent upon operational engagement and support.
- **Multidisciplinary working and pathways:**
These are considered essential levers to deliver VBHC but require standardisation and shared governance.
- **Finance is a priority:**
There is interest in aligning incentives, but uncertainty around the practical commissioning and delivery models.

Collaboration agreement with Swansea University

A Global Learning Needs Assessment (GLNA) was undertaken by the Value Based Health and Care Academy at Swansea University to evaluate the current levels of interest, confidence, and opportunities for learning across key areas of VBHC practice and policy with the intention of informing future education provision. HDdUHB commissioned Swansea University to produce an organisational specific report from the HDdUHB respondents. The report highlighted the need for education, training, and additional experience within the VBHC field.

Following this assessment, a collaboration agreement was developed between Swansea University and HDdUHB to create bespoke learning opportunities and to deliver these within the current financial year.

1. **Regional Procurement and non-pay opportunities**
2. **Building Better Cases for Change**
3. **VBHC Master classes**

Asesiad / Assessment

The work of the VBHC Programme during 2024/25 has included the transition to a new digital PROM solution, enabling the continued collection of large volumes of digital PROM data and the onward use of this data clinically, operationally and nationally.

The VBHC Rapid Value programme has worked on 36 different projects, identifying the waste inherent in our systems and assisting teams in eliminating it. During Financial Year (FY) 2025/26, the Rapid Value Programme has identified opportunities for productivity gains of £3.274m and cash releasing gains of £4.298m. The projects that have been undertaken include:

- Biosimilar drug switches
- First contact practitioners in Primary Care
- Perioperative Urology Project
- Gloves off campaign
- Pathology d-dimer testing
- Porth Preseli
- Acute Kidney Injury education and prevention of disease progression

- Mental Health and Learning Disabilities

The core VBHC Programme has focused activities on national, high value, high impact areas alongside locally identified priorities. Included below are selected updates from Bone Health and Respiratory Services.

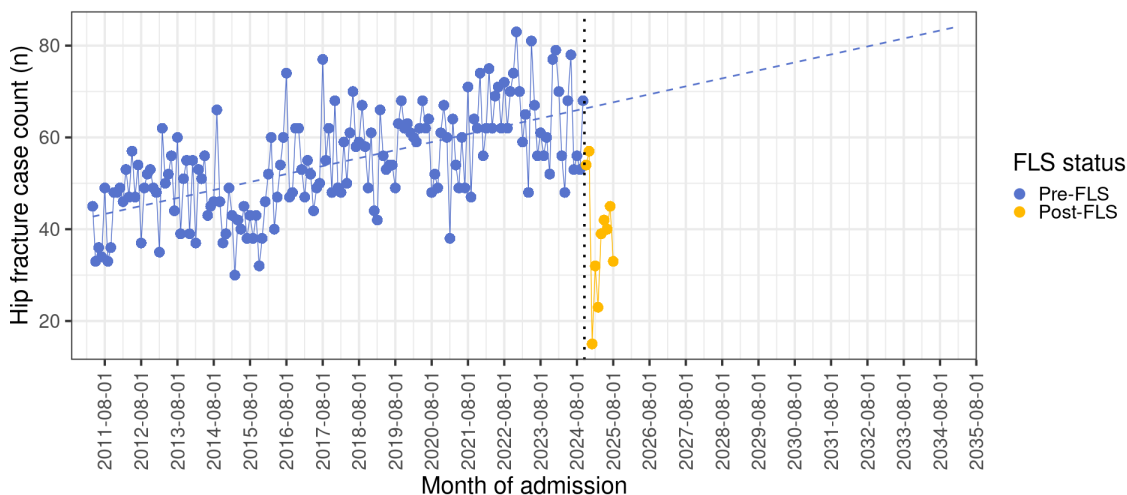
Bone Health

The VBHC Programme provided fixed term support to initiate a comprehensive Fracture Liaison Service. This service focuses on the identification and treatment of patients at risk of fragility fractures, and through appropriate treatment, can reduce the number of patients presenting with fractures as a result of osteoporosis. The cost of implementing this service is £351k per annum with expected reductions in length of stay for hip fractures alone of £732k per annum. The service is temporarily funded through the Value Delivery Fund until September 2026 and is being taken forward for consideration for substantive Health Board funding through the next planning cycle.

The impact of the Fracture Liaison Service is illustrated in the run chart below. This shows a marked and statistically significant reduction in the number of monthly hip fractures recorded across the Health Board. This reduction in activity is set against the expected rise in numbers of hip fractures, driven by an ageing population.

Monthly hip fracture counts have risen across HDUHB

2011-2024 are actual values; 2025-2034 predicted values are not shown but sit on the dashed line



The following table shows the monthly rates of hip fractures and compares this to the predicted number. This indicates that every month we expect to avoid 24 hip fractures. Data from the 2023 National Hip Fracture Database shows that the average length of stay for hip fracture patients in HDdUHB is over 28.5 days. This provides an estimated avoidance of approximately 676 bed days per month.

H DUHB			
Month	Post FLS		
	Actual	Predicted	Averted
2024-11	54	66.4	12.4
2024-12	57	66.5	9.5
2025-01	15 (NA)	66.6	NA
2025-02	32 (NA)	66.8	NA
2025-03	23	66.9	43.9
2025-04	39	67.1	28.1
2025-05	42	67.2	25.2
2025-06	40	67.4	27.4
2025-07	45	67.5	22.5
2025-08	33 (NA)	67.7	NA
2025-09		67.8	
2025-10		67.9	
<u>Total Averted Hip Fractures (over 7 months):</u>			<u>169</u>

Hip fracture in Wales -- NHD data for 2023 in the Royal Osteoporosis Society calculator

<https://theros.org.uk/healthcare-professionals/clinical-quality-hub/clinical-quality-toolkits/hip-fractures/>

		Total hip #	Mean LOS	Bed days	Total beds	Cost (£ million/yr)
Hywel Dda	<i>BRG</i>	119	23.3	5,249	14	1.5
	<i>WYB</i>	284	36.6	7,871	22	2.6
	<i>WWG</i>	352	28.3	12,625	35	4.7 8.9
All Wales		4,328.00	32.0	172,155	471	63.7

In addition to the national priority areas, the VBHC Team has also provided input into locally prioritised services such as Respiratory. During 2025, the VBHC Team have worked in collaboration with the Obstructive Sleep Apnoea service to review how the pathways work and the efficiency gains that could be realised through remote monitoring of Continuous Positive Airway Pressure (CPAP) patients.

The initial time and motion studies and audits showed that clinical physiologists currently spend 47% of their time on CPAP follow-ups, with follow-up patients experiencing delays of up to two months on electronic databases and even longer for those managed on paper systems. The service is heavily reliant on patient-initiated contact, resulting in high call volumes — 81% of which require a callback.

To address these challenges, the VBHC Team is supporting the service to redesign the pathway, with the goal of improving governance, access, equity, and workforce sustainability. A key component of this transformation is upgrading existing CPAP devices with modems to enable remote monitoring. This allows real-time data transfer to clinicians, supporting earlier intervention, reducing the need for face-to-face appointments, and improving patient outcomes.

Process mapping has identified significant low-value activity and unwarranted variation across the four hospital sites in the current Sleep Apnoea pathway. The redesigned pathway provides a consistent approach across all four sites, reducing variation and standardising processes and documentation. Remote monitoring has enabled this transformation, creating a high-value pathway that reduces the need for face-to-face appointments for post-setup reviews of new patients and for routine one-year and three-year follow-ups for established patients.

These changes will provide a more responsive and effective service for patients and will release 80 hours per week of physiologist time, which can be redirected to diagnostics, virtual monitoring, and virtual reviews. This equates to 2.13 WTE Band 6 physiologists and an annual productivity gain of £112.770k.

Strategic Approach to Value Based Health Care

Following an assessment of the outputs from the stakeholder engagement exercise, the refreshed Strategic Approach to VBHC must consider the following elements:

- **Governance and planning**

- The publication of the revised Strategic Approach to Value Based Health Care will be completed in Q1 2026/27
- Prior to publication, the Strategic Approach will be presented to the Value Leadership Group, the Value and Sustainability Group, the Executive Team and will be presented for formal approval to the Strategy and Planning Committee.

- **Vision**

The vision for the VBHC Strategic Approach should describe the future state of VBHC within HDdUHB in 2030. The vision should ensure that the following elements are included:

- Value should be integral to all that we do rather than being seen as an additional component.
- The voice of our population is the 'golden thread' that should inform all our choices in evaluating and developing services.
- Our vision should consider the wider determinants of health and wellbeing by working closely with all parts of our system and with other systems and communities.
- We must ensure that VBHC allows us to provide positive impact for our population.

Taking this into account, the formative vision statement is as follows:

“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.”

- **Goals/Priorities**

The delivery of the vision will be supported by three primary goals:

- **Impact** – ‘from insight to impact’

- Our Value-driven approach will enable us to demonstrably transform services by focusing scarce resources on the things that make a difference, and are of importance to our population, our organisation and 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.
- **Embedded** – ‘from peripheral to core’
 - For VBHC to become a core part of all that we do, our work must be planned from the outset rather than as a series of opportunistic and disconnected projects. The VBHC Programme must integrate with the Clinical Services Plan (CSP), Clinical Care Groups (CCGs) and with 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 will be completely aligned with core activities.
- **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 is increasingly important to consider the life course of individuals rather than seeing people through the lens of their presenting condition. 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, in Secondary Care as well as working with Local Authorities, third sector organisations, individuals and communities.
- **What the VBHC Team can do**

The goals described above, are supported by the activities of the Value Based Health Care Team:

 - Identify and eliminate waste that does not contribute to improved population outcomes.
 - Engage with the planning of services to support a value-driven approach, using reductions in low value activities to support programmatic investments in higher value activity without requiring additional long-term funding.
 - Collect PROM and resource usage data.
 - Work with digital colleagues to analyse and operationalise data.
 - Ensure that PROM and PREM data is provided to colleagues in a meaningful way, supporting clinical interactions and service evaluation and development.
 - Work at a planning stage with primary and community care colleagues and with other agencies to support the shift to a preventative, wellness first model.
 - Engage with patients and advocates to ensure that the voice of our population is placed at the centre of our decision-making processes.
 - Support the acceleration of prioritised projects through Advanced Practitioner Programmes, providing education and a network of support for operational teams.

Collaboration with Swansea University

Regional Procurement and non-pay opportunities

The aim of this course is to provide senior finance and procurement colleagues from HDdUHB and Swansea Bay University Health Board (SBUHB) with insights into Value-Based Procurement (VBP) and a practical worked example on a regional basis. This course was planned to be completed over seven virtual sessions, each two hours in duration, followed by an all-day workshop, to include specific education on VBP and the development of proposals for joint initiatives.

The first phase of this initiative has been completed. The “Principles of VBHC” courses ran between 13 October and 10 November 2025. All participants from both HDdUHB and SBUHB are now working together on a regional procurement project to be undertaken in early 2026. A further session, facilitated by Alan Brace OBE, was undertaken on 14 November 2025 to discuss non-pay and other matters of mutual interest.

Building Better Cases for Change

The development of building better cases for change remains a key objective to ensure that the Value Based approach has impact. In delivering this objective, a round table discussion has been undertaken with senior colleagues from HDdUHB to form an approach to the development of sustainable cases for change through the lens of Value. The topics for discussion included the following:

- The Value of a VBHC approach.
- Understanding the population needs.
- Social needs.
- The move out of secondary care.
- Move away from traditional targets and metrics.
- Understanding the sustainability of the project.
- Understand the projected growth in demand.
- How to contain demand.

Further action orientated workshops are now being planned for each of the CCGs to help identify the prioritised areas for consideration and the development of programmes of work, that are Value-Based and ultimately sustainable.

VBHC Master classes

The last objective is the development of Value Based Health Care Masterclasses, which are being developed following a learning needs assessment process. These masterclasses will be developed as 10 one-hour webinars and the first session has already been developed with the remaining sessions well progressed. Delivery of these sessions will commence at the beginning of 2026 with the plan to deliver one per month during the year.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** on progress in refreshing the Strategic Approach to Value Based Health Care and its alignment with the Health Board’s strategic priorities; and
- **PROVIDE FEEDBACK** to inform the finalisation of the refreshed VBHC Strategic Approach prior to submission for Board approval.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.9. Seek assurance on the delivery of Value Based Healthcare (VBHC) strategic plans and programmes.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	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.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Value Leadership Group. Stakeholder engagement exercise undertaken during September and October 2025.

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Welsh Government funding of the HDdUHB Value Based Health Care Programme and the accountability for driving Value centred change.
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Ansawdd / Gofal Claf: Quality / Patient Care:	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.
Gweithlu: Workforce:	None
Risg: Risk:	None
Cyfreithiol: Legal:	None
Enw Da: Reputational:	None
Gyfrinachedd: Privacy:	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
Cydraddoldeb: Equality:	Equality Impact Assessment completed.