

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the 2024/25 Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Director of Delivery Angharad Lloyd-Probert, Senior Project Manager (Planning)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides the Strategy and Planning Committee (SPC) with an update on the Planning Objectives (POs) aligned to it as part of the 2024/25 Annual Plan, specifically for quarter 4 of 2024/25 and for 2024/25 as a whole.

Cefndir / Background

The Annual Plan for 2024/25 was built around 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and, within this, the de-escalation of our Targeted Intervention (TI) status (across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care).

The POs set out the aims of the organisation, i.e. the horizon that Hywel Dda University Health Board (HDdUHB) is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2024/25, seven Planning Objectives were aligned to the Strategic Development and Operational Delivery Committee (SDODC), namely:

- PO3: Transforming urgent and emergency care
- PO4: Planned care, diagnostics and cancer
- PO5: Mental health and Child and Adolescent Mental Health Services (CAHMS)
- PO6: Clinical services plan
- PO7: Primary and community strategic plan
- PO8: Estates plans
- PO10: Population health

Of these, Planning Objectives 6, 7, 8 and 10 remain aligned to SPC going into 2025/26.

Asesiad / Assessment

The overarching status of the four POs aligned to SPC are as per the table below:

Planning Objective	Executive Lead	Q4 Status
PO6: Clinical services plan	Director of Strategy and Planning	On-track
PO7: Primary and community strategic plan	Director of Primary Care, Community and Long-Term Care	Behind
PO8: Estates plan	Director of Strategy and Planning	Behind
PO10: Population health	Director of Public Health	Complete

Highlight reports are included as Annex 1 for Quarter 4 of 2024/25 and in Annex 2 for 2024/25 as a whole.

As noted in the January 2025 Board Paper, the actions and milestones for 2025/26 will continue to be tracked through POs and regularly reported to the appropriate Committee. Each PO will also support delivery across the Efficiency, Productivity and Value themes - people, place, enablers, quality, value and outcomes, and clinical service models. Further, as noted in the Annual Plan for 2025/26 that following the revision of our purpose statement and strategic objectives, the planning objectives will be refreshed through Quarter 1, aligned to Chief Executive and Executive Director objective setting. Additional areas to be considered as part of this include the strategic refresh and a focus on transforming customer service.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** on the reported delivery during 2024/25 of the Planning Objectives aligned to the Strategy and Planning Committee, in order to assure the Board.
- **DISCUSS** the Planning Objectives identified as behind in its status and/or not achieving against its key deliverables, and seek further assurance on these items through the relevant report and/or the Committee's work programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	3.1.21 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 2. Healthier communities 3. Great care
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 7 Primary and community strategic plan 8 Estates plans 10 Population health
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:	Annual Plan 2024/25 Annual Plan 2025/26
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to Strategy and Planning Committee:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

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

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 19NOV2024 – 03APR2025

Overall status: On-track

- Rationale for overall status: PACE project plan for Phase 3 – Public Consultation is on track overall.

Progress against planned outcomes / trajectories / milestones:

- **November 2024:** The Board approved the Clinical Services Plan (CSP) and the four options submitted to progress to Phase 3 – Public Consultation. This included simplifying the view of the options by service and considering phased assessments based on existing resources. The Board also approved the procurement process and the utilisation of HICO for quality assurance of Phase 3. Opinion Research Services were approved to support the independent analysis of questionnaire feedback.
- **December 2024:** A phased assessment was conducted for the nine services within the scope of the CSP, evaluating their varied options.
- **January 2025:** The Board approved the CSP Consultation Mandate.
- **February 2025:** Pre-consultation planning activities commenced, including the development and testing of the questionnaire with a readers panel. The main consultation documents were drafted and progressed to design. The CSP Sub Group agreed on the alternative options process for the public consultation phase, utilising the current Hurdle and Evaluation Criteria process from Phase 2.
- **March 2025:** Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with Powys Teaching Health Board (PTHB), Betsi Cadwaladr University Health Board (BCUHB), and Swansea Bay University Health Board (SBUHB) for feedback following the Quality Improvement Activity (QIA) panel checks in February 2025.

Activities planned for next milestone and reporting period

- Production of detailed Consultation Plan for Board in May 2025 with request for Board approval to go live with a CSP Public Consultation on that day.
- Production and implementation of all related planning in relation to Public Consultation for the CSP for the planned period between 29 May 2025 – 31 August 2025.
- Refreshed Equality Impact Assessments (EIQAs), Regional Impact Assessment and Health Impact Assessments (HIAs) with support and feedback from Equality, Diversity and Inclusion Committee (EDIC) and Public Health.
- Refined Support Document Suite (a directory of links in relation to all technical information accessed and utilised throughout Phase 1 – Issues Paper and Phase 2 – Options Development process).
- Public Consultation quality assurance through HICO

Any other Comments

Matters for information:

- There is potential that the CSP Public Consultation will overlap with the proposals for a Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) engagement. There could be aspects contained within the CSP consultation that could further cause concern for services users in within the PPH catchment area.
- Further engagement sessions have taken place with Stroke colleagues in Bronlais Hospital (BGH) to listen to concerns and share the information used within the programme to date. This has also included sharing information with neighbouring Health Boards on the CSP programme.

Planning Objective: 7 - Primary Care Strategy

Executive Lead: Jill Paterson, Director Primary Care, Community and Long Term Care

Reporting Period: Quarter 4

Overall status: Complete / Ahead / On-track / **Behind**

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

The timescale to achievement had previously been recognised as being a challenge given the wide scope and number of service areas included within the strategic plan. Engagement in the Clinical Referenced Group has proved to be challenging

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Whilst progress was being made against the original plan and timescale, the inability to progress with a clinical reference group discussion has led to a reconsideration of the approach through the Primary Care and Community Services Strategic Plan Development Group in March 2025. This will impact on the scope of work that can be shared with Board in May 2025.

Activities completed in previous reporting period

- 1 Discussion with Executive Team in both December 2024 and February 2025 to shape the "principle" to underpin the development of the plan
- 2 Presentation to Board Seminar in February 2025
- 3 Establishment of a Clinical Reference group with a set of questions to shape the development of the plan

Activities planned for next milestone and reporting period

- 1 Re-engagement with the Locality Leads through a workshop on 3 April 2025
- 2 Cluster level engagement plan to inform Clinical Reference Group
- 3 Scope out the potential for priority areas to be developed for engagement/consultation

Any other Comments

Matters for information: Establishing a Clinical Reference Group that is representative of the multi professional groups but not contractually focussed is a challenge.

Risks to delivery: Clinical input is essential to shaping the potential shift left to enable engagement with workforce and the population.

Any other comments: Alignment with the wider Health Board strategic work is key to ensure that there is not a fragmented approach in delivering a Primary Care and Community services strategic plan.

Planning Objective: PO8 Estates Plan

Executive Lead: Lee Davies

Reporting Period: Quarter 4 – January, February, March, 2025

Overall status: Complete / Ahead / On-track / **Behind**

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery). Whilst the Health Board has delivered against some of the outcomes contained in Planning Objective (PO) 8 we remain behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC). The Health Board were invited to the Infrastructure Investment Board with Welsh Government (WG) on 23rd January to clarify the next steps for the infrastructure requirement to implement the AHMWW. At the meeting the following summary position was reached 1. WG are supportive of the development of a long term strategic solution for West Wales 2. There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and UHB officers within 6 weeks of the IIB meeting date 3. It was agreed there needs to be a plan which addresses the clinical services and estate fragility. 4. It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB). WG welcomed the pragmatic approach being adopted by the UHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

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| <ol style="list-style-type: none"> 1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board (IIB) 2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC) 3. Completion and submission of Board approved SOC 4. Review and refresh 10 year Regional Capital Plan 5. Submission of Full Business Case (FBC) Cross Hands 6. Submission of FBC for Pentre Awel | <ol style="list-style-type: none"> 7. Submission of Business Justification Case (BJC) for Carmarthen Hwb 8. Appointment of Supply Chain Partner Fishguard SOC/ Outline Business Case (OBC) 9. Implementation of Property Asset Strategic Plan as a consequence of the limited response to the market testing exercise to inform the scheme target price 10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC) 11. BJC's for major infrastructure 12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan |
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Activities completed in previous reporting period

1. IIB discussion 23 January 2025 with WG and agreement of next steps for the PBC/SOC
2. Participated in the refresh of the 10 year Regional Capital Plan
3. Development of bids for Decarbonisation scheme through WG Invest to Save funding
4. Progress of Community Schemes to include:
5. Review of Cross Hands timeline and capital costs for refreshed FBC
6. Meeting with WG on Aberystwyth ICC February 12th 2025
7. Internal review of options for Fishguard Health and Wellbeing Centre

Activities planned for next milestone and reporting period

1. Meeting with WG on 21st March, 2025 to agree next steps
2. Continuation of development of Community Schemes (Fishguard, Pentre Awel, Carmarthen Hwb, Cross Hands in line with project timelines and key milestones).

Any other Comments

Matters for information: All other matters reported via SDODC SBAR updates

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

Planning Objective: 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

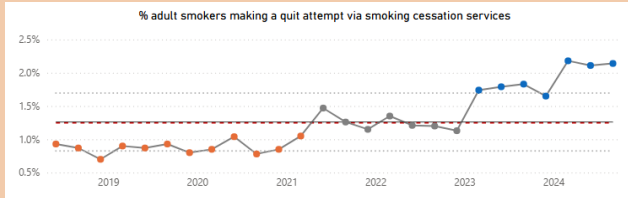
Reporting Period: Quarter 4 – January – March 2024

Overall status: Complete / Ahead / On-track / Behind

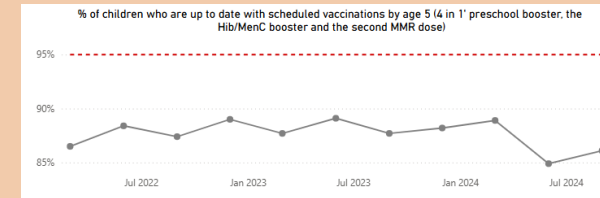
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Key deliverable actions for reporting period, including those reported in previous quarters, are complete. It has been noted these actions are predominantly process driven with clear outputs which enables the reporting period to indicate as complete. The Directorate is committed to demonstrate the impact our deliverable actions within the objective are having on population health and actions required to demonstrated further improvement.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):



Dashboard update delayed to correspond with reporting graph. Refresh will occur in early April 2025. Current position reflects a sustained performance at 2.1%, with the overall performance at 6.36% against an all-Wales target of 5%



Dashboard update for Cover Report 153 – childhood immunisation uptake not received in time for report. Current uptake position reflects an improvement in uptake to 90.4% in schedule against previous uptake of 86.1%.

Activities completed in previous reporting period:

- 10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of MMR and seasonal immunisations** – delivery of seasonal flu and autumn Covid-19 booster programmes completed to population eligible groups and healthcare staff throughout quarter with focused mop up offers. Targeted focus on offer of MMR2 and Pre-school booster communicated with Primary Care and communication arranged to all households via leaflets.
- 10.5 Delivery of Whole Systems Approach to Healthy Weight** – 110+ stakeholders engaged across the region, leading to ‘Access to Food’ as a priority sub-system; 2 of 3 Public Service Boards adopted healthy weight as a strategic priority, with place-based asset mapping completed to guide local solutions.
- 10.7 Progress the development of the Social Model for Health and Wellbeing** – Launched ‘Creating Change Together’ across three counties, evolving into a dynamic community of practice aimed at driving local project- and partnership-based action, and fostering shared learning on health equity. SMfHW Maturity Matrix to be embedded in WBFG Maturity Matrix and Progress tracker to support embedding Social Model for Health and Wellbeing across Wales.
- 10.8 Alcohol and drug use** – The tender evaluation has been completed. Tender negotiations are currently ongoing as part of the procurement process and we will be in a position to confirm further in April.

Priority areas to deliver in Quarter 1 of 2025/26:

- 10.1 Strengthening Prevention and Population Health Programs** – strengthened immunisation outreach, including planning for targeted GP and school-based interventions. Planning for early years and school health promotion initiatives, including embedding ‘Whole School Approaches’ to health and wellbeing. Planning for smoking cessation and vaping prevention initiatives, setting targets and aligning with WG guidance.
- 10.2 Advancing Prevention in Healthcare Services** - develop 20-4-7 prevention model, defining core interventions for priority communities. Planning and consultation for improved screening for HIV, Hepatitis B & C aligning with WG targets.
- 10.3 Embedding the Social Model for Health & Wellbeing** – Social Model for Health prevention, and population health plans approved and commenced.
- 10.4 Addressing Priority Population-Level Risks** – Climate Adaptation Plan developed, outlining system-wide resilience measures. Planning and consultation on expanding MECC training, digital prevention initiatives, health coaching, and weight management capacity with operations, finance and related teams.
- 10.5 Driving Innovation and System Development** – Planning and consultation with operations, finance, Board and VBHC teams to align prevention in system-wide transformation. Plans drawn up and partnership opportunities scoped for digital innovation and rural public health research.

Any other Comments

Matters for information: Ambition for immunisation improvement identified as 5% improvement of last year’s baseline within a three-year planning cycle– our local ambition therefore would be to achieve 92% uptake by 2027 in planned outcome measure for % of children who are up to date with their scheduled immunisations by age 5 years (Annual target for 2025 is 88%, target for 2026 is 90%).

Risks to delivery: 1884 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity. Risk increased to 16 due to increased absence in team and service has a vacant full time Consultant post.



Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers



Date Submitted: 31 MAR 2025

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 01 APR 2024 - 31 MAR 2025

Overall status: On-track | Rationale for status: Gateway of Phase 1 (Issues Paper), 2 (Options Development Process) and 3 (Public Engagement). Monitored through PACE

Progress against planned outcomes / trajectories / milestones:

2023/24 Q4: (refresh)

- All nine services (excluding Primary Care and Community Services) moved to phase 2 (on track). Primary Care was managed separately with its own project plan. Assurance was taken on the methodology for phase 2, and risks for phases 2 and 3 were noted.

2024/25 Q1:

- Key activities in this quarter included reviewing key points and minimum criteria during the Deliberative Session, presenting findings to stakeholders in Check & Challenge sessions, and developing a long list of options in Sprint 1. Service teams presented initial options, which were checked and scored. Data Drop-In sessions allowed for questions. Sprint 2 refined the options list, and Sprint 3 focused on feedback from the Clinical Reference Group, finalizing the shortlist through further development sessions.
- Board updates: The programme progressed in line with the Board agreed timeline. Phase 2 aims, objectives, and hurdle criteria were noted, along with outputs from the Deliberative session, Check and Challenges, and Sprint 1 sessions. Procurement of independent support and assurance was approved.

2024/25 Q2 –

- Key activities during this quarter included check and challenge feedback, SWOT analysis for the shortlist of options, refining the SWOT analysis, and scoring the shortlist.
- Board updates: The Evaluation Criteria for Phase 2 were endorsed by the Clinical Services Plan Steering Group. The timeline change to produce a report for a Board Decision in November 2024 was approved. The programme's progress to date and the shortlisting of four options were noted, along with output reports from the Consultation Institute.

2024/25 Q3:

- The Board approved the four options for Phase 3 – Public Consultation. This included simplifying options by service and considering phased assessments based on existing resources. The procurement process and utilisation of HICO for quality assurance were also approved, along with Opinion Research Services for independent analysis of questionnaire feedback. A phased assessment was conducted for the nine services, evaluating their varied options.

2024/25 Q4:

- The CSP Consultation Mandate was approved. Pre-consultation planning activities commenced, including questionnaire development and testing with a readers panel. Main consultation documents were drafted and progressed to design. The CSP Subgroup agreed on the alternative options process for the public consultation phase, utilizing the current Hurdle and Evaluation Criteria process from Phase 2. Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with PTHB, BCUHB, and SBUHB for feedback following the QIA panel checks.

Activities planned for next milestone and reporting period | Phase 3 Public Consultation

2025/26 Q1-Q4: The process will be supported by ORS and advised by HICO. Activities include producing a detailed consultation plan, developing consultation documents, launching public engagement, conducting mid-point and closing reviews, preparing a feedback report, and conscientious consideration by the Hywel Dda Board. The final report will support the Board's decision on the services in scope. Implementation will begin pending the Board's decision, including task and finish groups and project support for service changes.



Submitted By: Rhian Bond, Assistant Director of Primary Care

Date Submitted: 18.03.25



Planning Objective: 7 Primary Care Strategy

Executive Lead: Jill Paterson, Director Primary Care, Community and Long Term Care

Reporting Period: 2024/25

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)
The timescale for delivery has always been recognised as being a challenge given the need to engage with four contractor professions as well as other professional groups to ensure that there is a consistent and cohesive approach to the development of the strategic plan

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
Work had been progressing against the planned milestones however with the development of a Clinical Reference Group at the end of February 2025 it was challenging to gain sufficient engagement and attendance to ensure meaningful development of service innovation, supporting the shift left which has resulted in the need to consider an alternative approach to ensure clinical engagement. Whilst there has been clinical engagement through the Strategic Development Group through its membership there has been insufficient ownership of the development of the plan.

Activities completed in previous reporting period
• 1 Establishment of a Primary and Community Services Development Group to have oversight of the work; the group's membership and TOR were revised in the latter part of 2024/25 to ensure a strategic focus to the plan's development.
• 2 Public and workforce engagement in September 2024
• 3 Executive team and Board Seminar engagement in the development of the underlying principles to support the development of the strategic plan

Activities planned for next milestone and reporting period
• 1 Undertake further scoping to develop a series of recommendations for a clinical reference group to consider and develop
• 2 Board paper in May 2025
• 3 Public and workforce engagement during Autumn 2025

Any other Comments
Matters for information: Issues papers for both Community Services and Primary Care have been developed, and similar themes were recognised for both service areas. Public and workforce engagement was limited in attendance and response rates. It has been important to ensure that local discussions are aligned to national contractual negotiations which can be challenging to manage due to the rolling nature of contract negotiations and mandate development.
Risks to delivery:
Any other comments:

Planning Objective: PO8 Estates Plan

Executive Lead: Lee Davies

Reporting Period: Annual Report 24_25

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery). Whilst the Health Board has delivered against some of the outcomes contained in Planning Objective (PO) 8 we remain behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC). The PBC was submitted to WG in February 2022 and remains unendorsed. Note that the Nuffield Review of the Clinical Model was supportive of the Clinical Strategy. The work on the SOC was suspended pending reset with WG. The UHB were invited to the Infrastructure Investment Board with Welsh Government (WG) on 23rd January 2025 to clarify the next steps for the infrastructure requirement to implement the AHMWW. At the meeting the following summary position was reached 1.WG are supportive of the development of a long term strategic solution for West Wales 2. There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and UHB officers within 6 weeks of the IIB meeting date 3. It was agreed there needs to be a plan which addresses the clinical services and estate fragility. 4. It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB). WG welcomed the pragmatic approach being adopted by the UHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan. In November, 2025 the Board agreed a strategic refresh.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

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| <ol style="list-style-type: none"> 1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board (IIB) 2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC) 3. Completion and submission of Board approved SOC 4. Review and refresh 10 year Regional Capital Plan 5. Submission of Full Business Case (FBC) Cross Hands 6. Submission of FBC for Pentre Awel | <ol style="list-style-type: none"> 7. Submission of Business Justification Case (BJC) for Carmarthen Hwb 8. Appointment of Supply Chain Partner Fishguard SOC/ Outline Business Case (OBC) 9. Implementation of Property Asset Strategic Plan as a consequence of the limited response to the market testing exercise to inform the scheme target price 10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC) 11. BJC's for major infrastructure 12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan |
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Activities completed

1. IIB discussion 23 January 2025 with WG and agreement of next steps for the PBC/SOC
2. Participated in the refresh of the 10 year Regional Capital Plan
3. Development of bids for Decarbonisation scheme through WG Invest to Save funding
4. Progress of Community Schemes (see also additional slide) to include:
5. Review of Cross Hands timeline and capital costs for refreshed FBC
6. Meeting with WG on Aberystwyth ICC February 12th 2025
7. Internal review of options for Fishguard Health and Wellbeing Centre

Activities planned for next milestone and reporting period

1. Meeting with WG on 21st March, 2025 to agree next steps
2. Continuation of development of Community Schemes (Fishguard, Pentre Awel, Carmarthen Hwb, Cross Hands in line with project timelines and key milestones).

Any other Comments

Matters for information: All other matters reported via SDODC SBAR updates

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



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Community Schemes Update, 03/03/25

The 19 schemes listed in the PBC as potential community Schemes for the UHB can be categorised as follows:

Completed Schemes - Delivered:

- Cardigan Integrated Care Centre
- Aberaeron Integrated Care Centre

Active Schemes – work is currently being undertaken:

- **Cross Hands** – the Health Board is reviewing the Full Business Case (FBC) which is under development, to ensure that it is deliverable within the new guidance issued on budgetary constraints. This will require a reduction in the scheme footprint, and this has been communicated to scheme stakeholders. Work is currently progressing with the scheme advisors and WG to understand what is deliverable within the cost envelope available.
- **Carmarthen Hwb** – The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is early 2026.
- **Pentre Awel** – The completion of the Hydrotherapy Pool element of this development is anticipated in April 2025 with the Clinical Unit expected towards the end of 2025. The final details of the Agreement for Lease are being worked on.
- **North Pembrokeshire Health and Wellbeing Centre in Fishguard** – A paper to inform the Executive Team on the options for scope and size of the scheme was presented to the Executive Team in November, 2024 with approval to progress with the business planning stage. The next steps include a site selection workshop with key partners
- **Cylch Caron** – A tender has now been issued by Ceredigion County Council for partners to work with us in a Competitive Dialogue procurement exercise, this tender will be live until 12th April 2025. A resource schedule has been submitted to WG calling out the costs of refreshing the current OBC.
- **Aberystwyth Integrated Care Centre** – A further meeting with Ceredigion County Council and Welsh Government has been arranged for mid February. WG colleagues were going to explore the possibility of funding a feasibility report into the development of a site plan for the Rheidol and WG buildings.



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Bethan Lewis, Assistant Director, Public Health

Date Submitted: 27 March 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Planning Objective: 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

A Reflection on 2024/25

SCOPE

- Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.
- Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care)
- Leadership and partnership working to strengthen health board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing. (Including support & collaboration with PSBs and RPB)

Key achievements:

- **Give Children and Young People the best start in life**
 - RPB Children and Young People’s Board re-established.
 - 100% of secondary schools and 74% of all schools are action planning for Whole School Approach to Emotional and Mental Wellbeing.
 - Early Years Needs Assessment completed and knowledge mobilisation activities undertaken.
- **Held a Social Model for Health & Wellbeing Summit** featuring keynote speakers, including Prof Sir Michael Marmot, to celebrate and promote the system-wide adoption of equity and wellbeing principles of the regional Social Model for Health and Wellbeing. This initiative is supported by a regional steering group with national leadership.
- **Community of Practice Housing & Health** Since September 2024, Hywel Dda has convened a Community of Practice on indoor warmth. This has worked with fuel poverty organisations, housing partners plus other agencies to deliver a range of offers to help people maintain adequate heat in their homes and thus help to reducing NHS pressures. This includes existing partners, such as the Welsh Government NEST project, plus new partners, including Warm Wales, SevernWye and Hope4U.
- **Health Protection – Assertive Outreach work** commenced in June 2024, in partnership with The Wallich, a homeless charity. 9 outreach days held across ‘hot spot’ areas in Llanelli, Carmarthen and Ammanford. 54 Contacts, 6 of whom only came forward due to receiving a blood transfusion prior to 1991 (Infected Blood Inquiry).
- **Health Protection – Find & Treat Bus** in partnership with Public Health Wales and University Hospital London a targeted TB and BBV screening service provided in Llanelli area for homeless, refugee/asylum seekers and at risk population.
- **Harm Reduction – Drugs & Alcohol** 93.2% of those accessing drug and alcohol services successfully completing treatment, 1st in Wales.

AIM

To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and reduce the long-term trends of increasing burden of ill health on the Health Board.

Outcomes:

- **Give Children and Young People the best start in life**
 - Number of health aspects completed by pre-school settings = 42
 - 86% of schools are engaged in an active Health Promoting Schools offer
 - 27 training courses provided for schools and pre-schools workforce with 859 participants attending in total
 - Pilot programmes commenced in Infant Feeding, First 1000 Days: Food, Nutrition & Movement, starting well - Arts in Health/Peri Natal Mental Health initiative.
- **Social Model for Health & Wellbeing Summit**
 - 98 people attended from 18 different organisations across the region. 7 speakers - 2 of them keynote and other high level representation from key partners. Social Model for Health and Wellbeing Charter supported by organisations. Key messages and learning from the day will inform next steps for embedding a Social Model for Health and Wellbeing
- **Community of Practice Housing & Health**
 - We are leading a Bevan Exemplar project on housing and health, which has potential for all-Wales 'spread and scale'. Using a novel performance system developed by a multi-agency group in phase 1 of the project, over the last 3 years the delivery of housing and health work has increased by 20% to 65%. The ambition is to continue the phase 2 on that trajectory over the next 3 years to achieve >85%, potentially leading to an all-Wales programme.
- **Health Protection – Assertive Outreach work**
 - 48 Blood borne virus (BBV) tests, 34 syphilis test, 23 Hepatitis B vaccinations provided (43% of contacts).
 - 10 Hepatitis C antibody positive (18.5%), 7 Hepatitis C PCR positive (13% ongoing infection).
- **Health Protection – Find & Treat Bus**
 - 85 people attended the screening in the local community – good response.
 - 84 chest x-rays completed, 85 blood tests completed. 4 Hepatitis vaccinations provided.

Opportunities Identified

- **Testing of the 20-4-7 model** – Strengthening targeted prevention in high-need communities and priority issues and services.
- **Stronger integration of public health into annual and medium-term Health Board planning** – Positioning prevention as a strategic priority for long-term health system transformation.
- **New funding mechanisms** – Leveraging value-based healthcare, AI-driven efficiencies, and programme budgeting and marginal analysis for sustainable prevention investment business case development.
- **Scaling social & lifestyle interventions & digital innovation** – Using technology and non-medical interventions to improve population health outcomes and reduce inequalities.
- **Climate & health resilience leadership** – Positioning the Health Board at the forefront of climate adaptation in healthcare.