

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships Update – Area Planning Board and Population Health Improvement
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Head of Population Health Improvement and Wellbeing/Principal Public Health Practitioner

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB)'s Health Improvement Strategic Plan 2024-2027 outlines actions in relation to the key preventable drivers of ill health in our communities – tobacco, drugs and alcohol and healthy weight.

The Health Board, with local partners, including through the Public Service Boards (PSBs), work to improve the wider determinants of health, including poverty and housing, aligning with the Health Board's commitment to a Social Model for Health and Wellbeing (SMfHW) and the 20-four-7 prevention framework and reflecting the five ways of working and seven well-being goals of the Well-being of Future Generations (WBFGE) (Wales) Act 2015 and the strategic aims of A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well (HDdUHB, 2019).

Dyfed Area Planning Board (APB) is the partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services. The multi-agency partnership includes organisations that have the statutory responsibility for tackling drug and alcohol misuse in the area.

This report will provide the Strategy and Planning Committee (SPC) with an outline of current areas of work within the APB delivery plan, and provides an update on tobacco control, as a key health improvement area that impacts on health and well-being.

Cefndir / Background

Seven APBs in Wales for tackling alcohol related harm and drug misuse were established in 2010, as part of the arrangements to deliver the 10-year Substance Misuse Strategy Working Together to Reduce Harm 2008-18' (Welsh Government, 2008) and associated 'Delivery Plan for 2013 to 2016'.

The four priority areas covered in the national Strategy and local Delivery Plans are:

Preventing Harm

Support for substance misusers to improve their health and maintain recovery

Supporting and protecting families

Tackling availability and protecting individuals and communities via enforceable activity

The APBs were established to support delivery at a regional Health Board level, reinforcing the need for collaboration across a range of agencies and where possible, to pool both financial and physical resources to ensure the best possible outcomes.

The key purpose of APBs is to provide a regional framework to strengthen partnership working and strategic leadership in the delivery of the Substance Misuse Strategy and to enhance and improve the key functions of planning, commissioning and performance management.

The statutory responsible authorities within Dyfed APB (the 'APB') include Dyfed Powys Police, Ceredigion, Carmarthenshire and Pembrokeshire Local Authorities, HDdUHB and Probation and Fire Service. Additionally, Public Health Wales, the Youth Offending Service and the Police and Crime Commissioner's office are non-statutory responsible authority members of the APB.

The APB structure is detailed in Appendix A with strategic direction and leadership provided by the APB Executive and supported by five Strategic Implementation Groups supported where needed by Delivery Plans, to include:

- Treatment and Recovery
- Prevention and Early Intervention
- Harm Reduction
- Complex Needs (Substance Misuse, Mental Health, Housing and Homelessness)
- Crime Reduction and Availability

The APB Executive has four main areas of responsibility in relation to the drug and alcohol use agenda which include strategic direction, progress and delivery; governance, scrutiny and accountability; and finance and performance.

Five sub-groups support specific programmes of work and are noted in the Appendix which include Co-occurring Mental Health and Substance Misuse, and Complex Needs.

In line with Welsh Government's Tobacco Control Strategy: A Smoke-free Wales (2022), the Health Board's vision to be 'smoke-free' by 2030 (less than 5% smoking prevalence), the Health Board's tobacco control priorities focus on reducing inequalities, taking a system wide approach and protecting future generations. Tobacco control action is framed around smoking cessation, smoking prevention and smoke-free environments.

Asesiad / Assessment

Drugs and Alcohol

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

Alcohol use is a major preventable public health concern. 45% of men and 34% of women report drinking above the recommended guidelines and alcohol is the cause of around 1,500 deaths a year, on top of a cost of more than £1b of harm to society. In 2023-2024 in Wales

3,077 hospital admissions related to illicit drugs (Public Health Wales, 2025) and 12,236 admissions were directly related to alcohol. In 2023-2024, those aged over 50 accounted for 66.2% of all individuals admitted compared to 30.1% in the 25-49 age group and 3.7% in those aged under 25 years (Alcohol and Drug Misuse Rapid Desktop Health Needs Assessment, HDdUHB, 2025).

Alcohol related deaths are higher in the most deprived areas of Wales. Growing up in families where alcohol or substance misuse is a problem can have negative impacts which persist long into adulthood.

Early intervention and prevention programmes are currently being implemented, which reflect services which are perimenopause and menopause aware, and include:

- A Crack and Cocaine Summit took place on 13 February 2026 for partners to discuss the growing issues and concerns around these substances in west Wales. Presentations will be delivered by police, drug and alcohol services, Public Health Wales (PHW), Blood Born Virus specialists with a workshop to plan a local strategy. 75 participants have booked to attend.
- A Health Coach re-pilot has been set up for delivery during Quarter 4, 2025-2026. This is a key piece of work to increase the amount of AUDIT C screening that takes place in primary care settings. Although Health Coaching has been taking place for some time, this re-pilot is aimed at producing an evaluation from which the Health Board can decide future funding. Work is ongoing to embed AUDIT C alcohol screening in dentistry and to improve data collection around alcohol in Emergency Care and Minor Injury Units (MIUs).
- Work to address the issue of Ketamine use in west Wales, to include an assessment and action plan is underway supported by a multi-media campaign.
- The Tier 2 substance use-tendering process is underway, which is essential in providing a single point of contact to individuals requiring substance use support and to reduce the harm caused by substances across HDdUHB. This is an intensive piece of work drawing in a vast array of partners. Innovative ways of working are being focussed upon, especially the interface for criminal justice clients and generic clients accessing appropriate services.
- An Image and Performance Enhancing Substances (IPEDS) worker with Dyfed Drug and Alcohol Service (DDAS) has been funded due the growing use of steroids and Selective Androgen Receptor Modulators (SARMs) across the region. This work is focussed on engaging with hard-to-reach populations who do not consider themselves substance users. The work has uncovered issues with cocaine and alcohol use and has become far more than a transactional engagement giving basic advice.

Additionally, 'Spike on a bike' continues to deliver needle exchange in rural areas and the academic evaluation has reached numerous national and international conferences with police officers administering naloxone in 25 suspected overdose cases in 2025-26, averting potentially life-threatening opioid toxicity. The Alcohol Related Death Review Group continues to develop a local understanding of the issue of alcohol across the region and to engage with key target groups and Health Board Emergency Admission's staff to improve opportunistic engagement.

The APB's Co-occurring Mental Health and Substance Use Board's vision is to substantially improve the outcomes of those with co-occurring issues, through driving improvements in collaboration between services. The Board has a key role in leading a programme of work that will deliver integrated and collaborative practice in the prevention and treatment of mental health and substance use issues. The basis of this work focuses on the Co-occurring Mental Health and Substance Use Framework (one developed for adults and one for children and young People), which provides a strategic framework, as well as operational actions. Examples of the work include the establishment of Clinical Liaison Groups in each county (where cases are discussed jointly between Mental Health and Substance Use services) and the roll out of a training programme for all staff in both services (and Tier 1 services) around the Co-occurring Framework and its principles.

The APB commissioned an approach to complex needs with a scope of mental health, housing/homelessness and substance misuse. Professionals acknowledge that these are areas of vulnerability and need significantly overlap. This overlap, impacts families, friends and society leading to chaotic lives and ineffective service contact.

The Complex Needs Strategic Board focuses on maintaining and building relationships which can lead to a greater understanding of the issues and work towards independence for themselves and their family. This will be achieved through three county-based 'Creative Solutions Panels', recently established, who review those individuals presenting at services with complex needs, to provide on-going support via identified services.

Tobacco Control

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

Approximately 13% of people in Wales are smokers (National Survey for Wales, 2022-2023). Smoking prevalence in HDdUHB has decreased significantly in the last two decades reflecting a continued downward trend with smoking rates at 26% in 2003-05 to 7.7% in 2024-2025, the second lowest in Wales.

Reducing smoking rates, particularly in populations and target groups where smoking prevalence remains high, requires wider tobacco control actions relating to prevention and smoke-free environments. Comprehensive smoke-free policies in workplaces can increase engagement with smoking cessation services by up to 6.4% and reduce smoking prevalence by 5%. 1,2,3.

Smoking Cessation Services in HDdUHB offer targeted interventions in Midwifery, Mental Health Hospital In-House, Children and Young People and Community Services as well as providing training to specific staff groups.

The Smoking Cessation Team is proactively responding to the changing needs of smoking populations providing support to vapers where appropriate, working closely with drug and alcohol teams and specialties within the hospitals. The Smoking and Wellbeing Team is made up of trained health coaches who support other lifestyle behaviours, such as healthy weight management and alcohol brief advice, alongside enhanced signposting through partnership working.

1.Hopkins DP, Razi S, Leeks KD, Priva Kalra G, Chattopadhyay SK, Soler RE, et al. Task Force on Community Preventive Services. Smoke-Free Policies to Reduce Tobacco Use: A Systematic Review. American Journal of Preventive Medicine 2010;38(2 Suppl):S275–89 [cited 2014 Apr 25/]

2.International Agency for Research on Cancer (IARC). [IARC Handbooks of Cancer Prevention, Tobacco Control, Volume 13: Evaluating the Effectiveness of Smoke-Free Policies](#)[PDF–2.67 MB]. Lyon, France: WHO, 2009 [accessed 2014 Apr 25].

3.Callinan JE, Clarke A, Doherty K, and Kelleher C. [Legislative Smoking Bans for Reducing Secondhand Smoke Exposure, Smoking Prevalence and Tobacco Consumption \(Review\)](#)[PDF–1.11 MB]. The Cochrane Library 2010; Issue 6 [accessed 2020 Aug 18].

Health Boards report quarterly against a Tier 1 target of 5% of smokers becoming ‘treated smokers’ and a 40% quit rate . HDdUHB was the first Health Board in Wales to achieve this target and, last year treated 8.9% of the local smoking population.

Quarter 2 data, 2025-2026 (the most recent data available), reported 5.9% treated smokers, projecting to achieve the annual target for 2025-2026. 3291 referrals have been made to the service for Quarters 1-2, 2025-2026, the majority from in-patient’s services as noted in Figure 2.

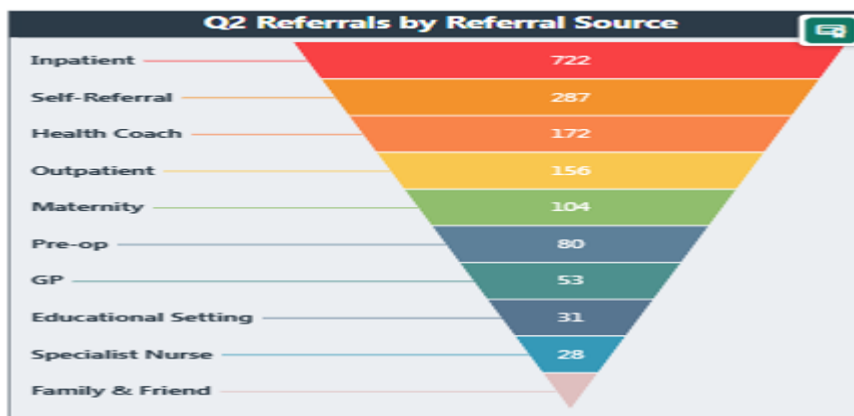


Figure 2: Smoking Cessation Referrals, Quarter 2, 2025-2026, HDdUHB.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board is meeting the statutory obligations as directed by Welsh Government in engaging and providing strategic leadership in the Dyfed Area Planning Board (APB), and by working to achieve a ‘Smoke-free’ population with a 5% smoking prevalence rate by 2030.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the

	<p>provision of services to meet current and future population need.</p> <p>3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.</p>
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)	5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	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:	Well-being of Future Generations (Wales) Act 2015 A Healthier Mid and West Wales: Our Future Generations Living Well (HDdUHB, 2019). Generations (Wales) Act 2015 Substance Misuse Strategy Working Together to Reduce Harm 2008-18' (Welsh Government, 2008) and 'Delivery Plan for 2013 to 2016'.
Rhestr Termau: Glossary of Terms:	Contained within the body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio	Not Applicable

Parties / Committees consulted prior to Strategy and Planning Committee:	
--	--

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	As the APB is a multi-agency partnership. Funding for commissioned services is made up from a range of sources, with the Substance Misuse Action Fund (SMAT) and the Health Board's substance use ringfenced budget being the main budget sources. Others include partnership funding into contracts such as the Tier 2 contract – funding from which is provided by (in addition to the above) – His Majesty's Prison and Probation Service (HMPPS), Ceredigion and Pembrokeshire Local Authorities and the Office of the Police and Crime Commissioner (OPCC).
Ansawdd / Gofal Claf: Quality / Patient Care:	Evidence of improving the well-being of the population is at the forefront of this legislation.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to evidence of increased collaboration and integration between services, professionals and communities
Risg: Risk:	Continued engagement of Senior Executives of the partnerships
Cyfreithiol: Legal:	<p>The Well-being of Future Generations (Wales) Act 2015 (the Act) provides that HDdUHB (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives.</p> <p>The APB is a statutory body and operates under a statutory guidance and framework to deliver regional services (such as the Wellbeing of Future Generations (Wales) Act 2015 and the Crime and Disorder Act 1998, they function as partnership bodies rather than traditional statutory authorities.</p>

Enw Da: Reputational:	<p>There is a statutory requirement for HDdUHB to contribute to the work of the APB and report against Welsh Government smoking cessation Tier 1 targets.</p>
Gyfrinachedd: Privacy:	<p>Not Applicable</p>
Cydraddoldeb: Equality:	<p>A More Equal Wales is a key national goal under the Well-being of Future Generations (Wales) Act</p>