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PO10: Population Health & Prevention Year End Report Strategy & Planning Committee

28 April 2026

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PO10: Population Health and Prevention



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Throughout the past year, we aligned our local objectives with ministerial priorities and continued to make prevention everyone's business. Our approach involved closer collaboration between healthcare services, local authorities, the third sector, and the communities we serve. By taking this more holistic view of health, we aimed not only to tackle immediate risks but also to create sustainable foundations for improved wellbeing in the years ahead.

Key focus on delivering:

1. Strengthening prevention and population health programs
2. Advancing prevention in healthcare services
3. Embedding the Social Model for Health & Wellbeing
4. Addressing priority population-level risks
5. Driving innovation and system development

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Q4 Progress updates	RAG Status
1. Strengthening Prevention and Population Health Programs	Strengthened immunisation outreach, including planning for targeted GP and school-based interventions.	Mid-year review of immunisation uptake, refining targeted outreach approaches.	Expansion of flu vaccine outreach in high-risk populations.	Evaluation of immunisation progress, defining future strategy.	<p>Teenage vaccination focussed video commissioned with reTHINK, this will involve filming local teenagers and empowering more discussion on teenage vaccinations (our investigations have found teens are fairly passive and rely on parental decisions around vaccines at present). Flu vaccination uptake in 2-3 year olds significantly increased from previous years. MMR2 focus in discussions and linked to programme changes, this is being carefully considered as in discussions with PHW and GPs there is potential to ++demand for those children caught in the crossover period and needing to wait until 3years for MMR2, and also to highlight the change in programme where highlighting it may cause additional confusion.</p> <p>Flu delivery increased uptake in all groups (comparison to 2024/25 campaign);- 65 yr and older - Increase 5.8%. Clinical risk group 16 yr-64 yr - Increase 8.4% 2-3 yr olds - Increase 11.1%. Staff Uptake - Increase 15.4%</p> <p>COVID delivery- Immunosuppressed - increase 21.2%. 75 yr and over- Increase 3.2% Care home residents - Decline 1.3% Successful pilot of an econsent package initially trialled for HPV in Ceredigion county schools only. The eConsent system is now being trialled further through expansion across all three counties, with its use extended to include the MenACWY and Td/IPV teenage booster programmes.</p>	Yellow
	Planning for early years and school health promotion initiatives, including embedding 'Whole School Approaches' to health and wellbeing.	Implementation of expanded school-based prevention and mental wellbeing initiatives as schools reopen.	Strengthened partnership-based delivery of prevention programs in schools and early years settings.	Published review of school and early years health promotion impact.	<p>Infant feeding service pilot has produced meaningful change in the continuity and overall breastfeeding rates over the first six months. The most significant improvements have been recorded at 6 weeks (5.6% increase) and 6 months (2.1% increase). Work is continuing in partnership with Maternity & Health Visiting services to support the scale and sustainability of the Infant Feeding Service as part of 'business as usual' operations. 79 pre-school health aspects completed over the last 4 quarters, which is currently 141% of annual target. As of Q3, 96% of all schools* are engaged in an 'active offer' - updated figured for Q4 will be finalised in April 2026. WSAEMWB - Q4 has seen an increase of 10% of all schools** 'action planning' for Emotional & Mental Wellbeing bringing the total to 44% (202 out of 215). This surpasses our local end of year target of 90%. Specific challenges remain in relation to the schools that have yet to be recorded as having completed their action planning. However, this doesn't necessarily indicate that they lack specific EMWB related actions within their wider school improvement plans.</p>	
	Planning for smoking cessation and vaping prevention initiatives, setting targets and aligning with Welsh Government guidance.	Implementation of smoking cessation and vaping prevention initiatives, including targeted engagement in high-prevalence areas.	Strengthened CO-validation, pharmacy engagement, and follow-up support for quitters.	Full-year analysis of smoking cessation outcomes and equity impacts.	<p>Recently submitted data to WG for Q3 shows 8.17% treated smokers achieved in Hywel Dda, this exceeds the 5% target for the full year with a quarter left to report. Co validations rates are at 26% compared to 5.26% for the same period last year. Engagement and training has been delivered to maternity teams, flying start, GP staff, Yr 2 student nurses, Yr 3 student nurses , heart failure team, liver scan events, pharmacy tech, DDAS, Pembrokeshire Council staff, Student nurses within MH and health visitors.</p>	Yellow

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2. Advancing Prevention in Healthcare Services	Developed 20-4-7 prevention model, defining core interventions for priority communities.	Initial implementation in select GP clusters and high-risk healthcare settings.	Strengthened integration of prevention into chronic disease pathways (CVD, Type-2 diabetes, cancer).	Evaluation of the 20-4-7 model, defining next steps for system-wide scaling.
	Planning and consultation for improved screening for HIV, Hepatitis B & C, aligning with Welsh Government targets.	Coordination of implementation - improved screening, workforce capacity building and data.	Review and revision of implementation with operations and clinical leaders.	Evaluation of improved screening impact, aligning with national elimination targets.
	Implement the Health Coach business case - Endorsement of required model and investment for sustainable VBHC. Implementation of evidence-based digital and face-to-face health coach service provision focused on physical activity, nutrition, alcohol and smoking (SNAP).			
	Ensure preparedness for the roll out of lung cancer screening programme - Clear costed and resourced plans ratified through the Screening Oversight Group and agreed at Exec. A clear monitoring plan post roll out.			
	Strengthen work on screening programmes, Set up a screening governance group for HDdUHB - A functioning screening oversight group with clear reporting lines and governance structures, reviewing equity, uptake and operational issues around delivery in HDd.			
	Pilot a health screening for workforce model with People Directorate			
	Improve healthy food provision within UHB - Measures of healthier food in canteens, vending machines, etc			

Q4 Progress updates	RAG Status
The delivery plan has been completed and is progressing for formal endorsement by the Executive Team (ET), and incorporated into the annual plan. Senior clinical engagement and capability building is progressing, including QI coach training and a joint Community by Design/EQIIP project. Evaluation arrangements are being developed with internal and external partners, and the Population Health Dashboard has launched, providing clear metrics to track prevention impact.	
Multiagency meetings in place for both HIV and Hepatitis B/C. Action plan in place and reviewed for Hep B/C. Screening increase in place with Gilead pilot, slow start but currently increasing. Hep C maternal policy currently in consultation. PHW Test & Post had issues with safeguarding. This led to internal review and HDdUHB was found to have actioned all referrals sent and managed these within the frameworks for safeguarding. Further review and actions are in place for PHW to improve safeguarding aspects. PHW has developed a Diseases of Elimination Dashboard (DOE-D), to encompass data for TB, HIV and Hep B/C. Discussions are underway to set up a Diseases of Elimination Strategic group to bring together the 3 disease of elimination groups to ensure cross working, links across the action plans and oversight of the data for the 4 DOE	
Currently 70 people are in service with a further 20 having been assessed as being appropriate for health coaching. data collection is taking place at pace but due to people onboarding at different times, there is no definitive 'before and after' data sets yet available to compare. Further developmental work has taken place to commission a training course for primary care staff to have short, but effective, 'healthy conversations' with patients to allow them to refer to Health Coaching in addition to GPs. MDT partners such as pharmacy, physio and optometry are also primed to refer when capacity grows. Ongoing work around the funding of an enhanced programme is also continuing.	
All on track, there is nothing additional that the HB should be doing at the moment. A paper was prepared for ET, but there are no decisions needed so this is for information only at present. At an appropriate point board and SPC should be notified of plans. We have confirmed that radiology resource will not be sought locally for this programme.	
This is complete. The group will function to troubleshoot local screening related issues, support with venue sourcing, work on local projects to decrease screening related inequalities and serve as a central link point for local events where screening teams could attend to share screening related messages. Screening oversight reports through Health Protection Oversight. Formal governance around screening programmes remains with PHW	
Successful bid through Hywel Dda charities	
Regional PSBs have agreed to prioritise healthier food procurement in the public sector as the priority for whole system work tackling obesity. The internal Health Board Task and Finish Group to progress this is being established, in alliance with the health economy workstream of the regional HB committee with SBUHB, with the same priority being agreed by PSBs in that catchment. Internal project capacity to deliver in the next FY will be strengthened by aligning our effort with SBUHB through the whole system project staff working across both HBs.	

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
3. Embedding the Social Model for Health & Wellbeing	Social Model for Health, prevention, and population health plans approved and commenced.	Strengthened community health partnerships to connect individuals to prevention initiatives.	Food access and social innovation partnerships in place, embedding community-led approaches.	Progress embedding the principles of the Social Model for Health and Wellbeing in our long-term strategy, aligned with our well-being objectives and strategic partnership plans.

Q4 Progress updates	RAG Status
<ol style="list-style-type: none"> 1. The delivery plan for 2026 onwards has been agreed, and work is underway with partners to embed the SMfHW into refreshed PSB Well-being Plans and HB annual plan. Funding has been secured to support community asset development with external expertise (Cormac Russell). 2. Key SMfHW components are being integrated into the revised Well-being of Future Generations Progress Tracker, due for launch in June 2026. 3. A Community of Practice with 80+ members continues to mature, with three meetings held and a handbook published. 4. See HARP update below. HDdUHB exploring opportunity to pilot Nature Wellbeing Calendar with PHW. 5. Volunteering will be baselined with third-sector partners, alongside development of joint campaigns to reinforce community-led delivery 6. A joint comms plan with the RPB, Carmarthenshire LA and third sector is in place, with weekly SMfHW posts underway, and options being developed for a public-facing webpage on the Connect Platform. 	

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4. Addressing Priority Population-Level Risks	Climate Adaptation Plan developed, outlining system-wide resilience measures.	Climate Adaptation Plan refined and finalised for approval.	Climate Adaptation Plan approved, enabling system-wide implementation.	Implementation phase initiated, integrating climate resilience into service planning and delivery.
	Planning and consultation on expanding MECC training, digital prevention initiatives, health coaching, and weight management/diabetes prevention capacity with operations, finance and related teams.	Service enhancements delivered at scale, integrating workforce development into primary and secondary care.	Strengthened cross-sector community partnerships for population health.	Evaluation of workforce and service enhancements, informing 2026/27 capacity planning.

Q4 Progress updates	RAG Status
Climate Adaptation plan developed and endorsed by Formal Executive Team on 4 February 2026 and the Strategy & Planning Committee on 26 February 2026. Plan presented to Board on 26 March for final ratification ahead of submitting to WG by the end of March 2026.	
Hywel Dda has been given in confidence advice of the success of the Innovate UK national grant submission, securing £850k funding for innovation in weight management services in the region over the next three years. The model, rooted in our social model for health, will help guide the national approach to implementation of GLP-1 medication provision over the next decade.	

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
5. Driving Innovation and System Development	Planning and consultation with operations, finance, board, and VBHC teams to align prevention in system-wide transformation.	Initiation of change processes, embedding prevention into Health Board strategies.	Review of implementation fidelity, ensuring alignment with UHB strategies and financial planning.	Integrated long-term prevention planning into Health Board's annual plan/IMTP for 2026/27.
	Plans drawn up and partnership opportunities scoped for digital innovation and rural public health research.	Pilot phase launched for social innovation, digital tools and AI-driven activity.	Monitoring, review and revision of digital and social innovations.	Evaluation of progress and initial research findings, informing future research and expansion priorities.

Q4 Progress updates	RAG Status
The Health Board population health dashboard was launched with significant internal service engagement. The STAR diabetes health economic project focusing on allocative efficiency across the pathway is one integrated element of the Diabetes Planning and Delivery Group workplan Co-Chaired by public health and VBHC. Development of pilot activity and business cases relating to health coaching and community health and wellbeing workers is proceeding to schedule.	
Public health input to partnership to enable deliver of the agreed workplan for with the Centre for Social Innovation is proceeding, with a primary focus on development of the business case for community health and wellbeing workers. An internal Health Board community of practice to support staff engagement in Park Run has commenced. A potential MOU with an Australian rural health research centre is being explored.	



- Immunisation Coverage:
 - Flu Immunisation rates increased among young children and frontline staff. 2-3 yr olds - Increase 11.1%. Staff Uptake - Increase 15.4% .
 - Measles Mumps Rubella vaccination (MMR)1 by age 2: **96.1%**; MMR2 by age 5: **93.5%**;
 - 4 in 1 Pre School Booster: 89.2%; Human Papilloma Virus vaccination (HPV): 77.1%
- Smoking Cessation & Harm Reduction:
 - Smoking Cessation Services continue to exceed the national targets (5%) due to enhanced outreach, and inpatient support. Carbon monoxide validations have improved to 26% from 8%, exceeding our local target of 20% by year end.
- Increase Early Years, Children and Young People Health Improvement:
 - Strong engagement in infant feeding pilots and preschool. 79 Pre-school health aspects completed.
 - Q4 has seen an increase of 10% of all schools 'action planning' for Emotional & Mental Wellbeing bringing the total to 96% (202 out of 215)

Key achievements



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- Teenage vaccination focussed video commissioned with reTHINK, this will involve filming local teenagers and empowering more discussion on teenage vaccinations
- Infant feeding service pilot has produced meaningful change in the continuity and overall breastfeeding rates over the first six months
- Smoking Cessation - engagement and training has been delivered to maternity teams, flying start, GP staff, Yr 2 student nurses, Yr 3 student nurses , heart failure team, health & wellbeing events, pharmacy tech, Dyfed Drug and Alcohol Service (DDAS), Pembrokeshire Council staff, Student nurses within Mental Health and health visitors.
- Developed 20four7 prevention model, the delivery plan has been completed and is progressing for formal endorsement by the Executive Team, and incorporated into the annual plan.
- The delivery plan for 2026 onwards has been agreed, and work is underway with partners to embed the Social Model for Health and Wellbeing into refreshed PSB Well-being Plans and HB annual plan. Funding has been secured to support community asset development with external expertise (Cormac Russell).

Key achievements



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- Multi-agency collaboration strengthens screening for HIV, Hepatitis B/C, and TB, expanding access to underserved groups.
- Health Coaching: Currently 70 people are in service with a further 20 having been assessed as being appropriate for health coaching
- Local readiness for lung cancer screening is on track with radiology resources being sought locally
- Healthy Food Initiative – Regional PSBs have agreed to prioritise healthier food procurement in the public sector as the priority for whole system work tackling obesity
- Making Every Contact Count (MECC) training - funding has been secured to support community asset development with external expertise
- Our Population Health Dashboard has launched, providing clear metrics to track prevention impact.
- The Directorate achieved agreed outcomes against planning objectives, despite capacity gaps, and have built on these for the 2026/27 plan.

Key Challenges



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- Unable to fully complete staff recruitment before end of year, plan to address early in 26/27.
- Unable to secure funding for Children & Young People Weight Management Pathway within 25/26 financial year. Commitment to fund substantively for 26/27 achieved.
- Unable to secure funding for Health Coaching service expansion within financial year 25/26. successful at securing funding (utilising directorate underspend) for 26/27.
- Lack of progression with digital development to support public health programmes.

Recommendations



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- The Committee is asked to **RECEIVE ASSURANCE** on 2025/26 progress and the Directorate's continued commitment to improving population health and wellbeing through embedding prevention and reducing inequities into 2026/27 .