

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Embedding the 20four7 Prevention Model in System Delivery – Governance, Planning and Primary Care Readiness (2026/27)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
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Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Strategy and Planning Committee with assurance that the Health Board has a coherent, deliverable and well-governed approach to embedding the 20four7 Prevention Model across the system during 2026/27, with particular focus on readiness within primary care, clusters and Clinical Care Groups (CCGs).

The paper brings together prior discussions at A Healthy Mid and West Wales (AHMWW) on delivery of the 20four7 across the Health Board plan and the role of primary care and clusters in meeting Welsh Government prevention and population health expectations for 2026/27, notably:

- Reduce avoidable deaths caused by social, economic, and place-based inequalities.
- improving healthy-weight outcomes, particularly for children and families in deprived communities;
- reducing inequalities in vaccination, screening, and diabetes care uptake;
- strengthening proactive frailty identification and management; and

The Committee is asked to take assurance on progress with governance, planning and delivery arrangements for the 20four7 Prevention Model towards a coherent and enabling framework to support system-wide prevention activity in 2026/27.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has made a clear commitment to shift from a system primarily focused on the treatment of illness to one that actively promotes population health, prevention and early intervention with aim of reducing inequalities in health and improving health outcomes, as set out in:

- the Well-being of Future Generations (Wales) Act;
- the refreshed *A Healthier Mid and West Wales* (AHMWW) Strategy; and
- the NHS Wales Planning Framework; and
- the recent development of the Community by Design programme.

The 20four7 Prevention Model is the Health Board's organising framework for this shift, focusing on:

- the most deprived 20% of the population;
- four modifiable behavioural risk factors (smoking, nutrition, alcohol and physical activity); and
- seven priority areas driving avoidable morbidity and system pressure.

The 20four7 model although was conceptually developed before it aligns closely with the Welsh Government programme for Community by Design (CbD). Work is progressing well with integrating delivery of CbD also though operationalisation and governance arrangements of 20four7.

During 2025/26 the model has moved from development into early implementation. At the same time, Welsh Government delivery expectations for 2026/27 direct Health Boards to deliver measurable improvements in prevention and population health, the majority of which rely on coordinated delivery across primary care, community services and Public Health, with clusters playing a key role.

Asesiad / Assessment

Overall assessment

The Health Board has developed a shared language and a strong strategic framework for population health and prevention through the 20four7 Prevention Model. The model is clearly aligned with national policy, planning objectives and the refreshed organisational strategy, and executive-level leadership and governance arrangements are now substantially in place.

Assessment of delivery readiness indicates that primary care, clusters, CCGs and wider clinical and staff engagement represent critical delivery opportunities for 2026/27, with associated risks if capacity, capability and support arrangements are not sufficiently embedded.

1. Delivery capability and variation

Evidence from engagement with primary care clinician and cluster teams during 2025/26 indicates:

- variation in governance maturity and planning capability;
- continued emphasis on short-term and reactive delivery to address current demand pressures;
- inconsistent use of population health intelligence and equity-focused tools (including linked datasets, population health management, Health Impact Assessment and co-production); and
- variable access to prevention capacity, such as health coaching, proactive frailty support and systematic identification of people at risk of diabetes.

If not addressed, this variation risks uneven and inequitable delivery of preventive interventions, limited impact on avoidable demand and system pressures, and reduced readiness for further development of Population Health Management approaches.

2. Governance and assurance

The 20four7 Integrated Delivery Plan (2026/27) provides a clear governance framework for executive and system-level oversight of implementation and aligns agreed 2026/27 delivery priorities with:

- Welsh Government expectations on reducing inequalities and avoidable deaths;
- healthy weight, inequalities in preventive service uptake, frailty and diabetes care;
- Health Board transformation programmes, including CbD and Urgent and Emergency Care;
- existing Quality Improvement programmes, including EQiP; and
- mechanisms to measure impact and maximise organisational learning through the Our Population Health Dashboard, escalation framework and evaluation.

The delivery plan is organised around four core themes shown in Table 1 below. A detailed version of the plan, drawn from the Health Board's Annual Plan for 2026/27, is included at Appendix 1.

Table 1. 20four7 Integrated Delivery Plan: Organising themes

Theme	Aim
1. Leadership and Governance	To establish clear leadership and robust governance arrangements for the 20four7 Prevention Model, anchored within HDdUHB's CCG, primary Care clusters and Directorate operational structures to optimise adoption and maintenance. To align the leadership and governance with the recent Community by Design programme.
2. Enabling Our Workforce	Enhance the capability and opportunities for staff to deliver the 20four7 Prevention Model, support our staff to maintain healthy lifestyles, and empower our staff as health champions at home and within their local communities.
3. Operational Delivery	To set a clear implementation plan to coordinate the delivery of the 20four7 Prevention Model across CCGs and Directorates, aligned to Ministerial priorities, the NHS Wales Planning Framework, the quadruple aim of the AHMWW strategy refresh, and the refreshed Health Board's Wellbeing Objectives.
4. Monitoring and Evaluation	To embed a monitoring and evaluation approach within the 20four7 Prevention Model to support Health Board wide learning, accountability and drive continuous improvement. And to share the learning externally.

3. Focus and prioritisation

Executive sponsorship and governance now need to translate into consistent change in frontline practice. This requires a clear connection between the strategic ambitions of the 20four7 Prevention Model and CCG and cluster-level planning, performance monitoring and reporting, to support assurance on progress in improving population health outcomes and reducing inequalities.

Evidence from national improvement programmes and local clinician and staff feedback demonstrates that greatest impact is achieved through focus on a small number of high-priority prevention objectives, supported by clear expectations, practical tools, protected time and meaningful data. Engagement with CCG leads and professional forums is informing prioritisation and next steps across all delivery plan themes.

4. Service delivery supports

The umbrella of process, and service developments across the Health Board support the objective of strengthening the Health Board's ability to reduce inequalities, reduce avoidable mortality, improve health outcomes, these include the recent development of:

- Development and roll out of Population Health Domain as part of the Escalation Framework;
- Development of Our Population Health Dashboard;
- Development and utilisation of Equity informed Health Impact Assessment Tool;
- Development of Make Every Contact Count programme for HB, Primary Care Clusters, and our strategic partners (such as PSBs)
- Development of business cases and initiation of the roll out of preventative Health Board wide services, including Health Coaching, Weight management for Children and Young People, business case for a pilot Community Health and Wellbeing Workers service.

Health Coaching and Community Health & Wellbeing Workers form part of the Health Board's planned approach to strengthening delivery capacity and capability for the 20four7 Prevention Model from 2026/27 onwards.

Health Coaching is an established service model that supports behaviour change and self-management, particularly for people at higher risk of poor health outcomes. During 2026/27, approximately £615,000 has been allocated to support a phased expansion of a core service offer across the region, with the intention that each primary care cluster will have the full pathway including an embedded Health Coach by the end of 2027/28.

Building on a successful pilot in Carmarthenshire, provision expanded from January 2026 to five GP practices in Ceredigion with higher relative deprivation, demonstrating early evidence of appropriate demand and engagement. A monitoring and evaluation framework is being developed with TriTech and other established Research and Evidence (R&E) partners, alongside commissioning of enhanced Making Every Contact Count training for primary care staff to support routine lifestyle conversations and appropriate referral.

This approach establishes core prevention capacity within existing pathways, enabling learning about scale, effectiveness and integration. Future capacity development, including digitally enabled service models, would be subject to evaluation findings, affordability and separate business case approval.

In parallel, a Community Health & Wellbeing Workers (CHWW) Business Case has been developed by the Centre for Social Innovation as commissioned by the Executive Director of Public Health, informed by UK-wide and international evidence and supporting the equity-focused, place-based ambitions of the 20four7 model. Community health and wellbeing workers are trusted, non-clinical staff who work proactively with defined neighbourhoods or households to address everyday wellbeing needs and improve access to local support. The CHWW Business Case sponsored by the Executive Director of Public Health will be reviewed through the standard governance process in the Health Board.

Service development of both initiatives is being informed by existing regional and local services, partnerships and pathways. For Health Coaching, this includes the adult weight management pathway, the Diabetes Prevention Programme, GP-led lifestyle medicine clinics in Pembrokeshire which aligns very closely with the Health Coaching model, and pharmacy and physiotherapy services. For Community Health & Wellbeing Workers, alignment includes the Community Development and Outreach Team, social prescribing and community connectors, ensuring any new roles and service complement and strengthen existing provision. Based on needs assessments and in line with the 20four7 model further invest to save programmes of work, such as Case Finding and Risk Reduction Management Programmes (for eg for Cardiovascular Disease (CVD), Cancer, Chronic Obstructive Pulmonary Disease (COPD), etc) will be developed in 2026-27 for consideration through the further annual planning process.

5. Risk and opportunity

If delivery capability is not strengthened through the enabling actions set out within the 20four7 Integrated Delivery Plan during 2026/27, the Health Board faces risks including under-delivery against Welsh Government prevention expectations, persistent inequalities in preventive service uptake, missed opportunities to reduce future demand on acute services and reputational risk associated with high-profile national priorities.

Conversely, effective embedding of the 20four7 Prevention Model within primary care, clusters and CCG governance, alongside proportionate investment in enabling capacity, presents a significant opportunity to demonstrate a value-based, prevention-led approach to system transformation.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **TAKE ASSURANCE** that the 20four7 Prevention Model:
 - is progressing from development to implementation phase; and
 - provides a coherent strategic framework for prevention delivery in 2026/27.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities. 3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Principal Risk 1194
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd:	6. All Apply

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>NHS Wales (2026) NHS Wales Technical Planning Guidance 2026-29</p> <p>Welsh Government (2026) Welsh Health Circular: Population Health Management</p> <p>Well-being of Future Generations (Wales) Act 2015</p> <p>ARCH Health Needs Assessment</p> <p>PHW (2025) Prevention Based Health and Care: A framework to embed prevention in the health and care system.</p> <p>Allied Health Professions Federation. UK Allied Health Professions Public Health Strategic Framework 2019-2024. 2019.</p> <p>PHW (2025) Identifying policy options to tackle health inequalities: policy analysis and opportunities for learning for Wales.</p> <p>PHW (2023) Working together for a healthier Wales: Our long-term strategy 2023-2035.</p> <p>PHW (2025) Investing in a Healthier Wales: prioritising prevention.</p>
Rhestr Termiau: Glossary of Terms:	<p>Population Health Management (PHM): PHM is an approach that improves population health by data-informed planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population.</p> <p>Prevention: Prevention refers to actions taken by NHS organisations that will directly or indirectly contribute to prevention of ill health and/or premature mortality within the population. Prevention actions should occur at all</p>

	<p>levels within the NHS: from preventing a health problem or condition from developing in the first place, to early detection of disease to facilitate early intervention and treatment, and to actions taken to minimise adverse consequences from an existing health problem.</p> <p>Health Impact Assessment (HIA): To address the wider determinants of health, the Welsh Government has a longstanding commitment to a ‘health in all policies’ approach. To support this approach, the Welsh Government has championed embedding the use of HIAs.</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:</p>	A Healthier Mid and West Wales Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The paper does not seek approval for new funding. Activity described for 2026/27 is being delivered within existing and agreed resources, including approved allocations to support phased health coaching implementation. Future investment opportunities (e.g. further service expansion or digital supports) would be subject to separate business case development, affordability assessment and approval through established governance routes. Embedding prevention within core planning and delivery arrangements supports longer-term value for money by targeting avoidable demand and reducing inequalities.
Ansawdd / Gofal Claf: Quality / Patient Care:	Strengthening the delivery of the 20four7 Prevention Model is expected to have a positive impact on quality and patient outcomes by supporting earlier intervention, more proactive care and improved uptake of preventive services. The approach promotes consistency, equity and evidence-based practice across pathways, particularly for populations at higher risk of poor outcomes. No adverse impacts on quality or patient safety are anticipated.
Gweithlu: Workforce:	The paper focuses on embedding prevention within existing workforce roles and structures and on phased development of specific enabling roles. There are no anticipated adverse workforce impacts arising from the proposals. Workforce implications associated with future service development would be subject to separate consideration and approval, including appropriate engagement and workforce planning.

Risg: Risk:	<p>The principal risk addressed by this paper is the risk of under-delivery against Welsh Government prevention and population health expectations if governance, planning and delivery arrangements are not sufficiently aligned and embedded. The 20four7 Prevention Model and associated delivery plan provide mitigation through clearer prioritisation, strengthened governance and improved use of population health intelligence. No new or additional risks requiring escalation through the Datix register are identified at this stage.</p>
Cyfreithiol: Legal:	<p>No direct legal implications or risks are identified. The approach aligns with statutory duties under the Well-being of Future Generations (Wales) Act and relevant NHS Wales policy frameworks.</p>
Enw Da: Reputational:	<p>The paper supports delivery of nationally visible prevention priorities and therefore has the potential to positively influence organisational reputation. Failure to demonstrate progress in these areas would carry reputational risk; however, the approach outlined provides a credible and proportionate framework for delivery and assurance.</p>
Gyfrinachedd: Privacy:	<p>Activity described is consistent with existing information governance arrangements. Use of population health and service data will continue to comply with data protection and confidentiality requirements. No additional privacy risks are anticipated because of this report.</p>
Cydraddoldeb: Equality:	<p>The 20four7 Prevention Model is explicitly equity-focused, prioritising populations experiencing the highest levels of deprivation and unmet need. The approach is expected to have a positive impact on reducing health inequalities. No negative equality impacts are identified. Equality considerations are embedded within planning and delivery processes, with further assessment undertaken as appropriate for specific service developments.</p>

APPENDIX 1: 20four7 Integrated Delivery Plan

Theme	Priority Actions for 2026/27
<p>Leadership and Governance <i>Establish clear leadership and robust governance arrangements, anchored within existing Clinical Care Groups (CCG) and Directorate structures.</i></p>	<ul style="list-style-type: none"> • Embed the 20four7 leadership model across CCGs, Directorates and primary care clusters to provide clear ownership and accountability. • Enhance clinical engagement to support shared ownership and integrated prevention-focused practice. • Establish the 20four7 Prevention Model as a standing agenda item at CCG and Directorate monthly Integrated Governance meetings. • Consider the merits and feasibility of establishing a Population Health Subcommittee to oversee, and ensure delivery of the prevention model across the HB. • Align 20four7 as one of the transformation programmes of the Health Board as matrix integration with Community by Design and Integrated Urgent and Emergency Care (iUEC). • Identify governance structures requiring updates on 20four7 delivery and schedule regular attendance within forward plans. • Transform the 20four7 Task and Finish Group into an Operational Delivery Group.
<p>Enabling Our Workforce <i>Enhance capability and opportunities for staff to deliver the 20four7 model, support healthy lifestyles, and empower staff as health champions.</i></p>	<ul style="list-style-type: none"> • Undertake a Training Needs Assessment focused on prevention, positioning Making Every Contact Count (MECC) as a key deliverable. • Empower staff to embed prevention into day-to-day practice through a comprehensive staff engagement plan supported by the 20four7 toolkit. • Support staff to make positive choices about their own health through a wellbeing programme aligned to Asset Based Community Development approaches. • Develop the 20four7 toolkit to strengthen staff capability, confidence and consistency. • Scope potential for aligning clinical workforce roles to include explicit prevention-focused responsibilities.
<p>Monitoring and Evaluation <i>Embed an evaluation and performance approach to support Health Board-wide learning, accountability and continuous improvement.</i></p>	<ul style="list-style-type: none"> • Develop and implement a 20four7 Monitoring and Evaluation framework, collaborating with the Research and Innovation team and relevant partners. • Produce materials for publication on the development and the roll out to facilitate scaling and spread of the 20four7 model.

	<ul style="list-style-type: none"> • Launch and refine the Our Health Population Health Dashboard, incorporating service-level data from primary, community and secondary care with a focus on Support Needs Approach for Patients (SNAP) behaviours. • Develop metrics enabling the Health Board to use avoidable under-75 mortality (preventable and treatable) as a driver for prevention-focused action. • Integrate preventable and treatable mortality as an indicator in the Harms Dashboard. • Integrate the Population Health Dashboard with the escalation framework to ensure emerging risks trigger timely, proportionate system responses.
<p>Operational Delivery <i>Set a clear implementation plan across CCGs and Directorates, aligned to Ministerial priorities, the Planning Framework, and the Health Board's Wellbeing Objectives.</i></p>	<ul style="list-style-type: none"> • Align and integrate as appropriate the 20four7 model with the Community by Design transformation programme, using intelligence and data on place, background and circumstance to identify those at highest risk. • Ensure Health Board estates, facilities and buildings promote healthy choices across all SNAP behaviours, applying legislation or local powers where required. • Expand the structured Health Coaching model delivered by Health and Wellbeing Coaches, wellbeing champions and multidisciplinary partners. • Develop a programme of clinical audit focused on 20four7, using systematic measurement against standards to drive improvement. • Run two Socio-Technical Allocation of Resources (STAR) analyses on two of the seven burden of disease areas, informing a three-year approach for targeted high-value prevention activity. • Establish prevention and population health plans for each of the seven priority areas of 20four7 for 2027/28.