



GIG
CYMRU
NHS
WALES

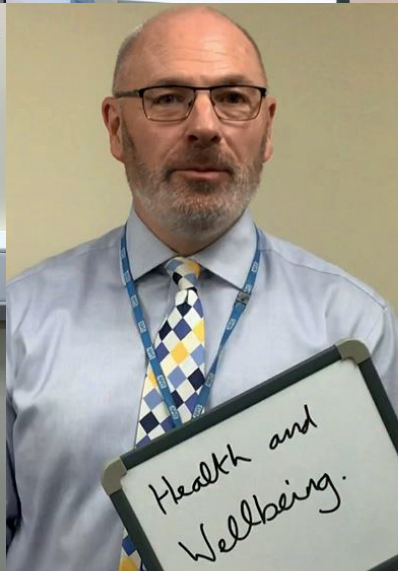
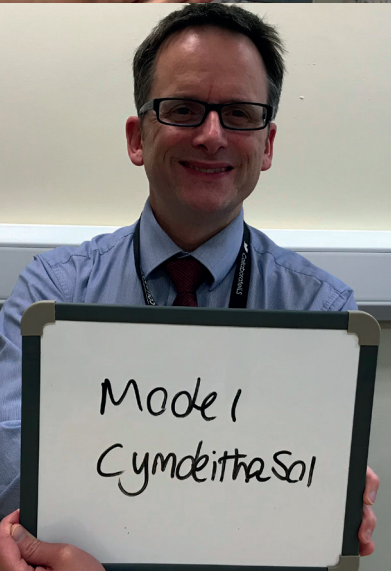
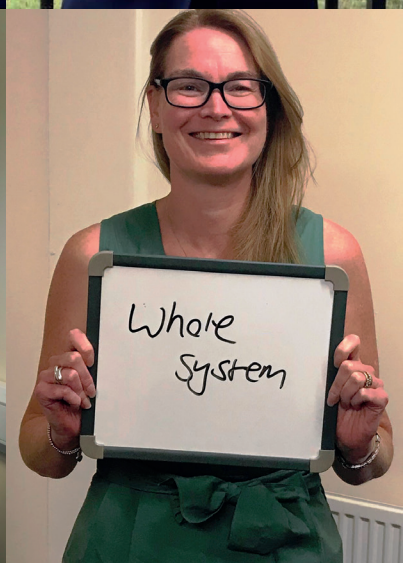
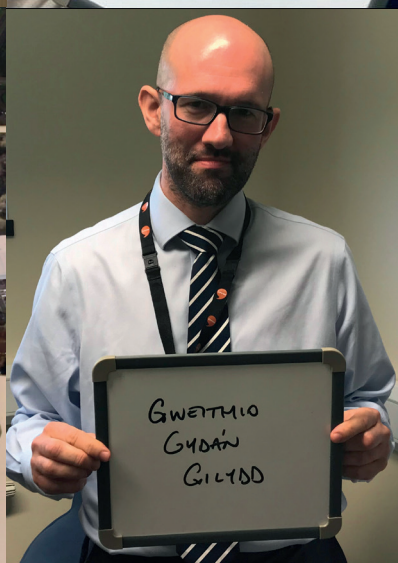
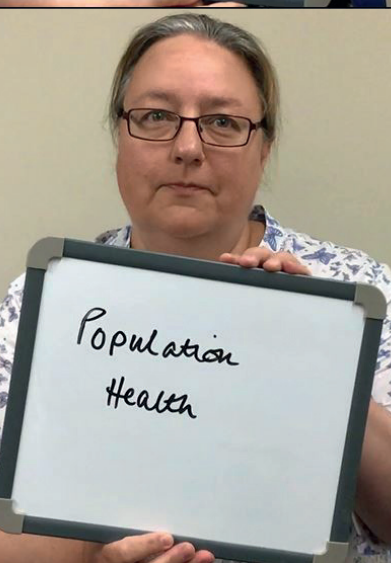
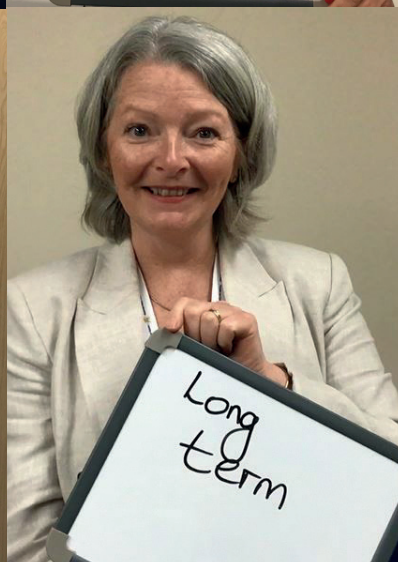
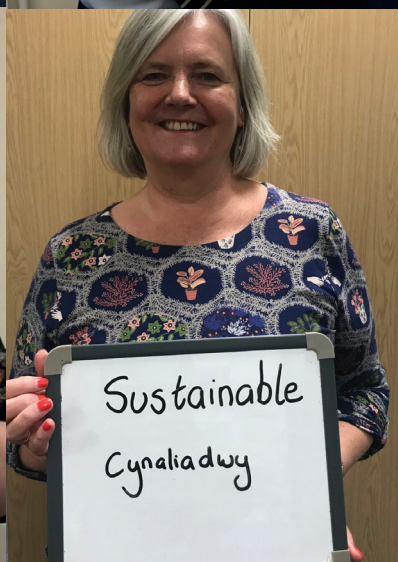
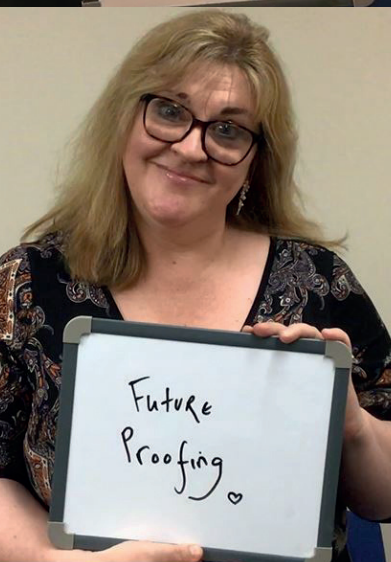
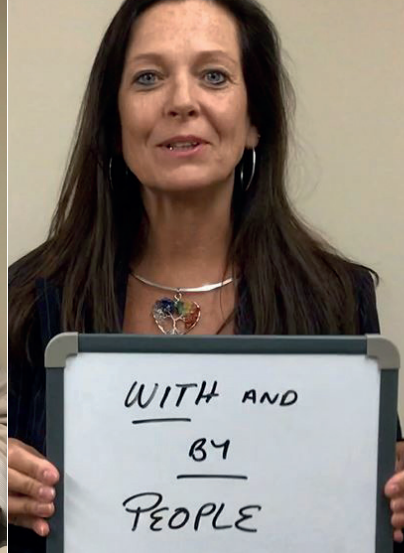
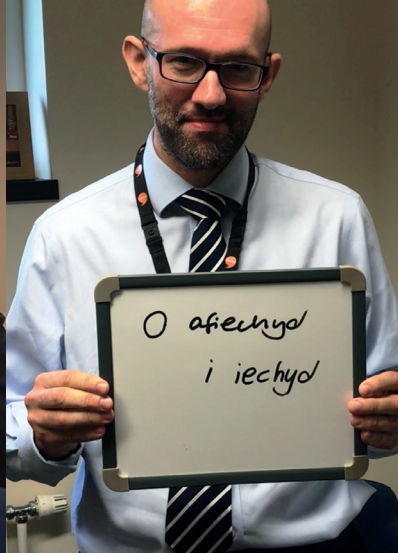
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

From *To and For* to *With* and *By*

Developing a
Health and Wellbeing
Framework
for Hywel Dda

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018/19





CONTENTS

p4 FOREWORD

p5 CHAPTER 1
LOOKING BACK

p15 CHAPTER 2
WHERE ARE WE NOW? –
STORIES OF USING THE WELLBEING LENS

p21 CHAPTER 3
LOOKING FORWARD

WE ASKED PEOPLE TO DESCRIBE THE HEALTH
AND WELLBEING FRAMEWORK IN A FEW WORDS.

HERE'S WHAT THEY
CAME UP WITH...

FOREWORD

I am very pleased to be publishing my first Annual Report as Director of Public Health for Hywel Dda University Health Board. Traditionally Directors of Public Health report each year on the state of their population's health, current threats to our health and wellbeing, opportunities to improve it, and the challenges we face. This year I have done something a bit different.

This past eighteen months has seen the Health Board consult on and agree a transformation in the way it delivers healthcare services. It has committed to make a shift from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity and that embraces consideration of people's wellbeing. We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them.

Beyond this, the Health Board has recognised its important role in working with local authorities, community organisations, businesses and communities themselves to improve, not only the services we deliver, but the conditions we grow up, live, work, play and age in. My focus in this report is our 'Health and Wellbeing Framework' which describes how the Health Board will make this change within its services and beyond to its work with partners and community.

It has been a fantastic time to join the Health Board and to play my part in the changes that are taking place. It's a really exciting time for public health as the recognition grows that the NHS is not the sole keeper of our health and that, in fact, the relationships between people in their communities is where health and wellbeing is really created and nurtured.

I hope you enjoy reading the report. These are our first steps on a long and exciting journey to build a movement for health and wellbeing. If you have thoughts or ideas about it, or would like to get involved, we would love to hear from you.



ROS JERVIS

Executive Director
of Public Health,
Hywel Dda University
Health Board

Acknowledgements

This report was co-produced by the Hywel Dda Local Public Health Team. I would like to thank the Editorial team – Jan Batty, Rebecca Evans, Geinor Jones, Jo McCarthy, and Vikki Wood who have pulled together this report, Craig Jones for the filming and editing and the rest of the team for their contributions.

Design: www.savageandgray.co.uk | print: harcourtcolourprint.co.uk

CHAPTER 1: LOOKING BACK

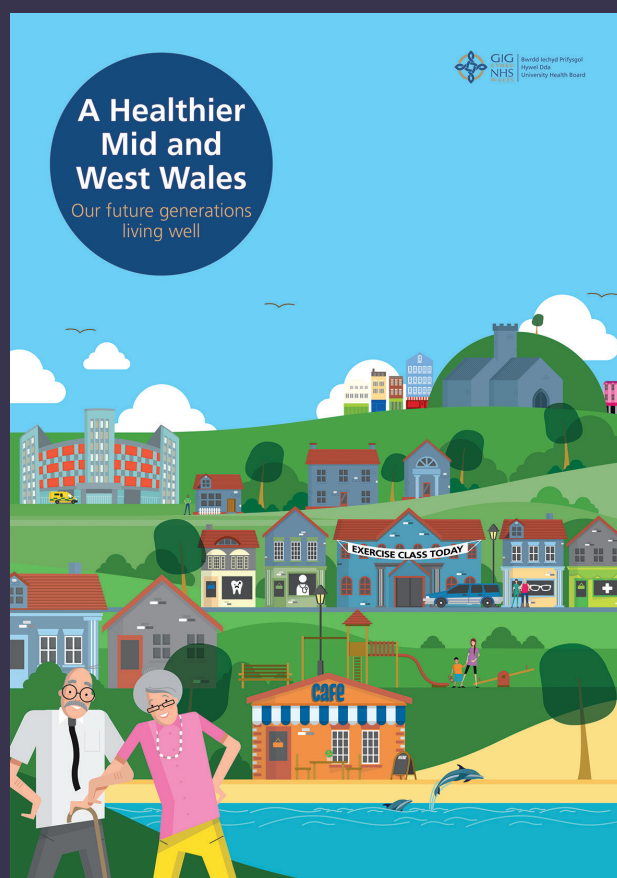
We face a major challenge in the NHS. Whilst people are living longer, many are also living for many years with chronic conditions, in pain and with poor mental health. To address this, Hywel Dda University Health Board has recognised that it needs to move away from a system just focused on diagnosing and treating illness towards one that supports people to live well by promoting wellbeing and preventing ill health.

Over the past eighteen months, the Health Board has taken significant steps in this direction. In my Annual Report this year, I focus on our 'Health and Wellbeing Framework' which describes our dreams for the future of health and wellbeing in Hywel Dda and how we think we can make this transformational shift. For the Health Board it involves changing the way we do things within NHS services in Hywel Dda and how we play a meaningful part in what happens in our communities. Beyond health and care, though, the Framework supports everyone – the public, staff and partners – to play their part in creating health and wellbeing at work, at home and in their communities.

Some Context

The Health and Wellbeing Framework complements the Health Board's new health and care strategy '*A Healthier Mid and West Wales – our future generations living well*'. It shares the Health Board's vision and goals set out in that document to improve health and wellbeing in Hywel Dda over the next 20 years.

The shift in intention can be seen in the replacement of the Health Board's eight disease-based objectives with three strategic goals based on a positive aspiration for local people across the life-course.



Starting and developing well

Every child will have the best start in life through to working age, supporting positive behaviours and outcomes across the life-course.



Living and working well

Every adult will live and work in resilient communities that empower personal and collective responsibility for health and wellbeing.



Growing older well

Every older person will be supported to sustain health and wellbeing across older age, living as well and as independently as possible within supportive social networks.



The Three Strategic Goals from 'A Healthier Mid and West Wales'

We are not alone in trying to change the system in this way. The Health Board's decisions have been guided by the principles set out in the Welsh Government's 'A Healthier Wales: our plan for Health and Social Care'. This "sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness".

We are also fortunate to have a piece of national legislation that supports the aspiration of our Framework – the Well-being of Future Generations (Wales) Act 2015. A key aim of the Act is to prevent problems occurring. By changing the way that we do things – as described in the Wellbeing of Future Generations Act – and by supporting people better in the community, there should be less demand on healthcare services. In the longer

term, we will be able to shift investment from acute services to primary care and communities, for the prevention of ill health.

The **WELLBEING OF FUTURE GENERATIONS ACT** requires public bodies in Wales to future-proof their decisions, to work better with people, communities and each other, and to help tackle and reduce problems such as poverty, health inequalities and climate change.

The Act is unique to Wales attracting interest from countries across the World as it offers a huge opportunity to make a long-lasting, positive change to current and future generations.

Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment and a healthy and attractive environment.

WORLD HEALTH ORGANISATION

How we will increase our influence on health and wellbeing

Health services need to be there when we are ill and need treatment and care but perhaps surprisingly, they may have as little as 10% influence on our overall health over our lifetime. How long we live and for how many years we stay well are more influenced by the conditions in which we are born, grow, work, live and age. This is known as the Social Model of Health.

Hywel Dda University Health Board has now adopted this model. It accepts its critical role as not only a provider of health services, but also as an employer, a key player in the local economy and an anchor institution in our communities.

The social model of health considers a broader range of factors that influence health and wellbeing, for example, environmental, economic, social and cultural.

What makes us healthy?

As little as **10%** of the population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in Hywel Dda is: **4.8 YEARS**



Adapted from a diagram by Nurture Development

The Health Board's main area of influence is within its services, face to face with patients. We want to introduce much more work to prevent ill health into healthcare services to expand that 10% influence. People should have access to support and advice to improve their health, including on smoking, nutrition, and alcohol as well as other things that may be affecting their health like housing, debt and caring responsibilities. Conversations with patients about their health as a whole person and about their wellbeing is a way of combining the expertise of clinicians with the expertise that people have about their lives and what matters to them. A new relationship of 'working with' rather than 'doing to' puts more power into the hands of patients and service users and can be the catalyst for people to make positive changes in their lives and communities.

Stronger connections between health services and community will support clinical staff to work in this broader way.

Alongside this, the Health Board will work with others across the 'whole system' to benefit the entire population. We want to improve the circumstances and opportunities in life that affect a person's health and wellbeing and address widening health inequalities.

The Health & Wellbeing Framework commits us to maximising the contribution we make and promotes our participation across the whole system to improve health & wellbeing.

These two strands – bringing the social model of health and prevention into services and working across the whole system – can be summarised as a Population Health approach and it meets the need the Health Board had identified. The Framework shows how the Health Board will contribute to the other six Wellbeing Goals in the Wellbeing of Future Generations Act.

By acting on the 'whole system' and not just health, the connections between the health of individuals, that of the planet and its sustainability and the vitality of communities is more apparent.

Health inequalities are the preventable, unfair and unjust differences in health between people or groups of people. The unequal distribution of social, environmental and economic conditions within societies determines the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs. Reducing inequalities should allow everyone to have the same opportunities to lead a healthy life.

Seven Well-being Goals

To make sure we are all working towards the same purpose, the Act puts in place seven well-being goals. The Act makes it clear the listed public bodies must work to achieve all of the goals, not just one or two.



A Prosperous Wales



A Resilient Wales



A More Equal Wales



A Healthier Wales



A Wales of Cohesive Communities



A Wales of Vibrant Culture & Welsh Language



A Globally Responsible Wales

When we say the 'whole system' we mean the NHS including hospitals, GPs and community services, social care, people's homes, education, employment, leisure, food, the environment and communities themselves.

Population Health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across a whole population. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health such as housing, employment and the environment. This is not something the NHS or Public Health can deliver alone – Population Health is about creating a collective sense of responsibility across many organisations and individuals.

To help describe what the social model of health might mean for Hywel Dda I developed this diagram that shows the full range of factors that influence our health. The green ring shows the 'wellness services' that provide the support for people to live connected meaningful lives. By 'growing the green', we can have the most impact in creating health and wellbeing, and this is where our efforts must now turn.

LIVING WELL

Our shared vision is a Mid and West Wales where individuals, communities and the environment they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

We believe that health is co-created in communities, through family, friends and neighbours.

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND



Communities have a big part to play in this. We know that people with stronger networks are happier and healthier. Communities, of both place and interest, can provide opportunities for us to connect to others, get involved in social activities, to have a sense of purpose, a sense of control over our lives and feel that we belong.

Connect people with their own and community assets

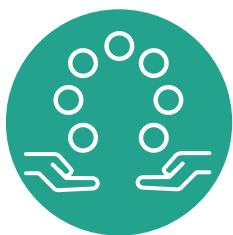
The new role for public organisations is to work out how best to support this natural, organic process without interfering but with a commitment to be there long term. There is growing recognition, not only in the Hywel Dda area, but also across the UK and beyond, that an approach that builds on and enhances the existing strengths and resources in our communities is respectful, empowering and effective. We felt strongly that assets should be one of the foundational principles of the Health and Wellbeing Framework. Within services, if we are going to shift the whole system to focus on people's wellbeing rather than their illness, it makes sense to concentrate on their strengths and connecting people with their local assets makes communities more resilient.

Fortunately, we are not starting from scratch. In 2015, the Director of Public Health's Annual Report explored asset based approaches to improving health and wellbeing, including many great examples of work that is already happening in Hywel Dda. More people are starting to work in this way, and it is a powerful tool. However, it does mean that professionals and services need to do things differently, giving up the control and power they have to allow space for communities to self-organise. Once we shift our attention and intention, we will find more creative ways of working with people to improve their wellbeing.

As humans we have a natural capacity to stay well despite what life throws at us. Many of us actively do things to keep ourselves well – staying active, eating healthily, making sure we get enough sleep and finding ways to relieve stress. And then we all draw on the assets around us. Our friends, families and the people we know, the good things about the places we live and the valuable services provided by the public, private or third (voluntary) sector all contribute to our health and wellbeing.

DPH Annual Report 2014/15

Examples of assets include



People's skills and sense of purpose



People and the connections between them



Environmental resources



Learning

How we developed the Framework

Developing the Health and Wellbeing Framework has been a collaborative process over time. Initially Health Board colleagues and the Public Health and Wellbeing Directorate (which includes the Local Public Health Team as well as health visitors, school nurses, emergency planners and substance misuse commissioners), worked together until we had some ideas on paper. In August 2018 we took our draft principles, ideas and goals to a larger event of partners from local authorities, the third sector and other Health Board departments to find out their thoughts and views. One of our intentions that day was to check that the Framework aligned with the Wellbeing Plans of the three counties and people's practice under the Social Services and Wellbeing Act. Systematically we clarified our thinking and had the major building blocks agreed by the Board.

Public Health and Wellbeing Directorate development Days – how are we going to do this?
February–March 2018

Population Health approach discussed by Health Board
April–July 2018

The Engine Room – work on the Framework begins with collaboration of Health Board colleagues
June–July 2018

Visioning event with partners – setting guiding principles and three new strategic goals using our Teulu Jones to make it real!
14th August 2018

Social model for health adopted by Board
September 2018

Local Public Health Team develop the Wellbeing Lens
October 2018

Check and Challenge – Wellbeing Lens tested out with colleagues in a series of workshops
October–November 2018

A Healthier Mid and West Wales strategy passed by Board
29th November 2018

Health and Wellbeing Framework approved by the Board
31st January 2019



Three Tools to Support the Framework

In September last year, I asked my Local Public Health Team to develop a 'Wellbeing Lens', a new way of looking at things – whatever these things are. I had in mind a set of 'questions' that would help us all have a different kind of conversation. A conversation about prevention of ill health; about wellbeing; about what matters to people rather than about targets; and asking what would happen if we gave people space to solve their own problems instead of thinking we could fix it for them. The result of this was three tools:

- **THE WELLBEING LENS**
the Mobilising the Whole System tool
- **THE COMPENDIUM**
an accessible resource of information and evidence-based action on obesity, tobacco and alcohol
- **THE TEAM LENS**
the Mobilising Teams and Services tool

The Wellbeing Lens is the most developed tool and the focus for the next part of my report. For further information on the Compendium or the Team Lens, please contact us.

The Wellbeing Lens - Mobilising the Whole System Tool

We started with the intention of designing something that would bring the Health and Wellbeing Framework to life; to give people a practical tool which would help them 'change the conversation' towards prevention and assets, moving away from a dependent culture to one of independence and from services to supporting communities to create their own health and wellbeing.

We imagined a group of people sitting down together with an issue. It could be at any level – a strategic, population health question or a complex issue in a front-line service – but would best involve people from different sectors, departments or disciplines with a common interest in shifting the system or their part of it – a mini-system. We wanted something that would change people's perspective, a symbolic pair of glasses that you put on to think differently.



Our Future Generations: Living Well

A Health and Wellbeing Framework for Hywel Dda



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

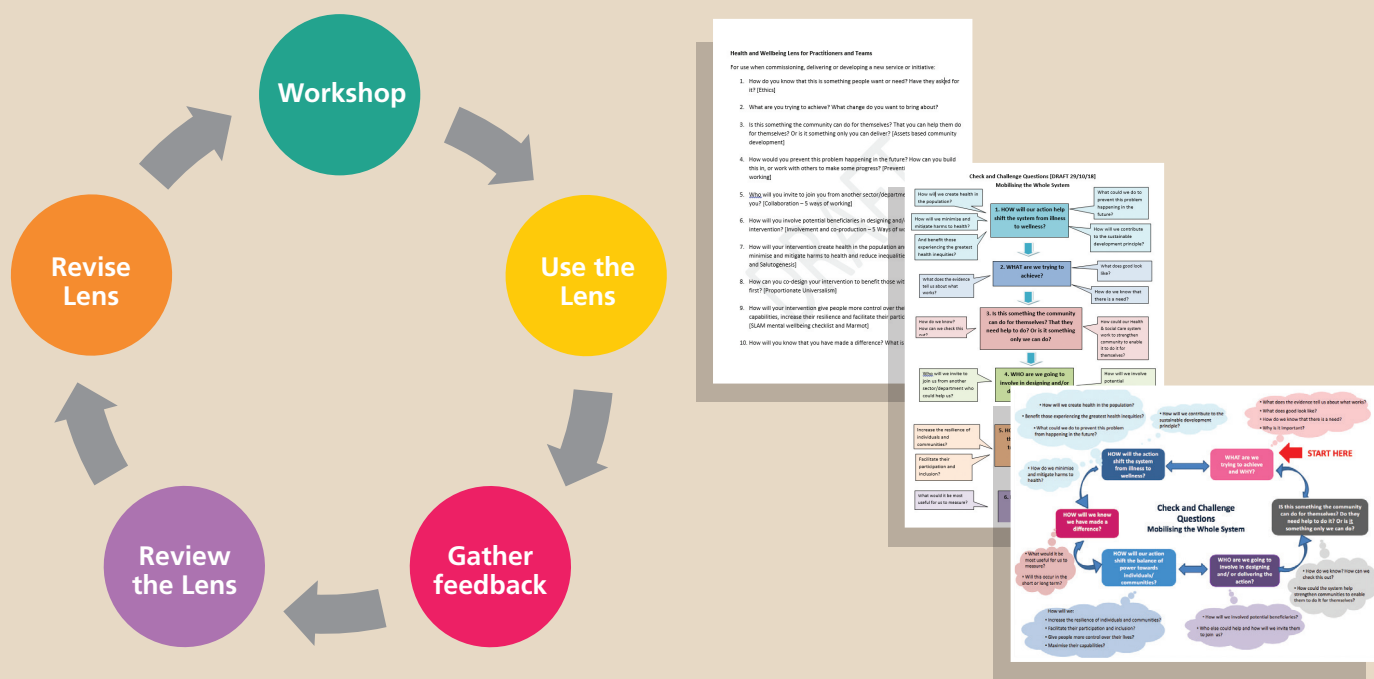


We gave the Lens a solid foundation by basing it on the Five Ways of Working in the Wellbeing of Future Generations Act (long term, prevention, integration, collaboration and involvement), Public Health Wales' Strategic Priorities and the four principles of Prudent Healthcare, underpinned by an assets approach and an ambition to address health inequalities.

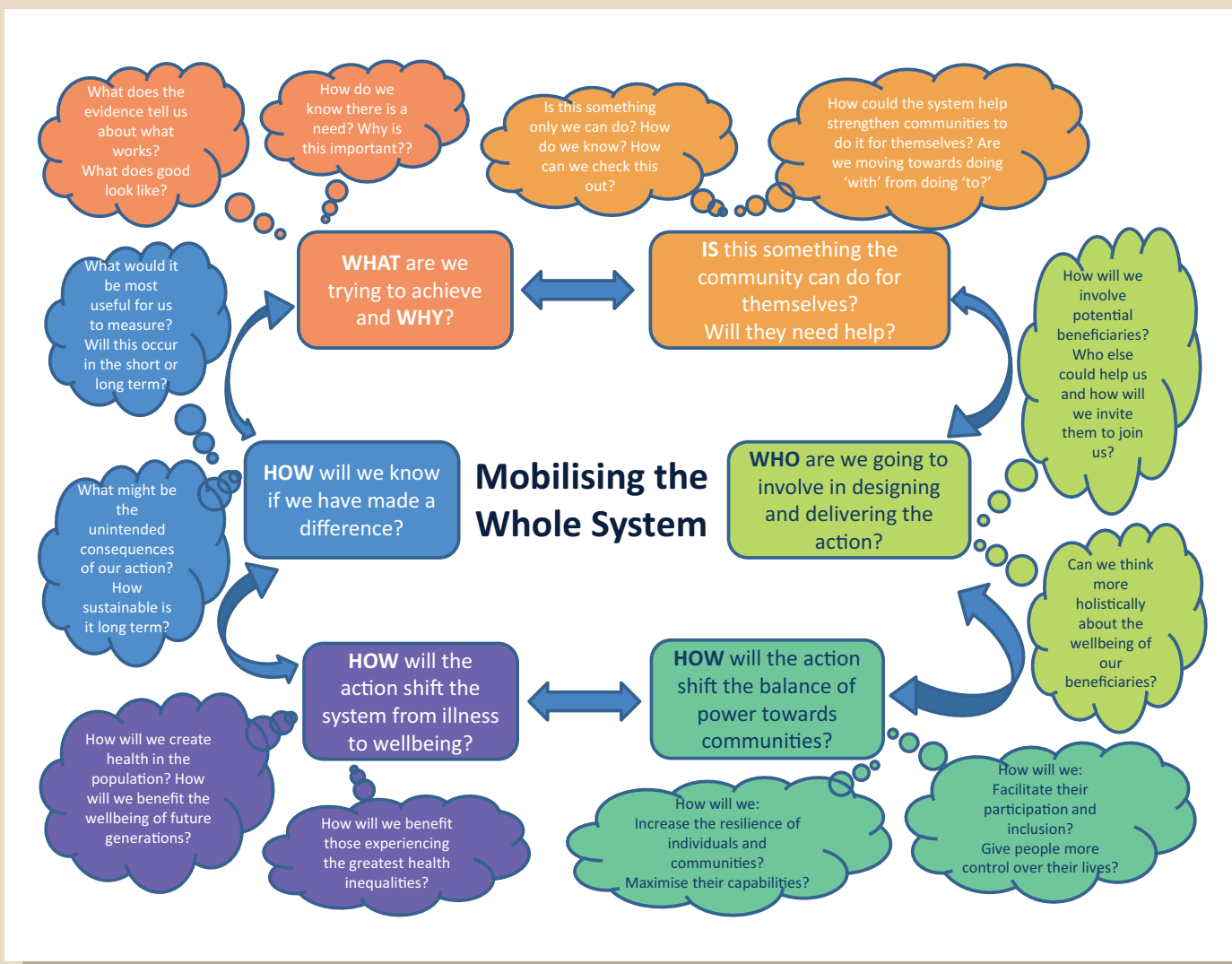


We asked key staff in the Health Board (who are also working hard to embed the Five Ways of Working into Health Board practice) for their comments. I took the draft 'Wellbeing Lens' to a series of workshops with colleagues in partnership groups in each county - such as our County Management Teams and Public Service Boards – to test it out. We posed a simple scenario and asked these groups to apply the 'Lens':

We asked for feedback on what it was like to use the tool (using a set of reflective questions designed for the task) and if and how it had changed their conversation.



Our final version of the Wellbeing Lens looks like this.



In Chapter 2, we tell four stories about what happened when we attempted to have a different conversation with a group of people to address a real world issue.

CHAPTER 2:

WHERE ARE WE NOW?

STORIES OF USING THE WELLBEING LENS

Introduction

In the previous section, I outlined the purpose and process behind the development of the Hywel Dda Health and Wellbeing Framework. I identified that a culture change and shift in thinking is likely to be a long-term process, and recognised that systems need to change to support the delivery of our collective priorities over the 3, 10, and 20 year time horizons.

This section of the report offers an insight into some examples of how the Public Health and Wellbeing Directorate have started to implement these changes with the use of the Wellbeing Lens for 'mobilising the whole system'.

The first story describes how the Wellbeing Lens supported a multi-agency partnership to take a small pilot project and scale it up to produce a system-wide change across a range of organisations.

The second example illustrates how the Wellbeing Lens might facilitate the process of developing a new, community based partnership. In this case, the use of the Wellbeing Lens engaged all sectors in the development and ownership of sustainable, integrated health and social care services. It has supported the network to work with its populations to develop stronger community resourcefulness and connectedness.

Our third example shows how a multi-agency group used the Wellbeing Lens to explore how they could prevent future problems of drug and alcohol misuse by focusing on the early years of children's lives.

The final story shows the impact that using an asset based approach and tool (in this case Appreciative Inquiry) alongside the Wellbeing lens had on team morale and the planning of the team's work programme on a key clinical issue for the Health Board.

STORY ①

MAKING **EVERY CONTACT COUNT** IN CARMARTHENSHIRE

Making Every Contact Count (MECC) is an approach that uses the millions of day-to-day interactions that people in organisations have with people in communities, to support them in making positive changes to their health and wellbeing. In the Carmarthenshire Public Service Board, we are using MECC to try to give consistent and helpful information about health and wellbeing to a wide cross section of our population.

Following a successful pilot project, a multi-agency group came together to explore how to train more people in the emergency services, local authority and health board to have more MECC conversations with more people whenever the opportunity arises.

It was agreed to use the 'Mobilising the Whole System Lens' at the first planning meeting to plan how to make this happen. One of the Public Health Team facilitated the two-hour session. They introduced us to the Lens and suggested how to best use it to explore our issue.

There is no doubt that using the Lens changed the conversation in that meeting. We had gone in to it asking ourselves: 'How can we do more MECC? How many more people can we get trained?' However, the Lens questions *What does good look like?* and *How will we know if we have made a difference?* changed the conversation significantly. This got us talking

not just about doing more, but doing it well, in a way that could bring about the change we want.

We considered what good quality training would look like and how this could enable MECC conversations that are more meaningful. We discussed how we could measure the difference that the programme had made to people's wellbeing, and not just count how many people we had trained. Specifically, in response to the question *Who are we going to involve in designing and delivering the action?* partners agreed to check out their 'messages' with a wider range of people.

The Lens helped us to stay focused on what really matters and avoid getting side-tracked by numbers and targets. It allowed a group of different organisations to agree a shared way of measuring success whilst ensuring that each kept their unique individuality and identity. This built on the excellent working relationships that had been essential to the early success of the pilot project. The partners found using the Lens both innovative and beneficial. They commented that, if it had been available at the beginning of the project, its use would have been helpful in clarifying goals and designing evaluation.



STORY ②

PEMBROKESHIRE INTEGRATED COMMUNITY NETWORK

In Pembrokeshire, we have set about applying the Health and Wellbeing Framework to the delivery of integrated health and social care services in the community. The Health Board and their partners have agreed new Integrated Community Networks. These are based around smaller-scale, place-based 'localities' and have a wider membership than the previous organisation. By bringing in a broader range of people and organisations, they hope a better way of providing services and working with communities to promote health and wellbeing will emerge.

Five workshops were held across the county to figure out what the new network should be doing and how it might best organise itself. In the room were very different types of organisations with different interests and concerns. These included Town and Community Councils, charitable organisations, Fire and Police, National Resources Wales, Further Education, GP practices, Patient Participation Groups and community groups as well as the Health Board and Pembrokeshire County Council.

We used the Wellbeing Lens to start a discussion about priorities for the new network – not an easy task given the range of views. Using the Lens questions helped people find common ground – a valuable outcome for a newly formed group. Discussion around the question *what does good look like?* was particularly helpful in uncovering a surprising amount of consensus. It steered the conversation away from deficits – the lack of GPs for example – towards what the group and the community could do together to improve health and wellbeing.

"It would have been focussed on buildings and services, but actually using this process helped to set out the need to listen to the community before making any decisions, not telling them afterwards."

In the end the conversation itself, which the Lens shaped, was the most valuable outcome. It started to build trust amongst a newly formed diverse group through sharing stories and positively framed discussion.

The Wellbeing Lens was at an early stage of development and the Public Health Team learnt a lot by using it in this series of workshops.

STORY ③

PREVENTING DRUG AND ALCOHOL MISUSE

The Area Planning Board (APB) is made up of a diverse group of partners including the Health Board, Police, the Police and Crime Commissioner, probation services, local authorities, mental health services, community safety and Welsh Government. It commissions services for drug and alcohol treatment in the Hywel Dda area.

We had recently identified that we needed to think more broadly about prevention and, to fit in with the Health Board's new strategic goals, we decided to take a life-course approach. The group met to map out the interventions to prevent people having problems with drugs or alcohol currently being delivered under the first strategic goal – 'Starting & Developing Well'. We wanted to compare this with the available evidence about what works and consider what else we could do.

The group used the 'Mobilising the Whole System' Wellbeing Lens to help shape discussions. Using the Lens helped us bring a fresh perspective to consider how interventions with children and young people might prevent future problematic drug and alcohol use. We found the first Lens questions helped us to focus on and clarify what we were trying to achieve and why, and this brought a clear direction to the discussions.

Using the Lens broadened our conversation about how we might prevent drug and alcohol misuse through work with children and families to increase their resilience. The Lens helped shift our thinking from 'illness' to assets and wellbeing and supported the group's desire to move away from doing things 'to' and 'for' people towards an approach that starts with the community.

Our conclusion is that to prevent drug and alcohol use we cannot just 'teach people' about it. The issues that bring people to rely on drugs and alcohol are broad. The prevention of problematic drug and alcohol use starts in the early years of life and continues along the life course. The key is to ensure more resilient individuals and communities with environments conducive to minimising harm. The APB acting alone cannot address these solutions.

The group made two recommendations that have now been approved by Welsh Government and included within the APB 2019/20 spending plan and strategic plans:

- A "Prevention Summit" to be held in 2019, chaired by Hywel Dda Health Board Director of Public Health and co-chaired by the Police and Crime Commissioner, to explore a whole system approach to 'prevention'.
- Establish a senior 'Prevention and Community' asset based development role for two years to develop further the work coming out of the Summit using an assets based approach. This would include reviewing our current work to see what fits with our new approach before working with communities to co-produce solutions; develop whole population interventions and targeted prevention interventions in line with the evidence base.

STORY 4

APPLYING AN **ASSETS-BASED APPROACH** TO THE ANNUAL FLU VACCINATION CAMPAIGN

Across Hywel Dda there is a committed team of people working incredibly hard to ensure people are vaccinated against influenza. Every year it seems we work harder. Yet the official data show that we don't reach our targets, and the percentage of the eligible population which is vaccinated doesn't increase significantly.

It can be disheartening, to say the least. Every year we ask ourselves: Why haven't we reached the targets? Why aren't enough people getting vaccinated? Where are we going wrong? It turns out we've been asking the wrong questions.

At the end of the last flu season, we decided it was time to change the conversation. We sought the help of a colleague, Jan, with no experience of flu campaigns but plenty of expertise in asking good questions, to help us think differently. Jan talked us through the process of Appreciative Inquiry – a way of building on what works. If we dwell on problems we will only see more problems; but Jan helped us to imagine what could happen if we focus on our assets instead.

There is plenty that works in our team. We are strong and determined, with a lot of accumulated knowledge and experience. We understand and apply evidence. We work in partnership and influence practice. The number of flu vaccines we give increases year on year.

But surely the targets matter? Well, yes. Targets are an indicator of how many people need to be vaccinated to minimise the potential harms that flu can cause. But the point is, we don't vaccinate people because we want to hit a target; we do it because we want our communities to be flu-free (it just happens that vaccination is the best way to do that).

The Appreciative Inquiry session made us feel good, but how might 'building on what works' actually bring about change?

We gathered partners together for our annual end-of-season debrief as usual, but instead of asking: why didn't we reach targets this year? We asked: what worked this year? This focused minds on specific actions that had made a difference, and the insight helped us collectively decide where to focus our energies in future.

STORY 4

APPLYING AN **ASSETS-BASED APPROACH** TO THE ANNUAL FLU VACCINATION CAMPAIGN

WHAT WORKED WELL THIS SEASON?	HOW CAN WE DO MORE OF IT?
More healthcare workers were vaccinated in teams with their own Flu Champion (a peer vaccinator), compared to those without	Nominate and train more staff Flu Champions
A group of GP practices monitored their uptake on a weekly basis and dedicated more staff time to contacting their unvaccinated patients. This resulted in significant increases in uptake	Share uptake data with all GP practices on a weekly basis. Support more GP practices to recall unvaccinated patients
School nurses made it easier for parents to give consent, which increased the numbers of children who were vaccinated in school	Make consent quicker and easier for everyone
Parents in a focus group said that learning about how the children's flu vaccine is given (nasal spray) made them decide to get their own children vaccinated	Engage with communities to find out what matters to them
The children's vaccine was highly effective. Evidence is growing that vaccinating children helps to reduce the spread of influenza, providing indirect protection to others at risk such as older people, pregnant women and new-born babies	Focus on vaccinating children first in order to reduce spread of influenza and protect the whole community

These four stories are a few of the arenas in which we have introduced the Wellbeing Lens to change the conversation. We already have interest in using the Wellbeing Lens from people in different parts of the Health Board and beyond – this is heartening.

I am so excited about the opportunities that the Health and Wellbeing Framework is giving us, to change the conversation and really move forward with innovative ways of working. The stories above illustrate how we are trying to be big, bold, and brave in our ambitions, and how shifting the system towards health creation can engage with the whole system.

This is just the start of a long-term process. In the final section of my report, I would like to talk about my aspirations of how we will use the Health and Wellbeing Framework as part of an asset based, preventative approach to population health.

CHAPTER 3

LOOKING FORWARD

What we have learned so far gives us some pause for thought. We would be foolish to assume that people have a shared understanding of 'prevention', 'wellbeing' or 'assets'. In the Public Health and Wellbeing Directorate of the Health Board, prevention and thinking long-term are our bread and butter. We quickly realised, however, that we ourselves needed to embark on a learning journey to 'change our mind-sets' to understand the new world and orient ourselves firmly towards assets and co-production. We have invested time this year in doing just that. Some organisations, especially those in the Third or Voluntary Sector, are further along this road, already working with people's strengths, involving them in their care and creating community networks. Others have been building partnerships to join up services. Through the strategic commitments the Health Board has made we are embarking on this journey.

The Executive Board of the Health Board has taken a giant leap in the right direction by approving the Health and Wellbeing Framework as part of its strategy. The Health Board supported my call to action in that we committed to:

- Beginning now – active participation in making it happen
- Adopting a shared language across the 'whole system', enabled by our tools and creating the time and space for our staff to use them
- Implementing our ambitions – starting with the first three years
- Moving away from the way we have always done things like the shift from diagnosis and treatment to the prevention of ill health
- Focusing on longer term outcomes and being up for the long haul
- Moving to new ways of measuring whether we have made a difference
- Standing by those who 'have a go' and managing uncertainty in our new ways of working
- Recognising and modelling the behaviours that make it happen
- Starting small but aiming big
- Being big, bold and brave...

And I can regularly remind us all of this.

Shifting the focus of our organisation and working differently will not be easy, but there will never be a better time, supported as we are by legislation as well as need. In the final chapter of this year's report, I outline my Public Health and Wellbeing Directorate's first steps in making this a reality.

What will we do, stop doing, or not do, that will help to discover and enlarge free space, which can be used for change by staff?

Our work over the next three years

In the Health and Wellbeing Framework we have set out a number of key areas where we think we can have the most impact over three, ten and twenty years. The ones for the next three years are shown below. I will be providing updates on how we are doing in future annual reports.



Embedding an Asset based approach

What we choose to focus on and the language we use to describe something influences our thinking. If we focus on problems, the temptation will be to try to fix them. However, if we take an asset based approach by thinking about strengths, about what is working in our organisations, it changes the dynamic. Embedding this way of thinking is a crucial part of working differently to support wellbeing. We commit to practising what we preach by talking the language of assets to influence the conversations we are part of in any situation. The widespread use of the Wellbeing Lens, which has an assets approach embedded in it, is also a vehicle for changing dialogue from deficits to assets.

Meaningful Engagement

I want to have 10,000 conversations about health and wellbeing with local people. Asking people what really matters to them and listening carefully to their answers has multiple benefits. It engages respectfully with people's core concerns. It gives the listeners direct knowledge of the richness and complexity of people's lives and what helps them stay well. These conversations will embody an assets based approach moving away from *TO* and *FOR* and toward *WITH* and *BY*. Working together with the Health Board's Continuous Engagement Framework the conversations will enable us to learn what a good life looks like for our communities and what people care about most. We can apply this learning to support people to connect with each other to take action. We hope this is where the movement for change in communities will start.

Widespread use of the Lenses and Compendium

This will form a substantial part of the work of the Local Public Health Team over the next year. We will need to change minds at all levels. What are the pieces of the jigsaw we need to put in place?

The first missing piece we have identified is to develop guidance for using the Wellbeing Lens. There may be situations in which it is not the right tool. Groups or key people may need training in using the Lens with their teams. We are uncertain how much background about the Framework people need. Equally, to help people use the Lens productively we may need a better appreciation of the pressures people face in their day-to-day work. How do we get a shared understanding of assets, co-production, Appreciative Inquiry and other asset-based approaches? The public health approach has always been to work with people long-term, building up skills for sustainable change. With limited resources, we will need to figure out the best way of doing this.

One piece already in place is the completed sections of the Compendium for tobacco, alcohol and obesity. As people use this tool, we will invite feedback to evaluate it. We may want to add to the 'What works to enable change' section as we learn together, experiment and test the learning. We want to ask people if it would be useful to them to add other issues to the Compendium.

Please use the Wellbeing Lens and the Compendium and tell us what you like or don't like about them. Tell us what works. Bring us your ideas, whether you are a member of Health Board staff, a partner organisation or a community group. We want to support people to take small steps in the right direction. This is your tool. I need your help to continue to improve it.



If you chase a target,
you can miss the point

Are we making a difference?

You will expect us to be able to show that this new way of working has led to improvements. The old ways of measuring change through indicators and targets are not adequate to the kinds of change we expect. We will need to work with others to develop meaningful measures of improvement, ones that may better reflect people's experience of services and the difference they have made to their lives.

One of the six questions in the Wellbeing Lens is *How will we know if we have made a difference?* You will determine what is most useful for you to measure in your situation and find an appropriate way of doing it.

Together with our partners in Pembrokeshire, we have already tried a different way of measuring success using 'Most Significant Change' (MSC). This evaluation method uses stories of change brought about by a programme or service. MSC values people's stories and experiences and involves a wide range of people with a stake in the outcome. The conversations that result from looking for the 'most significant change' focus everyone's attention on the impact of their programme or service.

HOW WE WILL APPLY THIS NEW WAY OF WORKING TO ONE OF OUR PRIORITY INTERVENTIONS – THE EARLY YEARS

Our children now are the next generation and how we care for and about them makes a big difference to whether they are equipped to deal with a changing world, or not. I make no apology for making babies and children the main priority group in our three-year goal.

These ‘early years’ (pre-conception, conception and the first three years) are critical for their healthy development into children and on into healthy and resilient adults with a wide range of improved life outcomes.

Our midwives and health visitors do a fantastic job, but they want to do more. We can start by making sure that every expectant mother gets a ‘what matters to you’ conversation rather than a set of tick boxes. Let’s not allow targets to constrain our thinking or ambition in the art of the possible. As we begin to work with relationship as the central point of our work with people, then we need to be able to trust our professionals to do the job they are qualified and want to do.



In the Public Health and Wellbeing Directorate, we are already working with our partners to realign our early years’ services in this direction. We used the Wellbeing Lens as a ‘check and challenge’ tool, to ensure what was being proposed in the Early Years’ plan would support the wellbeing agenda. We want to move away from single institutions towards a place-based approach organised around networks of care that will transform the delivery of early years’ services. Families will then have a clear single point of contact to access all early childhood advice and support services.

We will support the creation of early years’ integrated teams to work with families in specific communities using a strengths based community model. This approach will build trust and create strong relationships; improving community engagement and contributing to safe, secure and supportive environments for children to grow up in. It is particularly important that we start to listen to young people and children. It is their future selves that will be living with the changes we are trying to bring about.

CLOSING WORDS

This is not an easy task. Many people in Wales, the UK and beyond are wrestling with the healthcare crisis and the systemic issues we are facing. Currently our investment in health services is heavily weighted towards hospitals and acute services. Redirecting even some of that money into creating health and preventing ill health is difficult. Current reality and our long-term vision are a long way apart.

Nevertheless, we have no choice but to start. It is not all about money – there are small steps we can take right now. There will be challenges: changing our habits is never easy. Before we change the way we do things, we have to change our beliefs about ourselves, about others and about what is possible. Hidden within the challenges is great opportunity – to innovate and to involve us all in a movement for health and wellbeing.

Nothing is as fast as the speed of trust

Steven Covey, The Speed of Trust

My instruction to my Team has been to be 'Big, Bold and Brave' and to encourage others to be too. If this approach is to flourish then we will have to do and say some things that are out of our comfort zone. In the NHS, we may need to challenge each other, across the whole system, to encourage us to experiment and learn together.

We have to change because the system is not working for us any longer, but in the end we can choose to change just because it is the right thing to do.

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

Assets

'Health assets' are any factor that supports individuals, communities and populations to maintain and sustain their health and wellbeing. The asset approach is a way of working that recognises and values the capacity, skills, knowledge, connections and potential in a community. Asset approaches are place-based, relationship-based, citizen-led and promote social justice and equality.

An asset is any of the following:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local residents that give them energy for change
- The networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations
- The resources of public, private and third sector organisations that are available to support a community
- The physical and economic resources of a place that enhance well-being.

('A Glass Half Full: how an asset approach can improve community health and wellbeing', Jane Foot and Trevor Hopkins, IDEA 2010)

Appreciative Inquiry

Appreciative Inquiry (AI) is one of the tools that make an asset based approach real. It is a method of developing organisations but also a way of thinking. Instead of asking 'What problems are you having?' AI asks 'What is working around here?'

It can be applied to any system where change is desired – not only with organisations, but with almost any group of people. AI builds on people's experiences to gain new insight and make improvements.

"Appreciative Inquiry suggests that we look for what works in an organisation. The tangible result of the Inquiry process is a series of statements that describe where the organisation wants to be, based on the high moments of

where they have been. Because the statements are grounded in real experience and history, people know how to repeat their success."
(The Thin Book of Appreciative Inquiry, Sue Hammond)

Appreciative Inquiry assumes that the nature of the questions you ask influences the types of answers you get, and that asking only positive questions encourages people to value and build on what is working. It is important to note that problems are not ignored in AI; instead, the idea is that doing more of what works crowds out insoluble problems.

Community and Asset Based Community Development (ABCD)

A community is a group of people, small or large, that has something in common. It might be a group of people who live in the same place, work for the same organisation, have a shared set of values or religion or are affected by the same health issue.

Most community development, whilst delivered through participatory techniques, seeks to uncover problems and unmet needs. Interventions to address these problems are then developed and consulted on, often relying on resources from outside the community. Asset based community development (ABCD) instead builds on the skills and resources of individuals, the power of voluntary associations of individuals and the assets present in local institutions, physical infrastructure and the local economy.

One further difference between conventional community development approaches and an assets based one is a focus on community members as individual agents of change. Starting with the identified assets of an individual, these are matched with people or groups who have an interest or need in that asset. Communities are multi-layered and do not have one voice. In ABCD it is individuals who form relationships and act to meet needs from within their community and to create associations of common interest. Working with this as a strength, rather than

trying to get consensus, is a practical necessity. A central assumption of ABCD is that everyone has a gift. With this as a guiding principle ABCD has been successful in including those who have been labelled in some way – with a problem or diagnosis, or as ‘hard to reach’ or simply ‘service user’.

Co-production

Co-production is an assets-based approach to the design and delivery of public services. As yet there is no agreed definition, but the following is a useful description.

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are coproduced in this way, both services and neighbourhoods become far more effective agents of change.” (Boyle, D. and Harris, M. (2009). The Challenge of Co-production. Discussion paper. NEF, NESTA, London p.11)

The idea of co-production is quite simple – that in any human relationship a pooling of knowledge and experience creates something more than the sum of its parts. The service user and professionals’ resources or assets are combined to redesign and deliver services. At its heart are reciprocal relationships built on trust, respect and mutuality. There are different levels of co-production: from asking for people’s views, to involving service users in design of services, to a permanent shift of power from service providers to citizens and their communities.

The following principles have been suggested to guide co-production initiatives:

- Recognising people as assets
- Building on people’s capabilities
- Promoting mutuality and reciprocity
- Developing peer support networks
- Breaking down barriers between professionals and users
- Facilitating rather than delivering

Boyle, D. (2009) The Challenge of Co-production, The New Institute of Economics

Meaningful Engagement

Engaging with a population can take many forms. It may involve individuals, targeted groups representing the interests of a section of a geographical or particular interest group, or stakeholders of relevant organisations. However, the increasing pressure to include meaningful engagement with a range of stakeholders can lead to tokenistic or ineffective attempts that only serve to tick the box, rather than serving the interests of either party.

So how do we make sure that our engagement is meaningful, and there are positive outcomes to both participants and those leading the process?

Rowe and Frewer developed a framework that identified three levels of participation. The lowest level is simply information exchange (communication) where information is given to the public or stakeholder group. The middle level involves the public providing information to the decision makers, but without any interaction. The highest level of true participation occurs when ‘the act of dialogue and negotiation serves to transform opinion in the members of both parties’.

(Rowe, G., & Frewer, L. J. (2005). A Typology of Public Engagement Mechanisms. Science, Technology, & Human Values, 30(2), 251–290.)

Some key steps may help to achieve this:

- Build in the ability to seek sustainable ongoing public input using a range of flexible and realistic options
- Agree the benefits of engagement for all involved
- Have clarity on the focus and outcomes of the engagement
- Inform participants about all aspects of their engagement at the start of the process, and provide feedback on how their involvement has affected the outcome.

LINKS

A Healthier Mid and West Wales: our future generations living well –
a Health and Care Strategy for Hywel Dda

<http://www.wales.nhs.uk/sitesplus/862/page/98252>

Our Future Generations Living Well:

A Health and Wellbeing Framework for Hywel Dda 2019

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf>

The Wellbeing of Future Generations (Wales) Act 2015

<https://futuregenerations.wales/about-us/future-generations-act/>

Hywel Dda University Health Board Director of Public Health Annual Report 2014/15

<http://www.wales.nhs.uk/sitesplus/documents/862/Item17iiiDirectorofPublicHealthAnnualReport2014-2015%28English%29.pdf>

The Social Services and Wellbeing Act 2014

<https://socialcare.wales/hub/sswbact>

Buck, D.; Bayliss, A.; Dougall D., and Robertson, R. (2018).

A Vision for Population Health: towards a healthier future.


<https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>


You can access a web version of this report at

www.hywelddahb.wales.nhs.uk/PHReport2019

Please share it widely.

We will promote the content of this annual report and our accompanying videos through our social media accounts, which you can follow at:

 @ HywelDdaHealthBoard @bwrddiechydyweldda

 @Hywelddahb @bihyweldda

 HywelDdaHealthBoard1

We'd love to hear your feedback, just use the hashtag #HywelDdaPHReport2019

You can also contact us, or request alternative versions from us on 01267 239711 or by writing to Director of Public Health, Hywel Dda University Health Board, Ystwyth, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen SA31 3BB.