

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR/ STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf/: 27 June 2024

Quoracy/ Cworwm/: Met

Report by/ Adroddiad gan: Mr Maynard Davies, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Strategic Development and Operational Delivery Committee (SDODC) wish to **alert** members of the Board that:

- In considering the **Integrated Performance Assurance Report (IPAR)**, the Committee raised concerns regarding Cancer performance which declined from 60% in March to 43% in April 2024. Data in respect of cancer waiting times, indicates that the backlog of single cancer pathway patients has increased each month from November 2023 until as of May 2024 there were 424 patients waiting over 62 days for treatment against a trajectory of 389. Improvement plans are in place for the tumour sites with the largest waiting lists, ie Urology, Lower Gastrointestinal (GI), Lung and Gynaecology. Delays are mainly due to the impact of industrial action in March 2024 affecting neurology capacity. The Director of Operations expects performance levels to rise to 50% in May and 60% in June 2024. The Board is requested to monitor the situation.
- Following an advisory update to the Board after the SDODC meeting on 27 April, SDODC wishes to alert the Board that the Committee has requested further action to be undertaken in the form of a detailed action plan from the Operational team regarding **Urgent and Emergency Care (UEC) performance** which responds to the challenges faced, including the possible withdrawal of six months Welsh Government (WG) Six Goals (formerly Transforming Urgent and Emergency Care (TUEC)) funding, which is contingent on visible improvements in performance.
- Having been advised that the timeline for presenting **Clinical Service Plan** options to the Board would need to be postponed by two months, SDODC wishes to alert the Board to the delay.
- As advised in the previous SDODC Update Report, the Committee now wishes to alert the Board that the **Cross Hands Health and Wellbeing Centre: Full Business Case** has been paused to revisit and redesign the scheme within the constraints of the Outline Business Case (OBC) costs plus 10%, which may lead to a delay of up to 12 -15 months. The redesign is

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

expected to incur additional fee costs which will be dependent on the level of redesign required and the time delay will also have an inflationary impact on the overall cost. Further work is required to reduce the current scheme's cost, which involves redesigning the scheme's footprint. The time delay and means that the risks associated with the services currently delivered from other accommodations will have to be mitigated for a longer period of time..

Advise² (to monitor)/ Cyngchori (i fonitro)

SDODC wish to **advise** members of the Board that:

- Changes to the existing Discharge to Assess (D2A) process outlined in the **Community and Long Term Care Quarterly Service Report** and their implications were fully considered. The Committee agreed that given the prolonged delays and the significant financial implications to the Health Board, it should cease to fund the D2A Pathway beds with a return to undertaking Continuing Health Care (CHC) Assessments in hospital, prior to discharge. However, the Long Term Care Pathway Team would continue to work across the hospital sites, supporting with the CHC Assessments. This would ensure timely, consistent Assessments and will continue to support patient flow. A further update will be provided at the SDODC meeting on 31 October 2024.

Assure³ (to note)/ Sicrhau (i nodi)

SDODC wish to assure members of the Board that:

- Assurance was provided on a number of areas in the **Primary Care and Community Strategic Plan** including development of the Primary and Community Services Strategy Development Group's monthly meetings and the three task and finish groups that meet every three weeks focusing on Best Practice, Outcomes, Improvement, Estates, Workforce, and Sustainability.
- The **Health Improvement Strategic Plan** provided assurance that plans are in place for the delivery of health improvement priorities related to 2024-25 Planning Objective 10: Population Health, and any relevant successor annual planning objectives for 2025-26, and 2026-27, in order to support the long-term achievement of Strategic Objective 4 (The best health and wellbeing for our individuals, families and communities).
- The **Integrated Performance Assurance Report** is being closely monitored.
- The **Targeted Intervention Update - including Planning Objectives Update** provides assurance that Planning Objectives are progressing and are on target.
- The Committee was assured by the **Capital Programme 2023/24, Plan for 2024/25 and Capital Governance Report** which detailed a £3.2 million allocation from Welsh Government for diagnostic equipment replacements, including an MRI replacement in Prince Philip Hospital, a fluoroscopy room, and a digital radiography room. There is an anticipation of confirmation from

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Welsh Government on bids submitted for a £30 million allocation for backlog maintenance issues.

Review of Risks/ Adolygiad o Risgiau

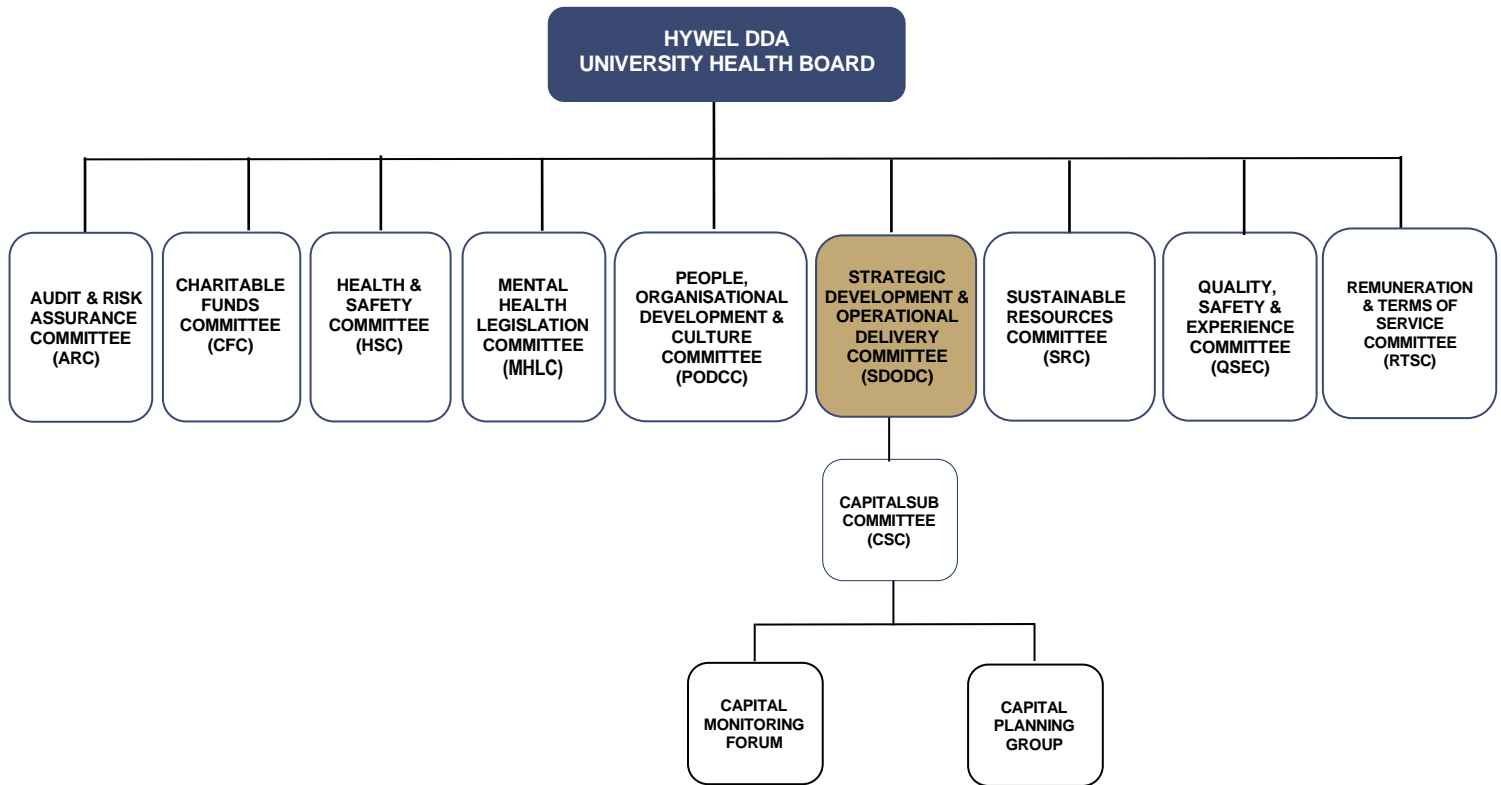
Three operational risks were reviewed with the risk scores considered, acknowledging the seriousness of ***Risk 1844: Risk of not being able to provide a timely and effective Public Health service due to limited Public Health Consultant capacity.*** SDODC received assurance that all identified controls are in place and working effectively.

Recommendation/ Argymhelliad

The Board is asked to:

- Respond to the items that they are being alerted to.
- Note the items the Committee is advising them of.
- Be assured on the items that the Committee is providing assurance on.
- Approve the **SDODC Terms of Reference** (appended).
- Approve the **Health Improvement Strategic Plan** (appended)

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: <https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/>



STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V1	Strategic Development & Operational Delivery Committee	26.08.2021	Approved
V2	Strategic Development & Operational Delivery Committee	27.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	Strategic Development & Operational Delivery Committee	26.06.2023	Approved
V3	Hywel Dda University Health Board	27.07.2023	Approved
V4	Strategic Development & Operational Delivery Committee	27.06.2024	Approved
V4	Hywel Dda University Health Board	25.07.2024	For Approval

STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

1. Constitution

- 1.1 The Strategic Development & Operational Delivery Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 August 2021.

2. Purpose

The purpose of the Strategic Development & Operational Delivery Committee is:

- 2.1 Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, related to strategy and planning, performance and outcomes, and fragile services (see Appendix 1 for additional detail):

Planning

- i. Delivery of improved integrated planning
- ii. Submission and delivery of an approvable plan
- iii. Clinical strategy
- iv. Regional planning

Performance and outcomes

- i. Establish a baseline and agree improvement plans
- ii. Implement improvement plans
- iii. Work with national programmes and respond to external reviews such as Getting it Right First Time (GIRFT)
- iv. Communications and engagement

Fragile services (stage 1)

- i. Stroke
- ii. Primary care
- iii. Critical care
- iv. Emergency general surgery
- v. Ophthalmology

- 2.2 To receive an assurance on delivery against all relevant Planning Objectives **aligned to the Committee**, falling in the main under Strategic Objectives 4 (*The best health and wellbeing for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*) (see Appendix 2), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.
- 2.3 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- 2.4 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

- 2.5 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
- 2.6 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
- 2.7 Seek assurance on the management of principal risks within the ~~Board Assurance Framework (BAF)~~ and Corporate Risk Register (CRR) **and Directorate Risk Registers** allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.8 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- 2.9 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 2.10 **Seek assurance on the commissioning element, including reviewing and making informed decisions on pathway changes, service planning, and strategic focuses for commissioning. Regularly review contractual performance with significant commissioning partners (requiring Board approval as stated in the Scheme of Delegation).**

3. Key Responsibilities

The Strategic Development and Operational Delivery Committee shall:

- 3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.2 Review business cases, prior to Board approval, including the development of the Programme Business Case for the new hospital and the Programme Business Case for the repurposing of the Glangwili and Worthybush General Hospital sites, underpinned by a robust process for continuous engagement to support delivery.
- 3.3 Seek assurance on delivery of the Health Board's Annual Recovery Plan through the scrutiny of quarterly monitoring reports.
- 3.4 Seek assurance on the development of the Health Board's Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Plan/IMTP and the Health Board's strategy and priorities.
- 3.5 Seek assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with Swansea Bay UHB (SBUHB)/A Regional

Collaboration for Health (ARCH); Mid Wales Joint Committee; Sexual Assault Referral Centre (SARC); National Collaborative.

- 3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
- 3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board
- 3.8 Consider the Health Board's approach to reducing health inequalities and the interventions aimed at addressing the causes.
- 3.9 Consider the new process that is established, involving all clinical service areas and individual clinical professionals, whereby the Health Board is assessed against local and national clinical effectiveness standards / NHS Delivery Framework requirements and fully contribute to all agreed national and local audits, including mortality audits.
- 3.10 **To review revenue expenditure implications relating to capital and** provide assurance to the Board that arrangements for capital expenditure and management are robust.
- 3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree these in line with HDdUHB's financial Scheme of Delegation (up to £0.5m, or up to £1m with the prior agreement of Executive Team), with any proposals over the £1m threshold to be recommended for approval to the Board.
- 3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies.
- 3.13 Refer planning and performance matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.14 Refer matters which impact on data quality and data accuracy to the Sustainable Resources Committee (SRC), and vice versa.
- 3.15 Any matters that impact on workforce, education or training should be referred to People Organisational Development and Culture Committee (PODCC).
- 3.16 Approve relevant corporate policies and plans within the scope of the Committee.
- 3.17 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategic Development & Operational Delivery Committee and oversee delivery.
- 3.18 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

- 4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Strategy and Planning (Lead Executive)
Director of Finance
Director of Operations
Director of Primary, Community & Long-Term Care
Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee
Representative of the Department of Public Health
Llais Cymru/ Citizen Voice Body (not counted for quoracy purposes)

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with half of the identified In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Strategic Development & Operational Delivery Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

- 5.9 The Chair of the Strategic Development & Operational Delivery Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Strategy and Planning), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within two days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:
 - 10.3.1 Capital Sub-Committee.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Director of Board Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1 – Targeted Intervention areas relating to strategy and planning, performance and outcomes, and fragile services

The **strategy and planning intervention and focus** whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Delivery of improved integrated planning
 - Completion of the recommendations in the integrated planning review.
 - Board self-assessment against the integrated planning matrix and evidence assessment documentation with a view to achieving level 3/4 on the matrix.
2. Submission and delivery of an approvable plan
 - Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
 - Make good progress in delivering the ministerial targets, accountability criteria and the targeted intervention requirements.
3. Clinical strategy
 - Develop the organisation's clinical services plan within an agreed timeline.
 - Demonstrate how the clinical strategy and plan are driving decision making across the organisation.
4. Regional planning
 - Review the learning from the orthopaedic intervention from Welsh Government and the NHS Executive, demonstrate effective partnership working to deliver a regional orthopaedic model that benefits the populations of each respective organisation.
 - Scope and develop regional opportunities for ophthalmology services with SBUHB and develop a regional delivery plan that reduces waste, harm and variation.

De-escalation criteria for strategy and planning

1. Submission of an acceptable annual plan in line with the current planning framework.
2. Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.
3. Board clarity on the strategic vision for the organisation.
4. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.
5. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.
6. Significant progress on a clinical services plan.
7. Sustained improvements in delivery of the plan throughout the year.
8. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.
9. Establishment of a Joint Committee with Swansea Bay UHB and demonstrate improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.

The **performance and outcomes intervention and focus** whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Establish baseline and agree improvement plans

- Undertake a current situation report to highlight the baseline and opportunities. This will be repeated at agreed milestones to provide assurance to Welsh Government and the Board that progress is being made or where further interventions are required.
- Review, for assurance purposes, progress the health board has made against previous external and internal reviews and implementation plans with a performance lens.
- Consolidate previous performance reviews and improvement plans into one core document, reducing the risk of duplication, with the intention of adding value to a clear way forward.
- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.

2. Implement improvement plans

- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Improve access to planned care with reduced waiting times in line with national requirements.
- Improve the timeliness of access to cancer services and demonstrate improved compliance with the suspected cancer pathway, prioritising improvement in the most at risk tumour sites.
- Ensure that cancer backlog reduces to agreed levels and site-specific plans are in place for tumour sites of concern.
- Implement an outpatient's transformation plan that supports a move towards the requirements of the planned care programme.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

3. Work with national programmes and respond to external reviews such as GIRFT

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care, Planned Care Improvement and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the GIRFT opportunities as highlighted through the programme reviews.
- Develop and implement an integrated approach to theatre scheduling and management, working with the GIRFT programme to develop and embed the agreed theatre reporting metrics on a bi-weekly basis.
- Develop agreed plans in response to the GIRFT speciality reviews and recommendations.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

4. Communications and engagement

- Ensure there are plans in place for all long waiters with a clear communication strategy with appropriate support to keep them well.
- Implement the requirements of the three Ps policy.

- Ensure that patients are clear where they can and should access support, signposting away from emergency services.
- Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

De-escalation criteria for performance and outcomes

De-escalation criteria are set out below and should be maintained for at least 3 months before de-escalation will be considered. De-escalation will be to the next level of the escalation framework. Performance data will be enhanced by a monthly progress report from the health board across a range of measures.

Planned Care and Cancer

- 60% performance maintained for 3 months against the SCP target.
- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
- 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
- 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.
- 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)
- 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.
- 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.
 - 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
 - 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
- 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.
- Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

Urgent and Emergency Care

- A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).
- Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.
- Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.
- A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).
- Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

CAMHS

- 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.
- 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.

- 80% of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan.

The above metrics, and monthly reports will form the basis of an assessment by the Welsh Government and NHS Executive as to the confidence levels of the health board's ability to maintain and sustain improvements.

The **fragile services intervention and focus** whilst in targeted intervention will alter over time as it is likely that other services that may become fragile during the time frame of targeted intervention and if that is the case, then these concerns will be outlined clearly as below.

Initial analysis indicates that there are a number of fragile services across the health board. Stage one of the escalation framework will focus on the following:

- Stroke
- Primary care
- Critical care
- Emergency general surgery
- Ophthalmology

For each service, there will be a summary document setting out the issues of concern, expectations and de-escalation criteria.

De-escalation criteria for fragile services

1. Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HMC, RC, Llais etc), mortality reviews, duty of quality/candour, infection protection control, performance, clinical and medical leadership.
2. Fragile services (including but not limited to stroke, primary care, orthopaedics and ophthalmology) are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support. Where appropriate key performance metrics will be agreed.
3. Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.
4. Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.

Appendix 2 – Strategic Planning and Operational Delivery Committee Planning Objectives
2024/25

Planning Objective		Lead	Class
3	Transforming urgent and emergency care	Director of Operations	Ministerial priority
4	Planned care, diagnostics and cancer	Director of Operations	Ministerial priority
5	Mental health and CAHMS	Director of Operations	Ministerial priority
6	Clinical services plan	Director of Strategy & Planning	Service fragilities
7	Primary and community strategic plan	Director of Primary Care, Community and Long-Term Care	Ministerial priority Service fragilities
8	Estates plans	Director of Strategy & Planning	Estate fragilities
10	Population health	Director of Public Health	Long-term sustainability



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Improvement and Wellbeing Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Joanna Dainton, Head of Health Improvement and Wellbeing

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This 'Health Improvement and Wellbeing Strategic Plan' outlines the actions planned over the next three years as part of the continued development of the health improvement work of the Public Health Directorate, alongside an overview of work to improve the wider determinants of health and promote health equity.

These plans are a key component of the Health Board's work to promote good health and prevent ill health, which will be essential as we face the challenges presented to our care system by rising levels of ill health.

The Board is asked for a decision to approve the Health Improvement and Wellbeing Strategic Plan, which will help to prevent ill health and contribute to the long-term sustainability of service delivery. Going forward, a long term commitment to a focus on prevention and population health will be essential.

Cefndir / Background

Summary:

The Health Improvement Strategic Plan outlines our work over the next three years towards six key objectives that, with sustained investment, will form the cornerstone of helping more of our residents live healthy, happy lives. This work is part of a wider shift to prevention that will be required if we are to reverse the long-standing increases in ill health, and which pose a significant risk to the future sustainability of our service delivery.

Included in this strategic plan are metrics and outcomes that are key to understanding our progress and informing the shape and scale of our future plans.

The new Health Improvement and Equity Oversight Group, reporting to the Population Health and Oversight Group, will oversee the delivery of this plan and support a joined up, pan-Hywel Dda approach to our future work in health improvement and the wider determinants of health.

Our objectives are as follows:

- Objective 1: Supporting Children and Young People to Live Healthy Lives
- Objective 2: A Smoke-Free Mid and West Wales: Hywel Dda University Health Board (HDdUHB) Tobacco Control Strategy
- Objective 3: Promoting a Healthy Weight
- Objective 4: Reducing the Harm Caused by Drug and Alcohol Use
- Objective 5: Developing Holistic Approaches to Supporting Healthier Lives
- Objective 6: Working in Partnership to Address the Wider Determinants of Health and Improve Health Equity

Issues of Significance to the Health Board:

The Health Board faces the combined challenges of increasing levels of ill health, and an ageing population. Since 2009/10 the number of adults with diabetes in Wales has risen by 40%¹, it is forecast that 1 in 11 adults will be living with diabetes by 2035/36. In England the number of people living with major illness is projected to increase by more than a third by 2040².

Healthcare need and demand are set to continue to increase, in the context of ongoing financial, staffing and estates challenges.

In order to mitigate against these challenges, a long-term strategic shift to prevention is required to stem increasing levels of ill health and multi-morbidity.

Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK's high burden of preventable ill health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities³.

The current position of the Health Board is outlined below:

- 17.5% of adults drink more than national guidelines
- 13% of adults smoke
- 29% of children aged 4-5 overweight or obese
- 63% of adults are overweight or obese
- 10 years more life in good health for someone from our wealthiest communities vs the poorest

National / Local objectives involved:

The Strategic Plan supports local delivery against the following national or local strategies and action plans:

- A Healthier Mid and West Wales (AHMWW): Strategic Objective Four: The best Health and Wellbeing for our Communities
- HDdUHB 2024/24 Planning Objective 10: Population Health
- Well-being of Future Generations Act (2015)

¹ [Diabetes prevalence – trends, risk factors, and 10-year projection - Public Health Wales \(nhs.wales\)](#)

² [Health in 2040: Projected patterns of illness in England \(health.org.uk\)](#)

³ [Addressing the leading risk factors for ill health - The Health Foundation](#)

- Socioeconomic Duty
- Public Service Board Well-being Plans
- Smokefree Wales 2030
- Welsh Government Substance Misuse Delivery Plan
- Healthy Weight: Healthy Wales
- Welsh Government draft Suicide and Self-Harm Prevention Strategy

Asesiad / Assessment

Assessment of the Health Board's current position

The Health Board currently delivers a range of health improvement activities, both within the Public Health Directorate, and in other areas such as Primary Care and Therapies. This plan unifies the health improvement work of the Public Health Directorate within a single vision, in the context of the wider work being undertaken around the Health Board.

Excellent work is currently being done in a range of areas:

- Smoking cessation – HDdUHB are the only Health Board to achieve the national target of 5% of active smokers engaging with smoking cessation services, and won a national award at the Mental Health and Wellbeing Awards
- Substance use services – Pioneering role out of Naloxone (antidote to opiate overdose) with local police force, alongside mobile community delivery under the 'spike on a bike' model. Development of innovative early help and intervention service
- Children and young people – Hywel Dda region has the highest percentage of secondary schools engaged and action planning for the Whole School Approach to Emotional and Mental Well-being

A key aim of the new governance structures for Population Health is to strive for a system wide vision for health improvement and equity, which will provide the foundations for a shared strategic direction and help maximise the population health gains. Over the course of this strategic plan, we will be developing this unified vision for health improvement to strengthen future planning and delivery.

The new Social Duty Partnership Duty requires all public bodies within scope of the new Duty to seek consensus or compromise with their recognised trade unions or (where there is no recognised trade union) other staff representatives, when setting and delivering their organisations' well-being objectives under the Well-being of Future Generations (Wales) Act 2015. Trade Unions and staff partnership forums have been engaged, in line with these requirements.

Organisational risks

The Health Improvement Strategic Plan is a key component of the shift to prevention that is required across the Health Board. Failure to deliver preventative interventions at sufficient scale will mean a larger burden of ill health and subsequent demand on services in the future. It will also result in a less healthy workforce with direct impact on staffing for the Health Board, and indirect impacts on the regional economy.

Evidence base to help inform decision making

The Strategic Plan covers a wide range of evidence-based, health improvement activities, a number of which are either recommended or mandated national programmes delivered according to local needs and priorities. The following resources are available for comprehensive overview of each domain:

- Investing in children and young people key component of reducing health inequalities and working on wider determinants of health – Fair Society, Healthy Lives (Marmot Review)
- Importance of multi-component tobacco control programmes in preventing tobacco-related morbidity and mortality – World Health Organisation (WHO) Framework on Tobacco Control
- Importance of multi-component substance use programmes in preventing drug-related morbidity and mortality, and wider community impacts – Independent Review of Drugs by Professor Dame Carol Black
- Evidence for multi-component programmes to reduce harms from alcohol - Burton R et al. A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. Lancet. 2017.
- Emerging evidence for a 'Whole Systems Approach to Health Weight' – National Institute for Health and Care Research (NIHR) Embracing system-wide approaches to support healthy weight
- Rising burden of ill health facing UK: Health in 2040: Projected Patterns of Illness in England (Health Foundation)
- The evidence and context for suicide prevention programmes is summarised in the current consultation document for the Welsh Suicide Prevention Strategy

Argymhelliad / Recommendation

The Board is asked to **APPROVE** the Health Improvement and Wellbeing Strategic Plan 2024-2026, which will help to prevent ill health and contribute to the long-term sustainability of service delivery. Going forward, a long term commitment to a focus on prevention and population health will be essential.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities

Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> Investing in children and young people key component of reducing health inequalities and working on wider determinants of health – Fair Society, Healthy Lives (Marmot Review) Importance of multi-component tobacco control programmes in preventing tobacco-related morbidity and mortality – WHO Framework on Tobacco Control Importance of multi-component substance use programmes in preventing drug-related morbidity and mortality, and wider community impacts – Independent review of drugs by Professor Dame Carol Black Evidence for multi-component programmes to reduce harms from alcohol - Burton R et al. A rapid evidence review of the effectiveness and cost effectiveness of alcohol control policies: an English perspective. Lancet. 2017. Emerging evidence for a 'Whole Systems Approach to Emerging evidence for a 'Whole Systems Approach to Health Weight' – NIHR Embracing system-wide approaches to support healthy weight Rising burden of ill health facing UK: Health in 2040: Projected Patterns of Illness in England (Health Foundation)
Rhestr Termiau: Glossary of Terms:	All noted within body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Strategic Development and Operational Delivery Committee.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	All work delivered from existing budgets. Failure to deliver preventative approaches at sufficient scale would pose a long-term threat to financial position of the Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	The plan contains actions to improve direct patient care including smoking cessation and wellbeing services and alcohol and drug services in order to meet national Welsh Government targets, reduce prevalence and improve population health and patient outcomes in these areas.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Approaches already undertaken across plan objectives to address health inequities and inequalities. Strategic plan designed to reduce inequities further.



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Hywel Dda
University Health Board

HYWEL DDA UNIVERSITY HEALTH BOARD

HEALTH IMPROVEMENT STRATEGIC PLAN

2024/25 – 2026/27

Executive Summary

Our Health Improvement and Wellbeing Strategic Plan outlines our priorities over the next three years towards our six key objectives that, with sustained investment, will form the cornerstone of helping more of our residents live healthy, happy lives. This work is part of a wider shift to prevention that will be required if we are to reverse the long-standing increases in ill health, and which pose a significant risk to the future sustainability of our service delivery.

The strategic plan aligns to the delivery of the Strategic objective of our Hywel Dda University Health Board (HDdUHB) Long Term Strategy, A Healthier Mid and West Wales, “The Best Health and Wellbeing for our Communities”. The overall aim of this Strategic Plan is to improve the health and wellbeing of the people we serve by supporting and enabling individuals and communities to address the causes of ill-health and adopt healthier lifestyles.

Included in this strategic plan are metrics and outcomes that are key to understanding our progress and informing the shape and scale of future plans.

The new Health Improvement and Equity Oversight Group will oversee the delivery of this plan and support a joined up, pan-Hywel Dda approach to our future work in health improvement and the wider determinants of health.

Our key objectives are as follows:

- Objective 1: Supporting Children and Young People to Live Healthy Lives
- Objective 2: A Smoke-Free Mid and West Wales: HDUHB Tobacco Control Strategy
- Objective 3: Promoting a Healthy Weight
- Objective 4: Reducing the Harm Caused by Drug and Alcohol Use
- Objective 5: Developing Holistic Approaches to Supporting Healthier Lives
- Objective 6: Working in Partnership to Address the Wider Determinants of Health and Improve Health Equity



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Introduction

This Strategic Plan gives an overview of the work being undertaken in the Public Health Directorate to improve the health and well-being of our residents over the next three years. Public health practice comprises three domains, these are, Health Improvement, Health Protection and Healthcare Public Health. An underlying function that is fundamental to all domains is Public Health knowledge and intelligence. While there is some overlap between each of these domains this Strategic Plan will focus on health improvement.

The work covered by the Plan is at the heart of the shift to prevention that will be required to stem the continuing rise in preventable chronic disease. This is essential, long-term work that will not only help more of our residents live healthy lives but will reduce the impact that ill health has on our communities, and the increasing demand we are seeing on our health and care system.

By working to prevent people becoming unwell in the first place, and placing a focus on those communities most likely to suffer from ill health we will reduce the unfair, unequal population health outcomes that we see across our region. Our residents living in our most economically deprived areas have on average 10 fewer years of good health than our least deprived residents – it is essential that we work to narrow this gap.

A Healthier Mid and West Wales

Our Plan is key to the long-term vision outlined in the Hywel Dda University Health Board's long-term strategy A Healthier Mid and West Wales, feeding directly into Strategic Objective 4: The Best Health and Wellbeing for our Communities.

Within the Plan we outline the actions we will be taking to tackle the key preventable drivers of ill health in our communities, with action on tobacco, drugs and alcohol, and healthy weight. We also outline how we will work with local partners, including through the Public Service Boards, to improve the wider determinants of health, including poverty and housing; elements of people's lives which ultimately underly many of the health issues we see. This work connects strongly with the Social Model for Health and Wellbeing, the Health Board's vision for working more closely with communities to improve health.

For 2024/25 this work forms part of the Health Board's Planning Objective 10: Population Health, and is part of the wider shift to prevention that the health and care system needs to make to tackle growing demands on services.

What is health improvement?

Health Improvement describes our work to improve the health and well-being of individuals and communities through enabling and encouraging healthy choices, and providing tailored support to help people live healthy lives.

The diseases underlying much of the increasing burden on our services have common key preventable drivers: unhealthy diets, physical inactivity, smoking, excess alcohol intake, and poor

mental resilience. It is estimated that 40% of the burden on our health services may be preventable through action on the determinants of avoidable chronic conditions.¹

Our plan includes six objectives covering key health improvement domains, alongside an overview of our plans to work upstream and in partnership to change the wider determinants of health and improve health equity. While individualised approaches are an important component of our preventative work, without long-term work to improve the wider determinants of health we will continue to see significantly inequitable outcomes.

- Objective 1: Supporting Children and Young People to Live Healthy Lives
- Objective 2: A Smoke-Free Mid and West Wales: HDdUHB Tobacco Control Strategy
- Objective 3: Promoting a Healthy Weight
- Objective 4: Reducing the Harm Caused by Drug and Alcohol Use
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Why this plan?

The different health improvement workstreams in this plan come together to comprehensively cover many of the key causes of ill health in our communities. Publishing our plans sets out our intent for the next three years, giving an overview of the key work planned in each area, each of which contributes to the overarching vision of A Healthier Mid and West Wales.

Alongside much of the work highlighted in this document lie more detailed long-term action plans for specific topic areas (eg tobacco); where these are in place, they are linked to in the document.

Other areas are earlier on in their journey; we want to be doing more to improve the wider determinants of our health and we will be using the next two years to deepen our understanding of where we can have the most impact and develop a systematic approach across the Health Board, co-ordinated by the new Health Improvement and Equity Oversight Group.

In parallel we will be progressing the development of a Social Model for Health and Well-being, an ambitious plan for a long-term shift in how we think about and deliver health and care with communities.

Principles

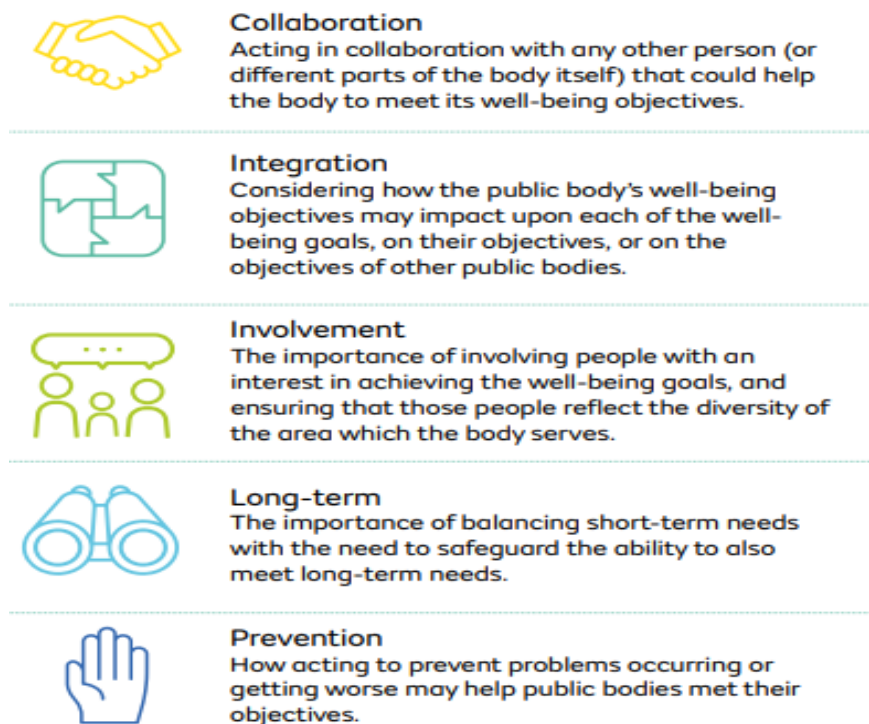
Our work towards our vision is guided by a set of core principles:

- **Working towards health equity:** Key to everything we do is striving to reduce the unfair inequalities in health that we see in our region – ensuring that we give those with greater need the extra support to help achieve equitable health outcomes.
- **Prioritising prevention:** While we recognise that some people need support to deal with issues in the here and now, where we can, we will work to prevent people needing support by focusing on upstream issues.
- **Empowering people:** We will work with people and communities to understand their health priorities and work to give people greater individual and collective control over their health.

¹ Parliamentary briefing (2017) Public health and prevention: [House of Lords - The Long-term Sustainability of the NHS and Adult Social Care - Select Committee on the Long-term Sustainability of the NHS \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/select-committees-on-the-long-term-sustainability-of-the-nhs/)

- **Working in partnership:** We will work together with communities, and our regional partners to ensure that we understand needs, get the best use of shared resources, and design our work informed by all stakeholders.

These principles are in line with the Five Ways of Working of the Future Generations Act that public bodies in Wales are required to follow (Figure 1):



Working in Partnership

As health is not just health care, working with our partners is incredibly important to us – these plans have been developed through our collaborations with a range of organisations and local, regional, and national forums. Our regional partnership working is especially important, and we will be developing stronger links over the duration of this plan to ensure we maximise the benefits of collaboration and cooperation for the health of our communities.

Our key partnerships

- Public Service Boards (Pembrokeshire, Ceredigion, Carmarthenshire)
- Dyfed Area Planning Board for Substance Misuse
- West Wales Regional Partnership Board
- Colleagues across the Directorates of Hywel Dda University Health Board
- Public Health Wales

Governance

The delivery of this plan will be overseen by Health Improvement and Equity Oversight Group, reporting to the Population Health and Equity Oversight Group, chaired by the Executive Director of Public Health.

A range of local groups are evolving and some already established that will be contributing to the oversight or delivery of the work contained in this plan, all of which either collaborate with, or report to the Health Improvement and Equity Oversight Group.

These include:

- Hywel Dda Tobacco Control Group
- Dyfed Area Planning Board
- Suicide and Self-harm Prevention Group (previously Talk to Me 2)
- Social Model for Health and Well-being Steering Group
- The Children and Young People's Working Group

Strategic Context

Our Health Improvement and Well-being Strategic Plan does not sit in isolation but is an important part of the Health Board's work towards its long-term vision for A Healthier Mid and West Wales. As part of this plan, we are also working to support the well-being plans of our three Public Service Boards in Carmarthenshire, Ceredigion, and Pembrokeshire.

- A Healthier Mid and West Wales: Strategic Objective 4: The Best Health and Well-being for Our Communities
- The Social Model for Health and Wellbeing
- Well-being of Future Generations Act: A Healthier and More Equal Wales
- Socio-economic duty: ensuring that our plans work towards equitable outcomes for people who suffer from socio-economic disadvantage.
- A Healthier Wales: Our Plan for Health and Social Care 2018: A national plan to bring health and social care services together, so they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

Our work also supports the delivery of the following national strategies or plans:

- Smokefree Wales 2030
- Welsh Government Substance Misuse Delivery Plan
- Healthy Weight: Healthy Wales
- Welsh Government draft Suicide and Self-Harm Prevention Strategy
- Welsh Government draft Mental Health and Wellbeing Strategy (2024- 2034)

Shifting Health Outcomes and Risk Factors in Hywel Dda

The biggest contributors to ill health in Wales vary by age but show some common themes. Other factors that contribute to the increasing levels of ill health include diets low in fruit, vegetables, whole grains or nuts and seeds, low physical activity, and air pollution. The best available data on the underlying causes of ill health in Wales is from 2016. (table 1)

Table 1: Key causes of death in Wales. Global Burden of Disease Study 2016²

Age 15-49	Age 50-69	Age 70+
1. Drug use	1. Smoking	1. High blood pressure
2. Alcohol use	2. Overweight and obesity	2. Smoking
3. Overweight and obesity	3. Alcohol use	3. Overweight and obesity
4. Smoking	4. High blood pressure	4. High blood sugar
5. High blood pressure	5. High cholesterol	5. High cholesterol

Table 2 gives an overview of key measures currently available. Appendix 1 gives a more detailed overview of a range of demographics, risk factors and outcomes for the Hywel Dda population.

The key causes of death and risk factors for poor health outcomes, highlighted above, often require targeted approaches to health improvement which includes identifying and addressing the specific needs and challenges faced by different populations, for example, those with protected characteristics, inclusion health groups and those living in our most deprived communities' interventions. In Hywel Dda, health disparities exist in some of our more deprived communities in parts of Llanelli, Pembroke Dock, and Cardigan. These communities are more likely to have a higher rates of disability and long-term limiting illness as well as a proportion of children and families and higher rates of relative deprivation and poorer quality housing.³

In addressing difference in health outcomes, it is important to ensure that all people, regardless of their individual characteristics, social circumstances and where they live have access to quality healthcare services. One way to tackle these issues is by implementing targeted health system interventions in areas that have been identified as having higher rates of health disparity based on the characteristics highlighted above. For example:

- Enhance existing health improvement and prevention programmes to ensure they are delivered in areas of greatest need. For example, deliver smoking cessation services in areas where prevalence is higher than the national average but also to groups where health improvement interventions can reduce harm and improve outcomes (eg those waiting for elective surgery, those with mental ill health).
- Focus on improving partnership working and intersectoral collaboration to ensure a broad understanding of the issues and specific needs and barriers faced by different groups. This will enable healthcare providers, policymakers, and community organisations to develop targeted interventions that address the underlying causes of poor health outcomes.
- Increase the capacity of the healthcare system to meet the needs of diverse populations to improve health equity and reduce inequalities by ensuring prevention is a key part of all clinical pathways, from primary to tertiary prevention.

Monitoring improvements

This Strategic Plan will have an impact in the short, medium, and long term. Short term, time sensitive activity metrics (where available) will show that we are performing in key areas. If we are

² Global Burden of Disease (Public Health Wales Observatory, 2016)

³ See Hywel Dda UHB Primary Care Xluster Profiles

to be successful rates of key risk factors should fall in the medium term (3-10+ years), leading to long-term shifts in current negative trends for fundamental health morbidity and mortality outcomes. Table 2 shows our outcomes framework.

We are considering how we reflect these metrics in the assurance we provide to the Board.

Table 2: Health Improvement Performance and Outcomes Framework for Hywel Dda⁴

Measure	Metric	Baseline/Target (Welsh comparator)
<p>Short-term: Activity metrics</p> <p>Reported regularly as part of our performance monitoring these capture key activities that evidence shows are directly linked to a reduction in risk factors and improved health outcomes.</p> <p>Reported Quarterly to Annually</p>	% of adults who smoke attempting to quit smoking via cessation services	Achieve the national target for 5% annually
	Percentage substance misuse (drug or alcohol) service users in the Hywel Dda area completing treatment	Achieve the national target for 76.9% annually
<p>Medium-term: Shifts in specific risk factors or outcomes</p> <p>As a Health Board we do not have direct control over these, but regular review of these gives an important indication of our direction of travel.</p> <p>Reported annually to triennially, often with significant reporting delays.</p> <p>Shifts achievable in years to decades depending on metric (smoking rates expected to shift sooner than obesity rates, due to relative complexity of underlying issues and available levers)</p>	Percentage of children aged 4-5 who are overweight or obese (CMP, 2022/23)	Maintain or improve on the current figure: 28.9% 2022/23 (24.8%)
	Percentage of adults (16+) with a BMI ³ 25 (overweight or obese)	Maintain or make improvements to current figure: 63% 2022/23 (62.0%)
	Percentage of adults (16+) who smoke	Improve on the current figure: 12.4% 2022/23 (12.4%)
	(Self-reported) Percentage of adults (16+) drinking over guidelines – (+14 units)	Improve on the current figure: 17.5% 2022/23 (17.2%)
	Suicide rate per 100,000 population	See a reduction on the current figure: 13.1 2022/23 (12.6)

⁴ Public Health Outcomes Framework. Public Health Wales



<p>Long-term: Fundamental health outcomes</p> <p>These outcomes are slow to change, and are subject to complex interactions, many of which are outside the direct control of the Health Board. However, they are fundamental to our picture of health as a region. Generally we aim to see improvements on these indicators over-time.</p>	Healthy Life Expectancy at Birth (years)	Current figures: Female: 63.4 years (62.4) Male: 60.9 years (61.5) 2018-2020
	Gap in Healthy Life Expectancy at Birth between Most and Least Deprived (years)	Current figures: Female: 9.3 years (16.9) Male: 11.2 years (13.3) 2018-2020
	Premature deaths from key non-communicable diseases	Current figure: 245.0 per 100,000 population 2020-2022 (311)

Return on Investment

In addition to contributing to the Health Board’s work to improve health outcomes for our residents, evidence shows that investment in upstream health improvement work also offers positive return on investment. More detailed work to understand how Public Health interventions will yield direct savings to the Health Board is currently underway.

- Every £1 spent for alcohol and drug use and dependence saves £3-£4 from reduced demands on health, prison, and emergency services, increasing to £21-£26 over ten years.⁵
- For every £1 spent on vaccination programmes there is a £14 saving to the NHS and during an outbreak (eg Measles outbreak in Birmingham) for every £1 spent on vaccinations there is a £20 saving to the NHS.
- Every £1 spent on smoking cessation saves £11 in future healthcare costs and health gains.⁶
- Every £1 spent on early years prevention can yield between £1.37 and £9.20 across health, education, social care and other services.⁷

⁵ Alcohol and drug prevention, treatment and recovery: why invest? [Public Health England 2018](#)

⁶ Action on Smoking and Health (ASH) Written Evidence to Parliamentary Committee [NHS0146 - Evidence on Long-Term Sustainability of the NHS \(parliament.uk\)](#)

⁷ What Good Children and Young People’s Public Health Looks Like. ADPH. 2017. [What-Good-Children-and-Young-Peoples-Public-Health-Looks-Like.pdf \(adph.org.uk\)](#)



Health Improvement Strategic Plan Summary

Objective	Key priorities and actions
Promoting a Healthy Weight	<p>To lead the local implementation of the Healthy Weight:Healthy Wales strategy themes:</p> <ul style="list-style-type: none"> • Healthy people • Healthy settings • Healthy Environments • Leadership and Enabling Change
Tobacco – Working towards a Smokefree Hywel Dda 2030	<p>A detailed Tobacco Control Plan has been developed around three key themes:</p> <ul style="list-style-type: none"> • Reducing inequalities • Protecting future generations • Taking a whole system approach <p>This includes work focusing on areas where smoking rates are highest; creating a smokefree generation with preventative work; continued improvements in current smoking-cessation services; collaborating across the region.</p>
Reducing the harms caused by drug and alcohol use	<p>Detailed plans have been produced under six priority areas, and are being progressed via the Dyfed Area Planning Board</p> <ul style="list-style-type: none"> • Prevention and Early Intervention • Harm Reduction • Treatment and Recovery • Crime Reduction and Availability • Complex Needs • Strategic Planning and Partnership
Partnership working to prevent suicide and self-harm	<ul style="list-style-type: none"> • Regularly update data and best practice to feed into the Hywel Dda Suicide and Self-harm Needs Assessment, notably with cases discussed as part of the Area Planning Board’s drug related death and non-fatal review process. • Support the partners (Mental Health Directorate, Regional Safeguarding Board, Regional Suicide and Self-Harm Prevention Forum, etc) to implement upcoming Welsh Government suicide and self-harm prevention strategy. • Maintain partnership working achieved during cluster response to react in an agile and informed manner to future incidences and ensuring Public Health leadership in future escalations. • Ensure Public Health contribution to the development of a Suicide Review Board and supporting the dissemination of findings, best practice, and learning through Area Planning Board partnership structures.



	<ul style="list-style-type: none"> • Support the initiation of a Significant Attempt Review Board in line with the rapid response model to ensure less lives are lost, bringing Public Health learning from the drug related death and non-fatal overdose review process. • As part of the Area Planning Board, work with partners to develop appropriate governance structures for suspected suicide and self-harm involving illicit drugs. Contribute a Public Health voice to the co-production of a partnership-wide suicide-prevention communications plan, with monitoring and evaluation framework.
<p>Developing holistic approaches to supporting healthier lives</p>	<ul style="list-style-type: none"> • Establish a multi-disciplinary group, aligning also with Public Services Boards (PSBs) priorities, to develop an action plan to shift the focus across settings to a preventative approach to ill-health with a holistic focus. • Undertake a mapping exercise of existing interventions and projects across the area. • Continue to review the evidence base, best practice, and national strategies, identifying gaps or duplication in local provision to inform future work programmes. • Consider the training needs of the health and social care workforce on the latest evidence around the pillars of health and behavioural change science and their impact on the chronic disease burden. • Use Health Economic, Value-based Health Care and Return on Investment (ROI) measures to better demonstrate the short, medium, and long-term impact of this workstream on future disease and demand burden.
<p>Supporting Children and Young People to live healthy lives</p>	<p>Working across the life course, through maternity and early years to school leavers:</p> <ul style="list-style-type: none"> • Developing a Best Start in Life <i>Making Every Contact Count</i> approach. • Implementing the Healthy and Sustainable Pre-School Scheme. • Working with primary and secondary schools and alternative education providers to develop whole school approaches to health promotion and mental well-being. • Strengthening regional co-ordination to improve outcomes for children and young people.
<p>Health equity and the wider determinants</p>	<ul style="list-style-type: none"> • Develop a Health Board wide approach to improving health equity with clear governance and an agreed equity framework. • Work to reduce inequalities in health by inputting in local, PSB, poverty-prevention partnership groups. • Provide evidence-based Public Health support to the RPB, PSBs and delivery groups to ensure well-being plan objectives are developed into actions to reduce health inequalities and address the wider determinants of health. • To embed the ethos of the 'Social Model for Health and Well-being' (SMfHWP) throughout the Health Board and within partnership programmes focusing on Employee Volunteer Scheme. • To progress the Social Model for Health and Wellbeing across the system by holding an engagement summit. • To work with Health and Social Care providers, such as <i>Care and Repair</i> to identify Public Health interventions in housing such as the Warm Homes NEST project and links between agencies to assist those most in need and vulnerable.

Objective 1: Supporting Children and Young People to Live Healthy Lives

A healthy, happy childhood is the best foundation for a long, healthy and happy life. There are a wide range of evidence-based interventions to help increase the chances of a healthy childhood that underpins a healthy adult life, starting from before conception all the way through to transitioning into life as an independent adult.

The Marmot review, Fair Society, Healthy Lives, demonstrated the importance of investing in children and young people to improve health outcomes throughout the lifecourse and reduce health inequalities. Giving children and young people the best start in life will be essential to the long-term health of our communities, and to reducing the long-term rising trends of ill health that we currently see.

Child health is not just the responsibility of Health Boards, and it is essential that we work in partnership with our colleagues in schools, local government, voluntary sector organisations and beyond to ensure all parts of our system are pulling in the same direction to improve child health.

Our vision is for Hywel Dda University Health Board to play a key role in supporting families, children and young people to have healthy, happy childhood and successfully make the transition into healthy adults.

Child health in Hywel Dda

Data on the health of children and young people is often not collected at a local level, or in a timely fashion, so it is difficult to build a rich picture of child health in Mid and West Wales. Available data includes:

- 29% of children aged 4 to 5 are overweight or obese⁸. (This rises to 30% in our poorest communities versus 28% in our most affluent).
- 79% of children reported good life satisfaction in 2021, with scores reducing since 2017⁹
- Almost a third of children in Hywel Dda live in poverty¹⁰

Our priorities over the next three years:

<p>Maternity and Early Years</p>	<ul style="list-style-type: none"> • Re-establishing early years leads network to improve service integration. • Collaborating with health visiting and school nursing to strengthen transitions prior to school entry. • Developing a Best Start in Life <i>Making Every Contact Count</i> approach. • Support Healthy Weight from a young age by working with partners across ante-natal food and nutrition programmes for parents and carers.
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⁸ Child Measurement Programme, 2022/23 <https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2022-23/1-cmp-report-2022-2023/>

⁹ School Health Research Network 2021 (difficult to account for impact of Covid, awaiting up to date data)

¹⁰ End Poverty Coalition local child poverty rates after housing costs: [Child Poverty Statistics - End Child Poverty](#)



<p>Working with pre-schools</p>	<p>Through the Healthy and Sustainable Pre-School Scheme (HSPSS) our Pre-school Practitioners in each Hywel Dda county support our settings across individual health topics, including nutrition and oral health, physical activity, mental well-being, and workplace health.</p> <ul style="list-style-type: none"> • Implement the HSPSS and increase the number of health aspects achieved by pre-school settings by 10% each year. • Supporting childcare settings across the region to achieve the Nutritional Skills for Life 'Gold Standard Healthy Snack Award' Gold snack award, taking a whole system approach to healthy weight. • Working in partnership with immunisation and vaccination teams to identify and target childcare settings with lower vaccination rates to increase vaccination uptake.
<p>Working with primary and secondary schools, alongside alternative education provision</p>	<p>Delivering the new Welsh Network of Health & Wellbeing Promoting Schools (WNHWPS) and the Whole School Approach to Emotional and Mental Well-being (WSAEMW) programmes.</p> <ul style="list-style-type: none"> • Provide support to 100% of schools to embed Welsh Government's statutory guidance and supporting them with expert guidance around WSAEMWB. • Provide a universal offer of support to 100% of schools across Hywel Dda to support them in shaping a health promoting environment. • We will work with schools to effectively self-evaluate against a set of newly developed national minimum standards to embed a whole school approach to health and wellbeing. • Embed positive action around the whole school approach to emotional health and mental well-being, and promote healthy lifestyle behaviours across the school community. • Work closely with schools to reduce unhealthy weight of our children and young people by providing expert thematic guidance across the whole school's approach to food and nutrition, and physical activity.
<p>Wider support to Schools</p>	<ul style="list-style-type: none"> • Working with schools to provide workforce development support for Trauma Informed Approaches, Youth Mental Health First Aid, and bitesize staff-well-being sessions. • Continuing to work collaboratively with a range of partners including school immunisation and vaccination teams, school nursing and Community Focused Schools to enhance delivery of our shared outcomes.
<p>Working for regional co-ordination to improve outcomes for children and young people</p>	<p>A key part of our work over the next year will be supporting the re-establishment of the Regional Partnership Board's Children and Young People's Board, this will enable a shared understanding of the needs of children and young people in Hywel Dda and strengthen co-ordination in the planning and execution of work to improve their health and well-being.</p>

Objective 2: A Smoke-Free Mid and West Wales: HDUHB Tobacco Control Strategy

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

Around one in six (16%) of all hospital admissions for respiratory diseases are estimated to be related to smoking, 8% of all admissions for cancers and 7% of admissions for cardiovascular diseases.¹¹

Approximately 13% of people in Wales are smokers. Smoking prevalence in Hywel Dda has decreased significantly in the last two decades from 26% in 2003-05 to 17% in 2018-19 and to 12.5% in 2023. In 2023 HDdUHB was the only area in Wales to reach the Welsh Government target of 5% of the population accessing smoking cessation services.¹²

Despite these significant improvements tobacco remains a key component of the deep-rooted health inequalities that we see in HDdUHB. Those in our most deprived communities are more likely to smoke. Mortality from smoking is twice as high among those living in the most deprived areas compared to those living in the least deprived, as are hospital admissions. Addressing the inequalities gap will be the focus of future activity as we develop and test treatment models for those with long-term illness and communities with the highest levels of smoking.

Our vision to achieve a smoke free Hywel Dda by 2030

Our vision is to reduce smoking prevalence to 5% by 2030. The actions in this Strategy set out how we plan to do this. Our local strategic priorities are in line with the overarching aims of the national Welsh Government Tobacco Control Strategy: A Smoke -free Wales (2022), which outlines three key themes of reducing inequalities, protecting future generations and taking a whole system approach. Our local priorities are therefore organised around these key themes and detail our planned actions to achieve these priorities in line with the available evidence base.

Our Local Priorities:

We will focus on three key areas of reducing inequalities, taking a system wide approach and protecting future generations and our local work will be centred around five local priorities, as follows:

Reducing Inequalities	<p>Local Priority 1: Health Inequalities</p> <p>To tackle the ingrained health inequalities associated with smoking through focusing on key groups within Hywel Dda:</p> <ul style="list-style-type: none"> • Where rates of smoking are the highest • Who have the highest risk of taking up smoking
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¹¹ [NHS England » Hospital admissions due to smoking up nearly 5% last year, NHS data shows](#)

¹² Public Health Wales Outcomes Framework

	<ul style="list-style-type: none"> Who feel the health impact of smoking the most <p>We will work in collaboration with these priority groups, taking a community led approach to tobacco control</p>
Protecting future generations	<p>Local Priority 2: Prevention</p> <p>We will aim to support a Smoke Free generation by increasing our efforts to prevent the uptake of smoking in children and young people.</p>
	<p>Local Priority 3: Smoke Free Environments</p> <p>Everyone deserves to live in a healthy, smoke free environment. We will make smoke-free the norm.</p>
A System Wide Approach	<p>Local Priority 4: Smoking Cessation and Well-being</p> <p>We will support more smokers to quit through continued delivery of evidence-based support and further develop innovative, targeted smoking cessation services.</p>
	<p>Local Priority 5: Partnership, Collaboration and Outcome Focused</p> <p>We will work in collaboration with our partners to develop and deliver our vision of a Smoke Free HDdUHB by 2030 and ensure an evidence- and outcome-based approach.</p>

A full copy of our HDdUHB Tobacco Control Plan, detailing the planned actions and intended outcomes and impact under each of these five priority areas can be found here:

QR code & Hyper link will be inserted in the published document

Objective 3: Promoting a Healthy Weight

The rising rate of overweight and obesity is one of the key challenges to the health and care system, and at the heart of the shift to prevention.

We are working together across our region to ensure that regardless of age, background or circumstances, everyone across Hywel Dda has the means, opportunities and support to be a healthy weight. We will achieve this through collective action, maximising assets to the benefit of individuals, the climate and sustainability.

Maintaining a healthy weight has many benefits, including improved quality of life and a reduced risk of health conditions including heart disease, stroke, type 2 diabetes, liver disease and some cancers. However, the majority of adults and one in four children across Hywel Dda are above a healthy weight.

Balancing energy intake from food and drinks with the energy burnt off through daily activities is key to maintaining a healthy weight, but that balance is influenced by a complex interaction of biological, psychological, social and environmental factors.

Whilst everyone may experience challenges to maintaining a healthy weight some people face significant barriers to accessing affordable, healthy food and to being active. In recent years, those in our poorest communities have seen the most significant increases in excess weight, leading to a widening gap between the richest and poorest parts of society.

The Approach

There are a range of other programmes helping people achieve a healthy weight across the Health Board. These include level two and three weight management services to support individuals losing weight, alongside the Foodwise for Life programme and the National Exercise Referral Scheme (NERS).

Social prescribing, health coaching and Making Every Contact Count programmes also support the healthy weight agenda.

Our approach, in reflecting the key themes of the Healthy Weight: Healthy Wales Strategy, includes a wider focus on food and physical activity programmes within our communities and how they can influence and support healthy weight.

Healthy Weight: Healthy Wales promotes a Whole Systems Approach (WSA) to healthy weight, recognising that the root causes of the issue are complex, including education, fair work, access to money and resources that affect our ability to purchase, prepare and eat good food and to be active.

We need to work across a number of areas to create a local environment that supports healthy weight as the norm. No single organisation can tackle this alone. We need to work together in an integrated way to bring about sustainable, long-term system change, focussed on creating the conditions which promote healthy weight in the context of improved health and well-being.

Action to date

A comprehensive Weight Management pathway is in place within the Health Board with on-going review and monitoring in place. An Implementation Plan is being developed which includes identifying and supporting increasing opportunities to access weight management services.

Welsh Government funding has enabled the development of a small, regional Whole Systems Approach (WSA) to a Healthy Weight team working across Swansea Bay and Hywel Dda University Health Boards. The work of the team to date has involved bringing local partners and stakeholders together in a series of workshops to build a shared understanding of the drivers of excess weight locally and the reality of the challenges it poses; to look at the system as a whole, particularly the interconnections within it. The next steps will be to identify opportunities for change; for strategy and policy alignment and for collaborative action to build a local environment that is conducive to healthy weight. This is supported by wider work to improve healthy food options in specific settings such as hospitals, workplaces and schools and continued engagement in food partnerships and other activity related programmes by the Public Health Directorate.

Our priorities over the next three years:

<p>To lead the local implementation of the Healthy Weight: Healthy Wales strategy themes:</p> <ul style="list-style-type: none"> • Healthy people • Healthy settings • Healthy Environments • Leadership and Enabling Change 	<p>Healthy People: Implementation of the Health Board’s Weight Management Pathway to include on-going review and service changes within agreed priorities for action (In line with the All-Wales Weight Management Pathways, one for adults and another for Children, Young People and Families)</p>
	<p>Healthy Settings: Ensuring our settings – the places which we interact with such as schools and workplaces, offer healthy food choices and opportunities to access and benefit from ‘healthy active places’</p>
	<p>Healthy Environments: Strengthening relationships with local food and activity forums to promote equitable and accessible environments that contribute to healthy weight</p>
	<p>Leadership and Enabling Change: In conjunction with Public Services Board partners continue to implement the Whole Systems Approach to Healthy Weight:</p> <ul style="list-style-type: none"> • On-going engagement and dissemination of the findings of the initial healthy weight mapping workshops • Identification of areas of focus and agreement of system priorities for future collaborative action.



To promote a healthy weight we need to take collective action, across a number of areas



Objective 4: Reducing the Harm Caused by Drug and Alcohol Use

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

Our vision is to ensure that individuals, families and communities across Hywel Dda are protected from the harms of drugs and alcohol and equipped to make positive choices; and strengthen their resilience to prevent and reduce drug and alcohol related harm; and fulfil their potential.

Harms of drug and alcohol use

Alcohol use is a major preventable Public Health concern. 45% of men and 34% of women report drinking above the recommended guidelines and alcohol is the cause of around 1,500 deaths a year, on top of a cost of more than £1 billion of harm to society. In 2021/22 in Wales 4,849 hospital admissions related to illicit drugs and 13,815 admissions were directly related to alcohol.¹³

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

In the 2019 Global Burden of Disease study for Wales, misuse of drugs was within the top ten risk factors contributing to premature mortality and ill health. The use of illicit or prescription-drugs carries many serious health risks, including cardiovascular and respiratory disease, and may lead to overdose.

In Hywel Dda

17.5% of adults drink above the recommended guidelines (Wales 17.2%)¹⁴

42.6% of adolescents report using alcohol, (Wales 40.2%)¹⁵

There were 16 drug related deaths in Hywel Dda in 2022

2526 people were referred to our Substance Misuse Treatment Services

Co-ordinating action

Action to reduce harms from drug and alcohol use is led through the Area Planning Board (APB) for Substance Misuse, a multi-agency partnership, co-terminus with the Hywel Dda region, comprised of key public sector organisations (Health Boards, Local Authorities, Police, Probation and Fire Authorities) who have a statutory duty to ensure there is a plan in place to address drug and alcohol related harm. Membership also includes other key stakeholders such as the third sector and local businesses.

The APB is directly accountable to Welsh Government and local plans must demonstrate action to implement the national drug and alcohol misuse delivery plan “Working Together to Reduce Harm”.

¹³ phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/

¹⁴ Public Health Wales

¹⁵ Public Health Outcomes Framework

The Hywel Dda Drug and Alcohol Strategic Plan covers alcohol, all illicit drugs and new and emerging drugs. It also includes action to tackle the misuse of over the counter and prescribed medication. Poly-drug use (using more than one substance at a time) is of increasing concern with combined alcohol, illicit drugs and prescribed medication a key risk in fatal overdoses.

Our Strategic Plan for drugs and alcohol includes six priority areas, with actions plans for each area:

Priority area	Key actions
Prevention and Early Intervention	<ul style="list-style-type: none"> Expand and develop the Early Intervention and Prevention Service to provide psychological support to children and young people aged 18 at risk of substance use, criminality and other risk-taking behaviours that may impact. Work with primary care and further roll out of the screening and early intervention project across primary care clusters using a health coach approach.
Harm Reduction	<ul style="list-style-type: none"> Establish an alcohol related death review process in line with the drug related death board. To increase access to and the amount of Bloodborne Virus (BBV) testing taking place to support the eradication of Hepatitis C To address the growing issue of Image and Performance Enhancing Substance and Selective Androgen Receptor Modulators across West Wales Continued expansion of community Naloxone provision (the antidote to opiate overdose)
Treatment and Recovery	<ul style="list-style-type: none"> Recommission Tier 2 substance misuse service in line with agreed timescales. Develop a Children and Young People’s Co-occurring Mental Health and Substance Misuse Framework. Expand the adult Co-occurring Mental Health and Substance Misuse Framework to include the justice system, health, and homelessness.
Crime Reduction and Availability	<ul style="list-style-type: none"> To develop a shared outcome and performance dashboard across criminal justice and generic services To continue to contribute to action to tackle Serious Violence and Organised Crime, County Lines and other drugs and alcohol related crime and harms through partnership working
Complex Needs	<ul style="list-style-type: none"> Establishment of a virtual Multi-Disciplinary Case Review team to lead on the complex needs agenda across housing, mental health, and substance misuse. Recruitment and appointment of a Complex Needs Project Manager. Develop protocols with social housing and private sector landlords to help identify tenants who may need substance misuse services.
Strategic Planning and Partnership	<ul style="list-style-type: none"> Continue to develop strong involvement of people with lived experience, service users and the public in strategic planning, design and delivery of services and interventions. Ensure partnership structures and relationships between Area Planning Board for Drug and Alcohol Misuse, Regional Partnership Boards and Public Service Boards are well-aligned, co-ordinated and consistent.

Objective 5: Developing Holistic Approaches to Supporting Healthier Lives

Alongside our focused work to support people with substance and alcohol use, and smoking cessation services we are developing a more holistic, multi-disciplinary, multi-system approach focused on helping individuals to manage their own health and well-being through a focus on the foundations of good health, including:

- Mental Well-being and Stress Management
- Healthy Eating
- Physical Activity
- Social Connections
- Sleep
- Minimising harmful substance use and behaviours (alcohol, tobacco, drugs)

Our vision within Hywel Dda is to improve well-being and reduce the burden of disease and demand on our Health and Social Care provision through supporting people to live healthier lives with a focus on these foundations of health.

Approach

Our approach will focus on action to promote public health and effectively support behaviour change using behavioural science to equip people with the skills to make changes they want to make. It will do this with a lens on the pillars of health, while acknowledging the need for action on the socioeconomic determinants and wider determinants of health as outlined under Objective 6 of the plan on page 26.

This workstream will take an evidence based, person centred, value based and supported self-care approach to influencing individual health and well-being. This means putting people, families and communities at the heart of health, care and well-being.

Our holistic approach focuses on asking individuals what is important to them about health in order to support their autonomy and self-efficacy.

Techniques used include shared decision making, goal setting and supported self-management via a health coach approach. People are more likely to make sustained behaviour change if this approach is used. The key components are as follows:



Principles	Techniques	Delivery
<ul style="list-style-type: none"> • Person centred care • Value based care • Supported self-care 	<ul style="list-style-type: none"> • Motivational Interviewing • Cognitive Behavioural Therapy • Health Coaching • Brief Interventions • Goal Setting • Activity Prescriptions 	<ul style="list-style-type: none"> • Preventative Health care – whole population, targeted at risk groups – pre-primary and primary care, community settings • Patient Activation Measures and lifestyle screening tools in primary, community and secondary care settings • Social Prescribing • Group health coaching / consultations

Planned Actions:

- Establish a multi-disciplinary group to focus on developing an action plan to shift the focus across settings to a preventative approach to health with a holistic focus.
- Undertake a mapping exercise of existing interventions and projects focused on improving individual well-being through one or more of the pillars of health across settings. The mapping will include funding source, capacity and intended outcomes.
- Continue to review the evidence base, best practice and national strategies, identifying gaps or duplication in local provision to inform future work programmes.
- Consider the training needs of the health and social care workforce on the latest evidence around the pillars of health and behavioural change science and their impact on the chronic disease burden.
- Explore digital solutions to support the shift to a preventative approach to health care.
- Use Health Economic, Value-based Health Care and Return on Investment (ROI) measures to better demonstrate the short, medium, and long-term impact of this workstream on future disease and demand burden.
- Develop and promote health and well-being interventions as part of the Health Board's 'Waiting Well' and 'Keeping Well' initiatives, linking with existing signposting, Health Coaches and Social Prescribing programmes.
- To increase community capacity by increasing the skills and knowledge of the workforce to provide opportunistic health advice and signposting; 'Making Every Contact Count' (MECC) and embedding principles in professional training programmes for nurses, doctors and other health, social care and other relevant professions

Objective 6: Working in Partnership to Address the Wider Determinants of Health and Improve Health Equity

A person living in our poorest communities can expect, on average, 10 fewer years of life in good health than a person in our most affluent communities. Across nearly all health outcomes, and at all stages of the life course, people in our least affluent communities are more likely to experience ill health than those in our most affluent – and are more likely to need help from our Health and Care system.

Health inequity – these unfair, unequal outcomes in health – is underpinned by the conditions in which people are born, grow, live, work and age. The broad social and economic circumstances which together influence the quality of the health of the population are known as the ‘social determinants of health’ (figure 1).

The social determinants of health



Diagram courtesy of the Institute for Future Studies, Stockholm

© The Institute of Future Studies, Stockholm

Risk factors for ill health such as smoking, obesity and higher levels of alcohol consumption, are more prevalent in areas of high deprivation as well as for some specific groups of people such as those with mental health conditions, people in places of detention, or people with protected characteristics. Our rural communities are often isolated from social and health support, more likely to be living in older houses and have poorer access to transport links.

All of these factors contribute to our health and require action at the level of the wider environment and determinants of health, as well as supporting individuals. Without work in partnership to address the challenges associated with poverty, environmental factors, poor housing, and social isolation, many people are unlikely to be able to benefit from individually targeted services, and we risk widening health inequalities.

Context

Working upstream to improve those wider determinants of health will be an essential component of long-term preventative work to stem increasing rates of ill health. This will be key to our work towards the aims of the Well-being of Future Generations (Wales) Act 2015, and the Socio-economic duty, and delivering 'A Healthier Mid and West Wales'.

Working with our partner organisations on the Public Service Boards, and the Regional Partnership Board will be essential to this work.

Plan: What are we going to do in the next three years

- Develop a Health Board wide, systematic approach to improving equity in health with strong governance and an agreed equity framework.
- Work to reduce inequalities in health by participating in local poverty prevention partnership groups.
- Provide evidence-based Public Health support to the RPB, PSBs and delivery groups to ensure Well-being Plan objectives are developed into actions to reduce health inequalities and address the wider determinants of health.
- To embed the ethos of the 'Social Model for Health and Well-being' (SMfHWB) throughout the Health Board and within partnership programmes.
- To work with Health and Social Care providers, such as *Care and Repair* to identify public health interventions in housing such as the Warm Homes NEST project and links between agencies to assist those most in need and vulnerable.

Future: Long-term vision and ambition

Our aspiration is to work with our strategic partners in the region and nationally to further expand implementation of health improvement interventions. We will do this by strengthening the shift to preventative approaches which aim to reduce the gap in healthy life expectancy.



Appendix 1: Key Health Metrics in Hywel Dda University Health Board

