

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Embedding a Social Model for Health and Wellbeing
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Principal Public Health Practitioner

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

Progress has been made in developing tools for a system-wide approach to a Social Model for Health and Wellbeing, including a definition and set of principals approved by the Steering Group, which are provided for assurance as Appendix 1 of this report.

The definition and principals will be used to develop a framework to embed the model as a way of working across partnership organisations. This commitment will form the basis of a celebratory Summit event in early 2025.

Cefndir / Background

Hywel Dda University Health Board has committed to embedding a Social Model for Health and Wellbeing (SMfHW) under Planning Objective 10: Population Health in the long-term strategy and Annual Plan 2024/25, including through support and collaboration with Public Services Boards (PSBs) and the Regional Partnership Board (RPB).

Key actions undertaken to date include:

- A systematic review of academic literature conducted by Aberystwyth University in 2022
- A “Conversations with a Purpose” thematic review led by Professor Phil Kloer and Baroness Rennie Fritchie, supported by the Public Health Directorate, in 2021/22
- Executive Leadership of the SMfHW transferred to the Executive Director of Public Health, February 2024
- Reviewed Steering Group as part of Health Board governance review in 2024, with a strategic focus, revised membership and purpose
- A Definition and set of six Principles have been formulated and agreed by Steering Group members, which will form part of a Framework and Charter
- Working with the Health Board’s Engagement team, consultation is taking place on how these how these Principles can be embedded within organisations and communities
- A celebration event - a multi-partnership Summit - to help amplify and lead a SMfHW ‘movement’ is planned for March 2025, with representation from the Future Generations

Commissioner's Office, Welsh Government and presentations from prominent leaders working to reduce inequalities and inequity in population health

Asesiad / Assessment

Population health and wellbeing are influenced by socio-economic, environmental, and other factors, necessitating a holistic view of individual and community experience and outcomes.

The SMfHW Steering Group, in conjunction with and represented by all three PSBs and Local Authority and Third Sector partners, formulated and agreed the Principles, which will provide a foundation for all work outlined in the PSBs' Well-being Plans.

The three 'Creating Change together' groups, established by the SMfHW, provide a network for sharing and developing community practice to help reduce inequalities in health. Consultation has commenced on forming a 'Community of Practice' across the region.

The PSBs and the RPB support a system-wide approach to improving population health, wellbeing, and equity; for example, through the Shaping Places for Well-being in Wales Programme led by Public Health Wales and the Welsh Government's Healthy Weight, Healthy Wales strategy. The agreed definition and principals for the social model for health and wellbeing reflect this holistic and system-based approach.

To build momentum on progress to date and help further embed the social model for health and wellbeing as a shared way of working across partnering organisations in the Hywel Dda region, the next steps are:

- To develop a supporting framework, including a charter, maturity matrix, and self-assessment tool.
- To confirm a communications strategy, including options for a landing webpage, and supporting resources.
- To establish a community of practice building on the momentum of 'Creating Change' groups with the aim of expanding engagement with communities for a shift towards a SMfHW.
- To hold a celebratory Summit, planned for spring 2025.

Argymhelliad / Recommendation

The Board is asked to **APPROVE** the definition and principles of the Social Model for Health and Wellbeing as outlined in Appendix 1, and subsequent actions outlined in this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	5. Equitable 6. Person-Centred 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources 1. Putting people at the heart of everything we do 2. Working together to be the best we can be
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:	Well-being of future Generations (Wales) Act 2015
Rhestr Termau: Glossary of Terms:	Contained within the body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	SMfHW Steering Group Formal Executive Team A Healthier Mid and West Wales Group Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Yes – Attached Appendix 2 EqIA
Ansawdd / Gofal Claf: Quality / Patient Care:	Evidence of improving the well-being of the population is at the forefront of this model
Gweithlu: Workforce:	None
Risg: Risk:	None
Cyfreithiol: Legal:	None
Enw Da: Reputational:	None
Gyfrinachedd: Privacy:	None
Cydraddoldeb: Equality:	Positive Impact. EqIA completed (Appendix 2)

Appendix 1: Definition and Principles of Social Model for Health and Wellbeing

Social Model for Health and Wellbeing (SMfHW)

Definition

A Social Model for Health and Wellbeing (SMfHW) focuses on reducing health inequalities, enabling people and communities to have more control over their health to achieve and maintain the best possible health. This model promotes prevention, early identification of disease and timely intervention. A SMfHW advocates that the building blocks of health, including social, environmental and biological factors, can create favourable conditions for good health. It also highlights that the prerequisites for health and prospects for health are everyone's responsibility, including health services, governments, local authorities, the voluntary sector, industry, academia, communities and individuals themselves.

Our SMfHW approach has an agreed set of principles. These are practical actions that can be taken to support a shift towards a SMfHW

Principles

Principle 1

A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.



Principle 2

Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing.



Principle 3

Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.



Principle 4

Meaningful collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience, reducing health inequalities and improving health equity.



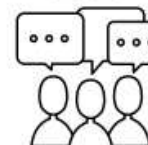
Principle 5

A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing.



Principle 6

A culture of testing and learning will be encouraged, enabled, supported and celebrated.



Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Dr Ardiana Gjini, Executive Director of Public Health
Service Area	Public Health Improvement, Protection and Health Care

Title of Procedure, Project, Proposal, Policy being screened:	Embedding a Social Model for Health and Wellbeing
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Hywel Dda University Health Board (HDdUHB) has committed to embedding a Social Model for Health and Wellbeing (SMfHW) under 'Planning Objective 10: Population Health', in the long-term strategy (*A Healthier Mid and West Wales*, 2019) and Annual Plan 2024- 2025, including through support and collaboration with Public Service Boards (PSBs) and the Regional Partnership Board (RPB).

A number of key actions have taken place. Of relevance to this paper are the following:

- A Definition and set of six Principles have been formulated and agreed by Steering Group members which will form part of a Framework and Charter
- Working with the Health Board's Engagement Team, consultation is taking place on how these how these Principles can be embedded within organisations and communities
- A celebration event /multi-partnership Summit - to help amplify and lead a SMfHW 'movement' is planned for March 2025 with representation from the Future Generations Commissioner's Office, Welsh Government and presentations from prominent leaders working to reduce inequalities and inequity in population health. Organisations working across the HDdUHB region will be asked to sign a 'Charter' committing to embedding a SMfHW at this summit

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The NHS and other Public Services are facing pressure to meet growing demand in the context of limited funding.

In HDdUHB, the percentage of people over 65 is 24.5% (compared to Wales average of 21%, ONS mid-year estimate 2022). This is set to increase to 31.4% by 2041. Across Wales, the percentage of people over 85 years old is set to double by 2045. Healthy life expectancy is a growing concern in the context of an ageing population.

In 2018-2020, males in Carmarthenshire had the lowest disability-free life expectancy across the ARCH region (Swansea Bay University Health Board and HDdUHB).

Cardiovascular, Respiratory, Diabetes and cancer rates are all causes for concern – particularly amongst deprived populations where rates are significantly higher.

There is a growing urgency to tackle inequities and support people to live well for longer.

There is a growing need for organisations to work together in order that we make sure that our resources are utilised appropriately and efficiently.

The need to work towards a SMfHW was recognised in the *Healthier Mid and West Wales Strategy* (2019). Significant work across the range of organisations - Local Authorities, Third Sector, Charitable and Voluntary Sector has taken place since 2018. There is a need to embed the model across organisations. Developing a Definition and Principles that can be adopted through leaders signing up to them has been shown to be an effective method of affecting the changes needed to embed new models or approaches.

There is a wealth of evidence for the effectiveness of integrated, co-produced work that utilises data to invest resources proportionately in order to achieve equity and equality. The SMfHW Principles support all these elements.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age			
Is it likely to affect older and younger people in different ways or affect one age group and not another?			
Positive Impact	✓	Negative Impact	No Impact
Justification of impact identified:			
Embedding the SMfHW should have a positive impact on the population in general.			
Younger and older people may better understand the role that they play in managing their health and wellbeing.			
Being engaged in local community activities is increasingly recognised as an important factor in maintaining health and wellbeing.			

Opportunities for improved access to volunteering both in the workplace and within communities may be improved as part of embedding a SMfHW.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

As above

It is expected that all citizens may better understand the role that they play in managing their health and wellbeing.

It is anticipated that being engaged in activities in local communities will be increasingly recognised as important in maintaining health and wellbeing.

Increased awareness of the importance of including people with sensory or physical or learning disabilities in planning, delivering and participating in services.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.

It is anticipated that embedding the SMfHW will lead to an increasing awareness of the importance and advantages of including people considering or undergoing gender-reassignment or who wish to live permanently in a different gender from their gender at birth in planning, delivering and participating in services may be supported as part of embedding the Principles of a SMfHW.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

As above.

Pregnancy and Maternity			
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
No Impact <input type="checkbox"/>			
Justification of impact identified:			
As above.			
Citizens may be engaged in activities in their local community which contribute to maintaining health and wellbeing, including community-based support to new parents and carers and access to health and social care support, particularly in areas of high deprivation.			
Race / Ethnicity			
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
No Impact <input type="checkbox"/>			
Justification of impact identified:			
Embedding the SMfHW should have a positive impact on the population in general.			
It is anticipated that embedding the SMfHW will lead to an increasing awareness of the importance and advantages of including all people regardless of their sex, maternity status, race, ethnicity, religion or belief in planning, delivering and participating in services.			
Religion or Belief			
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
No Impact <input type="checkbox"/>			
Justification of impact identified:			
Embedding the SMFHW should have a positive impact on the population in general.			
It is anticipated that embedding the SMfHW will lead to an increasing awareness of the importance and advantages of including all people regardless of their sex, maternity status, race, ethnicity, religion or belief in planning, delivering and participating in services.			
Sex			
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
No Impact <input type="checkbox"/>			
Justification of impact identified:			
Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.			
It is anticipated that an increasing awareness of the importance and advantages of including all people regardless of their sex, maternity status, race, ethnicity, religion or belief in planning, delivering and participating in services.			

Sexual Orientation			
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.			
Positive Impact	√	Negative Impact	No Impact
Justification of impact identified:			
<p>Embedding the SMfHW should have a positive impact on the population in general.</p> <p>It is anticipated that embedding the SMfHW will lead to an increasing awareness of the importance and advantages of including all people regardless of their sex, maternity status, race, ethnicity, religion or belief in planning, delivering and participating in services.</p> <p>An increasing awareness of the importance and advantages of including all people regardless of their sexual orientation in planning, delivering and participating in services.</p>			
Armed Forces Community			
<p>Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>			
Positive Impact	√	Negative Impact	No Impact
Justification of impact identified:			
<p>As above.</p> <p>An increasing awareness of the importance and advantages of including all people regardless of their membership of the Armed Forces, or family of a member of the Armed Forces in planning, delivering and participating in services.</p>			
Socio Economic Duty			
<p>Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty</p>			
Positive Impact	√	Negative Impact	No Impact
Justification of impact identified:			
<p>The need to ensure that those living in disadvantaged circumstances have their needs addressed proportionately in order to achieve equity is a key aspect of the SMfHW and reflected in the definition and principles.</p>			

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

√

Negative Impact

No Impact

Justification of impact identified:

It is anticipated that being engaged in Welsh, English, bilingual or other language medium activities in their local community would be increasingly recognised as important in maintaining health and wellbeing and would hope to see an increase in volunteering.

It is anticipated that embedding the SMfHW will lead to an increasing awareness of the importance and advantages of including all people regardless of their language of choice in planning, delivering and participating in services.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Rhian Rees
	Title	Senior Public Health Practitioner
	Contact details	Rhian.Rees@wales.nhs.uk
	Date	16.12.24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Trina Nealon
	Title	Principal in Public Health
	Contact details	Trina.Nealon@wales.nhs.uk
	Date	16.12.24
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	17/12/2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.