



Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Approach to Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Mansfield, Head of Value Based Health Care

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

The Board is asked to approve the refreshed Strategic Approach to Value Based Health Care (VBHC) for Hywel Dda University Health Board (HDdUHB) covering the period 2026–2031.

Cefndir / Background

VBHC is a patient-centred approach to how health care is delivered, balancing the outcomes that are important to the individual against the resources that are consumed in delivering the entire pathway of care.

VBHC was introduced in HDdUHB in 2019 and has been funded recurrently by Welsh Government from 2021 onwards. Since the introduction of VBHC within HDdUHB, the organisation has built capability, delivered a range of collaborative projects and strengthened its understanding of how outcomes, patient experience and resource use can inform service improvement.

In 2022, a strategic approach to VBHC was published, setting out the vision, principal goals and enabling actions between 2022 and 2025. A refreshed strategic approach has now been developed for implementation, covering the period from 2026 to 2031. The revised approach takes account of progress to date, national and local priorities, the Health Board's strategic objectives and the need to respond to increasing population health needs and financial pressures.

A comprehensive stakeholder engagement exercise has informed the development of the refreshed approach. This engagement identified a clear organisational appetite for operationalising standardised outcomes measurement, including the use of Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs), alongside clinical outcomes, audit data and resource utilisation. Stakeholders also highlighted practical

barriers, including data and digital infrastructure, operational capacity, waiting list pressures, and the need for clearer governance and planning alignment.

The development process also identified the importance of multidisciplinary working, whole pathway redesign, and closer alignment with clinical priorities, planning, finance, digital and operational delivery. These themes point to the need for a more cohesive and embedded approach to VBHC, with a stronger focus on impact, sustainable improvement and supporting decisions across the whole system.

The proposed vision for the refreshed strategic approach is:

“Value will be integral to all that we do, using the voice of our population to inform the choices that we make in all parts of our system, leading to a demonstrable improvement in patient outcomes, access, and sustainability.”

Delivery of this vision will be supported by three principal aims:

- **Impact:** To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation and strengthens stewardship, resulting in better outcomes and better value for our population.
- **Embedded:** To embed VBHC as a core organisational approach, ensuring that value drives everyday decision making, resource allocation and service improvement across HDdUHB.
- **System-wide:** To take a system wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.

Aligned with this refreshed strategic approach, The VBHC Team will support delivery by working with operational teams to identify and reduce low-value activity, strengthen the collection and use of outcomes and experience data, work with digital colleagues to make data accessible and meaningful, supporting service planning, and underpinning patient and public involvement, developing capability through education, networks and prioritised improvement programmes.

Asesiad / Assessment

The refreshed Strategic Approach has been approved through the Formal Executive Team and has been presented to the Strategy and Planning Committee for assurance.

The revised strategic approach to VBHC provides the direction and ambition to use VBHC as a coordinated approach for improving outcomes, patient experience, and delivering sustainable services. By adopting this approach, HDdUHB is better placed to meet the challenges of increasing demand, financial constraint and the need to make transparent, evidence-informed choices about service design and resource allocation.

Argymhelliad / Recommendation

The Board is asked to **APPROVE** the refreshed Strategic Approach to Value Based Health Care 2026-2031.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant : (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing : (<i>complete for strategic change and/or significant service changes</i>)	7. All Apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Delivering Value Based Health Care Across the Life-Course – Our Strategic Approach 2026-2031
Rhestr Termau: Glossary of Terms:	Included within body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Value Leadership Group Executive Team Strategy and Planning Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Welsh Government funding of the HDdUHB Value Based Health Care Programme and the accountability for driving Value centred change.
Ansawdd / Gofal Claf: Quality / Patient Care:	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles drive the delivery of equitable services across the Health Board.
Gweithlu: Workforce:	No adverse impacts on staffing or workforce.
Tegwch Iechyd: Health Equity:	VBHC by definition provides a focus on the provision of equitable and sustainable services for our population.
Risg: Risk:	No risks identified.
Cyfreithiol: Legal:	No legal impacts or likelihood of legal challenge.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
Cydraddoldeb: Equality:	Equality Impact Assessment completed.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Delivering Value Based Health Care Across the Life-Course

Our Strategic Approach

2026-2031



Supporting the Delivery of
A Healthier Mid and West Wales

Foreword

Hywel Dda University Health Board (HDdUHB) faces a defining moment in how we shape and deliver care for the people and communities we serve. The challenges facing health and care – rising complexity of need, innovative technologies, and constrained resources – require us to move beyond traditional models of efficiency and productivity to ensure that every pound spent actually makes a difference in providing health and care that is fit for the future. Value Based Health Care (VBHC) is a data-driven discipline that supports the transformation required, ensuring that the actions we take are anchored in delivering outcomes that really matter to our population.

This strategic approach builds on the progress we have made and sets out how VBHC will become an integrated delivery mechanism for our organisational strategy 'A Healthier Mid and West Wales – Healthier lives, well lived'. Value-Based Health Care requires us to take a system-wide view and achieve the best possible outcomes, equitably, for our population. It requires collaboration across professions, pathways and partners with a shared focus on delivering outcomes that are meaningful to our population; it guides us to use our resources wisely by investing in the things that have demonstrable impact; it is rooted in 'Community by Design' recognising that the greatest value is often created within communities through prevention, early intervention and partnership working.

Over recent years, HDdUHB has made considerable progress in building an organisational culture and infrastructure to support Value-Based approaches to care design and delivery. This includes the capability to capture patient-reported outcomes, providing rich insights into what matters most to people and revealing opportunities to redesign care.

Our focus has been to combine the voice of our population through Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) alongside existing data sources and provide our clinicians, managers, and leaders with access to actionable insights, enabling unwarranted variation to be tackled, outcomes to be improved, and unmet need in our population to be addressed.

Through this strategic approach we are looking to go further. The scope of our ambition is to move beyond isolated projects to a cohesive system of Value Managed Health Care, which improves outcomes for every person, in every community, at every stage of life. This requires collective ownership, informed prioritisation, and a willingness to re-examine how we work. It also requires imagination and collaboration across organisational boundaries, recognising the value of working together and embracing innovation where it delivers meaningful benefit. This is how we aim to deliver equitable, high value care that is sustainable into the future.



Mr Mark Henwood

EXECUTIVE MEDICAL
DIRECTOR



Mr Huw Thomas

EXECUTIVE DIRECTOR
OF FINANCE

What is value?

Value can mean many things to different people, but for us Value Based Health Care is about making sure that all we do, including the way we use resources, focuses on improving the health outcomes for our population. Our ambition is to ensure that VBHC is truly embedded in our work, so that it is not perceived as another intervention, but is simply the way we think about and deliver our services.

Vision

Value will be integral to all that we do, using the voice of our population to inform the choices that we make in all parts of our system, leading to a demonstrable improvement in patient outcomes, access, and sustainability.

Aims

To progress towards our vision of a Value Based Health Care driven system, we have identified three principal aims and the priorities within them. The aims are:



Impact

To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation, and strengthens stewardship, resulting in better outcomes and better value for our population.



Embedded

To embed VBHC as a core organisational approach, ensuring that value drives everyday decision making, resource allocation and service improvement across HDdUHB.



System-Wide

To take a system-wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.



AIM 1

Impact

To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation, and strengthens stewardship, resulting in better outcomes and better value for our population.



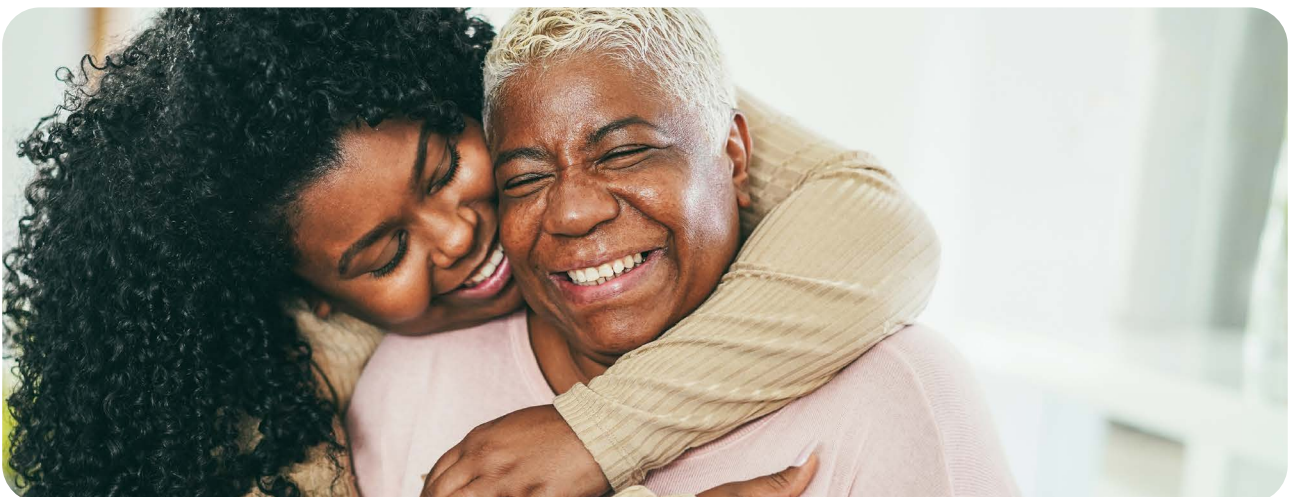
What we will deliver and why

Translating insight into impact is essential to the delivery of VBHC because data, feedback, and analysis only create benefit when they drive real changes in care delivery. Taking a data-driven approach we seek to identify and proactively support people and communities most at risk, particularly those with unmet need, through Value-Based resource allocation. Insights from Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) stratified by ethnicity and deprivation, pathway reviews, resource analysis, staff feedback, and improvement work, provide a rich picture of outcomes, experience, efficiency, inequality, and unwarranted variation. But without a structured approach to acting on these findings, HDdUHB risks becoming “data rich but action poor,” gathering evidence without applying it to the delivery of better outcomes or improved value.

While considerable progress has been made over the past four years, including HDdUHB being one of the largest collectors of PROMs in NHS Wales, its action to embed these data in clinical decision making and ensure that value is part of operational and strategic planning has been more limited.

This strategic approach to VBHC sets out to build upon the foundational work already undertaken. This includes focusing analysis and improvement across national high value, high impact pathways, and local priority areas, so that our scarce capacity is targeted where the greatest population benefit can be achieved. The insights facilitated by the VBHC programme will also support tackling unwarranted variation, particularly for the most disadvantaged sections of our population by embedding supported self-management in line with the 20four7 approach, getting the basics right in chronic disease management and focusing on the challenges in Urgent and Emergency Care.

By aligning insight with organisational priorities, we will be able to strengthen service reconfiguration and design, ensuring that decisions about fragile services, including those within the Clinical Services Plan, or new models of care are grounded in the needs, outcomes, evidence, and priorities of our population. This approach will be underpinned by collaborative working with other parts of our health system, as well as with local authorities and third sector organisations.



VBHC insight is equally important for strengthening stewardship, allowing HDdUHB to identify and address low value care, optimise interventions and productivity, and ensure that clinical time and resources are channelled into activity that has demonstrable impact. It underpins priority agendas such as holistic care for older people, end of life pathways, women's health plans, and mental health services, helping teams design pathways around what matters to individuals rather than around organisational boundaries. It also enables Value-Based procurement by providing the evidence needed to select products and technologies based on their real effect on outcomes, experience, and resource use.

Ultimately, translating insight into impact ensures that HDdUHB's strategic and national priorities are delivered through evidence-based action, focusing improvement and resource in the areas of highest need, reducing variation, strengthening stewardship, and creating a learning system that continuously improves outcomes, experience and value for our population and communities.



How we will deliver

Priority 1: Strengthen the collection, quality, and use of standardised outcomes and wider VBHC insight.

We will systematically address unmet need by improving the collection, analysis, and integration of standardised outcomes including population and activity data and PROMs, PREMs, to ensure that the voice of our population and the outcomes they achieve meaningfully shape clinical practice and service design. This will be delivered through:

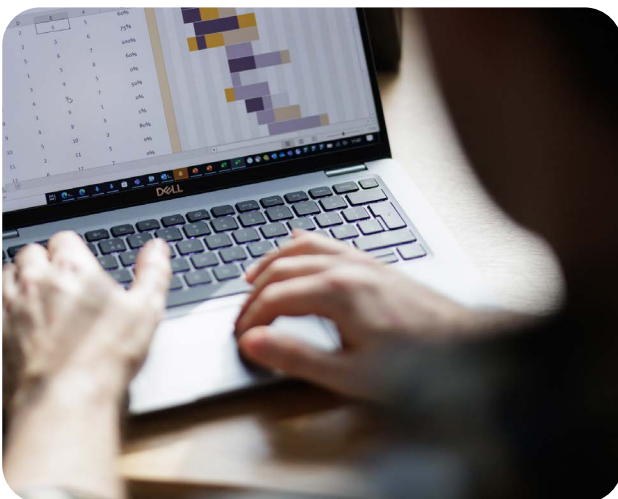
- Embedding a broad range of standardised outcome measures into clinical decision making, establishing reliable processes so that clinicians can efficiently access, interpret, and integrate standardised outcomes into consultations and shared decision making alongside existing data sources.
- Developing a clear prioritisation framework to determine where PROM/PREM collection should be focused based on the likelihood of influencing clinical decisions, pathway redesign, or strategic planning.
- Reviewing and optimising the digital PROM collection platform, ensuring it is user friendly, efficient, and fully aligned to wider digital transformation programmes. Collaborating with colleagues to effectively review and analyse existing data sets alongside the collection of new data.
- Leveraging advanced analytics, including segmentation, risk stratification, and outcomes modelling, to enable the organisation to convert VBHC insights into actionable improvements at pathway, service, and organisational levels. This will be supported by an agreed VBHC scorecard, which will include:
 - Outcomes that matter to people.
 - Experience.
 - Value and productivity.
 - Equity.
 - Sustainability.



Priority 2: Embed VBHC into strategic and operational planning across the organisation and with partners.

We will ensure that VBHC becomes a core method for delivering organisational and national priorities by systematically aligning insight with planning, resource allocation and strategic decision making. This will be delivered through:

- Embedding VBHC within annual and medium term planning cycles, including those led by Clinical Care Groups, so that inequalities, outcomes, experience, and value are central to operational and strategic goal setting. Where appropriate, the Value Delivery Fund will be invested to facilitate the transition to higher value activities, providing that there is a clear focus on long term sustainability and clarity about the reduction of services that add little or no value.
- Systematically identifying and reducing low value activities to ensure that our scarce resources can be targeted on the areas of highest need and inequity.
- Integrating VBHC into all investment and business cases, ensuring the Executive Team and Board receive proposals supported by robust outcomes analysis and Value-Based assessments, linked with the analytical capabilities of the TriTech Institute.
- Working with academic partners to create the capability and methodology for shifting resources from low value to high value activities, supporting HDdUHB to make evidence based decisions and maintain performance in a fiscally constrained environment.
- Aligning planning and improvement efforts across organisational boundaries, ensuring VBHC methods are used collaboratively with partners including local authorities, primary care, and community care, as well as neighbouring Health Boards. The focus with each will be supporting whole system, outcomes driven change.



Priority 3: Build the capacity and capability of staff to apply VBHC across planning and operational priorities.

We will grow the skills, confidence, and capability of staff across all services to apply VBHC methods to the issues that matter most in their clinical, operational, and strategic contexts. This will be delivered through:

- Strengthening our partnership with the VBHC Intensive Learning Academy at Swansea University, offering staff access to high quality formal education, and continuing to expand our joint work on strategic and operational planning.
- Expanding opportunities for staff development, including targeted programmes, applied learning, coaching and project based learning linked to priority pathways and service challenges.
- Developing international learning partnerships to understand how leading health systems across the world are implementing VBHC, enabling HDdUHB to adopt and adapt best practice from global exemplars.
- Building internal capability for advanced analytics, outcomes interpretation and Value-Based decision making, ensuring teams have the skills and support needed to turn insight into practical, measurable improvement.





AIM 2

Embedded

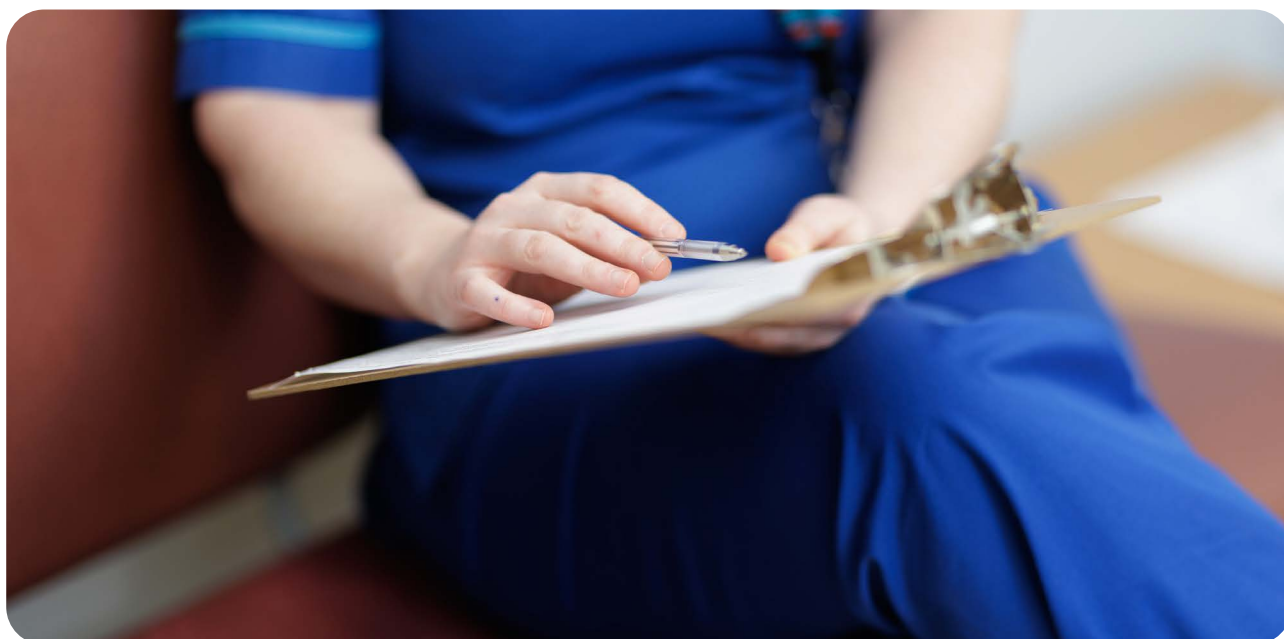
To embed VBHC as a core organisational approach, ensuring that value drives everyday decision making, resource allocation and service improvement across HDdUHB.

What we will deliver and why

Embedding Value Based Health Care across HDdUHB is essential to moving Value from the periphery of organisational activity to the core of how we operate every day. The next phase of implementing VBHC across the organisation will involve it becoming a conscious, routine part of planning, decision making and service delivery. This means ensuring that Value is not confined to the individual projects of the interested and committed few but becomes part of everyone's daily business. In other words, it becomes an organising principle for how we understand need, allocate resources, design pathways, and measure improvement. We cannot rely on additional investments in health and care to bring about change. We need to use the existing resources we have in a different way.

Over the past four years, HDdUHB has built a solid foundation in VBHC. The organisation has invested in the infrastructure to support implementation and has cultivated a cadre of VBHC trained professionals equipped to lead meaningful change. This movement has already delivered tangible benefits.

We have embedded Value-Based approaches within priority pathways including heart failure, bone health, respiratory (including recent work on the sleep pathway), trauma and orthopaedics, and diabetes. Several of these are nationally prioritised high value, high impact pathways. Through the VBHC Delivery Fund, we have supported targeted improvements in areas such as the vascular podiatry service, atrial fibrillation service, and the acute kidney injury service, demonstrating that even modest investments, when guided by outcomes and value principles, can yield significant impact. Our own Applied Practitioner Programme and partnership with the VBHC Intensive Learning Academy at Swansea University has strengthened organisational capability further, including recent work supporting the Clinical Care Groups in understanding the potential of VBHC in the context of their operational plans.



The next stage is to ensure that VBHC is fully embedded operationally as “the way we do things”. This requires the organisation to draw together insights from the data infrastructure we have developed, including PROMs/PREMs, clinical audit, resource utilisation and unwarranted variation, and population need. It is imperative that these datasets consistently drive better decision making, prioritisation and resource allocation.

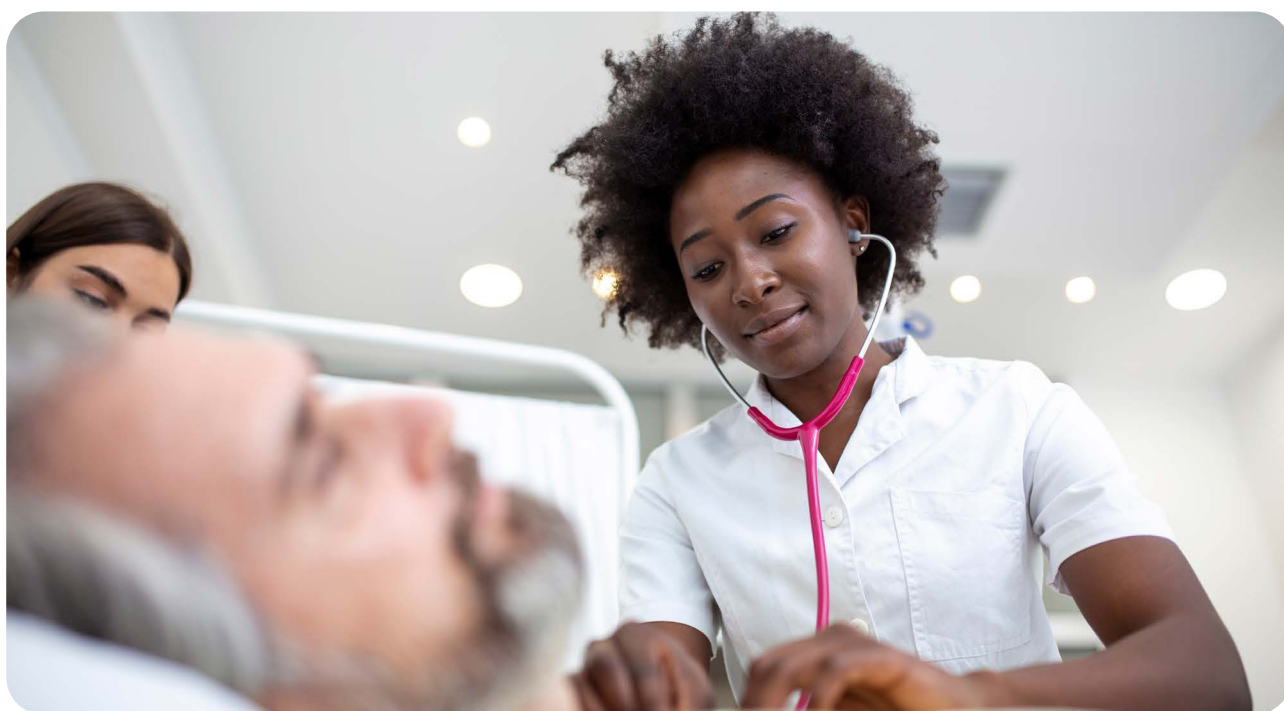
Embedding VBHC means that service decisions are grounded in outcomes evidence; that unwarranted variation is systematically identified and addressed; and that investments are guided by clear value considerations that maximise improvements in outcomes and sustainability. This includes strengthening the organisation’s ability to make difficult but necessary decisions about resource allocation, ensuring consistent focus on activities that deliver the greatest impact for patients and communities.

To achieve this shift, HDdUHB will develop a systematic approach to harnessing the enthusiasm, expertise and lived experience of the multi professional VBHC community across the organisation.

This includes creating a structure through which clinical teams, managers, analysts, and improvement specialists can work together to overcome barriers, apply VBHC methods to real operational challenges, and celebrate progress.

Strengthening our academic partnerships will remain central, not only with Swansea University’s Intensive Learning Academy, but through growing our international learning relationships to understand how leading systems around the world are implementing Value Based Health Care.

Embedding VBHC across the organisation will allow HDdUHB to move from pioneering pockets of best practice to a fully integrated, outcomes driven, learning health system. By making VBHC part of everyone’s work, we will ensure that every decision, from patient consultations to board level strategy, advances the outcomes that matter most to our population and the sustainability of our healthcare system.

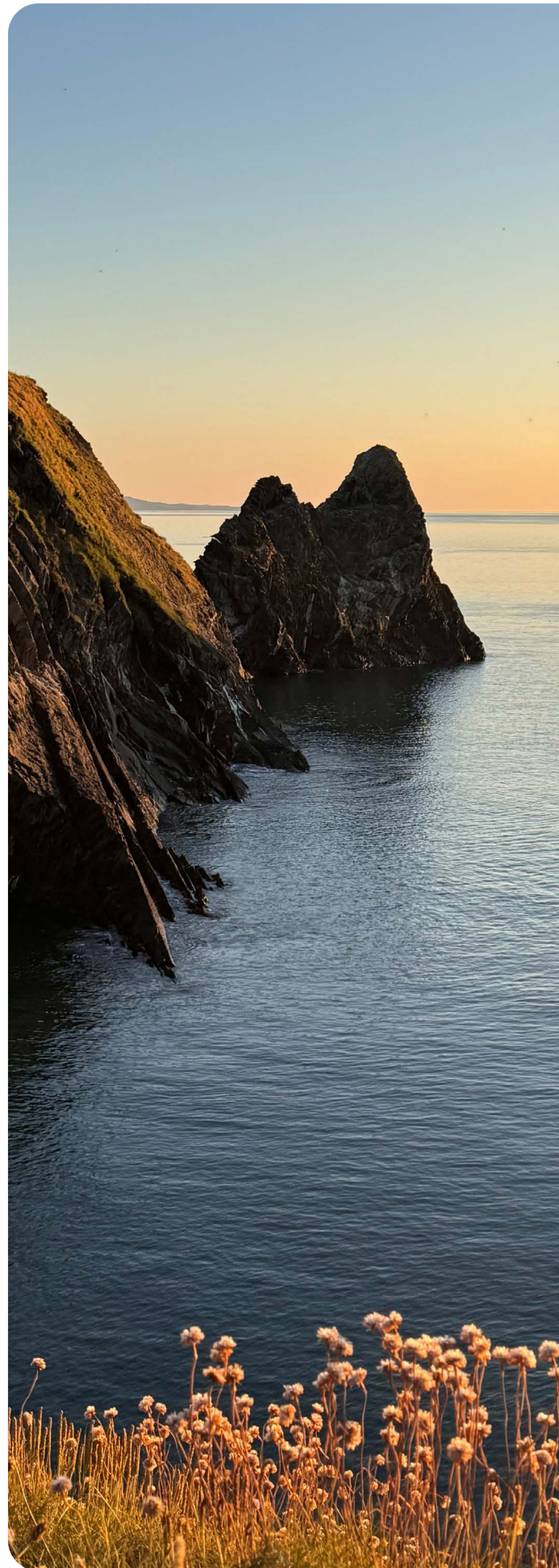


How we will deliver

Priority 1: Secure organisational ownership of VBHC and service delivery functions.

HDdUHB will ensure that VBHC is owned, led, and driven by operational teams, supported by specialist expertise, so that value becomes a routine part of how services are planned, delivered, and improved. This will be achieved by:

- Establishing a VBHC partnering approach, to provide operational teams with VBHC guidance and support, ensuring that the organisation's analytical and methodological capability is directed where it can have the greatest impact on outcomes, unwarranted variation, and resource utilisation.
- Supporting a rolling programme of change, led by Clinical Care Groups and other stakeholders, enabling VBHC priorities to be systematically identified, worked through and, where appropriate, implemented. A new approach to the VBHC Delivery Fund will be developed, to 'enable change' rather than running new services in parallel with existing models of care.
- Strengthening leadership responsibility for VBHC within Clinical Care Groups and service areas so that each group takes ownership of applying VBHC insights to the issues that matter most to their populations and pathways.



Priority 2: Develop a unified and coordinated organisational approach to VBHC across corporate functions.

VBHC will be integrated into the full range of corporate activities so that planning, finance, digital, workforce, improvement and clinical governance functions consistently use VBHC principles in how they guide and support operational teams. This will be achieved by:

- Aligning corporate processes and governance mechanisms so that VBHC becomes a consistent method for prioritisation, risk management, investment decision making and assurance.
- Embedding VBHC in financial, workforce and digital planning, ensuring corporate functions actively enable the shift towards outcomes driven service design and reductions in unwarranted variation.
- Creating consistent organisational standards for outcomes driven decision making, ensuring that PROMs/ PREMs, clinical audit insights, resource utilisation and population need are used systematically across all functions.
- Providing clear governance and direction through the Value Leadership Group and Board oversight through the Strategy and Planning Committee.

Priority 3: Sustain and expand delivery of national and local high value, high impact pathways.

This will be achieved by:

- Continuing to focus on national priority areas, with reports to the national Value and Sustainability Board, mirrored locally by the HDdUHB Value and Sustainability Group.
- Aligning VBHC with major service changes, including those set out in the Clinical Services Plan, ensuring that population need, outcomes evidence and resource utilisation insights directly shape decisions about pathway redesign and service configuration.
- Optimising the potential of VBHC to drive productivity improvements, ensuring that outcomes evidence, unwarranted variation analysis and resource utilisation insights are used to identify opportunities to streamline pathways, reduce avoidable activity, improve flow, and release capacity that can be redirected to areas of highest value.
- Leveraging population health data to highlight inequities and unmet needs as well as the outcomes we would expect to see in our population compared to our observations and data.



AIM 3

System-Wide

To take a system-wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.

What we will deliver and why

We believe that the greatest opportunities to improve outcomes and sustainability lie in addressing the root causes of ill health and not just the symptoms. Investing in prevention is one of the highest value actions we can take to improve outcomes sustainably and offset the increasing demand for our services.

Supporting prevention requires a 'system-wide' approach. Moving forward, the reach of the VBHC programme will extend into all parts of the system, spanning preventive services, primary and community care, hospital services, and end of life care. This reflects a simple but powerful truth: the highest value care often happens outside of hospital settings and long before an individual enters a disease specific pathway. For our VBHC programme to realise its full potential, it must reach beyond episodic treatment and focus on the broader determinants of health and the lived experience of our population.

The healthcare needs of our communities are not static. They evolve across the life-course, shaped by changing circumstances, acute events, chronic conditions, and the pursuit of well-being at every stage of life.

A system-wide VBHC approach will enable HDdUHB to respond to this dynamic reality by considering the needs of distinct population segments, for example, people living with chronic disease, those in need of palliative and end of life care, or older individuals at risk of falls and frailty. VBHC provides a structured method to ensure that pathways, models of care and resource allocation are aligned to the needs of these sub segments, rather than being constrained by organisational or traditional service boundaries.

High quality outcomes are shaped by a wide range of factors, from prevention and early intervention to effective management of long term conditions and dignified, person centred end of life care. No single part of the system is responsible for delivering these outcomes alone. A system-wide VBHC approach therefore requires multi stakeholder participation, bringing together the collective insight and capability of Primary and Community Care, Public Health, Local Authority partners, Clinical Care Groups, digital and analytics teams, and the wider voluntary and community sector.



This collaborative focus, embracing the Social Model for Health and Well-being, is essential to achieving the optimum allocation of resources across the care continuum and ensuring that investment is guided by the outcomes that matter most.

This strategic approach will place a major emphasis on this system-wide approach. VBHC demands that we work in partnership to build health in our communities, not just treat illness when it presents.

By engaging the entire system, HDdUHB can ensure that prevention, early intervention, pathway redesign, resource utilisation, and population outcomes all reinforce one another. This shift will enable us to move from a collection of isolated initiatives to a unified, outcomes driven health and care system delivering better value, better experience, and better long term outcomes for our communities.

How we will deliver

Priority 1: Maximise the contribution of VBHC to the Social Model for Health and Well-being.

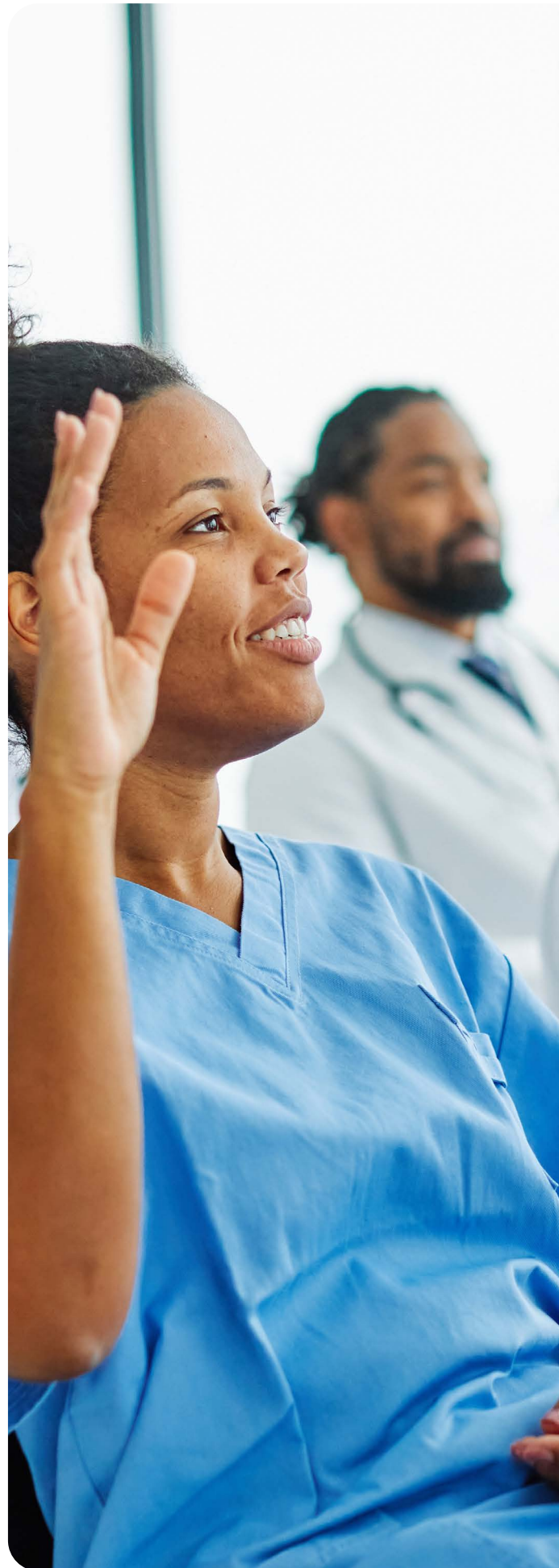
HDdUHB will strengthen the role of VBHC in supporting prevention, community resilience, and the wider determinants of health, ensuring that value is generated long before people require hospital based care. This will be delivered through:

- Working in partnership with the Centre for Social Innovation at the University of Wales Trinity St David, to support community focused approaches, including the Community Health and Well-being Workers programme, to improve outcomes through earlier, person centred intervention.
- Examining and promoting preventative and lifestyle based approaches, including Lifestyle Medicine, behaviour change and supported self management, to improve health outcomes at reducing the need for more complex or acute interventions. This will support the work on Health Coaches and Community Health and Well-being Workers.
- Strengthening the use of population segmentation and insight, ensuring that interventions are designed and targeted to the needs of different population groups across the life-course.
- Ensuring VBHC supports a shift towards building health in our communities, not just managing illness, by aligning resources to prevention and early intervention where the potential value is greatest.
- Evaluating social investment models, which are geared towards enabling early intervention and prevention.

Priority 2: Maximise VBHC implementation and impact in Primary and Community Care.

We will collaborate more closely with Primary and Community Care colleagues to advance our collective understanding of individuals and segments of our population. We will seek to share data so that we can identify and address the needs of our population, understanding the key role that Primary and Community Care has in the pathway of care. We will achieve this by:

- Working with Primary and Community Care colleagues on shared VBHC initiatives that seek to improve outcomes and reduce variation in all parts of the healthcare system.
- Developing an understanding of the existing data that is collected routinely in Primary and Community Care and working towards the collection of standardised outcome measures throughout the life-course of our citizens to understand the things that are important to them in all parts of their life.
- Aligning VBHC with Primary Care transformation programmes, including chronic disease management, urgent primary care, and preventative pathways.
- Strengthening collaboration between Primary Care, Community Care, Public Health, and Clinical Care Groups, ensuring that a consistent VBHC methodology underpins pathway development and resource allocation across the interface.



Priority 3: Develop a strong 'people and communities' approach.

To understand and demonstrably respond to the collective voice of our voice, we will:

- Set up and routinely engage with a citizen panel, which may co-opt individuals as specific service areas are considered. This will also include patient advocacy groups to provide summarised feedback.
- Develop and strengthen community-based approaches that embed prevention into all pathways and address unmet social need.
- Ensure that PROM and PREM data is transparently fed back to individuals and to communities to provide assurance that the voice of the population is being heard and considered in all that we do.
- Work with citizens in the co-design of services, considering the activities that they believe add highest and lowest value so that through approaches like the Socio-Technical Allocation of Resources (STAR) we can move scarce resources to where they will have the greatest impact.



Delivering the plan

How the VBHC Team will work

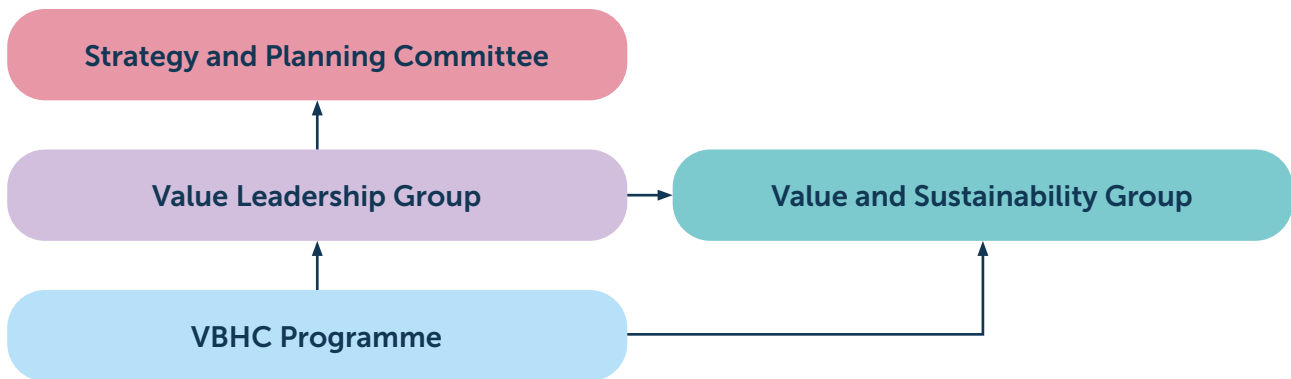
Delivering this strategy requires a clear operating model for how the VBHC Team will support clinical and operational services to translate insight into measurable improvement. The VBHC Team will act as an enabling function: building capability, providing analytical and methodological support, brokering partnerships, and helping teams to prioritise and deliver change that improves outcomes, experience, equity, and stewardship. Our approach will be practical and delivery focused, working alongside Clinical Care Groups, corporate functions, and system partners to embed VBHC into routine planning and improvement, rather than running standalone projects.

How we will organise the VBHC Team

- Value partnering with services – VBHC resources will align with Clinical Care Group priorities and help teams define the outcomes that matter, interpret variation, and support services to turn insight into actionable improvement plans.
- Insight and analytics – a dedicated analytical function will develop and maintain the VBHC scorecard, support segmentation, and risk stratification, and provide timely pathway insight (PROMs/PREMs, utilisation, variation and equity) to inform decisions.
- Improvement and implementation support – improvement practitioners will support prioritised pathway redesign and evaluate the impact of those changes.
- Education, coaching, and community of practice – the team will curate learning pathways (including the Swansea University partnership), provide coaching, and convene a multi professional VBHC community to spread effective practice.
- Partnership and system working – a system interface will connect VBHC work with Primary Care, Local Authorities, Public Health, Third Sector and neighbouring Health Boards, supporting shared outcomes and whole system pathway change.

Governance, prioritisation, and decision-making

- Strategic oversight will be provided through the Value Leadership Group, with Board assurance via the Strategy and Planning Committee:



- A transparent prioritisation process will be used to select pathways and improvement opportunities based on population need, outcomes opportunity, unwarranted variation, equity impact, feasibility, and system sustainability.
- Focused VBHC engagement integration with planning cycles – VBHC insight will be embedded into annual and medium term planning, business cases, and investment decisions so that value considerations shape resource allocation and delivery commitments.
- Value Delivery Fund as an enabler – where used, investment will be time limited and focused on implementation support and transition to higher value care, with clear benefits realisation and sustainability plans, including the reduction of low value activity where appropriate. Wherever possible, this will be through ‘buying out’ time of staff to work on implementing VBHC approaches within their structure. It is recognised that occasionally the VBHC Team will need to be bolstered to directly support.
- Clear escalation and assurance – delivery risks (e.g., digital dependency, capacity constraints, clinical safety, or inter organisational barriers) will be escalated through agreed governance routes, supported by routine reporting against the VBHC scorecard.

Engagement and communications

- Population voice at the centre
 - PROMs/PREMs and qualitative feedback will be routinely used alongside clinical and operational data, with transparent feedback to people and communities on what we heard and what we changed.
- Citizen and patient involvement – the VBHC Team will support the development and facilitation of a citizen panel and pathway specific engagement, enabling co-design and ensuring improvement is grounded in lived experience.
- Staff engagement and capability – we will use a clear communications plan to explain the purpose of VBHC, celebrate progress, and make it easy for teams to access support, training, and practical tools.
- Partner alignment – communications and engagement will be coordinated with system partners so that shared outcomes, responsibilities, and dependencies are explicit, supporting smoother whole system delivery.

Success will be judged by demonstrable improvement in outcomes that matter to people, measurable reductions in inequity and unwarranted variation, improved patient outcomes and experience, stronger equity, and clearer stewardship of resources. The VBHC scorecard will provide a consistent line of sight from pathway activity to organisational priorities, and will support regular review, learning and accountability. By working in this structured way, the VBHC Team will help HDdUHB move from pockets of innovation to a coordinated, outcomes driven system that reliably delivers higher value care.





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