



Cyfarfod Cyhoeddus y Bwrdd / Public Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Macmillan Cancer Support Community Investment Partnership: Strategic intent and authority to continue negotiation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Bruce Bolam, Consultant in Public Health/Deputy Director Rhian Evans, Principal Project Manager

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 consider and agree the strategic intent of the Macmillan Cancer Support Community Investment Partnership and to authorise continued negotiation of the final funding and partnership agreement. The proposed partnership would secure external investment from Macmillan Cancer Support to develop, test and evaluate a five-year Community Prevention Programme across three high-need communities in Carmarthenshire, Ceredigion and Pembrokeshire. The programme is intended to improve population health, reduce health inequalities, strengthen community resilience and support cancer prevention through earlier, more personalised, community-based prevention and support.

The proposal has been considered by Executive and Committee groups, but further due diligence is required before the Health Board enters into any binding funding agreement, given the novel and Wales-leading nature of the proposed partnership.

Approval by Board at this stage is, therefore, limited to support for strategic intent and authority to progress with the project development and funding negotiation. This approval is not a final agreement, and does not create a binding financial commitment, or commit the Health Board to repayment. A final decision will be sought after the business case and partnership agreement is finalised, following further consideration by both HDdUHB and Macmillan, which will then be considered by the Health Board's Finance and Performance Committee, for advice to the Board prior to final approval.

Cefndir / Background

The partnership has been developed in response to increasing healthcare demand, rising prevalence of cancer and long-term conditions, persistent health inequalities and the need to

strengthen prevention and community-based support across Mid and West Wales. The proposal aligns with:

- A Healthier Mid and West Wales Strategy
- Community by Design
- The Social Model for Health and Wellbeing
- The 20four7 Prevention Model
- Welsh Government prevention priorities
- Value-Based Healthcare principles
- Macmillan Cancer Support's Community Health Programme

The draft business case has been developed by a project team led by Public Health, Value-Based Health Care, Primary Care, Cancer, and Research and Innovation staff, with input from Macmillan Cancer Support and key internal and external stakeholders, including local authorities, third-sector organisations and patient and community representatives.

The proposed programme combines three mutually reinforcing elements: Health Coaching through primary care and cancer referral routes; proactive Community Health and Wellbeing Worker outreach for households experiencing disadvantage and unmet need; and investment in local prevention capacity through community assets, volunteering, micro-grants and third-sector infrastructure.

This proposal is a Wales-leading use of outcomes-based social investment for prevention, combining repayable funding linked to independently validated outcomes with non-repayable investment in local capacity. Published evidence suggests this type of model can help unlock prevention investment, but also requires robust evaluation, transparency and governance.

The draft business case relates to two separate funding streams:

1. Social Investment Fund (Repayable)

Approximately £8.4 million of repayable social investment funding to support programme implementation, workforce development, evaluation and service delivery over a five-year Community Prevention Programme. Repayment will be governed through an outcomes-based funding agreement, with payments linked to agreed delivery, outcome and healthcare-utilisation measures and capped at the value of social investment funding received.

2. Anchor Grant (Non-Repayable)

Approximately £1.6 million of non-repayable Anchor Grant funding, intended to be invested directly by Macmillan Cancer Support into community and third-sector infrastructure, community coordination, community development, volunteering programmes, micro-grants and local prevention initiatives, in alignment with the overall partnership objectives. This element does not create a repayment liability for the Health Board.

The total programme value is therefore currently approximately £10 million over five years, comprising £8.4 million repayable social investment and £1.6 million non-repayable Anchor Grant funding, within a proposed eight-year partnership and repayment framework.

The proposed agreement will create a material future liability over the life of the contract and should, therefore, return to the Board for final approval before execution, following Executive Director of Finance and Finance and Performance Committee oversight, procurement advice, legal review and completion of due diligence.

Asesiad / Assessment

The proposal offers a significant opportunity to secure external investment for prevention, community working and cancer-related support at a scale that the Health Board could not otherwise deliver. It is strategically aligned with the Health Board's ambition to shift care upstream, strengthen community-based support, improve health equity and reduce avoidable demand over time. However, the proposed outcomes-based repayment model is novel and creates a material future liability for the Health Board. The central Board issue at this stage is therefore whether to maintain momentum and authorise continued negotiation, while preserving final approval until the contractual, financial, legal and procurement work is complete.

Financial and benefits assessment

The repayable exposure is the £8.4 million social investment element of the partnership, with total outcomes payments capped at the value of funding received from Year 2, once 80% of the forecast healthcare consumption reductions have been realised. The repayment profile is phased, beginning at 20% in Year 2, increasing to 40% in Year 3, 60% in Year 4 and 80% in Year 5, before reaching full repayment levels from Years 6 to 8. This approach enables HDdUHB to benefit from substantial upfront investment, while aligning financial obligations to the delivery of measurable value and system-wide efficiencies. This extended profile is intended to avoid concentrating repayment during early implementation, when programme costs are being incurred but longer-term utilisation benefits have not yet fully developed.

Financial benefits have been modelled as cost avoidance and moderated future demand growth, rather than guaranteed cash-releasing savings. Current modelling includes a conservative estimate of approximately £5.2 million over five years, based mainly on smoking and alcohol-related interventions, and a broader estimate of up to £12.4 million over five years, based on wider assumptions about participant outcomes and reduced healthcare utilisation. These estimates should not be treated as guaranteed savings or directly available budget reductions. They provide a basis for testing whether the programme can generate sufficient value, cost avoidance and future demand moderation to support outcomes-based repayment.

The proposal should be assessed through a Value-Based Healthcare lens. The question is not whether prevention produces immediate cash-releasing savings, but whether it delivers sufficient value through improved outcomes, reduced inequalities, better experience, stronger community resilience and moderated future demand, relative to the resources and financial exposure involved. This avoids applying a narrower and higher test to prevention than that applied to other investments when they are nationally directed, improve access or quality, or respond to immediate service pressures, even where they may increase recurrent cost.

Evaluation and benefits realisation

The business case includes an evaluation framework combining reach, engagement, retention, behavioural outcomes, patient activation, clinical indicators, healthcare utilisation, longer-term disease outcomes and wider outcomes such as wellbeing, social connection and community participation. It also proposes independent evaluation and validation, including matched comparison methods where feasible. These arrangements are intended to reduce uncertainty progressively as the participant cohort and follow-up period increase. The remaining task is to translate this framework into final contractual schedules, including agreed measures, thresholds, validation rules and reporting arrangements.

Governance and risk

The business case includes a staged implementation model across three communities, formal gateway reviews, a programme risk register, separation of the non-repayable Anchor Grant from the repayable social investment element, alignment of recruitment and delivery commitments with confirmed funding, and a proposed programme governance structure. These arrangements provide important controls over implementation, financial exposure and future expansion.

Before final approval, the Board will need assurance that the final outcomes methodology and independent validation arrangements are robust, and that programme risks can be managed through a staged approval route. We are also working through the assessment of the benefits of the wider partners in West Wales via the Regional Partnership Board and a mechanism for their monitoring. Board approval at this meeting would authorise continued negotiation only. The final agreement would return to the Finance and Performance Committee for detailed scrutiny, before a further Board decision on whether to enter into any binding agreement.

Argymhelliad / Recommendation

The Board is asked to:

- **SUPPORT** the strategic intent of the Macmillan Cancer Support Community Investment Partnership.
- **APPROVE** continued work with Macmillan Cancer Support to develop the final funding and partnership agreement.
- **NOTE** that this does not approve the final agreement, create a binding financial commitment, or commit the Health Board to repayment at this stage.
- **AGREE** that the final business case and funding agreement will return to the Finance and Performance Committee and the Board before execution.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:
Datix Risk Register Reference and Score:

The proposal contributes directly to the mitigation of the following principal risks: Risk 1198, Ability to shift care into the community, current score 16; Risk 1194, Increasing uptake and access to public health interventions, current score 12; Risk 1193, Failure to address health inequalities, current score 9; and Risk 1188, Effective leveraging within partnerships, current score 9. It also supports the wider strategic response to Risk 1192, Wrong value set for best health and wellbeing, current score 12, by accelerating the shift towards prevention, community working and community-based support.

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	4. Community by Design 3. 20Four7 Population Health 5. People First, Digital Always 6. Safe, Timely, High Quality Care 7. Future Orientated
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being 6. Work with partners and communities to nurture and support everyone to achieve their best well-being 7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
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 : (complete for strategic change and/or significant service changes)	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Draft Macmillan Cancer Support Community Investment Partnership Business Case
Rhestr Termau: Glossary of Terms:	Draft business case
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	The proposal has been developed with Public Health, Primary Care, Value-Based Health Care, Cancer, Research and Innovation, Macmillan Cancer Support, local authority partners, third-sector partners, patient and community representation, and internal service stakeholders. The strategic intent was supported by Formal Executive Team on 12 August 2026. Finance and Performance Committee scrutinised the proposal's affordability, value for money, financial risk, delivery confidence and governance route on 27 August 2026.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The programme would provide approximately £10 million of investment, comprising approximately £8.4 million of

	repayable outcomes-based social investment funding and approximately £1.6 million of non-repayable Anchor Grant funding. The main financial issue is that repayment may need to be funded from future Health Board resources because benefits are expected mainly through broader value, cost avoidance and moderated demand rather than guaranteed cash-releasing savings. Final approval must therefore remain subject to confirmation of affordability, source of repayment, accounting treatment, procurement route, capped liability, fallback provisions and Board approval before execution.
Ansawdd / Gofal Claf: Quality / Patient Care:	The programme is expected to have a positive impact on quality and patient care by improving access to personalised, preventive and community-based support. It is intended to support earlier identification of need, improved self-management, better access to support and improved outcomes for people affected by cancer and other long-term conditions. The Quality Impact Assessment is included as an appendix to the Business Case and will be completed through internal Health Board processes before final approval.
Gweithlu: Workforce:	The proposal includes a fixed-term Health Board workforce covering health coaching, clinical leadership, digital project management, programme management, administration, project oversight, Value-Based Healthcare support and Public Health Consultant input. TriTech evaluation capacity is also included, alongside community-based Community Health and Wellbeing Worker capacity to be commissioned through the third sector. The principal workforce issue is the management of fixed-term Health Board recruitment, supervision, redeployment and exit arrangements, ensuring that workforce commitments remain aligned with confirmed funding and gateway decisions.
Tegwch Iechyd: Health Equity:	The programme is explicitly intended to reduce health inequalities by targeting communities with higher need, improving access to prevention and early intervention, and strengthening local community assets. An equity-focused impact assessment has been completed and is included as an appendix to the Business Case.
Risg: Risk:	Key risks relate to future financial liability, affordability, benefits realisation, attribution, contractual fallback, gateway control, recurrent sustainability, workforce liabilities, delivery capacity, data sharing, procurement, accounting treatment and partner alignment. The staged approval route mitigates these risks by separating strategic-intent approval from final contractual approval, allowing further Committee scrutiny and preserving Board decision-making before execution.
Cyfreithiol: Legal:	Further legal and risk advice is being sought because of the novel outcomes-based repayment model. Execution of any binding agreement must remain subject to satisfactory assurance on funding and repayment provisions, liabilities,

	procurement, data sharing, variation, withholding, gateway, fallback and termination arrangements. The final agreement should return to Board for approval before execution because the proposed contract value and potential liability are material to the Health Board's financial and governance position.
Enw Da: Reputational:	The partnership offers a significant reputational opportunity through partnership with Macmillan Cancer Support and visible investment in prevention, cancer-related support, communities and health inequalities. Reputational risks include failure to deliver anticipated benefits, unclear public messaging, or entering financial commitments without sufficient assurance. These risks will be managed through staged governance, transparent communication and the Communications and Engagement Plan.
Gyfrinachedd: Privacy:	The programme will involve referral, assessment, outcomes monitoring and information sharing between partners. Data protection, confidentiality, information governance, data-sharing arrangements and any required Data Protection Impact Assessment will be completed before processing begins.
Cydraddoldeb: Equality:	The proposal is expected to have positive equality impacts by improving access to prevention and support in communities experiencing higher levels of need. An Equality Impact Assessment screening has been undertaken and is provided as an appendix to the Business Case. Equality impacts will continue to be monitored throughout implementation.