

Meeting Date	25 June 2024	Agenda Item	3.1
Report Title	Organisational Population Health Strategy - Briefing		
Report Author	James Rodaway, Associate Director of Population Health Programme Development; Ffion Green, Senior Business Manager; Rebecca Davies, Regional Health Protection Manager; Public Health Team		
Report Sponsor	Jennifer Davies, Interim Director of Public Health		
Presented by	Jennifer Davies, Interim Director of Public Health		
Freedom of Information	Open		
Purpose of the Report	<p>This report updates the Committee on:</p> <ul style="list-style-type: none"> The developmental journey and progress to date to realise SBUHBs population health ambition through implementation of our Population Health Strategy (PHS) at scale. Performance and finance issues relating to service driven Ministerial priorities and health protection. Capability and capacity requirements to implement the PHS at scale. 		
Key Issues	<ul style="list-style-type: none"> On approval of the Population health Strategy (PHS) by SBUHB, there was a recognition that this is the start of an organisational development journey. Risks to implementation previously highlighted remain as they relate primarily to the challenges of how to organise delivery of a whole organisation PHS within our current federated structures. There is a need to knit together the organisational strategic intents at a tactical level to inform and drive operational delivery & implementation. This capability and infrastructure remains under development. Ownership and action towards becoming more population health focussed by the entire organisation requires different ways of thinking and working – embedding it into our business-as-usual processes and thinking. The allocation of £250K to population health is welcomed but represents <0.02% of the organisational budget and hence requires careful consideration to ensure it leads to action that achieves outcomes in the medium and longer term at a population level. Our ways of working with and through partnerships – recognising the value of these partnerships as they relate to each of the 4-pillars – is vital. Assessment against the WFG Office Journey Tracker indicates we are not yet orientated to be a productive and effective partner for population health outcomes. Progressing these priorities to date has been impacted by the cross-cutting nature of the work; lack of organisational capability & capacity; development of appropriate governance routes; financial, HR and procurement processes respectively. The health protection (including immunisation) allocation from Welsh Government has been reduced by £2.16m. This will impact on what can be delivered. Risks relating to PHS and Health Protection Framework implementation and have been raised to the HBRR. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Approval
			<input type="checkbox"/>

Recommendations

Members are asked to:

- **Note** the contents of this report, progress made to date in supporting the implementation of the PHS and challenges faced to progressing at pace & scale.

Organisational Population Health Strategy - Briefing

1. INTRODUCTION

The Population Health Strategy (PHS) was approved by the Board in March 2023. This was the start of a developmental journey requiring systems working and whole organisational collaboration to achieve our aspiration of becoming a population health competent organisation.

During 2022-23, a commitment was made by the Health Board to a recurrent allocation of funding of £1m, to catalyse the implementation of population health approaches, capability and understanding. The then Executive Director of Public Health (DPH), was asked to provide a plan for allocating the funding, although the funds were never delegated to the Exec DPH and the process for approval of spend was unclear.

Progress made during 2023/24 – 2024/25 to implement the Population Health Strategy including proposals agreed by the Population Health and Partnerships Committee and Management Board are captured in table 1 below. However, challenges remain as this is a long-term developmental programme and does not lend itself to the current annual cycles of financial decision making, necessitated by the current economic context. The WFGA Commissioner has written to all Chief Executives of public bodies urging a focus on direction set by the WFGA, a focus on prevention, long-term thinking and effective corporate functioning in line with the statutory guidance.

This report provides an update on:

- Ministerial priorities and
- Population Health Strategy implementation

2. BACKGROUND

Implementation of the PHS requires an ability to develop our understanding of population health and to act on this as a whole of organisation and whole of system, through a set of collective actions, requiring different ways of working and bold, disruptive commitments.

This goes beyond single services or initiatives. As such, it requires population health and equity considerations across all aspects of our business. Being successful will mean a purposeful consideration to the orientation of all our resources – both revenue & capital – ensuring the totality of our budget as a £1.5bn organisation is used to maximise the benefit through a population health & equity lens.



Figure 1: SBUHB Four Pillar Framework

To support local implementation the strategy contains our Four Pillars Framework (Figure 1). This enables the evidence base of what works to be applied to the local context in which we operate and to support successful delivery of population health gain by developing new ways of working and behaviour change at scale across all pillars of the strategy and through all aspects of our business.

Finance colleagues have now confirmed that a recurrent £250K is to be delegated to the Executive Director of Public Health to support the implementation of the Population Health Strategy (formal delegation letter awaited). This is a significant step forward in commitment to progressing the work approved through Management Board.

In addition, confirmation has been received of the financial envelope for implementation of the Health Protection Framework and the National Immunisation Framework at a regional level of £5.04m.

3. PROGRESSING IMPLEMENTATION

Ministerial Priorities / Service Driven Initiatives:

These can be considered currently to fall into the following categories:

- **Health harming behaviours**

This currently focuses on the implementation of the national Tobacco Control plan and the Weight Management pathway, as part of the Healthy Weight, Healthy Wales obesity strategy. In support of this, pump priming money has been allocated by Welsh Government through the Prevention & Early Years (PEY) grant to the DPH of a total of £792k in 2023-24, which was subsequently reduced by 4.9% to £753k in 2024-25 for Swansea Bay.

It is worth noting, that this is fixed term funding that is due to end 31st March 2025 and is only available to be drawn down on approval of proposals with Welsh Government. There is an expectation in seeking approval that the Health Board commits its own core funding to support the implementation.

Table 1: Ministerial priorities/service driven initiatives

Focus	Funding	Activity
Weight management pathway implementation	£328K (WG prevention & early years funding 24/25)	Level 2 adult weight management service currently operational. No level 3 service currently. Pathway and service specifications drafted Clinical lead & GP lead identified. Delivery through One Bay Way mechanism. Reporting through APOG. Service performance & management through PCT.
Tobacco control implementation	£187,422 (WG prevention & early years funding 24/25)	Maternal smoking cessation service being implemented. Help Me Quit in Hospital pilot. Recruitment of Help Me Quit advisors. Reporting through APOG. Service performance & management through PCT.
Whole system approaches to healthy weight	£111,265 (total regional grant with HDdUHB is £222,530)	Regional working between SBUHB & HDdUHB Regional team now recruited System mapping work complete Subsystem mapping underway

- **Health Protection & National Immunisation Framework implementation**

Welsh Government allocation for delivery of both Frameworks, to SBUHB totalled £8.394m. This was broken down to £7.2m and £1.194m for PPE. The final allocation delegated to the DPH has been confirmed as £5.04m to deliver Health Protection, immunisations & vaccinations priorities of which:

- £2m allocated to Health Protection system objectives;
- £3.04m for immunisations and vaccinations; and
- £1.35m allocated under / as Personal Protective Equipment (PPE)

Table 2: Health Protection / National Immunisations implementation / allocation

Focus	Funding 24/25 (£m)	Activity																		
Health Protection																				
Health Protection HB capacity & capability	0.55	WG & Regional HP priorities Leadership & co-ordination IP&C – community, care homes, leadership, testing																		
Regional Health Protection capacity & capability	0.8	Regional approach on an all-hazards basis, in line with the WG framework & core principles Includes elements such as COVID response i.e. Care Homes, Community, testing.																		
Health protection plan implementation	0.65	Revision of plan underway in light of confirmation of final allocation Initial priorities identified for support of BBV elimination & TB eradication through additional capacity in sexual health services, respiratory medicine, prison health, hepatology service																		
Immunisations & vaccinations																				
Immunisation & vaccination - workforce	2.059	Core NIF workforce inc. leadership, co-ordination, clinical and admin.																		
Non pay consumables	0.228	LVC rent, accommodation, imbalance, clinical supplies																		
Primary Care / contracts	0.753	GP/Pharmacy contracts – COVID.																		
Personal Protective Equipment (PPE)																				
Deployment of PPE in support of the above frameworks	1.35	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">£m</th> </tr> </thead> <tbody> <tr> <td>Morrison</td> <td style="text-align: right;">0.68</td> </tr> <tr> <td>NPTS</td> <td style="text-align: right;">0.30</td> </tr> <tr> <td>PCT</td> <td style="text-align: right;">0.08</td> </tr> <tr> <td>MH/LD</td> <td style="text-align: right;">0.04</td> </tr> <tr> <td>Board Sec</td> <td style="text-align: right;">0.14</td> </tr> <tr> <td>Chief Operating Officer</td> <td style="text-align: right;">0.04</td> </tr> <tr> <td>DICE</td> <td style="text-align: right;">0.07</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">1.35</td> </tr> </tbody> </table>		£m	Morrison	0.68	NPTS	0.30	PCT	0.08	MH/LD	0.04	Board Sec	0.14	Chief Operating Officer	0.04	DICE	0.07	Total	1.35
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• **Early years and schools-based activities**

Welsh Government funding of £317,276 is allocated to Swansea Bay, through PHW, to deliver on nationally determined programmes. Recent review has been undertaken and recommendations for changes to these programmes have been agreed by WG. As such, 2024-25 is a transitional year, leading to a revised programme that is focused on outcomes as opposed to activity & inputs. Details of the changes to the new scheme have as yet not been communicated.

Table 3: Early years and schools-based grant funding

Focus	Funding	Activity	Narrative/update
Healthy schools & Pre-Schools:	£252,575 (£200,463 staff costs; £52,111 non pay)	Working with schools, pre-school settings, LAs and partners to promote, protect and embed the physical, mental and social health and wellbeing of children in these settings. Majority of costs are staffing. Remaining facilitates training for providers on key themes and emerging issues.	Consisting of £188,289 – Welsh Network of Healthy Schools Swansea Bay £32,143 Healthy Pre-Schools NPT. £32,143 Healthy Pre-Schools Swansea.
Whole School Approach to Emotional & Mental wellbeing	£64,701 (£49,701 staff costs; £15,000 non pay)	Empower schools to create and embed a positive culture towards mental health and emotional wellbeing. Majority of spend is on staffing. Remaining facilitates training for providers on key themes and emerging issues.	WG to improve wellbeing in school children. Transitional year as scheme anticipated to close in March 25, become BAU and transfer to Healthy Schools & Pre-Schools programmes.

Population Health Strategy Implementation:

The evidence base states clearly that high quality, accessible healthcare can and will only narrow the gap in health equity by approximately 10%-20% which means we need to consider how we spend our total budget in order to achieve any meaningful impact to act at scale. This in turn means needing to consider different ways of deploying all budgets in service/pursuit of population health gain.

The current financial position requires us to address the immediate challenge. In light of this, the commitment of £250K recurrently to support PHS implementation is welcomed. Given it represents <0.02% of the total organisational budget the funds available must work much harder and be able to shift resourcing within the remainder of the budget to amplify its overall monetary value.

Some emergent criteria / considerations for deployment of funds are outlined below:

Considerations/looking for:	
<ul style="list-style-type: none"> Strategic alignment with demonstrable impact on equity at a population level Considers / addresses more than one policy objective area Works through a preventative & <u>WDoH</u> lens Case for change / evidence base for action is clear Takes long term view building in sustainability Has regard for & acts in a way to impact on equity Consideration of circular economy principles within proposed action Evidence of shifting baseline activity & resources to a population health approach 	<ul style="list-style-type: none"> Goes beyond single domain/policy objective area action Demonstrates consideration across all 4-pillars / Health in All Policies approach Demonstrates working with others through partnerships on jointly agreed goals Shift / change / outcome is measurable Deliverable, feasible and demonstrates return on investment Uses co-production / strengths based / ABCD thinking & approaches Impacts on our staff have been considered Bold & disruptive action and change vs incremental, transactional

The need to identify ways in which to systematically and sustainably support the development of a population health approach which involves whole organisational cultural, behavioural and operational change is recognised as an area for us to develop over 2024/25.

Below (table 4) is a summary of some of the current activity across different thematic areas as they relate to the PHS and our 4 pillar framework:

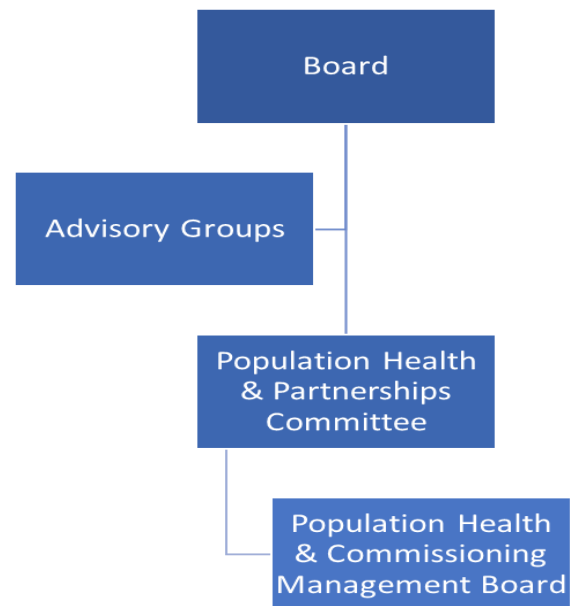
Table 4: Organisational Population Health Strategy Implementation

Theme/focus area	Detail / narrative	Funding / resource allocation	Alignment with strategic intents	4-Pillar Framework - lead / primary pillar
Organisational culture & capability	<ul style="list-style-type: none"> Organisational development work to support behaviour change. Approaches to consultations WFGA Journey checker on partnership working. Shaping Places programme – systems working etc. 	£30k 24/25 population health allocation PHT core staff funding	High quality vision PHS implementation Evidencing WFGA implementation	All
Population health intelligence capability & capacity	<ul style="list-style-type: none"> Strategic indicators development Capability development to record, monitor, report on behavioural risk factors starting with weight / smoking. Population Health Management development (interdependency with national agenda) Capability & capacity development Joint working with digital to develop visual tools based on current data availability to support decision making 	To be confirmed on final population health allocation	High quality vision PHS, Digital, Revised Clinical Services Plan Integration	All
Give every child the best start in life (Marmot objective 1)	<ul style="list-style-type: none"> Healthy schools / preschools / Whole School Approach to Emotional Health and Wellbeing Redesigning the joint PSB Early Years Integration Board to be more strategic, focus on wider determinants of health and broaden membership. Working with voluntary sector to identify opportunities to tackle child poverty locally. Contributing to SBUHB CYP Summit and workshop to develop a population health lens to development of HB C&YP plan. 	As per funded grant schemes above (total: £317,276)	PHS Children & young people strategy / plan PSB wellbeing plans	All
Enabling all children, young people and adults to maximise their capabilities and have control over their lives (Marmot objective 2)	<ul style="list-style-type: none"> Working with partners and partnerships e.g. Regional Learning and Skills Partnership; Gower & NPT Groups of Colleges; Careers Wales, local employers, schools to identify opportunities as an employer and anchor organisation e.g. work placement, work experience, apprenticeships. Partnership working through PSBs on best start in life objectives in wellbeing plans. Joint working with W&OD to agree priorities for action in support of HBs strategic intents focused on pillar 2 + 3 role 	No additional funding beyond existing resources	PHS PSB Wellbeing Plans HB People Strategy	Pillars 2 + 3
Creating fair employment and good work for all (Marmot objective 3)	<ul style="list-style-type: none"> Joint working with W&OD to agree priorities for action in support of HBs strategic intents focused on fair <u>work</u> Partnership working through PSBs on economic regeneration, levelling up, skills & employment <u>agenda</u> Anchor / foundational economy baselining – Health Board and wider <u>system</u> Tata developments / population health approach 	Anchor baselining resource allocation estimation of up to £125K from population health allocation	PHS & People strategy implementation	Pillar 2

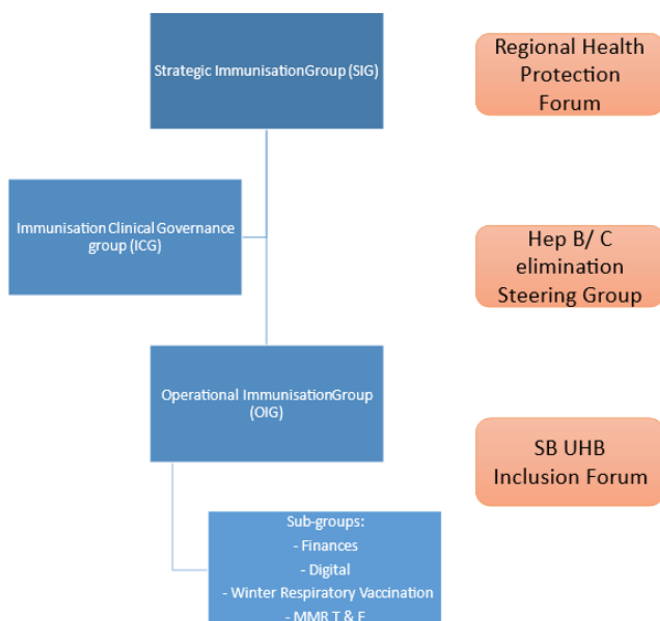
Theme/focus area	Detail / narrative	Funding / resource allocation	Alignment with strategic intents	4-Pillar Framework - lead / primary pillar
Ensure a healthy standard of living (Marmot objective 4)	<ul style="list-style-type: none"> Health Board response in relation to Tata steel/actively responding as part of regional response Anchor / foundational economy baselining – Health Board & wider system 	Anchor baselining resource allocation estimation of up to £125K from population health allocation	PHS & People strategy implementation PSB wellbeing plans	Pillar 2 + 3
Creating healthy and sustainable places & communities etc. (Marmot objective 5)	<ul style="list-style-type: none"> Engaged with NPT & Swansea Councils on Local Development Plans as part of place-shaping Collaborating with PSBs on Shaping Places programme Supporting development of the emerging One Health agenda Climate adaptation work with the Public Service Boards Sustainable Travel Strategy approved. Food environment agenda e.g. local food, local plate; catering policies etc. 	No additional funding beyond existing resources	PHS PSB strategic plans Sustainable Travel Strategy WFGA	Pillar 3 + 4
Strengthen the role and impact of ill health prevention (Marmot objective 6)	<ul style="list-style-type: none"> Business as usual approach – embedding population health approaches & joint working e.g. BCAG, VBHC, SDG quarterly reviews Joint working around suicide & self-harm HB annual plan development & ongoing support to SDGs to realise population health ambition Clinical Services Plan review 	No additional funding beyond existing resources	High quality vision PHS Clinical services plan Quality strategy 2024/25 annual plan	Pillar 1

4. GOVERNANCE AND RISK ISSUES

A proposed governance structure has been established to take forward and provide assurance for the delivery against the Population Health Strategy (PHS) aims and aspirations. Initiatives, approaches and actions in service of the PHS naturally sit across all service groups and in partnership spaces. As has previously been raised, the structures are designed for a mature system and it was recognised at the time when the structures were proposed, given the developmental / transformational phase of establishing and embedding the PHS, they would require reviewing. This review is underway as part of the organisational development commission referenced above.



Pathway governance for cross cutting Ministerial priorities, where the emphasis is on service development and delivery, in particular the smoking cessation and weight management pathways, is being established through APOG. There remain challenges in establishing effective overall pathway governance due to federated SDG structures.



In addition to this, for the implementation of the National Immunisation Framework, a supporting governance framework has been established as below. This focuses on the tactical & operational elements of the implementation plan.

Alongside this, there is a Regional Health Protection Forum (multi agency) that meets monthly and provides a setting to maintain situational awareness of communicable disease risks, co-ordinate regional responses and services, agree priorities for action, facilitate joint working and make recommendations for action. Each participating organisation seeks approval and

agreement to work towards the agreed goals through their own organisational governance structures.

The governance arrangements for both health protection and immunisation are being reviewed and developed with corporate governance colleagues. Both these agendas are relatively new Health Board responsibilities and to date the above governance structures have been used to ensure oversight, scrutiny and assurance.

Welsh Government have commenced work on the development of a National Health Protection Framework that mirrors the National Immunisation Framework and will include key performance indicators (KPIs) for each of the health protection priorities. There is a risk that there are KPIs included in the framework that our proposed workforce model has insufficient capacity and capability to deliver.

To date the expectation remains that the implementation of the Population Health Strategy is primarily one for the Public Health Team (PHT) to deliver. This ongoing lack of recognition of the role of every part of the organisation to adopt and embed population health approaches and thinking, remains an issue in how the Strategy and its aspirations, can and will be implemented.

The transfer of the PHT from a national organisation into the Health Board required a different approach to delivering public health work. The approach to delivering public health in SBUHB centres around working with and through others and this is reflected in the team size. However, it is worth noting that the current PHT is made up of a total of <8WTE (with 2 vacancies) which is much smaller than other Health Board teams (estimated figures range from 13 - 40).

5. FINANCIAL IMPLICATIONS

It is unlikely that allocated funding for health protection and immunisation programme will deliver on all the workstreams to meet the WG core principles and regional priorities at the previously anticipated pace. These risks are associated with the £2.16m budget reduction (30%), that was applied to the Health Board allocation from WG. However, we are adopting a pragmatic approach to develop and build a sustainable health protection infrastructure and workforce that can flex depending on the priorities of greatest risk. A funding allocation for PPE of £1.35m has been distributed to support core services, as part of the financial planning process.

To date, funding for both the weight management pathway and the Help Me Quit elements of the tobacco control plan have been funded through fixed term grant allocations which are due to end in March 2025. That poses a risk to both those services already in place, the establishment of future services required as part of the pathway implementation expected of Health Boards and given the lack of long-term, ongoing core funding, risks of non-approval of future resources.

Some of the core PHT budget has been used to fund some elements of the above work. This has impacted on our ability to progress recruitment to vacancies which in turn limits capacity and capability to support the organisation in its implementation of the PHS. As noted above, SBUHB is one the smallest PHTs in Wales per head of population. Any budgetary restraints will confine our ability to scale up activities to enable population health gains.

The population health allocation is welcomed and will be used to fund the developmental work as outlined above. Through that approach, other work will emerge and these, as yet are not quantifiable in terms of any additional resourcing required.

There are financial challenges and risks in relation to roles funded from the grant-based schemes (see table 3), recruited prior to TUPE on a permanent basis, as the funding allocation either end in the 12-24 months, or grant subsidies no longer meet salary costs. These risks were noted as part of the SBAR produced by Exec DPH prior to TUPE.

6. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of this report, progress made to date in supporting the implementation of the PHS and challenges faced to progressing at pace & scale.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The paper outlines progress to date around the implementation of ministerial priorities and population health priorities approved through governance. Implementation of an effective population health approach will lead to a more consistent approach to prevention. The expectation is that opportunities for patients to be supported to make changes that will reduce their risk of ill-health and which will lead to improved well-being will be offered in a more systematic way across the sector.</p>		
Financial Implications		
<p>The paper notes that investment is required in order to make progress in a number of areas of priority for Welsh Government or against population health priorities agreed through governance.</p>		
Legal Implications (including equality and diversity assessment)		
<p>No legal implications identified. The incorporation of population health approaches will allow for the identification of equality and diversity issues and development of appropriate responses.</p>		
Staffing Implications		
<p>Developments in support of Ministerial Priorities will require additional staffing and this will be addressed through implementation of developed business cases. The Public Health Team intends to alter the skill-mix to respond to organisational demand.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Population health approaches incorporate a prevention ethos and delivery is contingent on collaboration among partners to deliver better outcomes for our population. A coproduction approach is integral to public health practice and seeks to involve communities and staff in designing services and programmes.</p>		
Report History	No previous reports	
Appendices		