

Swansea Bay's Population Health Strategy

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A Population Health Strategy for Swansea Bay

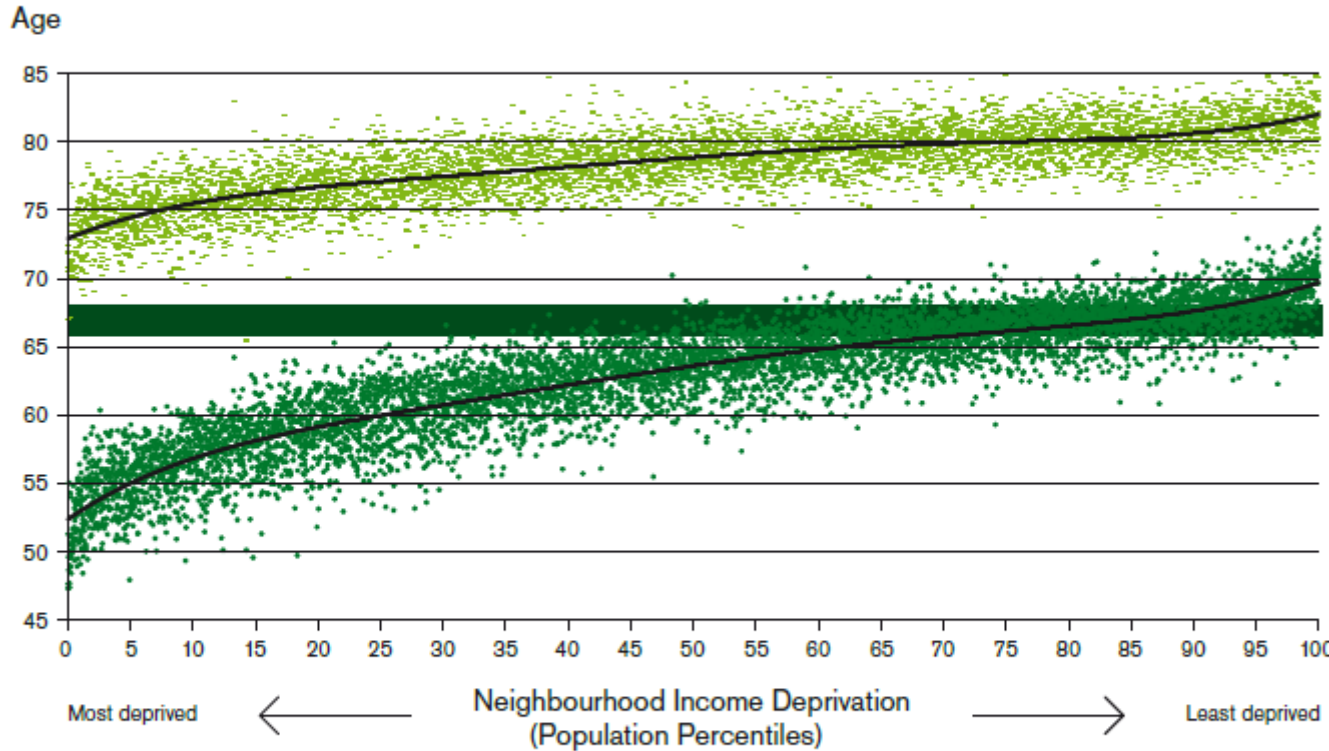
1. Making the case & why it matters
2. What have we learnt that guides us to be more successful in the future?
3. The 'Marmot' approach
4. What do we mean by 'population health'?
5. What we did & what we've heard
6. What does / might this mean for us?
7. Calls to action
8. Appendices – chapter drafts
 1. Giving every child & young person the best start in life
 2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives
 3. Create fair employment and good work for all
 4. Ensure a healthy standard of living
 5. Creating healthy & sustainable places and communities
 6. Strengthen the role & impact of ill health prevention

A Population Health Strategy for Swansea Bay

1. Making the case & why it matters

The impact of deprivation

Figure 1.1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics³⁴

Figure 1: slope index of inequality in life expectancy and healthy life expectancy at birth, males, England, 2014-16

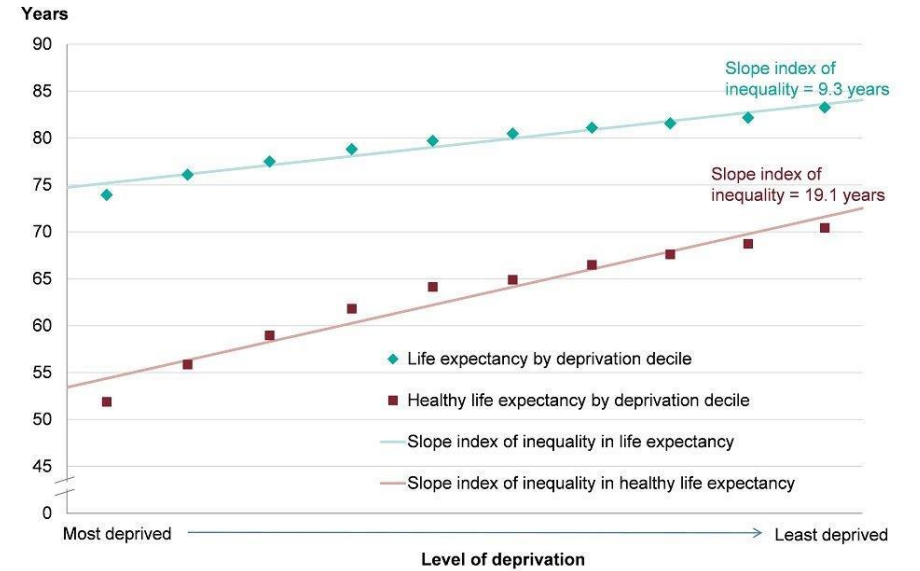
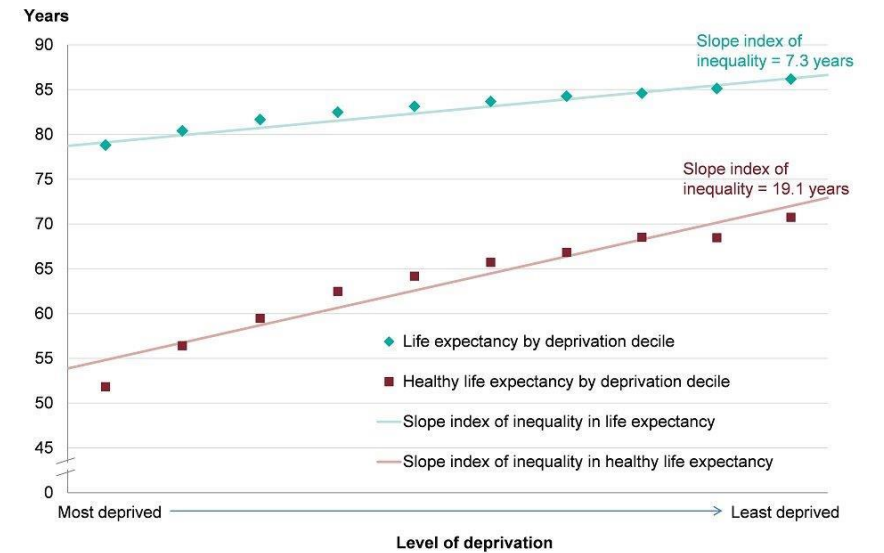


Figure 1: slope index of inequality in life expectancy and healthy life expectancy at birth, females, England, 2014-16



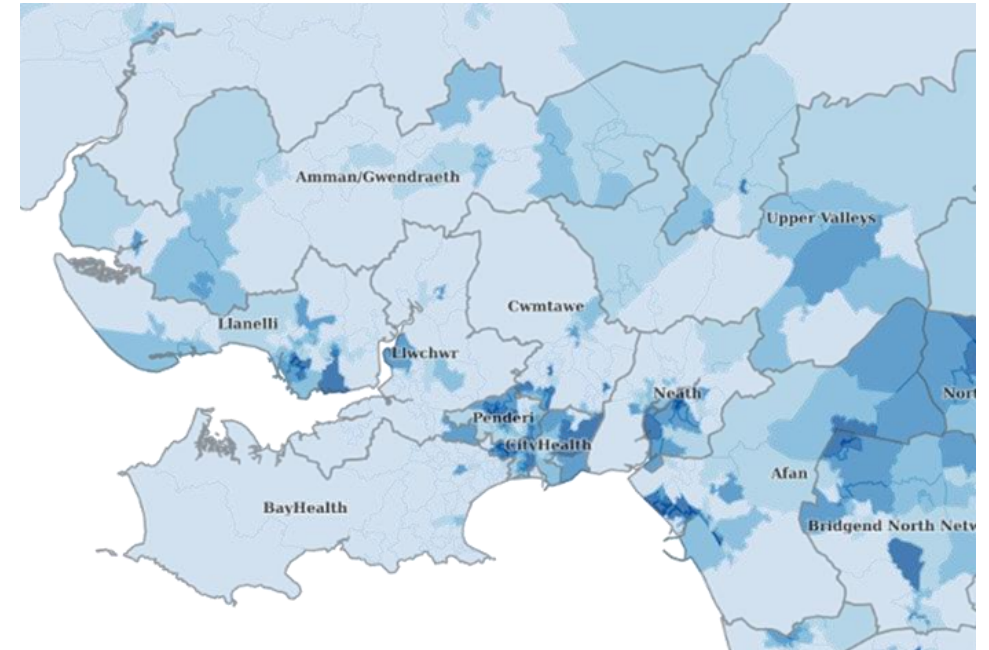
Source: Public Health Outcomes Framework

Deprivation in Swansea Bay

Throughout the objectives, you will note references to **deprivation** and the impact it has on the population.

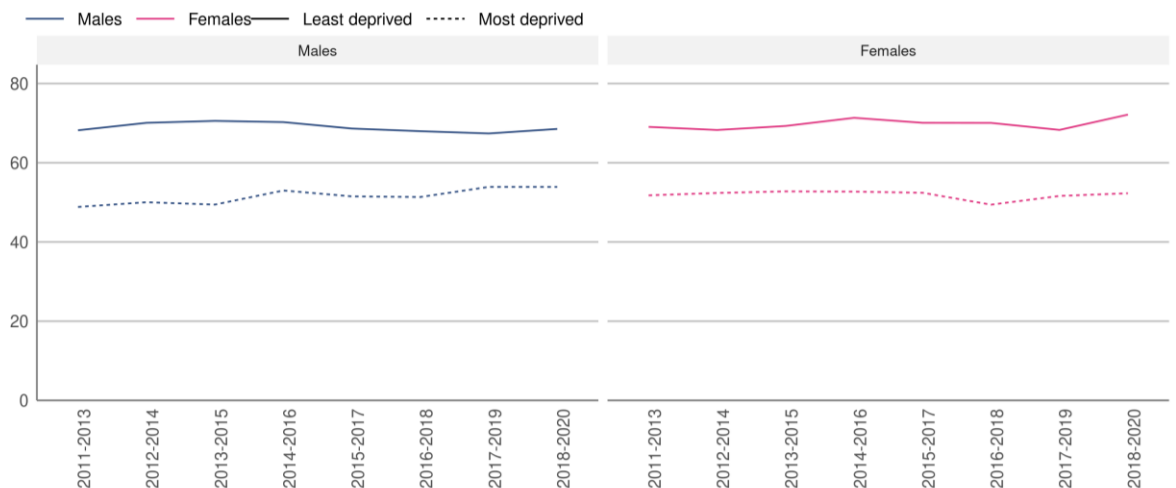
Deprivation is the lack of access to opportunities and resources which we might expect in our society. **Deprivation has a significant impact on life expectancy and life experience.** Deprivation is about more than just income, and tools that measure deprivation include other factors such as employment, education and housing.

- Wales has some of highest levels of deprivation
- SBUHB has relatively more deprived communities than average for Wales with over $\frac{1}{4}$ of our communities falling into most deprived category
- Areas of deprivation are particularly in urban parts of Swansea, NPT and upper valley communities
- This leads to significant differences in life expectancy and **healthy life expectancy** between the most and lead deprived areas across Swansea Bay (see opposite)



Healthy life expectancy at birth, years, males and females, Swansea Bay UHB, 2011-2013 to 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)



Swansea Bay's Population Health Strategy

Swansea Bay University Health Board has responsibility for the health of it's population – not just those we see through routine or clinical practice

We know that too many people in Wales die too early - with 1 in 3 premature deaths in Wales in excess of expected (based on least deprived) - due to a lack of the essential conditions for good health.

Inequalities in health arise because of inequalities in society and the conditions in which people are **born, grow, live, work** and **age** – leading to differential levels of vulnerabilities. To change this we need to act on the 'root' causes.

These 'root' causes can be thought of as the basic building blocks for health such as good education, good quality housing, fair work, money & resources, social fabric of our communities and our surroundings. Without these, our health and wellbeing is affected, leading to ill-health that is avoidable and unfair

Expected deaths by deprivation fifth, if the mortality rates of the least deprived fifth were to apply, Wales, persons aged <75, 2016-18 ⁴



Produced by Public Health Wales Observatory



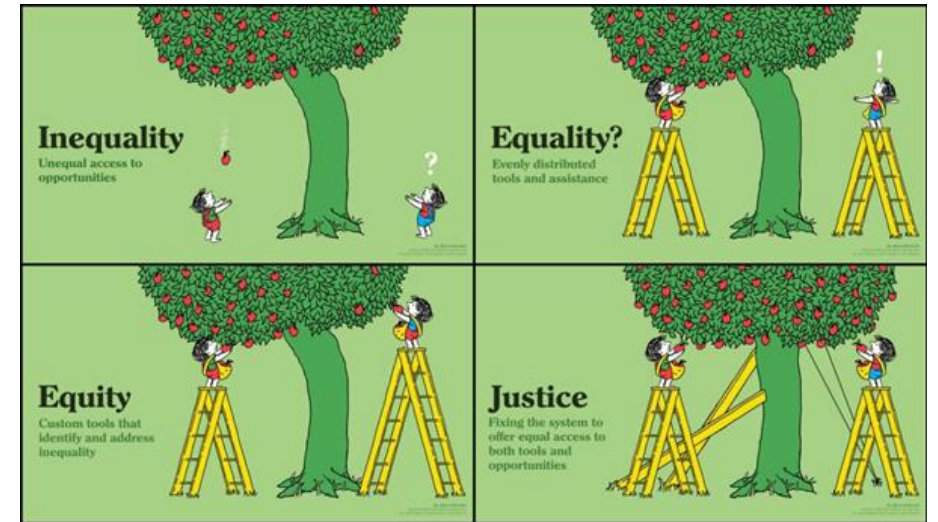
Source: Delivering fair work for health, wellbeing and equity, Public Health Wales 2022

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2. What have we learnt that guides us to be more successful in the future?

What have we learnt about tackling inequalities?

- Calls to action have been numerous:-
 - Douglas Black 1980
 - Donald Acheson 1998
 - Derek Wanless 2002
 - Michael Marmot 2010; 2020



- Knowledge **has not** translated into enduring action & progress/success
- Fundamental to any successful approach:
 - **Endurance** – long term programme that goes beyond planning or political cycles and leadership tenures with scale requiring balance of short, medium & long term actions
 - **Partnership** – multi-agency effort. It cannot be achieved by one part of the system acting alone
 - **Disruption** – intervening upstream is not an add-on project but re-invention of the status quo with the innovation that demands. It disrupts patterns of public service delivery that fail to tackle inequalities which in some cases, reinforces them

How do we tackle inequalities this time?

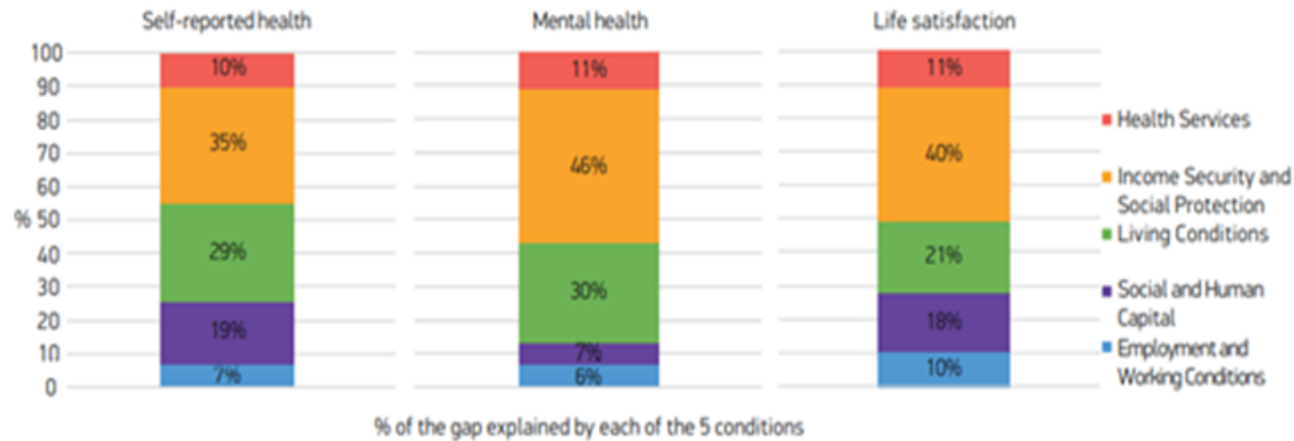
Action needed	Practical steps to make it happen
Stronger focus on prevention and people with multiple unhealthy behaviours	Comprehensive policy that looks at more than providing advice but changing point-of-sale displays, gearing price and establishing supply models for healthier alternatives, providing excluded communities with NRT, using tax & regulation to shape product formation. Reinforcing actions are needed across different health harms as unhealthy behaviours cluster in specific populations. Solutions need to consider root causes e.g. underlying poverty
National targets in a locally led system	What success looks like needs to be explicit and measured. Shared outcomes which recognises distributed accountability at local level. Multiple national policies & initiatives risk divergent local action – synthesis is needed and coordination is essential
Opening up the data	Collecting accurate data & sharing it routinely is important as it will stimulate action and allow scrutiny across partners leading to healthy debates involving the public. Data needs to be grounded in accuracy and completeness.
Distilling what works and sharing it	Having a systematic approach to sharing evidence and implementing best practice is needed . Capability and capacity to design and implement effective interventions are not evenly distributed across or within systems and sharing knowledge and skills will be critical e.g. peer support models, collaborations between partners, learning networks.
Tackling health inequalities should be business as usual for the NHS	NHS alone is not best placed to lead health inequality reduction but it is an essential partner . It needs to see inequalities as a priority and to stay the course of a long-term effort to address inequalities. Engaging frontline professionals in finding their role in the effort on inequalities is important e.g. knowledge sharing models to promote frontline translational work
Moving money & changing outcomes	Spending on inequalities cannot be seen as additional or novel, directed at specific groups or one-off projects. Shift in the way baseline funding is spent, treating inequalities spending as part of the mainstream is required for work on inequalities to endure.
Prioritising building community capability	Community capability is recognised as central to supporting neighbourhoods to overcome inequality either by directly narrowing the gap or creating resilience to manage its effects . Mindset required that values the role of informal care and volunteering work that builds trust & relationships between communities and state provision. In these hyper-local settings, at neighbourhood level, primary care can play a pivotal role in co-ordinating help and offering continuity of care.

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3. The Marmot approach

The Marmot 'approach'

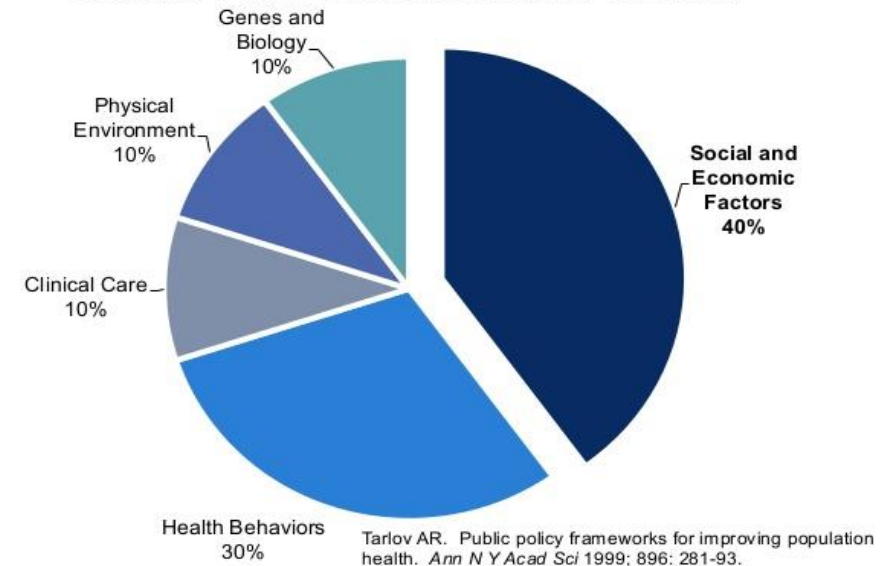
Fig. O.9. The five conditions' contributions to inequities in self-reported health, mental health and life satisfaction (EU countries)



Note. Analysis controls for age and sex of individuals.

Source: authors' own compilation, based on 2003–2016 data from the EQLS.

What Creates Health?
What are the Determinants of Health?



- [Health equity in England: The Marmot Review 10 Years On](#) (2020) highlighted that improvements in health had significantly slowed over the preceding decade and health inequalities had grown. Our rate of health improvement lagged behind all other affluent countries, except Iceland and the USA.
- Inequalities in health arise because of inequalities in society and the **conditions in which people are born, grow, live, work and age** – leading to differential levels of vulnerabilities.

Marmot policy objectives

Policy objectives

1. Give every child the best start in life
2. Enable all children, young people & adults to maximise their capabilities & have control over their lives
3. Create fair employment & good work for all
4. Ensure a healthy standard of living for all
5. Create & develop healthy sustainable places & communities
6. Strengthen the role & impact of ill-health prevention

Two cross-cutting themes

1. Tackle racism, discrimination and their outcomes
2. Pursue environmental sustainability and health equity together

- To reduce inequalities, action is needed across ***ALL six policy objectives and two cross-cutting themes***
- Delivering these will require action by ***all parts of the public, private & third sector and communities***
- Effective local delivery requires effective participatory decision-making at local level – ***involving individuals & local communities***
- Creating a fairer society is fundamental to improving health of the whole population and ensuring a ***fairer distribution of good health***

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Action to tackling health inequities

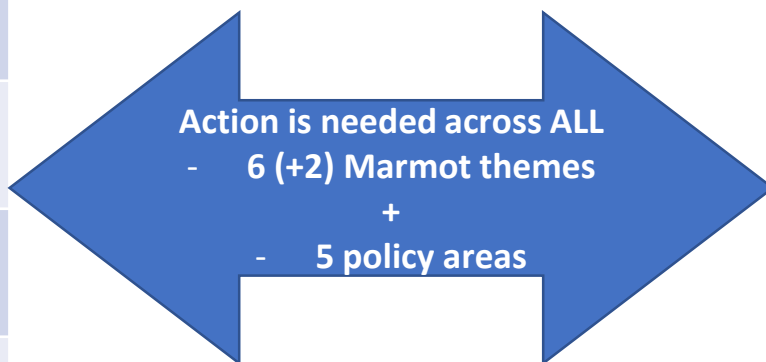
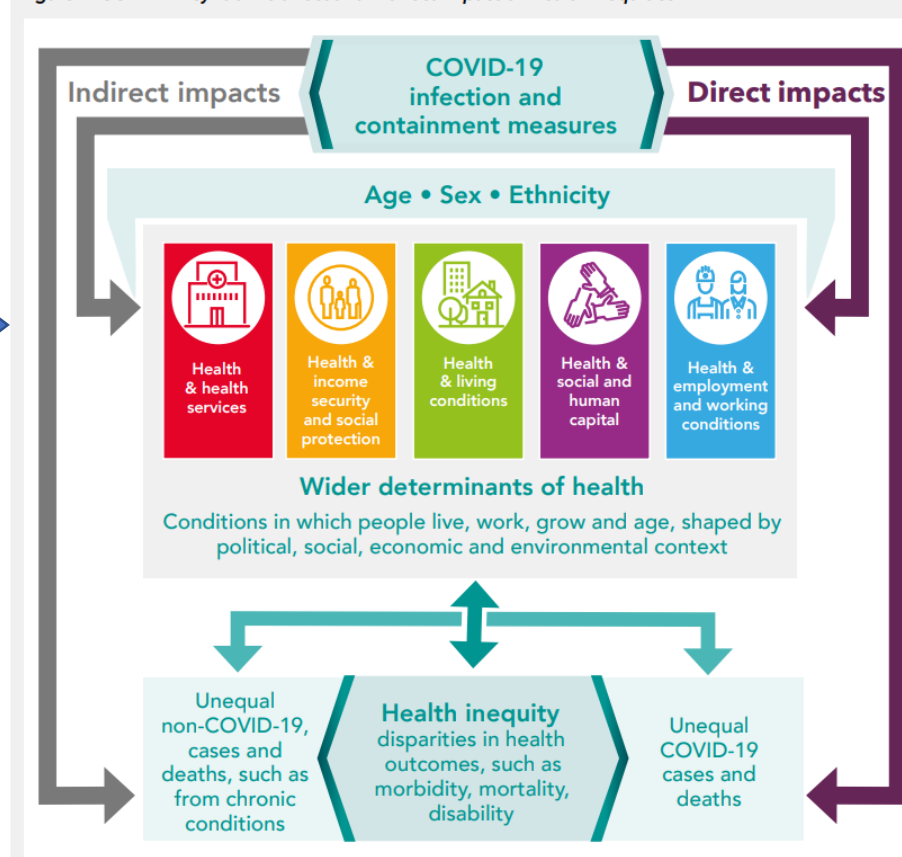


Figure 1. COVID-19 syndemic direct and indirect impact on health inequities



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4. What is population health

What is population health?

"...an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities."

King's Fund, 2022

Population health competence

- Delivering this requires an understanding and joining up of component areas of population health into a comprehensive approach.
- For example, by work in the fields of:
[public health](#),
[population health management](#),
[tackling health inequalities](#),
[personalised care](#),
[engagement and experience](#),
system transformation (a broader agenda often focussed on [structural improvements](#) and others also).



Public Health

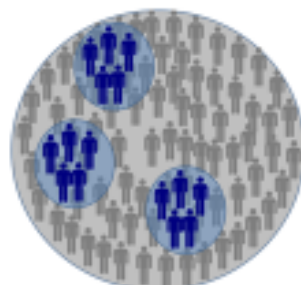
Is the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society.



Population Health

Improves the health of an entire population.

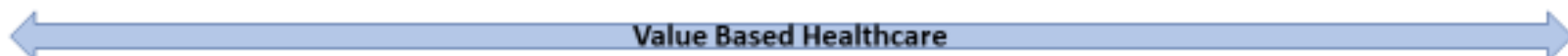
It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across the population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, delivering social justice and working with communities.



Population Health Management

Improves population health by data-driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population.

Linked datasets are used to segment, stratify and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care which reduces health inequalities.



Value Based Healthcare

A Population Health Strategy for Swansea Bay

5. What we did and what we heard

Scope

The Strategy will set out the guiding principles by which SBUHB and its partners will seek to **improve the overall health and wellbeing of the local population** whilst **reducing the gap** between our least and most deprived communities - focusing on prevention and tackling the 'causes of the causes' of ill-health.

The Strategy is **not** intended to be a full evidence review of the effectiveness of all possible public health interventions that may benefit the population. Instead it offers a framework by which the overall priorities and Marmot principles for improving population health in the UK are aligned with local population needs and priorities.

It is intended to act as a vehicle by which evidence-informed interventions to improve the health and wellbeing of the population can be applied to the unique health, social, economic and political landscape in which the population resides.

Objectives of the Strategy:

1. Provide an overview of the current context and challenges that we face as a population and society in Swansea Bay
2. Highlight evidence based action, in line with the six Marmot policy objective areas that could be translated into practice
3. Present a consensus/collective view of action that will help to drive action and how that will be achieved and measured
4. Publish a report & supporting resources that will contribute to the development of a range of policies, service developments and improvements both as individual organisations/public service bodies and collectively to achieve population level health gains

Co-design approach

The aims of stakeholder engagement are to:

- Build relationships with partners who can help us to improve the overall health and wellbeing of the local population whilst reducing the gap between our least and most deprived communities.
- Ensure that the PH Strategy for Swansea Bay represents the needs and priorities of the local population.



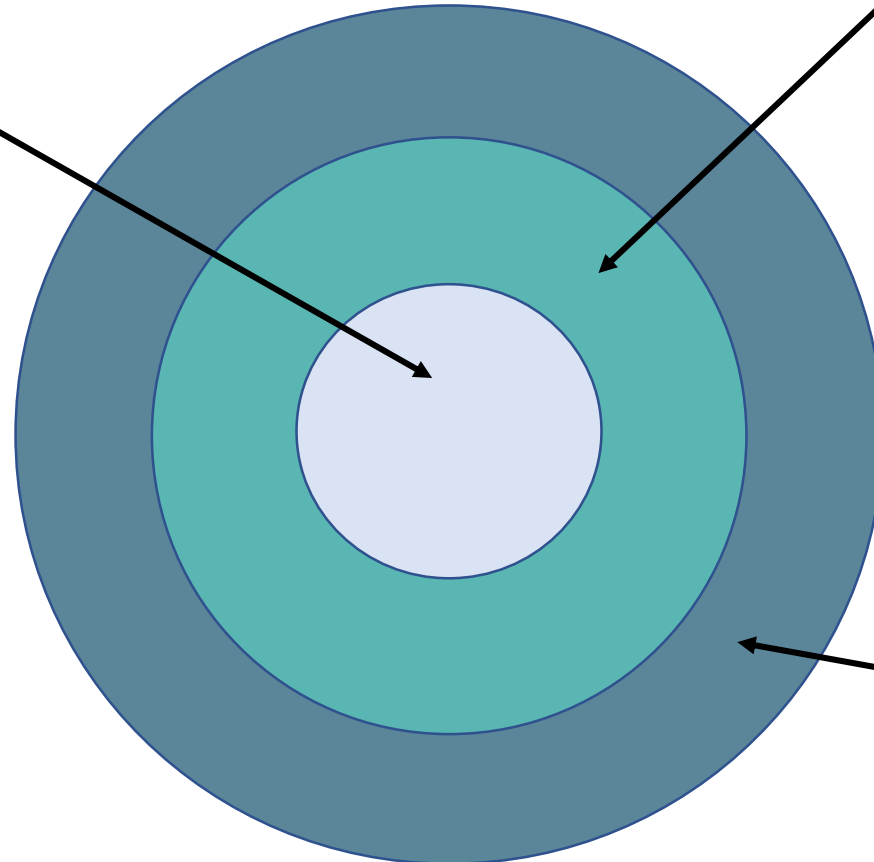
Co-design approach

Partners and groups that have contributed to date

Health board

Service delivery groups
Leadership touch point
Chapter-specific interviews with:
Midwifery
Health Visiting
Nutrition and Dietetics
Smoking Cessation
Learning and workforce development

40 interviews
4 workshops (2 virtual, 2 in-person)



Organisations

UWTSD
Swansea University
HDUHB
ABUHB
Swansea City Council
Neath Port Talbot CBC
Arts Council of Wales
Public Health Wales
NRW
Swansea CVS
NPT CVS

Citizens Advice
Down to Earth
ASH Wales
Sports Wales

Partnerships / Multi-Agency Groups

Swansea PSB
Neath Port Talbot PSB
West Glamorgan RPB
South West Wales Corporate Joint Committee
Flying Start
EnRaW
Safer Swansea & NPT Partnership
Early Years Integration

What we heard from our stakeholders

- There is ***significant & broad support across the system*** for the Strategy and this population health approach – in particular:
 - A sense this is the first time that there has been an articulation which encompasses and recognises the collective efforts of a wide range of actors / actions and is hugely welcomed by many as a way of binding/creating synergies.
 - Described by some as a ‘harmonising’ of different agendas and ‘giving voice’ to a much wider range of partners/stakeholders who are vested in key areas related to the work e.g. recognising the importance of housing, poverty, placemaking/planning etc. and the intersectionality of these as issues
 - The use of the four pillars to conceptualise the various aspects of delivery was noted to be particularly helpful for some partners in recognising their different roles in this agenda.
 - The approach in itself has helped to strengthen existing connections and develop new connections across the health system.
- ***Lots of existing strategies and work*** in this space so need to consider ***how it will add value & not duplicate:***
 - A need to consider how action coming out of the strategy will fit with existing delivery requirements & partnerships/system structures – need to build synergy, avoid overburdening those who are working to meet expectations of delivery and breaking down silo working.
 - Being complimentary and an addition to the PSB goals, as well as facilitating communication between those developing strategies and policies.
 - Overcoming challenges in delivering population health approaches across regional & local leadership & partnership functions and their different cultures.

What we heard from our stakeholders

- **Data sharing & timely intelligence** to make informed decisions is a recurring theme as **limiting action**
 - There is a recognition that whilst there are a lot of data available, there is a need to improve the co-ordination and synthesis of this complex landscape and to translate this into high quality information and intelligence to guide the most appropriate local action.
 - Accurate data sharing and data collection is needed.
 - This impacts at an organisational level and on individuals (information is not shared between organisations) and makes it difficult to evaluate the current situation and impact of any interventions.
- **Population health** and public health **intersects a number of planning and policy areas:**
 - However this landscape is not well understood by partners and there is an appetite to develop this understanding for more productive partnership working.
 - Further exploration of this complexity and embedding a '**Health in All Policies**' approach seen as needed in order to take a co-ordinated approach, at scale, to successfully improve population health and well-being in the Swansea Bay area.
- **Short term nature of funding and projects** lead to small scale, 'safe' initiatives in the absence of a long term vision with limited impact at population level:
 - Grant funding and short-term funding make it challenging to recruit to roles and to plan long-term services. This has gotten worse for some services since COVID, with multiple pots of money with short-term funding.
 - There is a real desire to be able to plan for the longer term in terms of actions as well as recognising the need for bold action e.g. cost of living but can't do that on their own - bold action needed beyond borders of one organisation.
 - In the absence of long term, secure funding, need for collaboration and sharing of resources across organisations to enable longer-term thinking & reduce need for 'fire-fighting'.

What we heard from our stakeholders

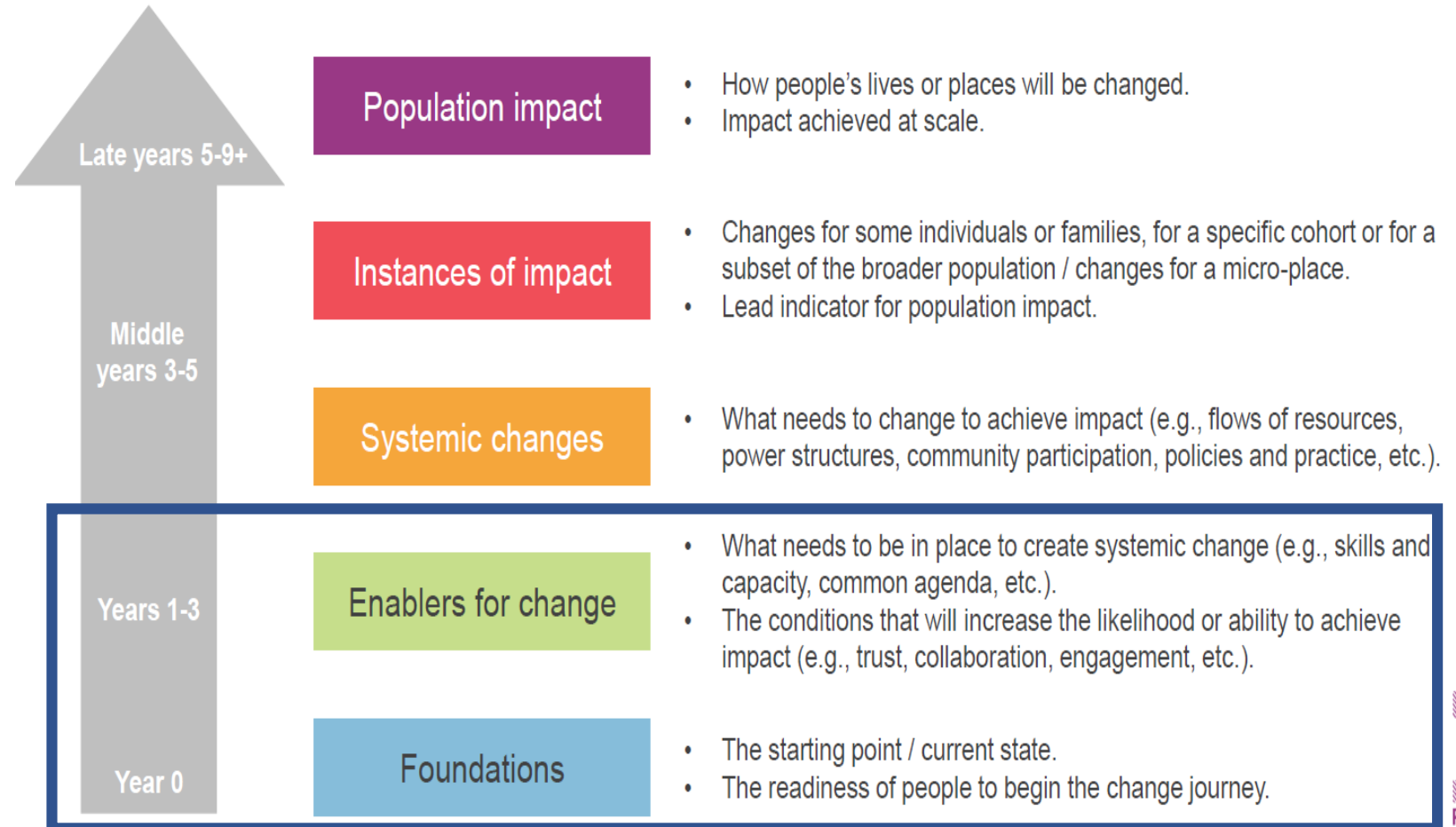
- ***Our ways of working*** don't necessarily enable effective collective action:
 - Challenges of ***operating on different footprints*** e.g. Primary Care clusters, Local Authority, Health Board footprint etc. which creates lots of interfaces – with the potential for fragmentation & disjointed working.
 - ***Engagement activity*** is dispersed across the system but is often ***not well co-ordinated*** and collaborative ways of working are often not embedded
- ***Language matters*** to avoid it being a barrier – need to help people understand concepts; and that engages, compels and simulates collective action.
- Need to ***move from co-design to co-ownership*** of the strategy:
 - Includes a need to develop existing relationships and form new ones
 - Ensure a person-centred approach and embedding lived experiences from different population groups
- ***Sustainability*** is important and requires ***system-wide ways of thinking, working and acting***:
 - Need to develop an approach to prioritisation of activities from a population health perspective;
 - Recognise the wider context and backdrop of pressures which have and will continue to change over time e.g. pandemic response, urgent care demand & flow; war in Ukraine; cost of living crisis.

Key take home message

Majority of feedback from stakeholders has highlighted the importance of & need for consideration to be given to establishing / creating the 'Enablers for Change'

Theory of Change structure

Drawn from the 'Australian model' of place-based & system change



Source: Economies for Healthier Lives, Renasi 2022

Emerging actions for SBUHB?

Healthcare provider



Are we doing all we can as a health provider?

- Adopt a social / holistic model of health – recording and acting on information about contextual factors driving health outcomes / choices e.g. income; housing; transport; employment; mental wellbeing; neighbourhood / household issues & risks
- Drive up patient activation – making them true partners in determining their treatment options & outcomes
- Agree / define PH outcomes to be achieved – recognizing shared responsibility across organization
- Coordination of expectations / asks through multiple national & regional policies / initiatives – using a decision making framework - to agree action based on PH principles/strategy
- Collect accurate data & share it routinely & in a way people can understand & act on
- Prioritize reducing health inequity as part of core business & approach to decision making at all levels (e.g. Health Inequity Impact Assessment; knowledge sharing models)
- Move money & change outcomes – shift baseline funding away from a focus on targeted, additional, novel projects directed a specific groups to inequalities spending as part of mainstream (£1m → £1.5bn)
- Place-based / hyper-local settings at neighbourhood level used to co-ordinate help; provide continuity of care; co-design services; champion & strengthen communities' resilience
- Consider and address both mental & physical health impacts & needs across all pathways with particular regard for those with increased vulnerability and the early years.



Are we doing all we can for our staff?

Employer

- Whole settings approach that takes bold action to create environments & policies that are health improving / promoting & tackle racism & health inequities for all our staff as default e.g.
- access to, promotion of, affordability of healthy food on site;
- active travel policies & incentives;
- employee engagement & co-design forums that determine organizational policies for staff health & wellbeing;
- flexible working patterns / rotas that support health & wellbeing;
- mental health & wellbeing offerings / support;
- money management & income maximization policies & practices offered to staff as standard practice
- Provide opportunities for the local community to develop their skills in order to access and stay in good quality fair employment
- Enable the healthcare workforce to understand the social determinants of health and how they can support patients to mitigate their impacts
- Employment practices adapted to reflect insight from marginalized staff; areas of high turnover/low retention/sickness absence; exit interviews.
- Fair work practices & policies in place, in line with Fair Work Commission best practice guidance
- Recognize, champion & enable informal care & volunteering work that builds trust & relationships between patients/communities & staff esp at neighbourhood level



Are we doing all we can as an anchor institution?

Anchor institution

- Place-shaper - develop & agree on commitments to bold action as an anchor institution (Anchor Charter) – across domains that cover
- social mobility (opportunities for communities that need them most, existing and future workforce, educational links),
- local economy (invest where there is no money),
- environment (what's our food purchasing, waste and travel etc policies).
- Build / capitalize on & synergize with partner agendas/commitments
- Capitalize on opportunities to influence place-making agenda through e.g.
- engagement with LDP/planning;
- licensing of premises;
- using our buildings / assets as community hubs;
- ensuring protection for good quality play / green spaces; cycle routes; employment & business creation for local people etc.
- Communicate internally & externally our agreed shared outcomes; actions as an anchor institution; progress against intentions; definition of roles/contributions of others.
- Moving money & changing outcomes – consider how baseline funding, contracting & commissioning is used to support health inequities & sustainability outcomes as part of mainstream spend (moving from £1m → £1.5bn investment in the population's health)



Are we being a good & valuable partner for our communities?

Productive partnerships

- Leadership / assertive role in ensuring, through partnerships, clear action is driven forward that addresses factors influencing people's behaviours e.g.
- Action to tackle underlying factors is taken e.g. poverty; quality of housing; income/employment; accessible & affordable transport
- Environmental factors e.g. access to & quality of green spaces; air quality; point-of-sale displays; pricing of healthier foods; licensing of premises
- Strengthen & build our partnerships with purpose – agree shared outcomes, aligning to & agreeing priorities to focus on to achieve maximum impact/benefit
- Agree on shared outcomes with our partners to drive collective efforts at PSB, RPB and other partnerships
- Data sharing with partners to gather actionable insights that drive collective action
- Systematic sharing of evidence and support to implement best practice – within SBUHB and across / with partners
- Champion / lead on collective, evidence informed action that address health inequities as part of decision making & commitment to action in partnerships
- Prioritizing & building community capability to support neighbourhoods to overcome inequity through direct action or creating resilience to manage it's effects.
- Effective collaboration with key strategic partners to mitigate against the impact and risks of climate change

Some examples of SBUHB action in support of population health

Objective 1: Give every child the best start in life

[Jig-So's success with Swansea families](#)

The JIG-SO programme, a collaborative project between SBUHB and Swansea Council which works with young or vulnerable expectant parents, was evaluated by Swansea University and found to have a range of positive outcomes for families.

Objective 2: Enable all children, young people and adults to fulfil their potential

[Supporting National Apprenticeship Week 2023](#)

SBUHB supported National Apprenticeship Week again this year, bringing together training providers and apprentices to shine a light on the positive impact that apprenticeships make to individuals, the organisation and the wider economy.

Objective 3: Create fair employment and good work for all

[Work-related stress training for Managers](#)

Occupational Health & Staff Wellbeing have been providing a range of training to support staff, including how to identify and address stress in the workplace and a new risk assessment toolkit.

Theme 1: Tackle racism, discrimination and their outcomes (links to Objective 3 also)

[Staff commended for helping to prevent racism in the workplace](#)

Nurse Omobola Akinade and physiotherapist Manessa Faal, who both work at Singleton Hospital, have used their own experiences of racism to become champions of equality at work. This includes training staff on how to report incidents of abuse, introducing police community support officers in Singleton Hospital a few times a week, and arranging for the Chartered Society of Physiotherapy's Tackle Racism training to be delivered as part of the physiotherapy department's in-service training.

Some examples of SBUHB action in support of population health

Objective 4: Ensure a healthy standard of living for all

[Bed poverty- Struggling families can rest a little easier thanks to field hospital bed donations](#)

Around 600 unused beds that were bought for field hospitals at the start of the pandemic are being donated to help families who are currently experiencing bed poverty.

Objective 5: Create & develop healthy sustainable places & communities

[Morrison - the first hospital in Wales to develop its own solar farm](#)

Morrison Hospital is the first hospital in Wales to develop a full-scale solar farm. This will supply almost a quarter of Morrison's power, reducing the energy bill by around £500,000 a year and significantly reducing carbon emissions.

Objective 6: Strengthen the role & impact of ill-health prevention

[Sharing Hope-sharing stories & capturing Covid recovery, morale trauma and destigmatising of mental health.](#)

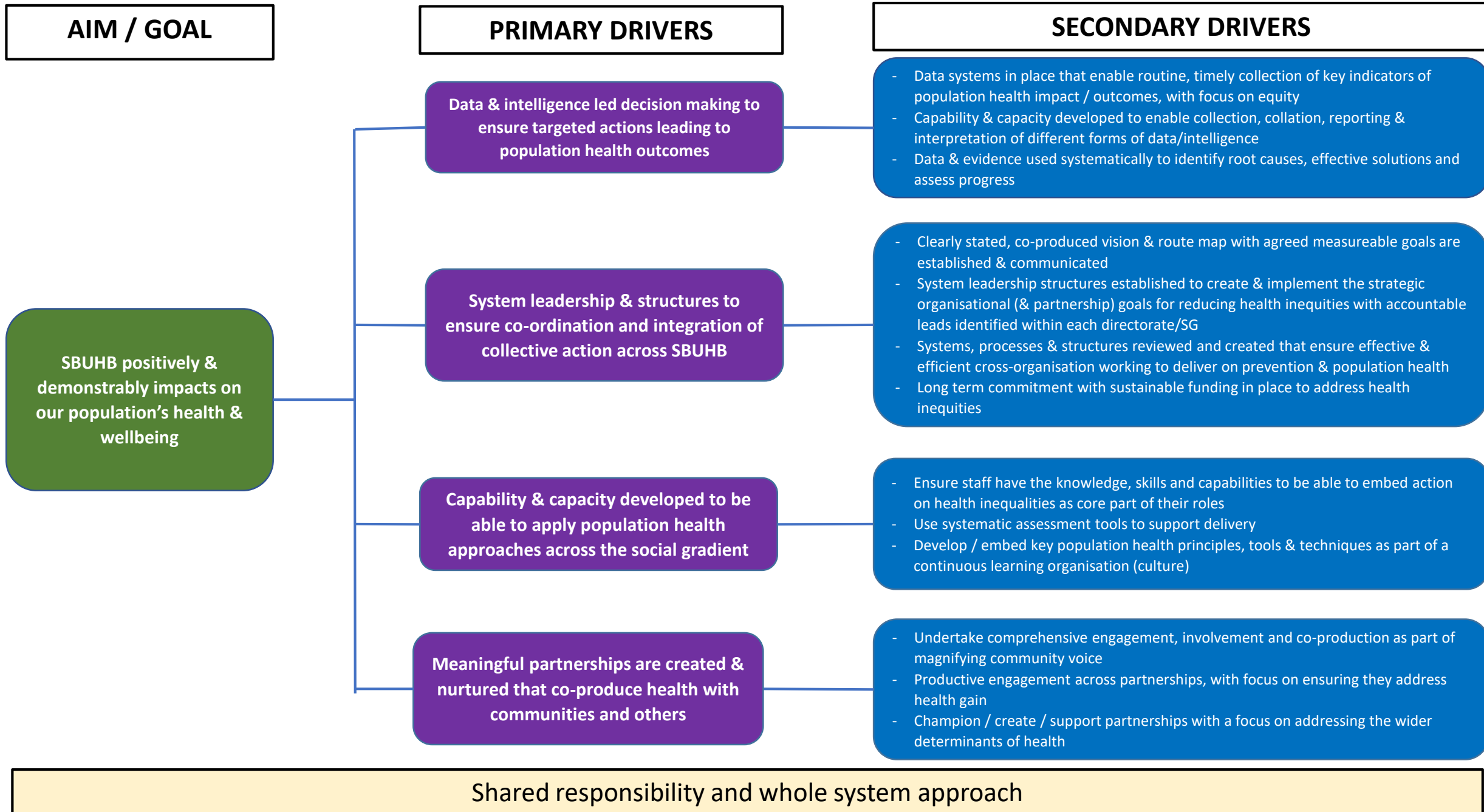
The Sharing Hope arts project is available to all staff groups, and aims to allow staff to share their stories through a range of art modalities in order to create an arena for healing from the impact of the pandemic.

Theme 2: Pursue environmental sustainability and health equity together (links to Objective 5 also)

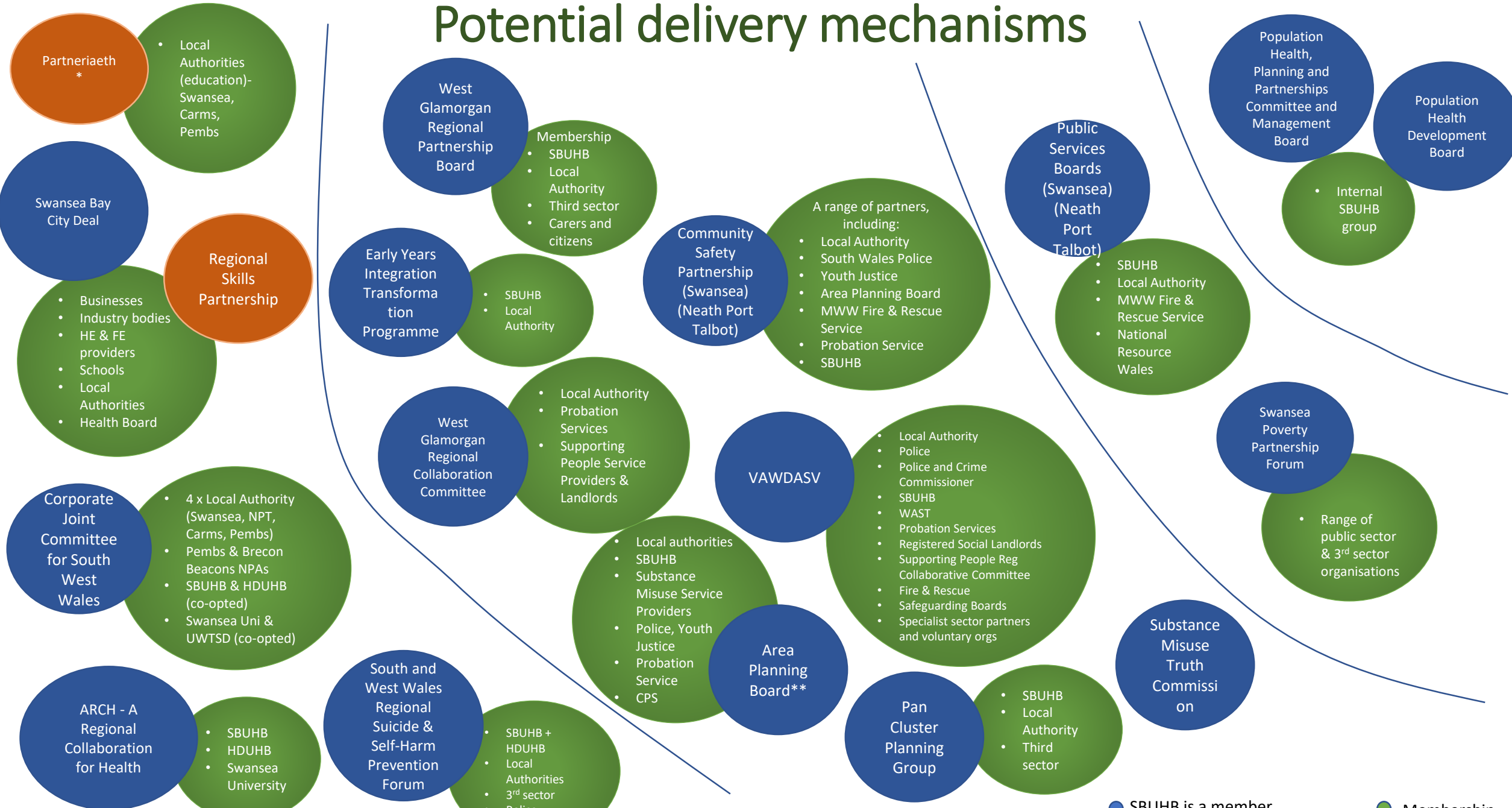
[Healthcare staff launch new Swansea Bay Green Group](#)

Frontline healthcare staff have launched the Swansea Bay Green Group, which is working on a range of projects to make healthcare systems better for people and the planet, including reducing the amount of waste created during operations and prescribing inhalers with a lower greenhouse gas footprint.

Actions to develop SBUHB's population health competency



Potential delivery mechanisms



Partneriaeth *

- Local Authorities (education)- Swansea, Carmar, Pembrokeshire

Swansea Bay City Deal

Regional Skills Partnership

- Businesses
- Industry bodies
- HE & FE providers
- Schools
- Local Authorities
- Health Board

Corporate Joint Committee for South West Wales

- 4 x Local Authority (Swansea, NPT, Carmar, Pembrokeshire)
- Pembrokeshire & Brecon Beacons NPAs
- SBUHB & HDUHB (co-opted)
- Swansea Uni & UWTSU (co-opted)

ARCH - A Regional Collaboration for Health

- SBUHB
- HDUHB
- Swansea University

South and West Wales Regional Suicide & Self-Harm Prevention Forum

- SBUHB + HDUHB
- Local Authorities
- 3rd sector
- Police

West Glamorgan Regional Partnership Board

- Membership
- SBUHB
- Local Authority
- Third sector
- Carers and citizens

Early Years Integration Transformation Programme

- SBUHB
- Local Authority

West Glamorgan Regional Collaboration Committee

- Local Authority
- Probation Services
- Supporting People Service Providers & Landlords

Community Safety Partnership (Swansea) (Neath Port Talbot)

A range of partners, including:

- Local Authority
- South Wales Police
- Youth Justice
- Area Planning Board
- MWW Fire & Rescue Service
- Probation Service
- SBUHB

VAWDASV

- Local Authority
- Police
- Police and Crime Commissioner
- SBUHB
- WAST
- Probation Services
- Registered Social Landlords
- Supporting People Reg Collaborative Committee
- Fire & Rescue
- Safeguarding Boards
- Specialist sector partners and voluntary orgs

Area Planning Board**

- Local authorities
- SBUHB
- Substance Misuse Service Providers
- Police, Youth Justice
- Probation Service
- CPS

Pan Cluster Planning Group

- SBUHB
- Local Authority
- Third sector

Public Services Boards (Swansea) (Neath Port Talbot)

- SBUHB
- Local Authority
- MWW Fire & Rescue Service
- National Resource Wales

Population Health, Planning and Partnerships Committee and Management Board

Population Health Development Board

- Internal SBUHB group

Swansea Poverty Partnership Forum

- Range of public sector & 3rd sector organisations

Substance Misuse Truth Commission

*does not include NPT CBC
 **brought together previous arrangements which do have a statutory basis

- SBUHB is a member
- SBUHB not a current member (statutory or co-opted)
- Membership

Next steps...

- **Finalising production of external facing Strategy document:**
 - Publishing of public-facing Strategy document (March / April 2023)
- **Establish agreed Governance of PH Strategy to:**
 - Agree/recommend action plan (with identified Year 1 and ongoing actions) to support the implementation of the Strategy
 - Develop / recommend / advise on action plan / agenda externally – focusing on key issues and potential areas for action with partners – mapped against existing partnership forums through which action can be advocated & aligned with regional partnership planning/strategies e.g. PSB well-being plans.
 - Create enabling system leadership to drive forward PH Strategy internally & externally with and through partners / partnerships
 - Inform development of agreed indicators as metrics for measuring population health outcomes & use insight/intelligence to guide & inform decision making (internally & externally)
- **As part of R&S 2023-24 plan implementation:**
 - Look to embed new ways of working that ensures co-ordination of action across the system where there is alignment e.g. weight management & LTC pathway development & VBHC & Planned Care Programme Board etc.
 - Develop data management systems & infrastructure to support collection, collation & regular reporting of key/agreed system indicators & metrics supporting population health outcomes
 - Review & adapt organisational planning, strategy & decision making processes to ensure population health approaches & principles are incorporated and meaningfully considered & understood

Calls to Action

The process of co-designing the Population Health Strategy with colleagues and partners has given us clarity on a mandate for moving forward to implementing this strategy. It is clear we all share a common purpose and desire to see a better, healthier and fairer Swansea Bay and our commitment to that is a great place to start from.

We are all part of the change and we can't create lasting and impactful change alone. We have some good examples where we work well together. We need to take it to the next level as our current ways of working can only take us only so far – we can do better and we want to do better together and we have a mandate to do so.

We've heard time and again about all the good work that is already being done across our region, with and for our communities. However we all recognise we need to be bolder in our action and to take a longer term view in our commitments – moving from short term thinking to longer term gain.

The current financial constraints being felt across the system and in our communities should be seen as an opportunity to do things differently. As anchor institutions we have significant resources and budgets which we can choose to mobilise and repurpose collectively to have greater and longer lasting impact

Recognising what we already do well is important to build on where we are strong. We need to measure and celebrate success but be ready to challenge ourselves to be better and stop things that fail to add value and address equity. Our focus on equity needs to be unrelenting given the significant levels of health inequity we see currently across our population.

The Strategy is intended to be a framework, acting as a catalyst for change. To create a lasting change, we need to maintain the momentum and energy generated through the co-design process to having co-production and co-ownership of actions across partnerships and with our communities.

Appendices – objectives

1. Giving every child & young person the best start in life
2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living
5. Creating healthy & sustainable places and communities
6. Strengthen the role & impact of ill health prevention

Objective 1: Give every child the best start in life

Disadvantages start before birth and accumulate throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. (*Marmot 2021*)

Evidence shows that positive early life experiences are closely associated with:

- better performance at school
- better social and emotional development
- improved work outcomes
- higher income
- better lifelong health, including longer life expectancy

Groups who may need additional support:

- Families living in poverty
- Parents at risk of unemployment/in unstable employment
- Children/families known to be at increased risk of Adverse Childhood Experiences (ACEs)
- Smokers who are trying to conceive or are currently pregnant and family households with smokers

Summary of key points

- Early childhood is a critical time for development of later life outcomes, including health.
- There are clear, persistent socio-economic inequalities in early years development.
- The early years period is the time in life which interventions to disrupt inequalities have been shown to be most effective and cost-effective.

Local picture- Swansea Bay Region

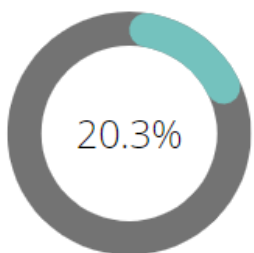
74,800 children aged 0-14 live in Swansea Bay

18,500 are aged 0-4

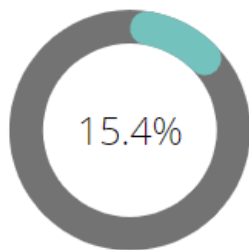
3,395 births



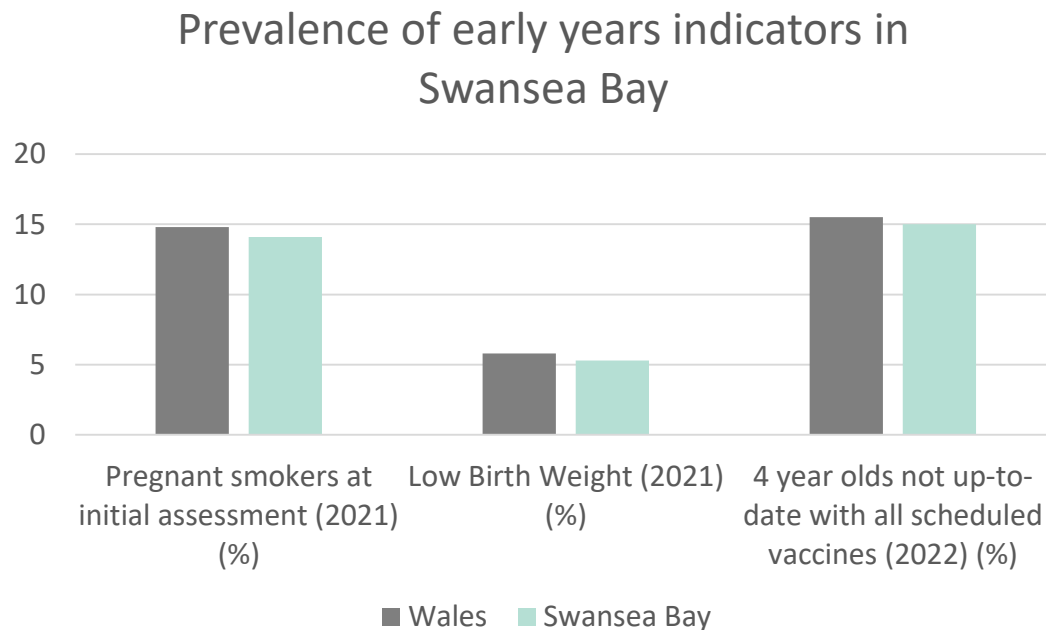
Over 1 in 6 children aged 4-5 years old in Swansea Bay are obese



Neath Port Talbot



Swansea



3 in 10 children in Swansea Bay are living in poverty



Roughly 5,000 children aged 0-4 receive Flying Start services in the Swansea Bay Region

AIM / GOAL

PRIMARY DRIVERS

SECONDARY DRIVERS

Give every child the best start in life

Ensure high quality, joined up services that meets the need across the social gradient

- Access to good quality, joined up prenatal and peri-natal care for all from the preconception period, including Midwifery, Health Visiting and Primary Care, across the Swansea Bay UHB area
- Holistic approach to supporting health behaviours from the pre-natal period onwards (e.g. smoking, alcohol, diet, physical activity) which aligns with wider care
- Provide support for the initiation and continuation of breastfeeding
- Increase support to enable engagement with, and uptake of, vaccination programmes
- Access to good quality sexual health services, including contraceptive health, from pre-natal period onwards
- Address barriers and enablers to improve people’s ability to access the Healthy Start Scheme
- Integrated approach to service delivery and management of physical and mental health

Create supportive built, natural and social environments

- Action for poor quality housing including social housing, private rented and owner occupied housing
- Access to safe, attractive, baby-friendly and child-friendly environments that encourage physical activity, breast-feeding and affordable healthy eating
- Peer-to-peer and community connections for mutual support and wider wellbeing
- Improve access to free early years and play provision, and joined-up affordable childcare for children of all ages, including uptake of existing schemes such as tax-free childcare
- Improve social and emotional learning
- Ensure environmental sustainability is a key consideration when creating supportive environments for children and families

Tailored support for children, families and communities based on identified vulnerabilities

- Access to good quality, timely mental health support tailored to needs of both parents and the wider family, including consideration of the mental health needs of babies and children.
- ACE aware services that provide early identification of risk factors, and provide trauma-informed services.
- Improve support to families living in poverty/ with a low-income/ unmanageable debt, including deprived families living in more affluent areas
- Consideration given to families which have pre-existing physical or mental health conditions
- Consideration given to children who have Additional Learning Needs
- Consideration to the impact of discrimination and exclusion for individuals, families and communities with protected characteristics including minority ethnic groups, refugees and asylum seekers

SHARED RESPONSIBILITY AND A WHOLE SYSTEMS APPROACH

Objective 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Learning does not just happen in schools and it does not stop when people leave school. Learning across the life course leads to better educational achievement, better employment, and improved physical and mental health.

Good quality education and learning includes:

- Development of cognitive and non-cognitive skills, personalities, talents and abilities, building resilience and self-esteem
- Parents passing on skills from one generation to another
- Adults that have opportunities for lifelong learning and skills development, not only in formal educational settings but also in the workplace and in communities.

Some groups are more likely to experience poor quality education and learning include:

- People from lower socio-economic groups
- Pupils in receipt of free school meals
- Children excluded from school
- People growing up in an environment with limited family and community support

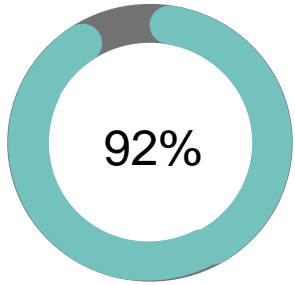
Summary of key points

- The acquisition of cognitive and non-cognitive skills is key to sustaining the reduction of inequalities across the gradient through the years of education.
- Inequalities in educational achievement emerge very early and parents' transmission of skills across the generations is critically important. Where parents have not gained these skills themselves, disadvantage is passed from one generation to another.
- Access to continued learning throughout life is important to wellbeing in a number of ways.

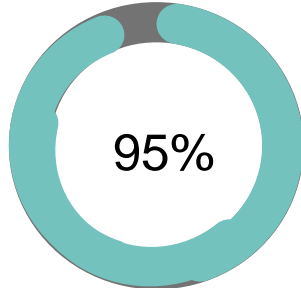


Local Picture - Swansea Bay

Region



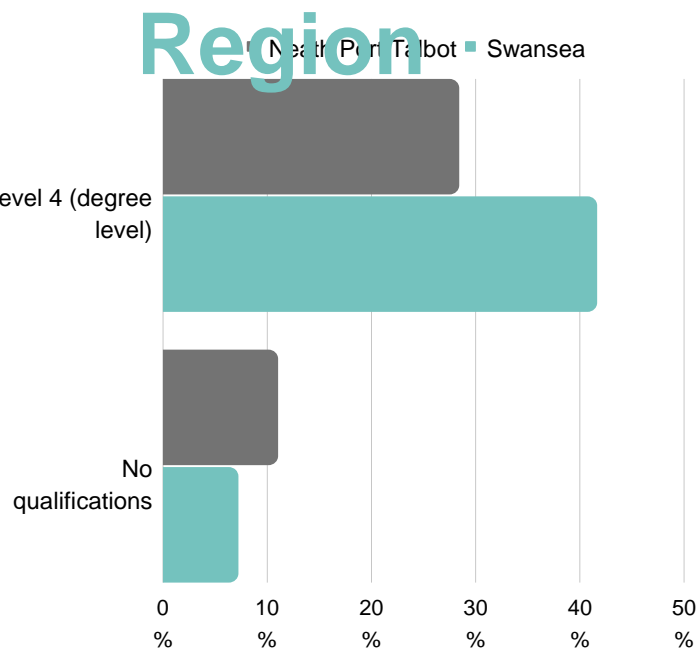
Neath Port Talbot



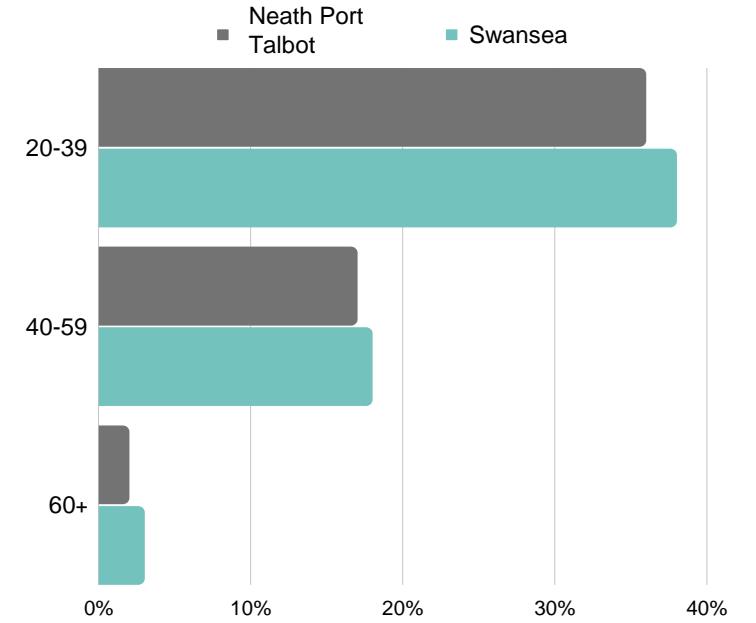
Swansea

Pupils in Year 11 achieving level 1 threshold qualification (5 GCSEs A*-G or equivalent) (2018/19)

Qualified to NVQ level 4 (degree level)



Proportion of working age population in Swansea Bay with NVQ4+ vs no qualifications



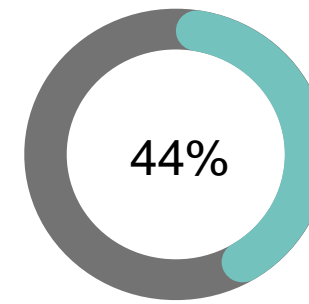
Learners at higher education institutions living in Swansea Bay in older age groups

Children eligible for free school meals were four times more likely to be punished by a permanent exclusion than children who are not eligible

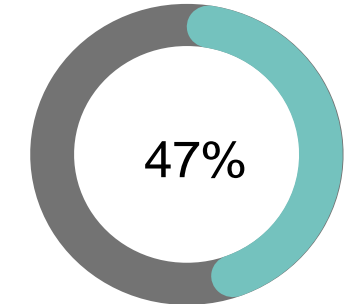
Pupils in receipt of free school meals in Swansea have educational results about 14% lower than all pupils

A similar proportion of children were disadvantaged (eligible for FSMs in the last 6 months) in 2019 in Swansea and NPT (29% and 30%)

The disadvantage gap in NPT in 2017-19 was 24.8 months, which has increased from 19.0 months in 2011-13. In comparison, the disadvantage gap in Swansea has decreased, from 21.4 months in 2011-13 to 19.8 months in 2017-19 and is now lower than in NPT



Neath Port Talbot



Swansea

Children reporting close to average emotional symptoms at Key Stage 4, aged 14-16 (Strengths & Difficulties questionnaire)

AIM / GOAL

PRIMARY DRIVERS

SECONDARY DRIVERS

Enable all children, young people and adults to fulfil their potential

Identifying and reducing inequalities during the childhood and young adult education years

All families can share the skills they need across the generations

All children, young people and adults can develop, build resilience & self-esteem in a supportive environment

- Whole-school approaches and interventions which target the social determinants with schools, families and communities working together, and are not limited to school term time
- Action to reduce inequalities in the risk of becoming part of the criminal justice system or experiencing a trauma-influenced upbringing, including witnessing or experiencing domestic abuse
- Programmes focusing on young people are developed with an understanding of how to engage young people across the gradient and offer opportunities that support the most disadvantaged
- Tackle the issue of multi-generational NEET
- Protect those vulnerable from becoming involved in County Lines

- All adults, including parents and guardians, have access to skills development and education across the life course and can champion interventions which positively impact the non-cognitive skills of children and young people
- All children, young people and adults are supported to find the right path for them

- All children and young people are supported in the development of their non-cognitive skills e.g. critical thinking, problem-solving, emotional health, social skills, persistence, confidence, teamwork, community responsibility
- Children and young people have the skills and confidence to challenge the culture within their family where it doesn't support health and wellbeing
- Children and young people do not grow up surrounded by violence

SHARED RESPONSIBILITY AND A WHOLE SYSTEMS APPROACH

Objective 3: Create fair employment and good work for all

Fair work contributes to a wellbeing economy, drives prosperity, is environmentally sound and helps everyone realise their potential. Being in good employment is protective of health, therefore getting people into fair work is critical for reducing health inequalities.

Unemployment is bad for health. However, it is not just having a job that matters but the nature and quality of the job that counts for health and wellbeing. Poor quality jobs are also bad for business.

The six characteristics of fair work:

- Fair reward
- Employee voice and collective representation
- Security and flexibility
- Opportunity for access, growth and progression
- Safe, healthy and inclusive working environment
- Legal rights respected and given substantive effect work that includes job security and a decent wage (*Fair Work Commission 2019*)

Some groups are more likely to experience poor quality or insecure work including:

- Those with lower socioeconomic position
- Younger people
- Those in lower paid and lower skilled jobs
- Minority ethnic groups

Some groups are more likely to experience unemployment including:

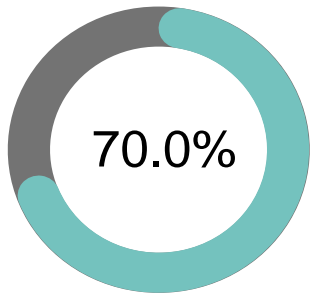
- Women
- Lone parents
- People with disabilities
- Minority ethnic groups

Summary of key points

- Being in good employment is protective of health and therefore getting people into work is critical for reducing health inequalities.
- However, being in work is not an automatic step towards good health and wellbeing - jobs need to be sustainable and of a minimum quality.
- Those with lower socioeconomic position, younger people, those in lower paid jobs and non-white people are all more likely to experience poor quality work with attendant impacts on health.
- Since 2010, rates of unemployment have decreased in the UK but increases in employment were often in low-paid, unskilled, self-employed, short-term or zero hours contract jobs, which saw a steady growth. Rates of pay did not increase and more people in poverty were in work than out of work by 2020.

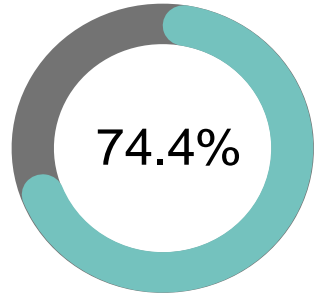


Local Picture - Swansea Bay Region

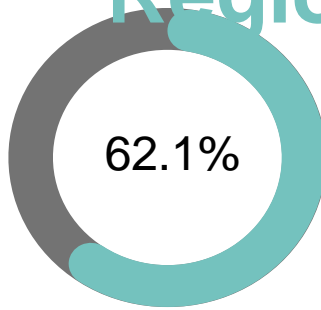


Neath Port Talbot

2021 Employment Rate % (aged 16-64)

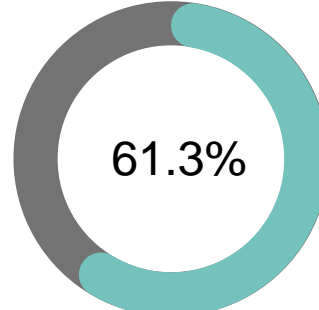


Swansea

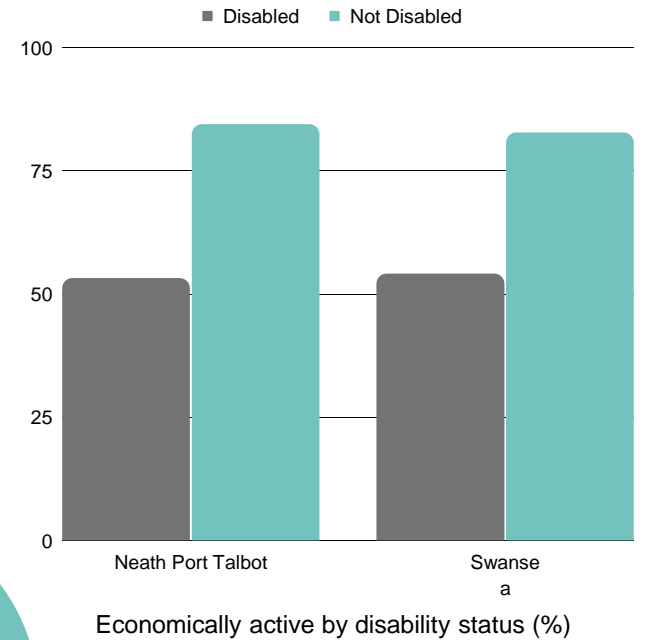


Neath Port Talbot

2010 Employment Rate % (aged 16-64)

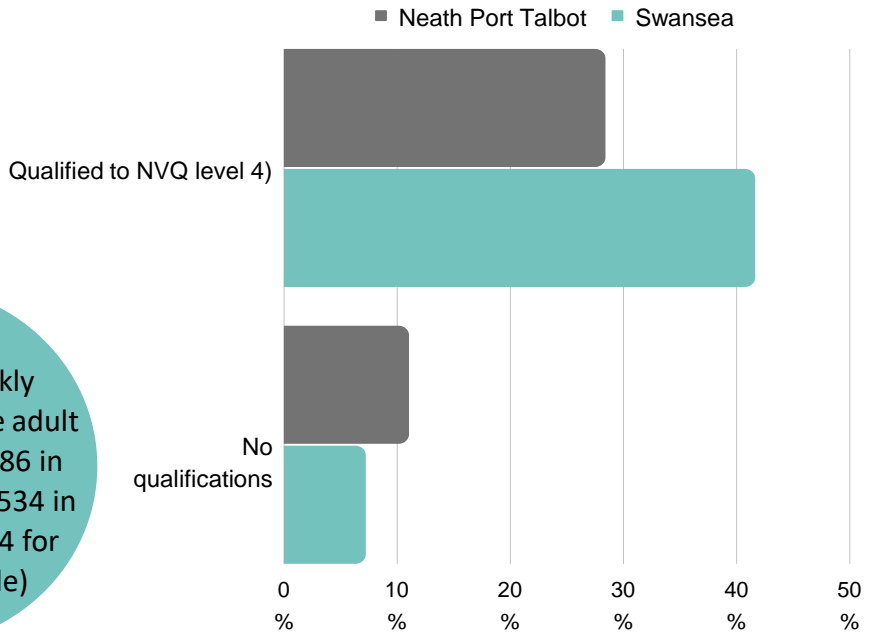


Swansea



Sickness absence rates for NHS staff in 2021 were higher in SBUHB than any other Health Board (7.3%) and higher than the average for Welsh NHS organisations (6.3%)

In 2021, the median weekly earning for full-time adult employees was £586 in NPT compared to £534 in Swansea (and £564 for Wales as a whole)



Data from HSE shows rates of:

- work-related stress
- depression
- anxiety

have been increasing since 2010.

While rates of employment have increased across the UK since 2010, work quality has not seen improvements.

223,000 people in Wales earn below the real living wage

AIM / GOAL

PRIMARY DRIVERS

SECONDARY DRIVERS

Create fair employment and good work for all

Everyone can access, and stay in, good quality work and no-one is disadvantaged

There is plenty of good and quality employment available

Opportunities to train and develop skills are available throughout the life course

- People who are at risk of being disadvantaged are supported to access and stay in good quality employment. Including those who are long-term unemployed; with disabilities; parents and carers; from minority ethnic backgrounds; and from deprived backgrounds
- Everyone understands the benefits of good quality work to their health, their right to it, and are supported to advocate for it
- People are supported to help make sure no-one is financially worse off by being in employment or receiving a wage increase
- There is no systemic racism or discrimination in accessing good quality work
- Entry requirements for jobs support a diverse workforce, environmental sustainability and health equity

- There are plenty of good quality jobs available across Swansea Bay
- Secure work contracts with guaranteed hours are available where possible and helpful (recognising that every employee is different)
- Fixed term-funded work takes into account the need for job security and takes steps to provide reassurance where needed
- Every employee has a decent wage that meets their needs to live a decent life
- Wherever possible flexible working is available to support individuals to have a good work life balance
- Individuals are protected from in-work conditions that could damage their health
- Employees have a voice and are heard
- Employers are supported to provide good quality work

- Everyone has opportunities for in-work training and skills development
- Pathways into employment and training are easy to find and the first step is not seen as overwhelming

SHARED RESPONSIBILITY AND A WHOLE SYSTEMS APPROACH

Objective 4: Ensure a healthy standard of living

Having enough money to lead a healthy life is central to reducing health inequalities.

Poverty has a cumulative negative effect on people's health throughout their life, which can in turn make it harder to escape poverty

A healthy standard of living includes:

- Access to affordable, secure and high quality housing
- Enough money to pay for food, energy and other household costs
- Enough money to be able to make long-term cost-effective decisions
- Access to social protection schemes that act as a buffer when times are harder

Some groups are more likely to experience a poor standard of living include:

- People in a lower socioeconomic position
- Workers lower paid and lower skilled jobs
- Those who are unemployed
- Groups that experience poor health or other life-changing events e.g. divorce, new caring responsibilities

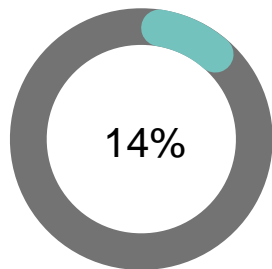
Some groups are more likely to experience poverty:

- Lone parents with children
- Disabled adults
- Minority ethnic groups

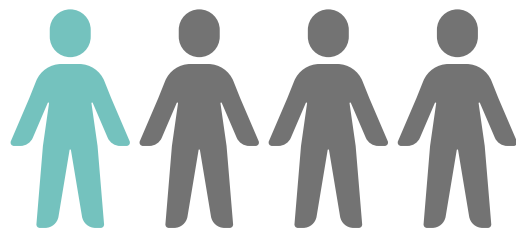
Summary of key points

- Having enough money to lead a healthy life is central to reducing health inequalities.
- Poverty and low living standards are strong contributors to ill health and inequalities, with health effects able to accumulate throughout a person's life.
- These inequalities have worsened throughout the COVID-19 pandemic and other external threats will risk widening inequalities even further, including the current cost of living crisis and the increasing impacts of climate change.
- People are connected and thrive in their communities

Local picture - Swansea Bay Region



Proportion of workers in poverty in Wales (2018/19)

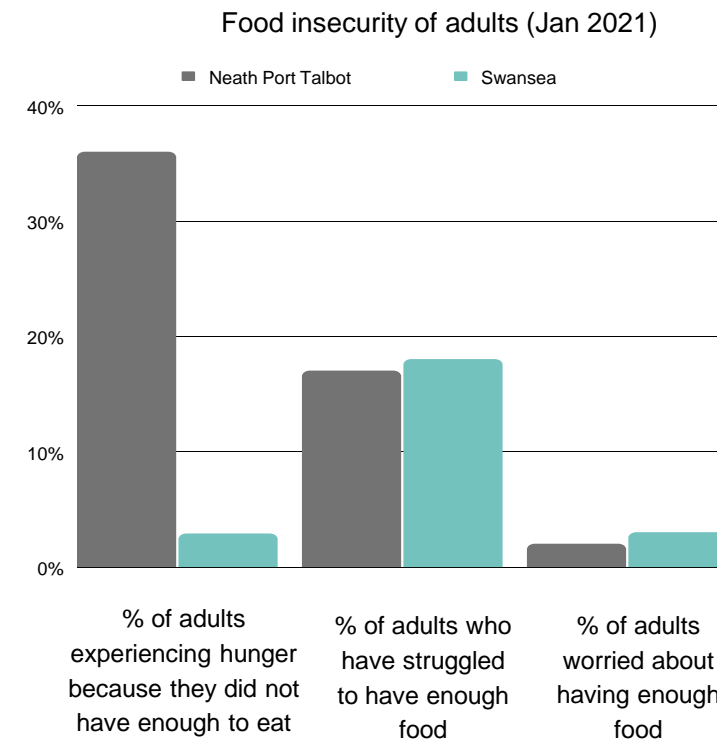


Over 1 in 4 single-parents in Wales who are employed are classed as being in in-work poverty.

Workers in:

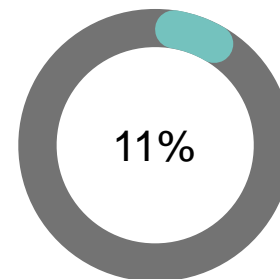
- food
- wholesale
- retail

sectors have higher in-work poverty rates

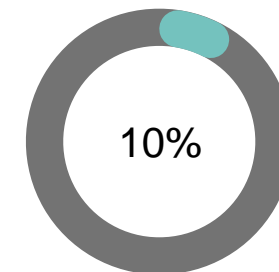


The total number of food parcels distributed by the Trussell Trust Network in Swansea increased by 27% 2019/20-2020/21, with 11,877 parcels distributed

Annual energy bills increased by around £690 pa (£58 per month) for a household with average use in March 2022. Prices are expected to increase again by over £800 in October 2022



Households in fuel poverty in Neath (2018)



Households in fuel poverty in Swansea (2018)



AIM / GOAL

PRIMARY DRIVERS

SECONDARY DRIVERS

Ensure a healthy standard of living

Access to secure, warm, energy efficient and affordable housing

- Housing costs are managed to prevent people from unmanageable debt / unaffordable credit
- Those at risk of becoming homeless due to costs, are supported to find sustainable solutions
- Recognising the role of housing in placemaking (see Chapter 5)

Ensure a thriving economy and local jobs

- Ensuring people have the right qualifications, skills and training that enable them to gain fair work now and in the future – including those who are disadvantaged or long term unemployed
- Regional investment in economic approaches e.g. foundational economy, circular economy, addressing areas including transport and housing (see Chapter 5)

Maximising household incomes & reducing unmanageable debt

- Ensuring people are able to claim the entitlements and access the support they are eligible for including support for financial security/inclusion
- Understanding root causes so we move from management to prevention & early intervention, which includes tackling racism, discrimination and their outcomes
- Solutions that recognise that those in the worst position have to pay more for services/facilities or credit

People are connected and thrive in their communities

- People are able to access formal and informal support at times of stress
- Compassionate approaches to poverty that considers the potential impact on mental health distress
- Individuals can access and afford the systems that enable them to access work e.g. childcare, (low carbon) public transport

SHARED RESPONSIBILITY AND A WHOLE SYSTEMS APPROACH

Objective 5: Creating healthy & sustainable places and communities

The physical, economic and social characteristics of housing, places and communities have an important influence over people's physical health, mental health and wellbeing and these are related to inequalities in health (*Marmot 2021*)

The harm to health from climate change is increasing, and urgent action needs to be taken to address climate change.

Living in a healthy and sustainable community includes:

- Good quality housing in a safe neighbourhood
- Access to green spaces, community, recreational and cultural facilities
- Access to good quality, affordable food
- Clean air
- Connections to other communities and areas
- Having a strong sense of community and social networks

Some groups of people are less likely to live in a healthy and sustainable communities, and more likely to be negatively impacted by climate change including:

- People who live in more deprived areas
- People who live in areas with poor infrastructure
- People from ethnic minority groups
- People with physical or mental health problems

Summary of key points

- The influence of locality, places and communities contribute to determining health.
- Well-designed places, spaces and buildings, create community capital and opportunities that can mitigate against a range of poor health outcomes for people living in challenging situations.
- The harm to health from climate change is increasing at a global, national, and local level and this harm is not distributed equally across the social gradient.
- Some groups of people are less likely to live in healthy and sustainable communities and are more likely to be negatively impacted by climate change.

Local picture - Swansea Bay Region



Nitrogen dioxide (NO₂) concentration at residential dwelling locations, Average concentration (µg/m³), 2019
 Swansea 10 µg/m³ Neath Port Talbot 10 µg/m³

These concentrations are more than double those in the lowest ranked local authority in Wales (Ceredigion- 4 µg/m³)

Exposure to NO₂ is associated with short-term and long-term health effects, including airway inflammation, increased susceptibility to lung infections and increased mortality



Number of residential properties at risk of flooding (2019)

Swansea > 10,000
 Neath Port Talbot > 15,000

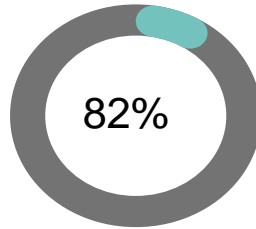
These numbers are expected to increase due to climate change



People feeling lonely, persons aged 16+ 2019-20:

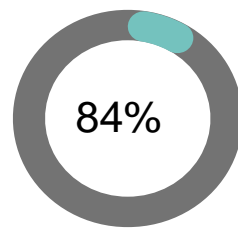
Swansea 16%
 Neath Port Talbot 14%

Of the 26 LSOAs of deep-rooted deprivation in Wales, the highest number (8) are found in Swansea LA, with 1 in NPT.

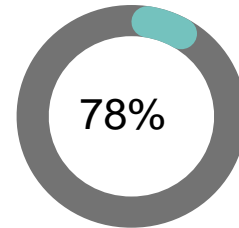


Neath Port Talbot

% of people satisfied with the local area as a place to live (2020)

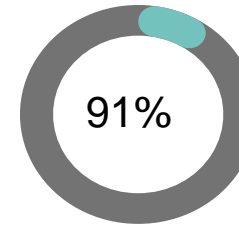


Swansea

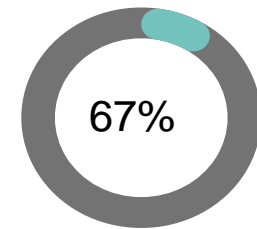


Neath Port Talbot

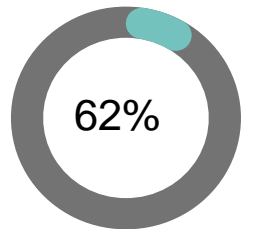
% of people satisfied with their ability to get to / access the services and facilities they need (2020)



Swansea



Neath Port Talbot



Swansea

% of people agreeing that they belong to the area / that people from different backgrounds get on well together / and that people treat each other with respect (2020)

AIM / GOAL

PRIMARY DRIVERS

SECONDARY DRIVERS

Create healthy and sustainable communities through placemaking

Maximise the health benefits of climate change mitigation strategies

Build health resilience to climate and nature risks through adaptation strategies

Strengthen communities by investing in the development of economic, social and cultural resources

- Take action to improve air quality
- Work towards creating a low carbon infrastructure, healthy housing, and increasing healthy placemaking
- Create sustainable diets and food environments
- Create supportive transport system and active travel
- Ensure sustainable economic models e.g. circular economy and foundation economy approaches
- Harness nature-based solutions to mitigate against climate change

- Regularly assess the health vulnerabilities of populations and adaptation capacity
- Develop and implement an adaptation plan for health
- Strengthen the resilience to climate risks alongside mitigation strategies

- Reduce barriers and encourage community participation in community action and development
- Reduce social isolation and improve community connectedness
- Maximise the use of community hubs
- Improve access to social support
- Embed health into local and regional development plans to benefit current and future generations

SHARED RESPONSIBILITY AND A WHOLE SYSTEMS APPROACH

Objective 6: Strengthen the role and impact of ill health prevention

The gap in life expectancy between those living in the least and most deprived areas in Wales is increasing.

A complex range of social, cultural, economic and environmental factors act at individual, community, national and global levels to influence people's health related behaviours and health outcomes.

Hence, it is not enough to simply provide advice and what will work for one person will not work for others.

Solutions need to be based on an understanding of the root causes and to be designed using behavioural science so that they address what we know determine people's behaviour.

The purpose of the sixth policy objective is to recognise the need for public health and wider society measures which support and sustain healthy behaviours and practices and preventative action on the major contributors to disease.

Ill health prevention has been shown to be effective at improving health and life expectancy and reducing costs to the health system.

Some groups may require additional support to adopt health related behaviours including:

- People living with a disability or mental illness
- People living in deprived areas
- Ethnic minority groups

Summary of key points:

- Marmot recommends:
 1. Prioritise prevention and early detection of those conditions most strongly related to health inequalities e.g. cancer, cardiovascular disease.
 2. Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.
 3. Development of capacity and expansion of focus on social determinants of health across all sectors to address the impact of poverty, deprivation, employment and housing on health
 4. Develop social determinants of health interventions to improve healthy behaviours and reduce inequalities
- It is important to recognise ill-health prevention from both a physical and mental health viewpoint.
- The NHS has an important role to play but cannot achieve a reduction in health inequality without its partners.

Local Picture - Swansea Bay

Health in general - good or very good (2021/22)

Swansea Bay-70% NPT-69% Swansea-71%

Life expectancy at birth-years (2018-20)

Males Swansea-77.5* NPT- 76.9*

Females Swansea-81.8 NPT- 80.9*

Gap in life expectancy at birth-years (least to most deprived fifth) 2018-20

Males Swansea- 9 NPT-7.4

Females Swansea- 7.1 NPT- 5.6

Limited at all by longstanding illness (2019/20)

Swansea Bay-35% NPT-38% Swansea-33%

Resident children at 4 years up to date with scheduled vaccines 2021/22

Swansea-86.9%

Swansea Bay-13% NPT-15% Swansea 12% smoking prevalence (2021/22)

1 in 4 hospital admissions due to respiratory diseases can be attributed to smoking.

Higher smoking-attributable admission and mortality rates in males than females.

Percentage of those who are overweight or obese (BMI 25+), 2021/22

Swansea Bay-61% Swansea-59% NPT-64%

Life satisfaction among working age adults, aged 16-64, (2020-2021)

Swansea Bay- 74.1% Swansea-75.2% NPT-71.9%

Premature deaths from non communicable diseases, EASR per 100,000, aged 30 – 70 (2019-21)

Swansea Bay**-339 Swansea-326 NPT**-359

Working age adults in good health (2020-21)

Swansea Bay-78.1% NPT-74.8% Swansea-79.7%

Mental well-being (WEMWBS) Mean score for adults (between 14 and 70-higher scores indicate greater positive mental wellbeing) (2018/19)

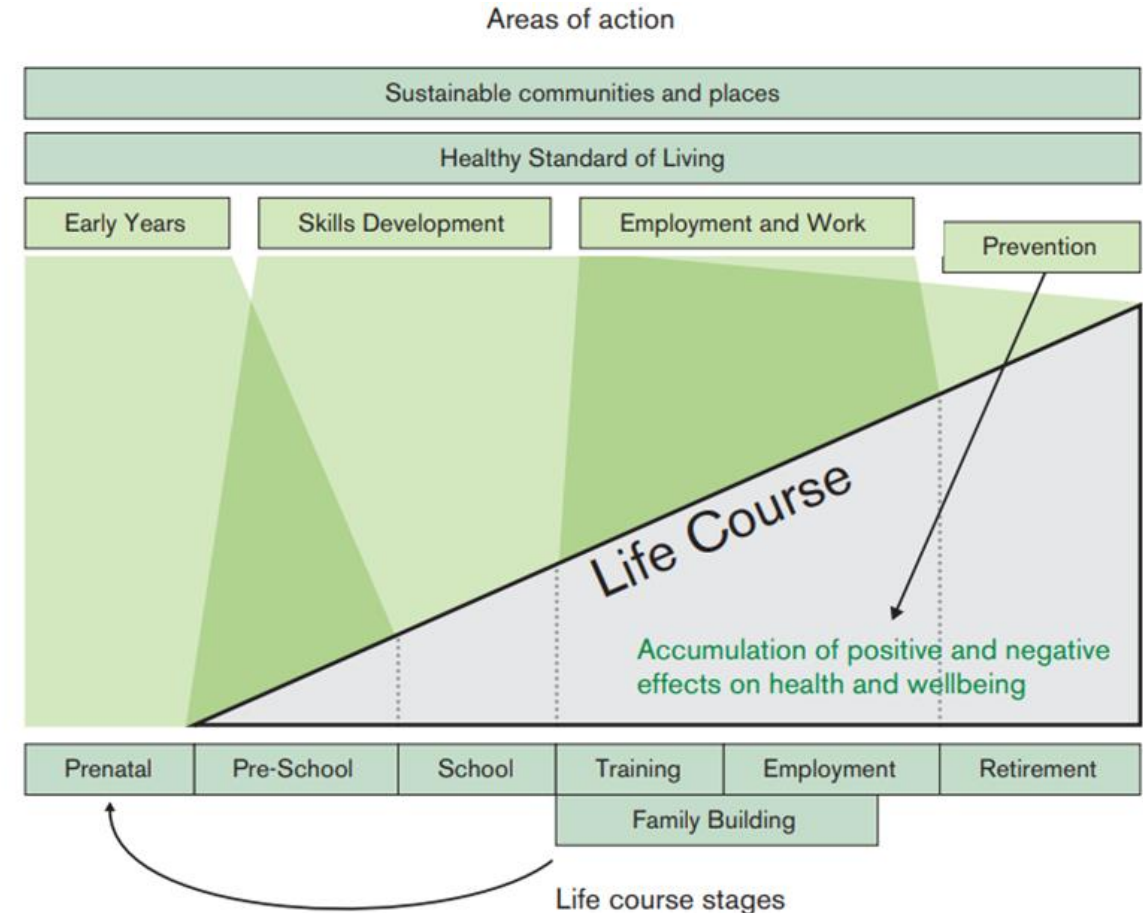
Swansea Bay- 51 NPT-52.1 Swansea-50.3

*Significantly lower than Wales rate

** Significantly higher than Wales rate

Chapter summary

- In Chapter 6, Marmot focuses on the need to prioritise prevention of those conditions that are most strongly related to health inequalities, for example cancers, cardiovascular disease, respiratory disease and diabetes. But also the need to increase long-term and sustainable funding for prevention across the social gradient.
- This chapter brings together the issues and impacts highlighted across the previous five chapters to illustrate how prevention can play a role in every stage of the life course.
- It is also the chapter that most closely aligns with Welsh Government priorities for the healthcare system.



AIM / GOAL

PRIMARY DRIVERS

SECONDARY DRIVERS

Strengthen the role & impact of ill-health prevention (improving health outcomes & reducing inequities across our communities)

Ensure delivery mechanisms that focus on equity & prevention

Focus on our assets for maximum benefit to our population

Sustainable delivery with future generations in mind

- Investment in prevention - long-term, sustainable & evidence informed
- Consider opportunities for prevention before, during and after an individual comes into contact with healthcare services
- Develop social determinants of health interventions to improve healthy behaviours and reduce inequalities across the social gradient with targeted interventions for disadvantaged groups
- Infrastructure to enable and support effective delivery
- Intelligence as basis for decision making
- Incentivise delivery to focus on prevention & reducing inequity
- Integrate across the system for maximum benefit/impact
- Develop capacity & capability to ensure a focus on drivers of health throughout the life course, across all sectors, to address the impact of poverty, deprivation, employment & housing on health

- Capital estates as community assets
- Fair working practices that support our staff to maximise their health & wellbeing
- Equip healthcare staff with the skills and knowledge to help patients make sustainable changes to their lifestyles which feel within their reach
- Co-production with our patients and communities
- Offer employment & skills development opportunities for current and future local workforce

- Sustainable procurement/commissioning – using circular economy/foundational economy principles
- Increase social value of our investments
- Reduce our impact on nature and wider environment – protecting & enhancing biodiversity

SHARED RESPONSIBILITY AND A WHOLE SYSTEMS APPROACH