

Meeting Date	17 December 2024	Agenda Item	4.4
Report Title	Organisational Population Health Strategy - Briefing		
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Report Sponsor	Jennifer Davies, Interim Executive Director of Public Health		
Presented by	Jennifer Davies, Interim Executive 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 realize 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"> • Organisational drive towards being population health focussed requires executive leadership, strategic planning to define priorities and engagement to enact strategy into business-as-usual processes and thinking. • 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. • Organisational focus and decision making on recovery and sustainability is impacting what can be delivered:- <ul style="list-style-type: none"> ○ The health protection (including immunisations) allocation from Welsh Government has been reduced by £2.16m. ○ Utilisation of the £250k population health reserve has been restricted. ○ Additional in-year £800K control total to be met • Baselineing Swansea Bay as an anchor organisation has been prioritised by the Population Health and Partnerships Committee. It will provide a baseline understanding of anchor activity and the appetite that exists to utilise our anchor status to impact population health and wellbeing. • Quarterly Service Delivery Group performance meetings have demonstrated a more visible commitment to Population Health Strategy implementation across the four pillars. The cross-cutting infrastructure to capture the impact of action requires development. • Population Health Strategy implementation risks are documented on the HBRR. They remain unchanged and high (risk score 20) representing the challenges to enacting whole of organisation commitment across federated delivery structures. • Recurrent funding post 2024/25 has not been identified to support implementation across a number of areas including Ministerial priorities of healthy weight, smoking cessation and schools based programmes. • The 2025/26 IMTP development process fails to recognise population need. 		

Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
Recommendations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>The Committee is asked to be:</p> <ul style="list-style-type: none"> • Assured of the progress outlined and noted in the report. • Advised on the limitations and risks to delivering/implementing at scale. • Alerted to the likely impact of the overall financial constraints to progressing this agenda, including the ministerial priorities, in the short to medium term. 				

ORGANISATIONAL POPULATION HEALTH STRATEGY – BRIEFING

1. INTRODUCTION

The Population Health Strategy (PHS) was approved by the Board in March 2023 along with some initial proposed priorities/actions. 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.

The report provides an update on:

- Ministerial priorities and
- Population Health Strategy implementation

2. BACKGROUND

Implementation of the PHS requires building population health literacy and the capability and capacity systematically across the whole organisation and system collectively. It requires alignment of collective effort, different ways of working and bold, disruptive commitments.

Population health competence goes beyond single services or initiatives, requiring equity considerations to underpin all aspects of our business and decision making. Success requires purposeful consideration and utilisation of our considerable resources (finance, people, estate, technology) to maximise the benefit through a population health & equity lens.



Figure 1: Four Pillars 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.

3. PROGRESSING IMPLEMENTATION

Ministerial Priorities / Service Driven Initiatives:

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

- **Health harming behaviours**

This focuses on the implementation of the national Tobacco Control plan and the Weight Management pathway, as part of the national Healthy Weight, Healthy Wales strategy aimed at reducing and preventing obesity in Wales. 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 has only been 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. To date this hasn't been the case and we remain the only Health Board not to

commit any of our own funds. At the time of writing, no confirmation of funding has been received for 2025-2 financial year.

Table 1: Ministerial priorities/service driven initiatives funding & activity

Focus	Funding	Activity
Weight management pathway implementation	£328K (WG prevention & early years funding 24/25)	<ul style="list-style-type: none"> Level 2 adult weight management services currently operational. No level 3 adult weight management service currently however decision made to commission commercial Level 3 adult weight management service using PEY funding. Service specification for Level 3 service developed and work being undertaken in Health Board on commissioning commercial service. Governance agreed with reporting through APOG and service performance & management through SDGs where services are situated. Pathway development using One Bay Way approach being led by Therapies
Tobacco control implementation	£368,000 (WG prevention & early years funding 24/25)	<ul style="list-style-type: none"> Maternal smoking cessation service being implemented. Help Me Quit in Hospital pilot being implemented. Recruitment of Help Me Quit advisors for both maternal smoking and Help Me Quit in Hospital. Governance agreed with reporting through APOG and service performance & management through PCT. Service specification developed Smoke free hospital sites policy refreshed
Whole System Approaches to healthy weight	£111,265 (total regional grant with HDdUHB is £222,530)	<ul style="list-style-type: none"> Regional working between SBUHB & HDdUHB Regional team now recruited System mapping work complete. Engagement undertaken with key stakeholders across region with workshops delivered in Swansea, NPT, Carmarthenshire and Ceredigion PSBs aimed at reaching a consensus on a focus for collaborative work over the next two years. Consensus reached on a regional systems focus on accessible, sustainable food.

Table 2: Smoking Cessation Q2 Performance

Outcomes by area and service

Area	Service	Treated smokers	Successful 4-week follow-ups	4-week self-reported quitters	4-week CO-validated quitters	4-week self-reported quit rate	4-week CO-validated quit rate
Wales	Community Service	1,322	1,175	880	231	67%	17%
	Hospital Service	331	288	193	52	58%	16%
	Maternity Service	172	111	67	22	39%	13%
	National Telephone Support Service	94	73	70	0	74%	0%
Swansea Bay UHB	Community Service	158	120	103	22	65%	14%
	Hospital Service	61	47	44	1	72%	2%
	Maternity Service	26	14	10	3	38%	12%
	National Telephone Support Service	0	0	0	0		

• **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 was £5.04m to deliver Health Protection, immunisations & vaccinations priorities as laid out by Welsh Government and inclusive of new, in year, RSV programme as follows:

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



Table 3: Health Protection & Immunisations funding & activity

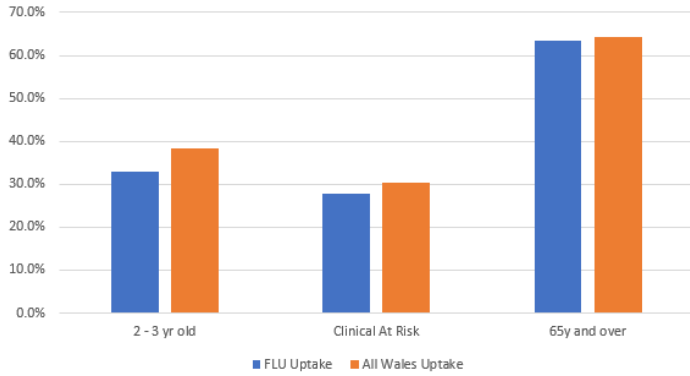
Focus	Funding 24/25 (£m)	Activity
Health Protection		
Health Protection HB capacity & capability	0.55	WG & Regional HP priorities Leadership & co-ordination IP&C – community, care homes, leadership, testing Developed and signed Service Level Agreements with LA's. Service Specifications for SBUHB services in development to support performance monitoring and outputs. Supporting HB response / planning to HCID
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 infection, prevention and control, testing; equity and equality.
Health protection plan implementation	0.65	Further revision of plan in light of further budget reduction 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 Imbalance lease will come to an end
Primary Care / contracts	0.753	GP/Pharmacy contracts – COVID.
Personal Protective Equipment (PPE)		
Deployment of PPE in support of the above frameworks	1.35	Allocation as per below. No monitoring information available to know how/if spent. £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

There are further vacant positions within the core NIF workforce that will be recruited into early 2025. The inability at present to recruit due to the temporary pause as well as service pressures, has limited the offering from the service to date.

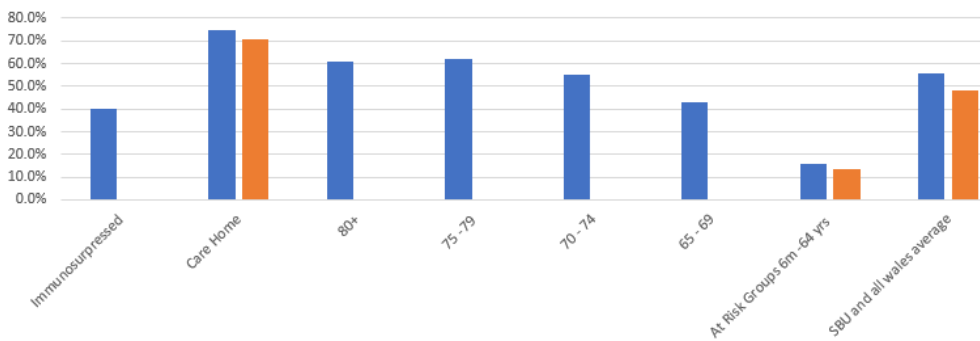
At present, the WRVP roll out has faced justified scrutiny and there is the ask to revise plans for all health boards in Wales, to increase uptake. This ask, may incur additional costs, however this additional demand will be split between Primary Care delivery and the Immunisation service. The table below outlines the WRVP uptake at present

Vaccination Uptake Position:

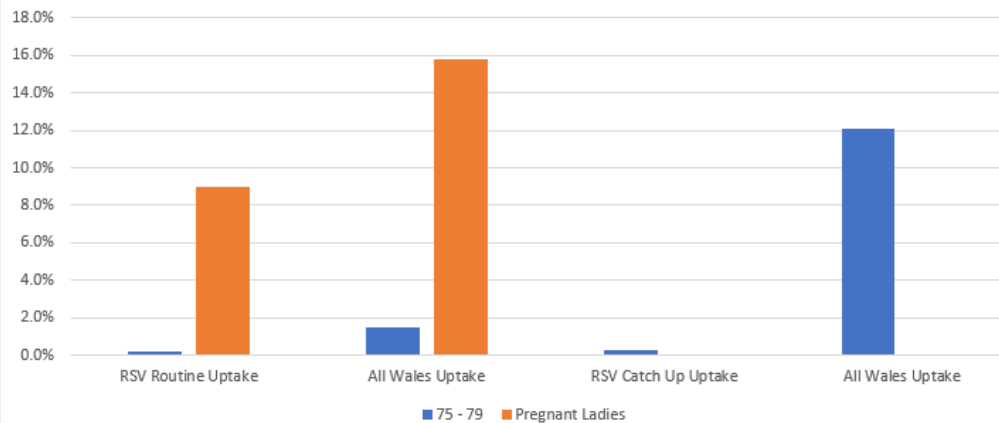
FLU Uptake Comparison



COVID Uptake



RSV Comparison



Performance and uptake to date has also been split between Primary Care and the Immunisation service. Performance across the programmes varies when in comparison to previous years for a multitude of factors. However, it is important to note that overall, there is increased performance whilst coming under budget at present for this financial year. It is anticipated that by the end of the financial year the immunisation service will break even, which is a positive given the reduction of the budget allocated by WG.

From an equity perspective we are identifying groups with low vaccination uptake from utilisation of local and national dashboards. This will enable us to reduce the gap which exists between most and least deprived areas for all immunisation programmes. This work is at the forefront of plans and is noted in our strategic immunisation plans and managed by the Health Board's Vaccination Equity Group which has good multi-professional representation and those with lived experience.

- **Early years and schools-based activities**

Welsh Government funding of £317,276 is allocated to Swansea Bay, via PHW, to deliver on nationally determined programmes. There has been a review of the programmes and a new programme, Welsh Network of Health and Wellbeing Promoting Schools (WNHWPS) which introduced minimum standards, was meant to be introduced in transition during 2024-25. The roll-out of this programme has been stalled with no clear date for the new programme to start. This poses a risk as one of the current programmes – Whole Schools Approach to Emotional and Mental Wellbeing (WSAEMWB) – is due to end in March 2025. With no clarity on the direction of the new programme nor accompanying funding, there is a risk that it will not be able to be continued in the same way, as we will not have anyone in post to deliver the same engagement, despite mental health and wellbeing being a key priority for Welsh Government and for schools. The programmes have historically not had uplifts to cover pay awards with this year being the first uplift to the budget. As such, this will mean in 2025-26, the current staff complement will be outside the programme costs.

Table 4: Early years and schools-based grant funding & activity

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

Implementing strategy at scale research highlights the need for consistent, concerted action aligned across the whole organisation. This includes alignment of leadership, systems and processes, governance, people, finance and technology to enable a strategy supportive culture.

The implementation approach adopted to date has prioritised engagement in an attempt to build literacy, capability and capacity to deliver population health. However, there remains an expectation that the implementation of the Population Health Strategy is primarily a Public Health Team responsibility. This ongoing lack of recognition of the role of every part of the organisation to adopt and embed population health approaches and thinking, limits progress.

Our current financial position also requires us to address immediate challenges, which in turn puts at risk any investment of resources to long-term thinking and action that supports a preventative agenda and instead requires us to focus on actions to meeting targets and providing assurance around key areas of focus as part of targeted intervention.

Despite this, progress has continued to be made with some of this reflected in table 5 below.

Table 5: Organisational Population Health Strategy Implementation funding & activity

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"> Review of Population Health & Partnerships Committee Terms of Reference Organisational development work to support behaviour change. Anchor Institution baselining. Approaches to consultations. WFGA Journey checker on partnership working. Shaping Places programme – systems working etc. Joint work plan between Public Health/Strategy and Planning in support of strategic aims. Strategic alignment with People Strategy and Digital Strategy. Population health informing the development of the Clinical Services Plan. 	£25k in 2024/25 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. Senior Public Health Intelligence lead funding approved to build organisational data/intelligence capability. 	Public Health core team budget	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. SBUHB CYP Summit and workshop – recognition of the need for a preventative, 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	<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 	No additional funding beyond existing resources	PHS PSB Wellbeing Plans HB People Strategy	Pillars 2 + 3

their capabilities and have control over their lives (Marmot objective 2)	<p>identify opportunities as an employer and anchor organisation e.g. work placement, work experience, apprenticeships.</p> <ul style="list-style-type: none"> 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 			
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 work. Partnership working through PSBs on economic regeneration, levelling up, skills & employment agenda Anchor Institution baselining. Progressing Foundational Economy and disseminating learning through Foundational Economy NHS Leadership Group. Tata developments / population health approach – Health impact assessment. 	Anchor baselining resource allocation estimation of up to £125K originally intended to be drawn from population health allocation. However, due to recovery and sustainability restrictions, funding unable to be released and internal resource prioritised in support of this work, recognising limitations in accessing specialist expertise.	PHS & People strategy implementation	Pillar 2 + 3
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 originally intended to be drawn from population health allocation. However, due to recovery and sustainability restrictions, funding unable to be released and internal resource prioritised in support of this work, recognising limitations in accessing specialist expertise.	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 Implementation of Welsh Government Climate Adaptation internally and in partnership with Public Service Boards Sustainable Travel Strategy approved. 	No additional funding beyond existing resources	PHS PSB strategic plans Sustainable Travel Strategy WFGA	Pillar 3 + 4

	<ul style="list-style-type: none"> Food environment agenda e.g. local food, local plate; catering policies etc. 			
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

The Population Health and Partnerships Committee has been established as the governance mechanism to report progress and provide assurance for delivery against the Population Health Strategy (PHS). The Committee was established on the understanding that the system maturity required to enable delivery against the PHS was absent when the strategy was launched. Efforts thus far have enabled development of foundations to support delivery. In line with the original intention the Population Health and Partnerships Committee role and function is currently being reviewed.

Governance for all internal service provision remains within existing performance & governance structures with the Annual Plan Oversight Group (APOG) having oversight of the ministerial priorities around tobacco control and weight management.

There are a number of risks to delivery:

- The context we are currently operating in with regards PHS implementation is not conducive to the developmental and transformative ways of working.
- Public Health Team capacity is limited. The team comprises of <8WTE (with 2 vacancies) which is much smaller than other Health Board teams (estimated figures range from 13 - 40).
- Recovery and Sustainability Programme restrictions have impacted delivery:
 - The £250k allocation identified to support implementation is not available to be used for its intended purpose.
 - Public Health function/budget has been subjected to an additional £0.8m cost control to support recovery and sustainability.
 - Health Protection allocation has been reduced by £2.16m for 2024/25.
 - Recruitment restrictions have impacted on the ability to progress service development across TB and BBV agendas.
- A number of Welsh Government grant funded programmes are due to end in March 2025 and at the time of writing, no confirmation has been received of ongoing funding beyond that time.

5. FINANCIAL IMPLICATIONS

The recurrent allocation of £250K being made available to the Executive Director of Public Health to support the implementation of the Population Health Strategy is an important step forward in commitment to shifting the allocative spend to support the foundational and developmental work needed in developing a population health approach. However, restrictions on spending have limited our ability to deploy it for the intended purposes agreed through Management Board, in support of the developmental work outlined above.

The organisation's recovery and sustainability activities and associated spending restrictions has severely impacted our ability to use the core Public Health Team budget to recruit to vacancies, which in turn limits capacity and capability to support the organisation in its implementation of the PHS. Additional cost control measures implemented in Q3 requiring a further £0.8m underspend of directorate budget confines our ability to scale up activities to enable population health gains.

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. This 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.

Plans to meet Welsh Government expectations in terms of delivery of the Health Protection Framework and National Immunisation Framework have been re-modelled in year following

confirmation of the final allocation of £5.04m. There is now a need to further reduce this to meet the £0.8m control target. It is likely this will impact on our ability to delivery.

6. RECOMMENDATION

The Committee is asked to be:

- **Assured** of the progress outlined and noted in the report.
- **Advised** on the limitations and risks to delivering/implementing at scale.
- **Alerted** to the likely impact of the overall financial constraints to progressing this agenda, including the ministerial priorities, in the short to medium term.

Governance and Assurance	
Link to Enabling Objectives (please choose)	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	
(please choose)	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	
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.	
Financial Implications	
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. The reductions across different budget lines is impacting on our ability to deliver across a number of areas in support of prevention and population health.	
Legal Implications (including equality and diversity assessment)	
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.	
Staffing Implications	
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.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
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.	
Report History	Organisational Population Health Strategy - Briefing June 2024.
Appendices	