

Swansea Bay University Health Board
Public Health Team Delivery Programme 2026-27

Introduction	2
Purpose	2
1. Keeping People Safe/Health Protection	3
Background and purpose	3
Annual Plan Priorities	4
2. Keeping People Strong/ Healthcare Public Health	8
Annual Plan Priorities	10
3. Keeping People Supported / Health Improvement/ Wider Determinants	18
Annual Plan Priorities	20
Enablers: Health Intelligence	29
Annual Plan Priorities	29
Enablers: Leadership and Management	33
Enablers: Public Health Development	36
Enablers: Communications	38
Appendix 1 – Glossary of acronyms.....	39

Introduction

The 2026–27 Public Health work programme sets out a clear and coherent programme of work for the coming year. It reflects the breadth of our statutory responsibilities and the scale of the population health challenges facing Swansea Bay.

In developing this plan, we have considered national and local drivers, including Health Board priorities; Population Health Committee direction; Welsh Government planning guidance and statutory duties; Core20Plus5; the designated priorities for the Public Health Team; partnership commitments across the Public Service Boards (PSBs), the West Glamorgan Regional Partnerships Board (RPB) and the Western Bay Area Planning Board (APB) ; required reporting on external funding; and broader assessments of population health need. All of this is underpinned by the Swansea Bay University Health Board Population Health Strategy.

Given the scale of our remit and the finite capacity of a small specialist team, this plan adopts a structured and proactive approach. A series of ‘plans on a page’ outline our core work for 2026–27. To maintain resilience and responsiveness, most staff are asked to retain 25% of their capacity for reactive work that can support emerging priorities and short-term pieces of work throughout the year.

Recognising the dynamic operating environment, all plans will be reviewed quarterly to ensure alignment with emerging priorities and organisational developments. A defined ‘watching brief’ category enables the team to maintain situational awareness on key topics without over-commitment. New areas of work will normally be agreed through the Senior Management Team and supported by a corresponding plan on a page.

The plan is organised under three domains used in the Director of Public Health Annual Report 2025–26: Keeping People Safe (Health Protection), Keeping People Strong (Healthcare Public Health) and Keeping People Supported (Health Improvement and Wider Determinants of Health), plus an additional section with four enabling functions (Health Intelligence, Leadership and Management, Public Health Development and Communications).

Purpose

This work programme provides a structured framework to support prioritisation across the public health team, identify emerging issues and promote fairness and equity in workload distribution. It will form the basis for PADR and/or job plan appraisals. The Senior Management Team will review the programme quarterly and it will be discussed with the Public Health team twice a year. The programme is intended to be dynamic and will be adjusted as needed in response to staff capacity and internal or external demands.

1. Keeping People Safe/Health Protection

This section covers the following plans:

- Vaccinations and Immunisations
- Health Protection

Background and purpose

Since 2020, the Welsh Government has provided dedicated funding (but not ring-fenced to Director of Public Health) to Health Boards to support the public health response to COVID-19 and, subsequently, to strengthen local capacity and capability in responding to wider health protection threats. In July 2025, Welsh Government published the Health Protection Framework, setting out clear expectations for the development and delivery of an integrated health protection system within each Health Board area. This sits alongside the National Immunisation Framework (NIF), which defines the national model for high-quality, equitable immunisation services. Within Swansea Bay, the Health Protection Partnership is embedded within existing governance and service-delivery structures to strengthen the resilience of the system and provide continuity during periods of increased pressure. The model ensures the most effective use of regional multi-agency resources and expertise, bringing together the Swansea Bay UHB Public Health team, the Blood-Borne Virus Unit, the Integrated Sexual Health Service, Infection Prevention and Control teams, His Majesty's Prison Swansea healthcare team, Respiratory Medicine (Tuberculosis), Local Authority Environmental Health teams and voluntary sector partners including Neath Port Talbot Council for Voluntary Services (NPTCVS) and Swansea Council for Voluntary Services (SCVS). Within this context, the Health Protection function of the Public Health team provides system leadership and specialist expertise to protect the health of the Swansea Bay population.

Key responsibilities include:

- Leading and coordinating the Swansea Bay Health Protection Partnership to deliver the Welsh Government Health Protection Framework (2025).
- Providing expertise at the local authority and community interface, including infection prevention and control, community cluster and outbreak management, environmental public health advice and statutory/regulatory duties
- Delivering public health specialist input into Swansea Bay UHB's EPRR arrangements to ensure resilient, effective system planning and clinical response capability
- Contributing to strategic partnerships including the Area Planning Board and supporting the Core20Plus5 (Respiratory) priority programme.
- Overseeing Health Protection-related activity plans, service-level agreements and service specifications with Local Authorities and Swansea Bay UHB services

- Supporting implementation of the National Immunisation Framework (NIF) where it aligns with health protection functions, ensuring effective immunisation pathways and population coverage

Annual Plan Priorities

Vaccinations - Increase uptake and decrease inequity in Vaccinations and Screening

- Continue to improve vaccine accessibility through community-based vaccination venues in lower-uptake areas, particularly during winter, alongside home immunisations. We will work with Primary Care and Public Health Wales on low uptake areas for both Cancer Screening and Vaccination, targeting those at highest risk
- Investigate and target actions to understand and address non-attendance for vaccination across the life course

Outputs/Products Q1 (April to end June)	Outputs/Products Q2 (July to end Sept)
<p>The Immunisation team follows the Strategic Immunisation Plan in addition to the Vaccine Equity Strategic Plan for each quarter.</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • High priority to lead and support RSV expansion and COVID S/S booster programmes, both to complete by the end of June as outlined in respective WHCs. Immunisation team to vaccinate care home residents and housebound individuals in collaboration with primary care • Plans for above and all other immunisation programmes to be approved at Strategic Immunisation Group (leading) • Lead on immunisation training to all key stakeholders • High priority to lead improved uptake in routine childhood/CYP immunisation programmes, with continued targeted interventions via Immunisation team to support domiciliary immunisations or drop-in vaccination clinics during school holidays. Monitoring of progress in all vaccinations and the implementation of relevant action plans via the Strategic Immunisation Group • Respond to outbreaks of VP diseases as required 	<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • High priority to evaluate S/S COVID booster and RSV expansion programme incorporating lessons learnt for future plans • High priority to work in collaboration with key partners to plan the influenza vaccination campaign in line with expectations set in WHC, to include supporting initiatives to improve vaccination uptake • High priority to support additional vaccination clinics across life course, in areas where the uptake rates are lowest. Monitoring of progress in all vaccinations and the implementation of relevant action plans via the Strategic Immunisation Group (leading) • Produce a report on HPV pilot with school nursing team • Produce a report on 'Was not brought' pilot in most deprived cluster regarding DNAs in under 5s • Lead on immunisation training to all key stakeholders • Lead on planning MMR-V catch up which is anticipated to launch in November 2026 • Respond to outbreaks of VP diseases as required

<ul style="list-style-type: none"> • Support vaccinations in ANC which has proved to be a successful, additional offer of vaccinations • Develop a 3-year Swansea Bay Health Protection Partnership Plan 2026-9 onwards in collaboration with partners (leading) • Prepare the Swansea Bay Bi-Annual Report for Welsh Government (Q3/4 activity in 2025/26) (leading) • Provide leadership and co-ordination to the SB Health Protection Partnership via the Strategic Health Protection Group and Community Health Protection Steering Group. (Chair both) (leading) • Review and agree Service Level Agreements, funding and key performance indicators (KPIs) with NPT and Swansea Councils to deliver health protection priorities across the region (leading) • Work with DICE to provide a defined set of Key Performance Indicators (KPIs) for Diversity Outreach Workers to be included within the SBUHB/Swansea and NPT CVS Service Level Agreement (SLA) to ensure consistent monitoring of equity-focused engagement, improved access to services among underserved groups and measurable outcomes aligned with the Health Protection priorities (supporting) • Review and update existing Swansea Bay University Health Board (SBUHB) Public Health service specifications with BBV Unit, Long-term Care (Care Homes), TB service, Sexual Health, HMP Swansea Healthcare, Community Infection Prevention and Control to confirm associated funding arrangements, defined outputs to ensure alignment with our health protection priorities (leading) • Co-produce a Health Protection Community Workplan 2025-26 with health protection partners via workshops and collaboration (leading) • Work with Finance on behalf of Exec DPH to profile the health protection budget for 2026/27 to deliver National and regional HP priorities 	<ul style="list-style-type: none"> • Support vaccinations in ANC, which has proved to be a successful, additional offer of vaccinations • Co-ordinate and monitor the Swansea Bay Hepatitis B & C Elimination Action Plan 2025-8, providing updates on progress to relevant committees and partners • Support the Swansea Bay Hepatitis B and C Steering Group (chair, minutes, agenda setting) • Clarify infectious disease case management and incident roles and responsibilities between partners (leading) • Develop effective activity reporting mechanisms for clinical services outside of scope of Hep B/C action Plan i.e. TB, Sexual Health (HIV), Community IPC • Monitor and report Q1 health protection activity in line with SLAs and service specifications <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • As above for immunisations <p>Developmental work where resource allows / nice to do (3)</p> <ul style="list-style-type: none"> • Research into why Health Board staff decline flu vaccinations (leading on from previous quarter) <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> • Await JCVI advice regarding MenB vaccinations
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<p>National/local priorities and work already in train (2) As above for immunisations with the addition of:</p> <ul style="list-style-type: none"> Insight work to gather information why eligible individuals decline COVID and RSV vaccine in the most deprived quintiles <p>Developmental work where resource allows / nice to do (3)</p> <ul style="list-style-type: none"> Research into why Health Board staff decline flu vaccinations <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> Await JCVI advice regarding MenB vaccinations 	
<p>Outputs/Products Q3 (October to end December)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> Lead on Autumn/Winter COVID vaccination and influenza vaccination implementation programme (including staff flu), to complete by early December, or as outlined in the WHC which is awaited, with aim to increase performance from 2025/26 campaign High priority to lead improved uptake in routine childhood/CYP immunisation programmes, with continued targeted interventions via Immunisation team to support domiciliary immunisations or drop-in vaccination clinics during school holidays. Monitoring of progress in all vaccinations and the implementation of relevant action plans via the Strategic Immunisation Group Lead on pilot to support improved uptake of fluenz in 2 and 3 yr olds in City cluster Lead on immunisation training to all key stakeholders Lead on MMR-V catch up campaign (high priority) Respond to outbreaks of VP diseases as required 	<p>Outputs/Products Q4 (January to end March) Health Protection - Q4 To be confirmed following agreement through the SB Strategic Health Protection Partnership</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> Continuation of influenza vaccination (supporting mop up clinics) Flu evaluation to be undertaken led by Immunisation team and reported into SIG Supporting school nursing team with HPV vaccination to reach 90% Lead on immunisation training to all key stakeholders who advise or administer vaccines Respond to outbreaks of VP diseases as required Support vaccinations in ANC which has proved to be a successful, additional offer of vaccinations High priority to lead improved uptake in routine childhood/CYP immunisation programmes, with continued targeted interventions via Immunisation team to support domiciliary immunisations or drop-in vaccination clinics during school holidays. Monitoring of progress in all

<ul style="list-style-type: none"> • Support vaccinations in ANC which has proved to be a successful, additional offer of vaccinations • Lead and co-ordinate the delivery of the Acute Respiratory Infection testing pathway for care homes with support from Transport and LA HP teams • Prepare the Swansea Bay Bi-Annual Report for Welsh Government (Q1/2 activity in 2026/27) (leading) • Review, evaluate and report Q1/2 performance in line with service specifications and SLAs • Additional priorities to be confirmed following agreement through the SB Strategic Health Protection Partnership <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • As above for Immunisations as all immunisation programmes have respective WHC. Future work will be dependent on the released of any additional WHC <p>Developmental work where resource allows / nice to dos (3)</p> <p>Stop doing (4)</p> <p>Watching brief (5)</p>	<p>vaccinations and the implementation of relevant action plans via the Strategic Immunisation Group</p> <p>National/local priorities and work already in train (2) As above for Immunisations as all immunisation programmes have respective WHC. Future work will be dependent on the released of any additional WHC.</p> <p>Developmental work where resource allows / nice to dos (3)</p> <p>Stop doing (4)</p> <p>Watching brief (5)</p>
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Short Term Outcomes:

- Improve health protection and IP & C awareness and knowledge in community settings e.g. education, early years, care homes to reduce infectious disease transmission
- Reduce C. difficile infection rates and reduce anti-microbial resistance and hospitalisation of residents
- Improve screening uptake to identify cases of hepatitis B & C infection to reduce onward transmission
- Support micro-elimination of hepatitis C in HMP Swansea
- Capacity to provide increased flexible workforce capacity in times of health protection challenges

Long Term Outcomes:

- Improve and maintain high vaccination uptake rates across the life course, reducing the threat of outbreaks of vaccine preventable diseases
- Reduce gap in uptake rates between the least and most deprived quintiles
- Respond effectively and efficiently to outbreaks of vaccine preventable diseases
- Ensure all who advise or administer vaccinations have the skills and knowledge required in line with National Minimum standards
- Reduce the incidence of diseases of elimination (HIV, Hepatitis B and C, TB) in line with WHO/global goals
- Reduced burden on secondary care, especially during winter pressures
- Reduced burden of disease due to infectious and non-infectious disease risks
- Reduced health inequity
- Develop and maintain a resilient Health Protection/Immunisation workforce in Swansea Bay that is fully equipped to respond to a wide range of public health incidents through an all-hazards approach; ensuring staff possess the relevant technical competencies, incident-response capabilities and leadership skills needed to manage communicable diseases, environmental hazards, emerging threats and complex multi-agency incidents

Keeping People Strong/ Healthcare Public Health

The section covers the following plans:

- Early cancer detection (Core20Plus5- Adult)
- Cardiometabolic risk factors (Core20Plus5 – Adult)
- Reducing health service inequalities for Children and Young People (Core20Plus5- Children and Young People)
- Public health approach to primary and community care
- Inclusion health
- Prevention and Early Years
- Tobacco control
- Healthy Weight Health Wales (HWHW) in healthcare
- Public health influence in Clinical Transformation and Value-Based Health Care
- Suicide prevention and self-harm
- Women's health
- Making Every Contact Count

Background and purpose

- Linked to the following Executive portfolio areas:
 - Public health programmes lead e.g. Healthy Weight Healthy Wales (HWHW), Core20Plus5
 - Regional Health Economy (RHE). Core20Plus5 referenced in this programme of work and some areas of activity aligned to wider Regional Joint Committee (RJC) activity, e.g. through the Research and Innovation subgroup (cardiovascular disease (CVD) pathfinder) and finance/contracting subgroup (Diabetes Socio-Technical Allocation of Resources (STAR) project)
 - 10-year Suicide Prevention and Self-Harm Strategy supported by a three-year Delivery Plan with a Chief Medical Officer expectation for local action

- Funding:
 - Prevention and Early Years (PEY) funding: from Welsh Government, currently annual funding cycle, for delivery of Healthy Weight Healthy Wales and Tobacco Control Plan objectives, signed off by Director of Public Health
 - No specific funding in relation to Cardiovascular (CVD) work or work related to Regional Health Economy, by working with primary care, however, there may be small amounts of cluster funding allocated at cluster discretion (accountability – primary care) to related projects
 - Weight management may see funding through the national Obesity Innovation bid (to be confirmed) to deliver services locally
 - There are other funding sources, such as for the All-Wales Diabetes Prevention Programme and the Lighthouse Children and Young People weight management service, which do not come directly through the health board public health team

- Links to NHS Planning Framework:
 - Ministerial Priorities
 - Population Health & Prevention: reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care; increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes; ensure progress of the focused Diabetes High Value High Impact pathway
 - Community by Design (National requirements and expectations will be specified by the Community by Design Transformation Programme Board)
 - Quality and Safety: downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
 - *“Addressing harm, waste and unwarranted variation in clinical services must be at the forefront of organisational planning and operational delivery. Your organisations are subject to the Duty of Quality and the Health and Care Standards - and this should shape your decision making. I would like to see this more strongly reflected in your planning and, as a minimum, I would like to see how your organisations are planning to work towards the expectations set out in the Quality Statements, including those for cancer, circulatory diseases, diabetes and Palliative and End of Life Care. You should also identify and plan to address clinical services that meet the principles for fragility described in the National Clinical Framework. The variation reported in Quality and Outcomes Framework and National Clinical Audit and Outcome Review Programme should be routinely used and improvement actions regularly considered as part of your quality assurance and governance arrangements.”*

- Women’s Health Plan and establishment of Women’s Health Hub is a Welsh Government priority. Awaiting Welsh Government guidance on 2026/27 priority and funding
 - Multi-agency group report on performance and productivity specifies need to incorporate regional planning. Regional Joint Committee plans will be included in the SBUHB overall annual plan to reflect this
 - *“We must not lose sight of the cross-Government priorities such as the refreshed NHS Wales Decarbonisation Strategic Delivery Plan, Anti-Racism Wales Action Plan, Welsh Language and the delivery of priorities in Mwy na geiriau / More than just words to name but a few. In addition, I would naturally expect you to work within the context and principles of the Well-being of Future Generations (Wales) Act 2015 and embrace Value Based Health Care to deliver the care we all aspire to on a sustainable basis.”*
 - *“At the population level, Wales will become a Marmot nation to support our work in reducing health inequalities by working locally and nationally in applying the Marmot principles - from early childhood and education to employment, preventing ill-health, housing and community well-being. I am keen to see how you will work with other partners outside the NHS to take forward these approaches.”*
 - *“NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to Cluster, Pan Cluster Planning Group (PCPG), Regional Partnership Board (RPB) and Public Service Board (PSB) plans. Regional planning between health boards is also a key requirement. We expect to see firm and tangible commitments to regional delivery in your plans.”*
- Links to Population Health Strategy:
 - Strong alignment to Marmot principles in particular Marmot 6, 7 and 8
 - Management board paper in Dec 2025 ‘SBU alignment to the Well-Being of Future Generations (Wales) Act 2015 (WBFGA) and the recommendations of the Future Generation’s Commissioner report 2025’ jointly developed between public health and planning & partnerships articulates SBUHB progress in the PSB to date and outlines key areas of focus for 2026/27. These are aligned to SBUHB’s organisational strategy ‘four ways we make a difference,’ a development from Swansea Bay Population Health Strategy ‘four pillars’ approach

Links to wider national work:

- Cardiovascular disease risk management is a national priority supported through the National Strategic Clinical Networks and with the recent release of the ‘Cardiovascular Disease Prevention Plan for Wales: An ‘ABCD Plus’ Approach’ from Public Health Wales in September 2025 (Attended by the Deputy Director of Public Health)
- Inclusion health features within the annual plan and the updated General Medical Services contract (for general practice)

Annual Plan Priorities

Health prevention-Enhancing Population Health Through Evidence-Based Prevention

- Strengthen activity in primary and secondary prevention and health improvement. Through ensuring evidence-based prevention actions in Primary care (e.g. on hypertension) we aim to achieve improved population health outcomes
- Building sustainable tobacco control and weight management services to meet present and future need

Tackling health inequalities-Through targeted partnership-led action

- Deploy a population health tool to support Clinical Service Planning and strengthen prevention and early intervention
- Shift services closer to people through the Community by Design approach
- Strengthen understanding of inclusion-health needs, map services and improve support for marginalised groups

Action across the life course-Through coordination and data driven evidence base

- Strengthen universal pre-natal and perinatal prevention and ensure coordinated early years support across maternity, health visiting and wider partners by using data to support and prioritise evidence-based actions

Outputs/Products Q1 (April to end June)	Outputs/Products Q2 (July to end Sept)
<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Early cancer detection - complete symptomatic bowel screening pilot (leading) • Prevention and Early Years - finalize and monitor PEY funding plan for 26/27 (leading) • Prevention and Early Years - annual return for PEY funding 25/26 (leading) • Primary & community care - develop plan for primary care and public health, with paper to June 2026 Population Health Committee (leading) • Suicide Prevention/Self-Harm - finalise Terms of Reference for SPSH Steering Group; speak to key stakeholders and establish biannual Steering Group (leading) • Public health influence in clinical transformation – refinement of toolkit for clinical services needs assessments – public health product (leading) 	<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Early cancer detection - evaluation of symptomatic bowel screening pilot (leading) • Prevention and Early Years - monitor PEY funding plan for 26/27 (leading) • Public health influence in clinical transformation - finalise toolkit for clinical services needs assessments – public health product (leading) • Prevention and Early Years - support maternity weight management working group PEY funding 26/27 to develop new model for maternity healthy pregnancy (supporting) • Tobacco Control – scoping options if PEY funding does not continue past 27/28 for Help Me Quit services for ongoing service continuity (supporting) <p>National/local priorities and work already in train (2)</p>

<ul style="list-style-type: none"> • Prevention and Early Years - support maternity weight management working group PEY funding to develop new model for maternity healthy pregnancy (supporting) • Tobacco Control – support the smoking cessation (HMQ) service in recruitment for PEY funded roles with an impact assessment as required (supporting) • Healthy weight – support the ongoing development of the adult weight management pathway and monitoring of PEY funded services (supporting) • Children– finalize Core20Plus5 scoping report (supporting) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • Early cancer detection - negotiating a say in how PHW national screening resources are targeted locally (leading) • Early cancer detection - exploring how the new quarterly screening uptake data can be used to inform action locally and negotiating any improvements needed with PHW (leading) • Tobacco Control - lead the establishment of Tobacco control steering group (leading) • Primary & community care - finalise proposed model for a public health and primary care inequities team and seek approval (leading) • Early cancer detection - supporting early cancer diagnosis and pathway design (supporting) • Prevention and Early Years - scope around smoking cessation with wider behavioural change approaches as part of healthy pregnancy offer (supporting) • Obesity/Weight management – support developments in the adult weight management pathway, including national Obesity Innovation funding implementation (supporting) • Clinical Transformation - supporting the testing and reshaping the template for clinical services needs assessment/planning toolkit (supporting) 	<ul style="list-style-type: none"> • Early cancer detection - negotiating a say in how PHW national screening resources are targeted locally (leading) • Early cancer detection - exploring how the new quarterly screening uptake data can be used to inform action locally and negotiating any improvements needed with PHW (leading) • Early cancer detection - supporting early cancer diagnosis and pathway design (supporting) • Healthy Weight - developments in the adult weight management pathway, including national Obesity Innovation funding implementation (supporting) • Healthy weight – support the evaluation plan of the adult weight management level 3 services which are PEY funded (supporting) • Clinical Transformation - supporting the testing and reshaping the template for clinical services needs assessment/planning toolkit (supporting) • Primary & Community care - support implementation of the plan for primary care and public health, including the implementation and evaluation of cluster priority areas for cardiovascular disease and early cancer diagnosis (supporting) • CVD - support implementation of preferred model for delivering CVD pathfinder (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> • Primary & Community Care - implement the Public Health and Primary Care Inequities team (pending approval) (leading) • Tobacco Control - establish homely remedy policy (supporting) • Tobacco Control - support actions around Smoke Free sites pending Q1 26/27 scoping exercise (supporting) <p>Stop doing (4)</p> <p>Watching brief (5)</p>
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<ul style="list-style-type: none"> • Primary & Community care - influencing the development of cluster priority actions around cardiovascular disease and early cancer detection to be presented to clusters (supporting) • Primary & Community care - signposting and interpreting population health intelligence for clusters (supporting) • Tobacco Control - scope the opportunities around Smoke Free sites (supporting) • Tobacco Control - support the evaluation of the Help Me Quit services which are PEY funded (supporting) • Primary & community care - respond/scope input required from public health for the Community by Design implementation (supporting) • Cardiovascular disease (CVD) -advise on the model for delivering CVD pathfinder in Swansea Bay, aligning to cluster priorities and ensuring a population health approach (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> • Tobacco Control - scoping a Homely Remedy Policy for Tobacco control (leading) • Tobacco Control - exploring more opportunities around tobacco control prevention linked to Public Health Wales workstream (supporting) • Primary & Community care - providing population health intelligence/public health data interpretation for clusters e.g. cluster profiles (supporting) • Primary & Community care - support the clusters to run a showcase/café event with primary care clusters with focus on prevention and reducing inequalities (supporting) • Primary & Community care - working with therapies around prevention and reducing inequalities within their services (supporting) 	<ul style="list-style-type: none"> • Tobacco Control - review Tobacco and Vapes national action plan once released - launch date TBC (leading) • Prevention and Early Years - planning for 27/28 where funding is confirmed/expected to continue (leading?) • Suicide prevention and self-harm - monitor RTSSS data (supporting)
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<ul style="list-style-type: none"> • Inclusion health - establishing an inclusion health steering group and working with primary & community care on action plan (supporting) • Healthy Weight in healthcare - scope further opportunities around prevention of obesity in Health Board and working with services across secondary and primary & community care (supporting) • Tobacco Control - working with the Help Me Quit and Community Resource Team in the Primary Community Therapies Service Delivery Group around support and advocacy for smoking cessation services (advocating) <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> • Diabetes Socio-Technical Allocation of Resources (STAR) - support/advise on implementation of this project – currently on hold (supporting) • Workforce and OD to promote MECC eLearning (supporting) • Tobacco Control - review Tobacco and Vapes national action plan once released – launch date TBC (leading) • Early cancer diagnosis - additional early cancer diagnosis products for Health Board (leading/supporting) • Tobacco Control - await national communications campaign around inpatient smoking cessation MECC eLearning to promote locally (advocating) 	
<p>Outputs/Products Q3 (October to end December)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Early cancer detection - evaluation of screening pilot (leading) • Prevention and Early Years - monitor PEY 26/27 funding plan (leading) 	<p>Outputs/Products Q4 (January to end March)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Prevention and Early Years - monitor PEY funding plan (leading)

<ul style="list-style-type: none"> • Suicide prevention and self-harm - plan and hold second steering group (leading) • Prevention and Early Years - support maternity weight management working group PEY funding 26/27 to develop new model for maternity weight management (supporting) • Clinical transformation - launch clinical services plan integrated needs assessment toolkit (public health product) into the Health Board (supporting) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • Early cancer detection - supporting early cancer diagnosis and pathway design (supporting) • Healthy Weight - support developments in the adult weight management pathway, including national Obesity Innovation funding implementation (TBC) (supporting) • Primary & Community care - support implementation and monitoring/evaluation of the plan for primary care and public health (supporting) • Primary & Community care – support the planning for clusters for 27/28 (supporting) • Inclusion health - support the development/implementation of an Inclusion health strategic action plan following the needs assessment development (supporting) • CVD - support initial evaluation of pathfinder approach to date (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> • Primary & community care – support the primary care evaluation of cluster initiatives (supporting) <p>Stop doing (4)</p> <p>Watching brief (5)</p>	<ul style="list-style-type: none"> • Prevention and Early Years - finalise planning for PEY funding 27/28 and/or absence of funding (leading) • Prevention and Early Years - annual return for PEY funding 26/27 (leading) • Early cancer detection – peer review and dissemination of bowel screening pilot (leading) • Prevention and Early Years - support maternity weight management working group PEY funding to develop new model for maternity weight management (supporting) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • Early cancer detection - supporting early cancer diagnosis and pathway design (supporting) • Healthy weight - support developments in the adult weight management pathway, including national Obesity Innovation funding implementation (supporting) • Primary & Community care - support implementation and monitoring/evaluation of the plan for primary care and public health (supporting) • Primary & Community care – support the planning for clusters for 27/28 (supporting) • Inclusion health - support the development/implementation of Inclusion health strategic action plan (supporting) • CVD - support refresh of action plan following initial evaluation findings (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> • Primary & community care – support the primary care evaluation of cluster initiatives (supporting) <p>Stop doing (4)</p> <p>Watching brief (5)</p>
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<ul style="list-style-type: none"> • PEY - planning for PEY funding 27/28 (leading?) 	<ul style="list-style-type: none"> • Suicide prevention and self-harm - monitor RTSS data (supporting)
<p>Registrar Training and Development work:</p> <ul style="list-style-type: none"> • Inclusion health - lead the development of the Inclusion Health Needs Assessment (National/local priority) • Inclusion health - develop report for Population Health Committee on Inclusion Health needs (National/local priority) 	
<p>Meetings:</p> <ul style="list-style-type: none"> • Women - monthly Women's Plan Steering Group (1) (supporting/advocating) • Clinical Service Strategic Plan - Executive working group; internal team Clinical Service Plan meetings (1) • Tobacco Control - national meetings (Monthly Tobacco Control leads, Quarterly programme boards for Help Me Quit in Hospital (HMQH) and maternal smoking cessation Help Me Quit for Baby (HMQB) (2) • Primary care - supporting the Pan Cluster Planning Group applying a population health lens, with DPH membership (ongoing) (2) national Primary Care Interest Group (2); other national groups e.g. All-Wales Diabetes Prevention Programme Board (2/3). • Obesity/Weight management - support the SBUHB weight management/obesity pathway steering group (2/3) • Obesity/Weight management - support SBUHB Nutrition and Hydration Steering Committee (3) • Cancer - Cancer Programme Improvement Group; Screening Action Plan Group; Screening and Inequalities meeting; Cancer Improvement 90-day sprints; Wales Screening Committee • Inclusion health - national public health inclusion health meeting quarterly (3) • Cardiovascular- national steering group (may be stood down / incorporated into another group) 	

Short Term Outcomes:

- Improvements in % those receiving all eight NICE diabetes care processes
- Measures related to GMS QI CVD Prevention project
- Measures related to focused Diabetes High Value High Impact pathway
- Proof of concept pilot in symptomatic bowel screening non-responders completed
- National screening programme developments are informed by understanding of local populations and services
- SBUHB and PHW work collaboratively to direct screening engagement resources in an effective way
- Public health input into the delivery and design of cancer services in SBUHB
- Enhanced offer for maternity/women around pregnancy for weight management and wider health needs related to prevention
- Increased number of smoking cessation quit attempts and wider outcomes related to tobacco control
- Clearer picture of the inclusion health needs in Swansea Bay and strategic plan of action developed

- Multi-agency approach to prevention and response to suicide prevention and self-harm

Long Term Outcomes:

- Clinical services across Swansea Bay are designed and delivered through a population health approach, reducing inequalities and focusing on prevention for improved health outcomes, with services based on need
- Reductions in premature mortality from cardiovascular diseases in Swansea Bay
- Improvement in ranking of Swansea and Neath Port Talbot Local Authorities compared to other Local Authorities in England and Wales in relation to premature mortality from cardiovascular disease (currently 9th and 22nd highest respectively out of 172 Local Authorities)
- Reductions in diabetes prevalence and complications relating to diabetes in Swansea Bay
- Health inequalities relating to cancer are reduced in Swansea Bay
- Primary and community care services are designed and delivered through a public health approach with enablers in place to support this
- Harm related to smoking is reduced in the population of Swansea Bay, leading to reduced healthcare needs and better health outcomes
- Harm related to obesity is reduced in the population of Swansea Bay, leading to reduced healthcare needs and better health outcomes
- Health outcomes for people who are socially excluded are improved through accessible services and a skilled workforce in inclusion health
- Suicide and self-harm are reduced in Swansea Bay
- Strengthen activity in primary and secondary prevention and health improvement. Through ensuring evidence-based prevention actions in Primary care (e.g. on hypertension) we aim to achieve improved population health outcomes

3. Keeping People Supported / Health Improvement/ Wider Determinants

Plans this section covers:

- Early Years
- Marmot 2 – Skills, Workforce and OD
- Healthy Education Settings
- Public Health Partnerships- PSBs
- Whole Systems Approach to Healthy Weight Healthy Wales (WSA)
- Regional Health Economy (RHE)
- Poverty and Cost of Living
- Tata
- Population Mental Health and Well-being
- Substance Use, Alcohol and Gambling

Key areas within the programme of work based on a 4Ps framework:

- People - ensuring workforce development meets current and future population needs, including the role of community / well-being champions and programmes aimed at widening access to careers in health and care, including the role of apprenticeships
- Procurement - investing progressively more upstream towards primary prevention. Includes the Health Anchors Learning Network and identifying how prevention can be built into spending processes
- Place - creating healthy, safe and sustainable places through a placemaking approach that values community, well-being and the environment. Includes Warm and Healthy Homes, Welsh Veg in Schools and informing Local Development Plans
- Partnerships - collaborating closely with organisations, public bodies and communities to achieve a thriving, equitable regional health economy. Includes analysis to understand drivers of healthcare demand and impacts from health equity and deprivation, a Whole Systems Approach to a resilient and sustainable food system and international learning through WHO offices and networks

Background and purpose

- Linked to the following Executive portfolio areas:
 - Anchor institution lead/ Foundational Health Economy/ Regional Health Economy (RHE) (Developed in part from the anchor institution work conducted in 2024-25). Regional Health Economy Steering Group established and meets every other month (chaired by DsPH) - programme of work established and reports quarterly through the Regional Joint Committee (ToR for RJC [here](#)). Strong alignment to Marmot and Core 20 Plus 5. Membership includes PHW, Public Service Boards (PSBs) and Future Generations Commissioner's Office (FGCO)

- The Whole Systems Approach team capacity is funded from a Welsh Government grant under the Healthy Weight Healthy Wales Strategy. Developed in part from the anchor institution work conducted in 2024-25. This work relates to the Swansea Bay UHB Population Health Strategy and Marmot objectives. It also supports the implementation of the Core20Plus5 model and aligns with Cymru Can (focus on food), the work of the Future Generation’s Commissioner’s Office and the Wales Community Food Strategy
- Lead for Public Health Partnerships - PSB interface. Established under the Well-being of Future Generations Act. Well-being plans already developed 2023-28 for Swansea and NPT PSBs. Next cycle of well-being assessments planned for 26/27 to inform development of next well-being plans in 27-28 (to cover 2028-2033)
- SBUHB is Early Years (EY) lead for PSBs. This aligns to our Population Health Strategy and Marmot Principles: Best Start in Life
- PHW funded programmes -Health Promoting Schools (HPS), Healthy and Sustainable Pre School Scheme (HSPSS) and Welsh Government funded (via PHW) Whole School Approach to Emotional and Mental Well-Being (WSAEMWB). HPS has been running since 1999, HSPSS since 2011 and WSAEMWB since 2021
- Previous plans on the page for mental health and well-being developed in 2024/5, with mental health acknowledged as a gap in the work of the PHT during 2022/23 (with exception of Whole School Approach)
- Funding:
 - No specific funding allocated but expectation to draw on existing resource, although not exclusively through the PH directorate
 - Funding for Tata HIA
 - Funding for Healthy Education Settings
 - Funding for WSA to healthy weight
- Links to NHS Planning Framework:
 - MAG report on performance and productivity specifies need to incorporate regional planning. RJC plans will be included in the SBUHB overall annual plan to reflect this
 - *“We must not lose sight of the cross-Government priorities such as the refreshed NHS Wales Decarbonisation Strategic Delivery Plan, Anti-Racism Wales Action Plan, Welsh Language and the delivery of priorities in Mwy na geiriau / More than just words to name but a few. In addition, I would naturally expect you to work within the context and principles of the Well-being of Future Generations (Wales) Act 2015 and embrace Value Based Health Care to deliver the care we all aspire to on a sustainable basis.”*
 - *“At the population level, Wales will become a Marmot nation to support our work in reducing health inequalities by working locally and nationally in applying the Marmot principles - from early childhood and education to employment, preventing ill-health, housing and community well-being. I am keen to see how you will work with other partners outside the NHS to take forward these approaches.”*
 - *“NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to Cluster, Pan Cluster Planning Group (PCPG), Regional Partnership Board (RPB) and Public Service Board (PSB) plans. Regional planning between health boards is also a key requirement. We expect to see firm and tangible commitments to regional delivery in your plans.”*

- Links to Population Health Strategy:
 - Strong alignment to Marmot principles and life course approach, in particular Early Years, Poverty and Women’s Health
 - Management board paper in Dec 2025 ‘SBU alignment to the Well-Being of Future Generations (Wales) Act 20215 (WBFGA) and the recommendations of the Future Generation’s Commissioner report 2025’ jointly developed between public health and planning & partnerships articulates SBUHB progress in the PSB to date and outlines key areas of focus for 2026/27. These are aligned to SBUHB’s organisational strategy ‘four ways we make a difference,’ a development from Swansea Bay Population Health Strategy ‘four pillars’ approach

Annual Plan Priorities

Healthy weight and obesity - System-Wide Collaboration to Support Healthier Behaviours

- Strengthen PSB collaboration in NPT and Swansea to progress the agreed priority of public sector food procurement. Enhance partnership working to support early-years healthy weight interventions, including breastfeeding, physical activity and play
- Expand Healthy Schools delivery to embed and sustain healthy behaviours in pre-schools and schools

Health prevention - Enhancing Population Health Through Evidence-Based Prevention

- Work with schools and other partners in educational settings through whole school approaches

Tackling health inequalities –Through targeted partnership led action

- Embed population-health approaches by working with PSBs, local authorities, schools, communities and partners, including emerging Marmot Nation, Tata Steel and Clear-Hold-Build initiatives

Outputs/Products Q1 (April to end June)	Outputs/Products Q2 (July to end Sept)
<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Tata HIA - delivery oversight and steering, contract management, internal and external comms and engagement (leading) • Gambling - engagement with PHW on the mechanism for spending plan for levy prevention and local funds delivery model tbc (leading) • Regional Health Economy (RHE) - development of stakeholder engagement approach and hold workshops via the Regional 	<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Tata HIA - delivery oversight and steering, contract management, internal and external comms and engagement (leading) • Tata HIA - leading handling of Publication of Final report and Health Monitoring Framework / Dissemination Activity (leading) • Gambling - leading on engagement with PHW on the mechanism for spending plan for levy prevention and local funds delivery model tbc (leading)

<p>Health Economy Steering Group and joint leadership meeting between SB and HDd (leading)</p> <ul style="list-style-type: none"> • Develop initial desktop analysis of strategic reviews to support development of RHE Long-Term Strategic Plan (leading) • Update approach to RHE Long-Term Strategic Plan (leading) • Update on health intelligence product as part of the RHE Long-Term Strategic Plan development (leading) • Agree with PHW role of international learning/events as part of the RHE Long-Term Strategic Plan development (leading) • Population Mental Health and Well-being: a state of the population mental health briefing paper to help inform regional approach to prevention, CSSP and enhance approach to equity (leading) • PSB - Health Board/public health support and engagement with developing the initial 6-month plan for the Marmot nation funding with NPT PSB (leading) • EY/PSB - develop plan for removing the barriers to breastfeeding in Swansea PSB and support wider actions with PH approach (leading) • CYP/WSA - delivery WSA, HPS and WSAEMWB programmes. Draft and submit annual plans to PHW and report on 2025/26 delivery (leading) • CYP - write report for June Population Health Committee on HS programmes for 2025/26 and plans for 2026/27 and RPB report for WSAEMWB (leading) • CYP - lead the dissemination and awareness of new National Standards locally (published May tbc) (leading) • PSB / Future Gen - as part of climate action plan, develop initial dashboard of population health impacts of climate change mapped at cluster level where appropriate, to gain initial feedback and refine approach for Q2 (leading) 	<ul style="list-style-type: none"> • Regional Health Economy Lead synthesis and summary of key outputs from Regional Health Economy stakeholder engagement workshops and desktop review, intelligence products and international learning (leading) • Public Service Boards - continue to work through the PSB structure to deliver agreed priorities around Food, Early years, climate and their Well-being objectives and align to developing Marmot work where relevant • RPB and Pan Cluster Planning Groups (PCPG) • Substance use/alcohol prevention - review PHT role/ engagement in APB in line with potential new DPH role (leading) • Population Mental Health and Well-being - a state of the population mental health briefing paper to help inform prevention, CSSP and enhance approach to equity (leading) • EY/CYP - undertake analysis of the new SHRN primary dashboard (leading) • CYP - disseminate and raise awareness of new National Standards locally (published May tbc) (leading) • CYP/WSA - quarterly submission of returns and reports to PHW (leading) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • EY/PSB - support the work of Swansea and NPT PSBs to deliver actions for EY (supporting) • CYP/PSB - provide advice and guidance to NPT PSB to deliver EYCYP Plan providing ongoing population health reports to priority steering groups for informed actions and to NPT Children and Young People's Leadership Group (supporting) <p>Developmental work where resource allows / nice to dos (3)</p>
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<ul style="list-style-type: none"> • PSB / Future Gen - as a major organisation: participation in the Health Anchors Learning Network and feedback on the learning through the RHE working group (supporting) • PSB / Future Gen - continue to work with partners to ensure recommendations are reflected in the joint Well-being Plans and assessments, building on products such as the State of the Population Report and DPH Annual Report (advocating) • EY/SCHOOLS - redevelopment of with Healthy Pre-Schools Scheme with PHW for 2027/28 (supporting) • Skills - contribute to the drafting of the NPT Employability and Skills Strategy (supporting) • Agree structures between Carmarthenshire, Ceredigion and Pembrokeshire PSBs for taking forward the agreed regional priority of public food procurement • Together with Senior PH Practitioners in the Aneurin Bevan and CTM WSA teams establish the national system learning network to meet the needs of system leads • Represent SBUHB and HDUHBs at the Welsh Government HWHW Out of Home thematic group • Continue to attend WSA governance meetings with PHW <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • Substance use/alcohol prevention - continue PHT WATCHING BRIEF engagement in APB agenda whilst awaiting DPH substantive post (supporting) • PSB / Future Gen - ensure health and care needs are informing Swansea and NPT Local Development Plan reviews (supporting) • PSB / Future Gen - preventative spend - investing progressively more upstream towards primary prevention, working with the Future Generations Commissioner's team to identify how 	<ul style="list-style-type: none"> • EY/PSB - provide (bi)monthly public health training to Maternity (leading) • Population Mental Health and Well-being - support and advise into the Population Needs Assessment for mental health in the RPB (supporting) • Population Mental Health and Well-being - develop population health indicators with MHLSD SDG /Link to CORE20Plus5 Mental Health (supporting) • PSB / Future Gen - planning of a Board Development Session: The Future Generations Commissioner's team are offering to deliver sessions on the Act to the Executive Team/Board (supporting) • PSB- Future Gen - Organising for Success programme to consider embedding Future Gen Principles in leadership development and induction programmes, to include: <ul style="list-style-type: none"> — identify Well-being champions — include Act compliance in PADR objectives for senior leaders — review recommendation around commitment to Living Wage accreditation by 2027; — identify workforce development requirements to meet current and future population needs, including the role of community/well-being champions; — develop a programme aimed at widening access to careers in health and care, including the role of apprenticeships (supporting) • PSB / Future Gen - establish a plan for reviewing and monitoring of commissioning contracts to ensure Regional Health Economy principles are embedded (supporting) • PSB / Future Gen - embedding future generations lens within decarbonisation / adaptation plans (supporting) • PSB / Future Gen - using systems approaches to progress partnership working with attendance and influencing the following groups:
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<p>prevention can be built into spending processes and building on learning in Hywel Dda (supporting)</p> <ul style="list-style-type: none"> • PSB / Future Gen - continue to support and advocate for population health approaches through the local authority planning departments as part of the Local Development Plan (LDP) processes and regional Strategic Development Plans (SDP), as part of the Health Technical Working Group (supporting/advocating) • EY - draft Breastfeeding policy for SBUHB (leading) • EY/PSB - develop survey for removing the barriers to breastfeeding for mothers in the Afan Valley and chair NPT PSB sub-group (leading) • EY/PSB - work with Swansea PSB to develop a clear EY action plan on population health (supporting) • EY/CYP/Women - contribute the direction of the new Women's Health, perinatal and CYP Care Board to be population health focused (supporting) • CYP/PSB - support NPT PSB to deliver EYCYP Plan providing ongoing population health reports to priority steering groups for informed actions and to NPT Children and Young People's Leadership Group (supporting) • Workforce/Skills - finalise Workforce Health Needs Assessment and share best practice with Hywel Dda as apart of Regional Health Economy work (leading) • Workforce/Skills - ongoing contribution to employability and skills programmes to align with NHS services, take a healthy equity approach and identify evidence-based interventions e.g. Trailblazer, Pride of Place (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> • EY- provide (bi)monthly public health training to Maternity (leading) 	<p>- Corporate Joint Committee, including regional transport plans, strategic development plans, regional economic development plans and City Deal (supporting)</p> <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> • HIA Regulations Implementation (supporting)
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- Workforce/Skills - establishment of Community of Practice in PHW Wider Determinants of Health examining young people, skills and risk factors of NEETs and support NPT PSB Youth Engagement Strategy with PH data (leading/supporting)
- Population Mental Health and Well-being: Support and advice into the Population Needs Assessment for mental health in the RPB (supporting)
- PSB / Future Gen - align CSP development to PSB and LDP discussions (supporting)
- PSB / Future Gen - engagement with service groups re Future Gen recommendation within their annual planning processes and priorities (supporting)
- PSB / Future Gen - using systems approaches to progress partnership working with attendance and influencing the following groups: Corporate Joint Committee, including regional transport plans, strategic development plans, regional economic development plans and City Deal (supporting)
- PSB / Future Gen - using systems approaches to progress partnership working with attendance and influencing the following groups (supporting):
 - RPB and Pan Cluster Planning Groups (PCPG)
 - PSBs - Continue to work through the PSB structure to deliver agreed priorities around Food, Early years, climate and their Well-being objectives

Stop doing (4)

Watching brief (5)

- Substance use/alcohol prevention (advocating)
- HIA Regulations Implementation (supporting)
- Poverty - attend Swansea Challenging Poverty Stigma Together launch event and cascade to relevant SBUHB colleagues (advocating)

<ul style="list-style-type: none"> Poverty - regional health economy work with Hywel Dda (advocating) 	
<p>Outputs/Products Q3 (October to end December)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> Tata HIA - evaluation, shared learning, recommendations and dissemination (leading) Gambling - engagement with PHW on the mechanism for spending plan for levy prevention and local funds delivery model tbc (leading) Substance use/alcohol prevention - review PHT role/ engagement in APB in line with potential new DPH role (leading) Regional Health Economy - support running of Autumn workshop to showcase current priorities/activity and to identify further opportunities for collaboration with wider partners, including development of comms and engagement plan (October 2026) (leading) CYP/WSA - quarterly delivery and submission of HS returns and reports (leading) Suicide Prevention - set up second meeting of SPSH Steering Group (leading) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> EY/PSB - support the work of Swansea and NPT PSBs to deliver actions for EY (supporting) CYP/PSB - support NPT PSB to deliver EYCYP Plan providing ongoing population health reports to priority steering groups for informed actions and to NPT Children and Young People's Leadership Group (supporting) <p>Developmental work where resource allows / nice to dos (3)</p>	<p>Outputs/Products Q4 (January to end March)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> Gambling - engagement with PHW on the mechanism for spending plan for levy prevention and local funds delivery model tbc Regional Health Economy - supporting Year 1 evaluation of progress (Jan 2027) and plans for 2027/28 (leading) PSB / Future Gen - Marmot nation plan and consider approach for Y2 (leading) CYP/WSA - quarterly delivery and submission of returns and reports (leading) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> EY/PSB - support the work of Swansea and NPT PSBs to deliver actions for EY (supporting) CYP/PSB - support NPT PSB to deliver EYCYP Plan providing ongoing population health reports to priority steering groups for informed actions and to NPT Children and Young People's Leadership Group (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> Alcohol prevention - scoping a local case and approach for investment in alcohol prevention and identifying potential opportunities for collaboration (leading) Population Mental Health and Well-being - support and advice into the Population Needs Assessment for mental health in the RPB (supporting) <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> Substance use/alcohol prevention (advocating)

<ul style="list-style-type: none"> • Alcohol prevention - scoping a local case and approach for investment in alcohol prevention and identifying potential opportunities for collaboration (leading) • EY/PSB - review arrangement for the provision of (bi)monthly public health training to Maternity (leading) • Population Mental Health and Well-being - support and advice into the Population Needs Assessment for mental health in the RPB (supporting) • PSBs / Future Gen - using systems approaches to progress partnership working with attendance and influencing the following groups (supporting): Corporate Joint Committee, including regional transport plans, strategic development plans, regional economic development plans and City Deal. <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> • Substance use/alcohol prevention (advocating) • HIA Regulations Implementation (supporting) • PSB / Future Gen - implement jointly agreed tools that utilise systems approaches to progress partnership working with attendance and influencing the following groups (supporting): <ul style="list-style-type: none"> — RPB and Pan Cluster Planning Groups (PCPG) . 	<ul style="list-style-type: none"> • HIA Regulations Implementation (supporting) • PSB / Future Gen - using systems approaches to progress partnership working with attendance and influencing the following groups (advocating): Corporate Joint Committee, including regional transport plans, strategic development plans, regional economic development plans and City Deal.
<p>Registrar Training and Development work:</p>	
<p>Meetings (Separate to outputs)</p> <ul style="list-style-type: none"> • Attendance at quarterly Regional Learning and Skills Partnership meetings • Attendance at quarterly LWI Strategy Group meetings (Links between work, health and skills) • Quarterly NPT PSB Cost of Living Group (under 'Strong Communities' objective) - links with child poverty and wider people and skills initiative • NPT and Swansea PSB - every quarter but under review • NPT PSB steering group - every quarter • Swansea PSB informal group - every 2-3 months 	

- Regional data group - every 1-2 months
- Marmot meetings- frequency to be established
- Swansea Council has a Poverty Partnership Forum (Watching brief only)
- SBUHB Healthy People Forum
- NPT PSB Children and Young People's Leadership group (quarterly)
- NPT PSB CYP Plan groups 1 (Early Years), 3 (Education, Skills, Young People), 5 (Children and Young People Health and Well-being)
- NPT PSB Youth Engagement Strategy group
- Swansea PSB Early Years group
- Tata HIA: Leading - chair HIA Steering group
- Substance use/alcohol prevention - attendance by practitioner (CF) to national substance misuse network meetings
- Mental health and well-being - attendance at national /local PHW mental well-being network
- Regional Health Economy - ongoing reporting of existing commitments through membership of the steering group and RJC (steering group is every 2 months, working group every month, drive and delivery group every month, joint committee every quarter)
- Building Dyfatty Silver group

Short Term Outcomes:

- Strengthen PSB collaboration in NPT and Swansea to advance healthier food procurement and community settings
- Reference to Management Board paper from Dec 2025, co-sponsored by DPH and Dir Planning and Partnerships:
 - As a healthcare provider:
 - Embedding FGCO report recommendations into the CSP development, ensuring alignment with organisational strategy
 - As an employer:
 - Developing the right culture / leadership for driving implementation of the Act (using the organisational strategy and strategic objectives as a key frame for this)
 - As a major local organisation (anchor institution):
 - Mapping preventative spend and putting health equity at the heart of placemaking
 - As a productive partner:
 - Collaboration with PSBs and regional partners will ensure alignment with local well-being plans and Marmot principles, tackling health inequalities and climate resilience collectively

Long Term Outcomes:

- Marmot objectives (the Health Board's well-being objectives / SO1 of the organisational strategy), as well as other strategic objectives of the health board where relevant
- Regionally aligned strategies consistently demonstrate amplification of existing activity towards creating a thriving health economy that drives sustainable systems change, which maximises impact with a focus on health equity across the region. Regional innovation is accelerated through identifying increased opportunities for collaborative funding to strengthen delivery and impact (March 2028)
- Regional collaboration is optimised through regular learning events which are routinely embedded into driving systems change, which includes sharing successes and lessons learned with other organisations and engaging in international learning and collaboration through WHO offices and networks (March 2028)
- Advocate and embed population health approaches by working with PSBs, local authorities, schools, communities and other partners, to include engaging with emerging Marmot Nation, Tata Steel and 'Clear Hold Build' place initiatives

Enablers: Health Intelligence

Background and purpose

Health intelligence is an enabler that unpins all workstreams. No external funding has been identified for this work, however, it is a key statutory responsibility of the directorate, particularly in relation to the resilience of the health protection function during outbreaks.

The purpose is to have an overview of trends in public health to prioritise action. This is both at the internal and external level to capture existing data and to make the case for improving data.

There is a health intelligence lead consultant on epidemiological aspects of the directorate, setting strategic direction and engaging with internal and external partners. However, all staff require health intelligence skills as part of their public health competences.

Annual Plan Priorities

Population health and surveillance – Data driven population health management

- Use State of the Population insights to inform Clinical Service Plans and guide service development
- Promote a data-driven approach to population health management, whilst awaiting a national solution to access integrated patient-level datasets needed for segmentation, risk stratification and targeted prevention

Tackling health inequalities –Through targeted partnership led action

- Deploy a population-health tool to support Clinical Service Planning and strengthen prevention and early intervention

Outputs/Products Q1 (April to end June)	Outputs/Products Q2 (July to end Sept)
<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none">• State of the Population report published in Welsh (leading)• Regional Health Economy - health intelligence products (to be defined) (leading)• Public Health input to Individual Patient Funding Requests (IPFR) (leading)• Respond to information requests from Execs and IMs (leading)	<p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none">• Regional Health Economy - health intelligence products (to be defined) (leading)• Public Health input to IPFR (leading)• Respond to information requests from Execs and IMs (leading)

<ul style="list-style-type: none"> • Develop State of the Population: mental health report (leading) <p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • Respond to other internal and external information requests (leading) • SDG indicators (leading) • Public Health Team indicators and dashboard (leading) • Update and quality check maternity dashboards (leading) • Finalise Partnership Indicators and use as part of PSB Well-being work (leading) • Support Welsh Government Health Protection Framework outcome measures development (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <ul style="list-style-type: none"> • Strategic plan for epidemiological function <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> • Population health management <p>To allocate to a Bucket List score:</p> <ul style="list-style-type: none"> • Feedback on Primary Care Cluster profiles • Climate Action Plan scoping 	<p>National/local priorities and work already in train (2)</p> <ul style="list-style-type: none"> • Respond to other internal and external information requests (leading) • SDG indicators (leading) • Update and quality check maternity dashboards (leading) • Support Welsh Government Health Protection Framework outcome measures development (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> • Population health management
<p>Outputs/Products Q3 (October to end December)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Public Health input to IPFR (leading) • Respond to information requests from Execs and IMs (leading) • Develop State of the Population: children and young people report (leading) <p>National/local priorities and work already in train (2)</p>	<p>Outputs/Products Q4 (January to end March)</p> <p>Must dos: funded/committed/statutory (1)</p> <ul style="list-style-type: none"> • Public Health input to IPFR (leading) • Respond to information requests from Execs and IMs (leading) • Publish State of the Population: children and young people report (leading) <p>National/local priorities and work already in train (2)</p>

<ul style="list-style-type: none"> Respond to other internal and external information requests (leading) SDG indicators (leading) Support Welsh Government Health Protection Framework outcome measures development (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> Population health management, which is developing across Wales and may become a higher priority over time 	<ul style="list-style-type: none"> Respond to other internal and external information requests (leading) Support Welsh Government Health Protection Framework outcome measures development (supporting) <p>Developmental work where resource allows / nice to dos (3)</p> <p>Stop doing (4)</p> <p>Watching brief (5)</p> <ul style="list-style-type: none"> Population health management, which is developing across Wales and may become a higher priority over time
<p>Meetings (Separate to outputs)</p> <ul style="list-style-type: none"> SBUHB IPFR meetings; All-Wales IPFR meetings All Wales Population Health Management meetings Regional Health Economy working group Welsh Government Health Protection Framework outcomes measures group meetings 	

Short Term Outcomes:

- A State of the Population report is disseminated and informs understanding of population needs internally and externally
- Women's Health Hubs are informed by health needs
- Urgent information requests from Chair and Executives are responded to within 3 working days
- The Board views accurate, relevant and up-to-date metrics on population health
- The SDGs agree to report on a set of population health indicators
- The Public Health Team can view indicators of how well public health is doing in SBUHB through a dashboard
- PHW agree to deliver health intelligence that shows how health inequalities affect demand for healthcare regionally
- Open access of mental health services and mental health transformation and service redesign is informed by health intelligence
- Engagement in Regional data group and data portal (PSBs and RPB) and input into Swansea Bay Well-being Assessments and Population Needs Assessment
- Support to Pharmaceutical Needs Assessment

- There is a Business Intelligence resource to support the Epidemiology function
- A clear work plan for the Epidemiology function

Long Term Outcomes:

- Service planning and delivery is informed by the health needs of the population
- SBUHB priorities are based on accurate information and align with the Population Health Strategy
- Health intelligence underpins a systems approach to improving population health and well-being involving collaborative working between multiple local and national partners
- A strategic plan for developing the Epidemiology domain of public health
- A suite of tools and resources are developed and used
- Population Health Management model is developed across Wales

Enablers: Leadership and Management

Background and purpose

The leadership and management function exists to provide strategic, operational and governance support across the Public Health Directorate. This includes:

- Population Health governance - developing agendas, tracking progress and assuring the Board that population health challenges are being met through effective oversight and reporting
- Directorate leadership - ensuring the development of the full public health portfolio, including representing the directorate on Health Board committees, presenting papers and contributing specialist public health advice
- Internal and external interface management - engaging with executives, senior managers, clinicians and external partners (local government, regional boards, third sector, Public Health Wales, Welsh Government) to advocate for population health improvement and strengthen cross-sector collaboration
- Business functions - ensuring finance, performance, audit, workforce management and planning of public health functions, ensuring effective use of resources and enabling future developments in areas such as primary care, integrating care and area planning

The combined purpose of this leadership and management function is to:

- Ensure effective governance and accountability, including clear reporting routes to the Board and strategic oversight of population health
- Provide sustainable leadership for the Directorate, ensuring continuity, resilience and direction
- Strengthen interdisciplinary and cross-sector working, supporting collaboration, problem-solving and reputation management
- Effectively manage resources, including finance, workforce and delivery against the public health work plan
- Support organisational priorities, ensuring public health contributes meaningfully to system-wide goals
- Horizon scan and respond to a changing context, ensuring agility in addressing emerging public health challenges
- Ensure clear, effective communication, both within the Directorate and across internal and external interfaces

Outputs/Products Q1 (April to end June)	Outputs/Products Q2 (July to end Sept)
<ul style="list-style-type: none"> • Clear financial plans for 2026-27 for each budget holder • Creation of a robust Directorate work programme for 2025-26 and clear alignment of portfolios • Clear plans for the products going to each committee, with evidence from minutes of meetings 	<ul style="list-style-type: none"> • At least two papers are taken to the Population Health Committee each quarter and at least one papers taken to the BSB/RPB each quarter • Positive internal audit committee review • Finance meetings are held at least monthly to ensure effective financial control

<ul style="list-style-type: none"> • At least two papers are taken to the Population Health Committee each quarter and at least one papers taken to the BSB/RPB each quarter • Positive internal audit committee review • Finance meetings are held at least monthly to ensure effective financial control • Staff vacancies are monitored, assessed and filled in a timely way if there is a clear justification for them 	<ul style="list-style-type: none"> • Staff vacancies are monitored, assessed and filled in a timely way if there is a clear justification for them • There is at least one joint meeting with Hywel Dda public health team
<p>Outputs/Products Q3 (October to end December)</p> <ul style="list-style-type: none"> • At least two papers are taken to the Population Health Committee each quarter and at least one papers taken to the BSB/RPB each quarter • Positive internal audit committee review • Finance meetings are held at least monthly to ensure effective financial control • Staff vacancies are monitored, assessed and filled in a timely way if there is a clear justification for them • There is at least one joint meeting with Hywel Dda public health team 	<p>Outputs/Products Q4 (January to end March)</p> <ul style="list-style-type: none"> • At least two papers are taken to the Population Health Committee each quarter and at least one papers taken to the BSB/RPB each quarter • Positive internal audit committee review • Finance meetings are held at least monthly to ensure effective financial control • Staff vacancies are monitored, assessed and filled in a timely way if there is a clear justification for them • There is at least one joint meeting with Hywel Dda public health team

Short Term Outcomes:

- Clear financial plans for 2026-27 for each budget holder
- Clear work plans and a clear direction for travel
- Clear plans for the products going to each committee
- Internal team clarity on our agreed goals which are defined by the accountability structures of the board
- Internal audit committee review of risks
- Public Health contribution to SBUHB ‘products’
- Public Health contribution to PSB/RPB ‘products’
- Joint products produced with Hywel Dda
- Positive feedback from stakeholders
- Accountability structures help to define priorities and provide advice on short- and medium-term plans
- Effective communication between the board and the public health team

Long Term Outcomes:

- Good governance ensures effective action
- Clarity on priorities and enabling these priorities to be clearly defined within the health board context with greater visibility and presence of the SBU Public Health Team
- Impact on the health of the population
- Improved awareness of the public health team regarding developments in the organisation
- Improved awareness of the organisation of developments in public health team
- Public Health valued by health board
- Public Health is impacting health inequalities and population well-being
- Good governance of resources
- Clarity on priorities
- Impact on the health of the population
- Stronger inter-agency working

Enablers: Public Health Development

Background and purpose

Team development requires a consistent, ongoing approach to ensure staff are developed, supported and motivated, whilst encouraging interest in evidence-based practice, innovation and research in the directorate and wider colleagues.

Following a High Performing Teams staff consultation exercise in 2024, several recommendations were made to develop the team to be high performing. A skills audit was also conducted in 2024-25 and a code of conduct was agreed in January 2026.

SBUHB People Strategy 2024-2029 sets out focus on themes including:

- Excellent Learning and Education
- Leaders that live their values
- Equality, Diversity and Belonging

The purpose is to position the Directorate on a strategically robust and defensible footing, while actively shaping and strengthening the global public health evidence base.

<p>Outputs/Products Q1 (April to end June)</p> <ul style="list-style-type: none"> • Finalise Workforce and OD plan • Delivery of one CPD event for the team in 2026-2027 • Development and implementation of a bite-size training programme • Produce at least one academic paper or service evaluation to contribute to the public health evidence-base, in conjunction with colleagues and under good clinical governance • Staff complete mandatory and statutory training 	<p>Outputs/Products Q2 (July to end Sept)</p> <ul style="list-style-type: none"> • Deliver Workforce and OD Plan • Produce at least one academic paper or service evaluation to contribute to the public health evidence-base • Staff complete mandatory and statutory training • We reflect on the staff survey results
<p>Outputs/Products Q3 (October to end December)</p> <ul style="list-style-type: none"> • Deliver Workforce and OD Plan • Produce at least one academic paper or service evaluation to contribute to the public health evidence base • Staff complete mandatory and statutory training 	<p>Outputs/Products Q4 (January to end March)</p> <ul style="list-style-type: none"> • Deliver Workforce and OD Plan • Produce at least one academic paper or service evaluation to contribute to the public health evidence base • Staff complete mandatory and statutory training

Short Term Outcomes:

- More confident staff who have a wider skillset
- More staff who are mentored/coached in team to develop reflective practice and continuous improvement
- Values-based practice and code of conduct is embedded into 1:1s, PADRs and meetings. Staff are supported to maintain high standards of team behaviour
- Increased skills within the team in areas that are underserved within the skills audit
- Staff are encouraged and supported to apply for new opportunities within the team or placements / secondments elsewhere in the system
- Publish at least one research paper per year
- A clear short-term plan for training and development enable staff to feel valued during a time of change

Long Term Outcomes:

- Staff support one another to achieve high performance
- Staff are motivated and feel valued
- Staff have the skills to support future PH work
- Impact on the health of the population at a supra-local level, based on local learning, innovation and development
- Good working relationships with a wide range of stakeholders
- Enhanced reputation for the public health team and public health function

Enablers: Communications

Background and purpose

The Public Health team does not have a dedicated communications function or support. There is health protection funding supporting Ethnic Minorities Outreach Officers through DICE to be employed in the third sector and a Communications Officer in the central Communications team. A new intranet and internet presence was soft launched in March 2026. Further development is required to expand this and at present there is limited capacity for a strategic or coordinated approach to communications and engagement.

<p>Outputs/Products Q1 (April to end June)</p> <ul style="list-style-type: none"> • Development of a strategic communications plan for public health with DICE • Further development of PHT Comms channels and assets including PHT Intranet page and SBUHB Population Health internet site 	<p>Outputs/Products Q2 (July to end Sept)</p> <ul style="list-style-type: none"> • Implementation of a strategic communications plan for public health with DICE • Further development of PHT Comms channels and assets including PHT Intranet page and SBUHB Population Health internet site
<p>Outputs/Products Q3 (October to end December)</p> <ul style="list-style-type: none"> • Implementation of a strategic communications plan for public health with DICE • Further development of PHT Comms channels and assets including PHT Intranet page and SBUHB Population Health internet site 	<p>Outputs/Products Q4 (January to end March)</p> <ul style="list-style-type: none"> • Review of Comms plan • Further development of PHT Comms channels and assets including PHT Intranet page and SBUHB Population Health internet site

Short Term Outcomes:

- Some visibility of the PH team internally and externally
- Visibility of the PH team internally to demonstrate ROI
- Visibility of public health issues and gain a shift to prevention spending
- A clear direction of travel
- Proactive, planned and coordinated working with DICE

Long Term Outcomes:

- Greater visibility, clarity and impact of the Public Health Team and its purpose
- Greater impact of our work across portfolios

Appendix 1 – Glossary of acronyms

APB	Western Bay Area Planning Board
CSP	Community Safety Partnership
CSSP	Clinical Services Strategic Plan
CVD	Cardiovascular Disease
CYP	Children & Young People
DDPH	Deputy Director of Public Health
DICE	Director of Insight Communication & Engagement
DPH	Director of Public Health
DsPH	Directors of Public Health
EY	Early Years
FBCO	Future Generations Commissioner's Office
GMS	General Medical Services
HDd	Hywel Dda
HIA	Health Impact Assessment
HMQ	Help Me Quit
HMQB	Help Me Quit for Baby
HMQH	Help Me Quit in Hospital
HPS	Health Promoting Schools
HSPSS	Healthy and Sustainable Pre-School Scheme
HWHW	Healthy Weight Health Wales
IMs	Independent Members
IP&C	Infection Prevention & Control
IPFR	Individual Patient Funding Requests
KPI	Key Performance Indicator
LDP	Local Development Plan
LWI	Learning and Work Institute
MAG	Multi Agency Group
MECC	Make Every Contact Count
MHLD	Mental Health & Learning Disabilities
NEET	Not in Employment, Education or Training

NPT	Neath Port Talbot
NPT CVS	Neath Port Talbot Community Voluntary Service
PADR	Performance Appraisal & Development Reviews
PCG	Pan Cluster Planning Group
PCPG	Pan Cluster Planning Group
PEY	Prevention and Early Years
PHT	Public Health Team
PHW	Public Health Wales
PSBs	Public Service Boards
R&I	Research and Innovation
RHE	Regional Health Economy
RJC	Regional Joint Committee
ROI	Return on Investment
RPB	West Glamorgan Regional Partnerships Board
RSV	Respiratory Syncytia Virus
SB	Swansea Bay
SBUHB	Swansea Bay University Health Board
SDG	Service Delivery Group/Sustainable Development Goals
SLA	Service Level Agreement
SPSH	Suicide Prevention & Self Harm
TOR	Terms of Reference
WBFGA	Well-Being of Future Generations (Wales) Act 20215
WHC	Welsh Health Circular
WSA	Whole Systems Approach
WSAEMWB	Whole School Approach to Emotional and Mental Well-being
CEO	Chief Executive Officer