

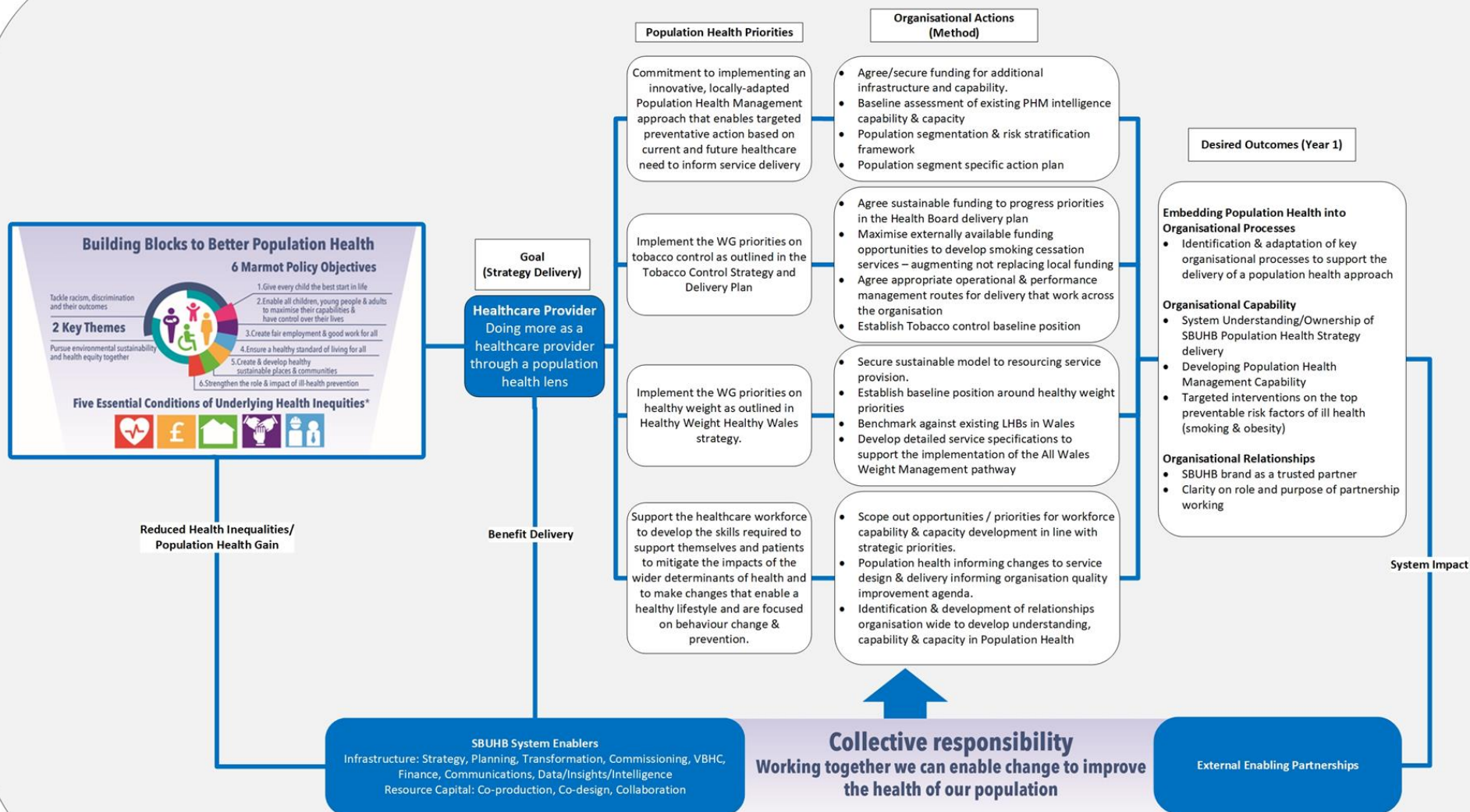


**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

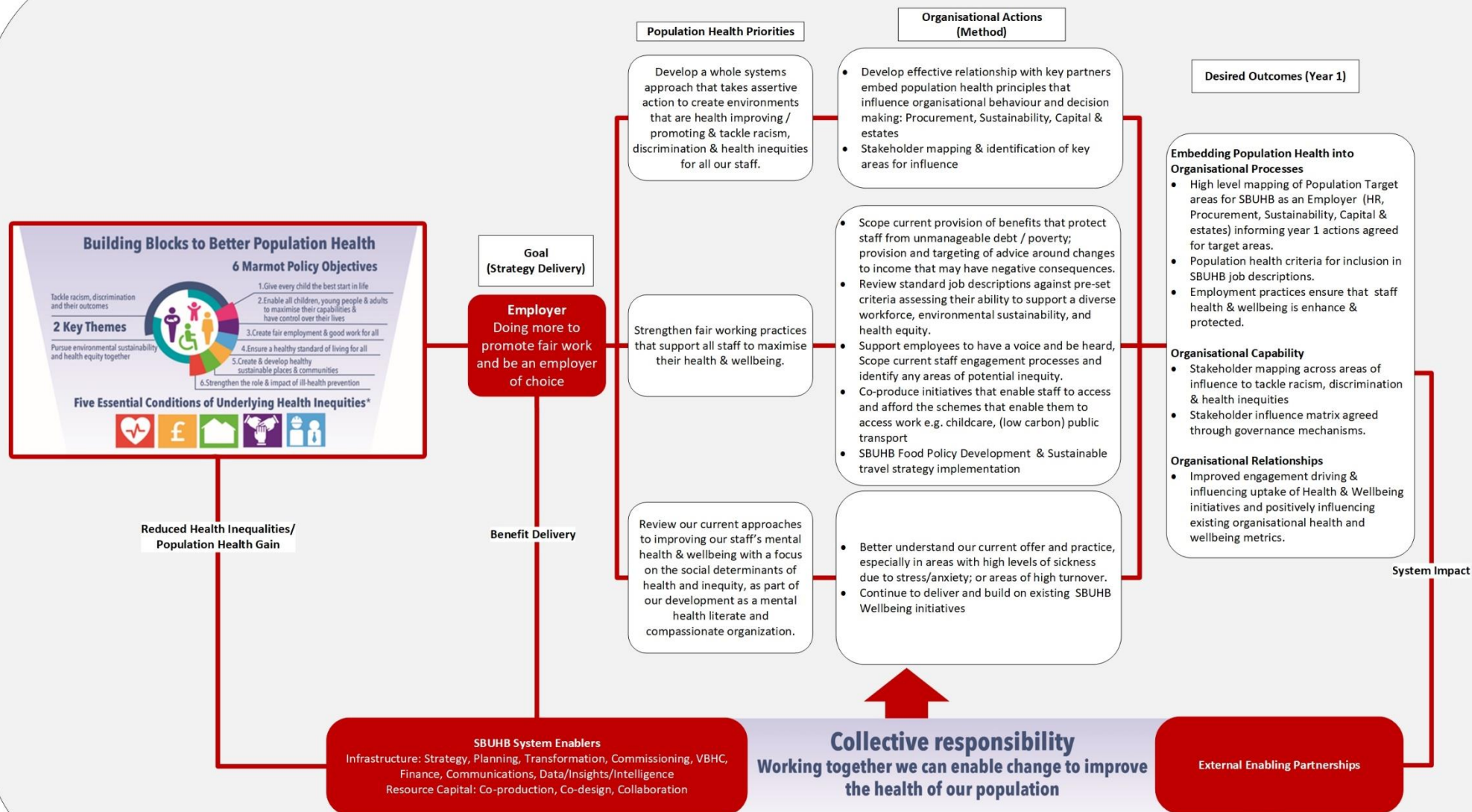


APPENDIX 1 Year 1 PHS priorities - Progress to date



Pillar 1:- Population Health Priorities	Progress to date
<p>1. Commitment to implementing an innovative, locally-adapted Population Health Management approach that enables targeted preventative action based on current and future healthcare need to inform service delivery and shift the focus 'left'.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_007 • POPHEALTH_001 • POPHEALTH_003 • POPHEALTH_004 	<ul style="list-style-type: none"> • PHM outline business case approved by Execs – resource secured to progress approach as part of supporting the One Bay Way programme.
<p>2. Implement the WG priorities on tobacco control as outlined in the Tobacco Control Strategy and Delivery Plan.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_012 • POPHEALTH_008 • POPHEALTH_003 • POPHEALTH_004 • POPHEALTH_005 	<p>Maternal Smoking Cessation/Lifestyle Service</p> <ul style="list-style-type: none"> • Co-production of Maternal Smoking Cessation/Lifestyle Service business case with input from stakeholders. (Primary, Community & Therapies, Maternity, Finance, Strategy & planning, Public Health, Help Me Quit) • Outline approval for SBUHB maternal smoking cessation/lifestyle service endorsed by Welsh Government – to enable release of Prevention & Early Years funding. • Federated governance arrangements for this GMO. Process and responsibilities agreed between PCT Group & PHT for GMO reporting and service delivery and performance as part of the overall SBUHB tobacco control plan. • Business Case scrutiny through PCTG Operational Business Meeting prior to BCSG/BCAG submission. • Intention to draw down funds by end Q1 / early Q2 <p>Help Me Quit/Help Me Quit in Hospital</p> <ul style="list-style-type: none"> • Process and responsibilities agreed around federated governance arrangements for this GMO Between Planned Care Board & PHT recognising differential accountability for delivery of service vs overall tobacco control plan as part of population health. • Business case scrutiny through Planned Care Programme Board prior to BCSG/BCAG submission. • As this work expands further throughout the HB it will likely need federated governance to include more boards (e.g. Mental health and learning disabilities, Urgent and Emergency Care, Cancer) <p>Smoke Free Hospital Sites</p> <ul style="list-style-type: none"> • Federated governance arrangements for this GMO. Process and responsibilities agreed between Service Group & PHT for GMO reporting and service delivery and performance as part of the overall SBUHB tobacco control plan. • Business case scrutiny through Health and Safety Ops Group prior to BCSG/BCAG submission.
<p>3. Implement the WG priorities on healthy weight as outlined in Healthy Weight Healthy Wales strategy.</p>	<p>Co-production of Level 2/3 Weight Management Service business case with input from stakeholders. (Primary, Community & Therapies, Finance, Public Health, Strategy & planning)</p>

<p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_010 • POPHEALTH_008 • POPHEALTH_003 • POPHEALTH_004 • POPHEALTH_005 	<ul style="list-style-type: none"> • Outline approval for SBUHB Level 2/3 weight management endorsed by Welsh Government – to enable release of Prevention & Early Years funding. Funding available through this route will not cover the full costs and WG expectations remain of HB match funding in order to meet service specification. • Federated governance arrangements for this GMO. Process and responsibilities agreed between PCT Group & PHT for GMO reporting and service delivery and performance as part of the overall SBUHB Healthy Weight plan. • PCTG Operational Business Meeting responsible for scrutiny and sign-off of business case prior to BCSG submission. • PCTG will hold responsibility for Level 3 service across Morriston Service Group. • Outline of plans for progressing level 2 & 3 adult weight management services approved by WG – to enable release of funding. • Systems mapping work completed jointly with Hywel Dda as part of a regional Whole Systems Approach to obesity • Plans for further stakeholder engagement to decide on sub-systems for continued Whole Systems Approach work.
<p>4. Support the healthcare workforce to develop the skills required to support themselves and patients to mitigate the impacts of the wider determinants of health and to make changes that enable a healthy lifestyle and are focused on prevention.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_003 • POPHEALTH_004 • POPHEALTH_005 • POPHEALTH_006 	<ul style="list-style-type: none"> • Proactive engagement from SDGs in the Population Health Development Board – seeking support from the public health team to help them understand how they can develop their population health programme plan. • Stakeholder engagement sessions with PCT and Singleton & NPT to date. Morriston meeting planned.



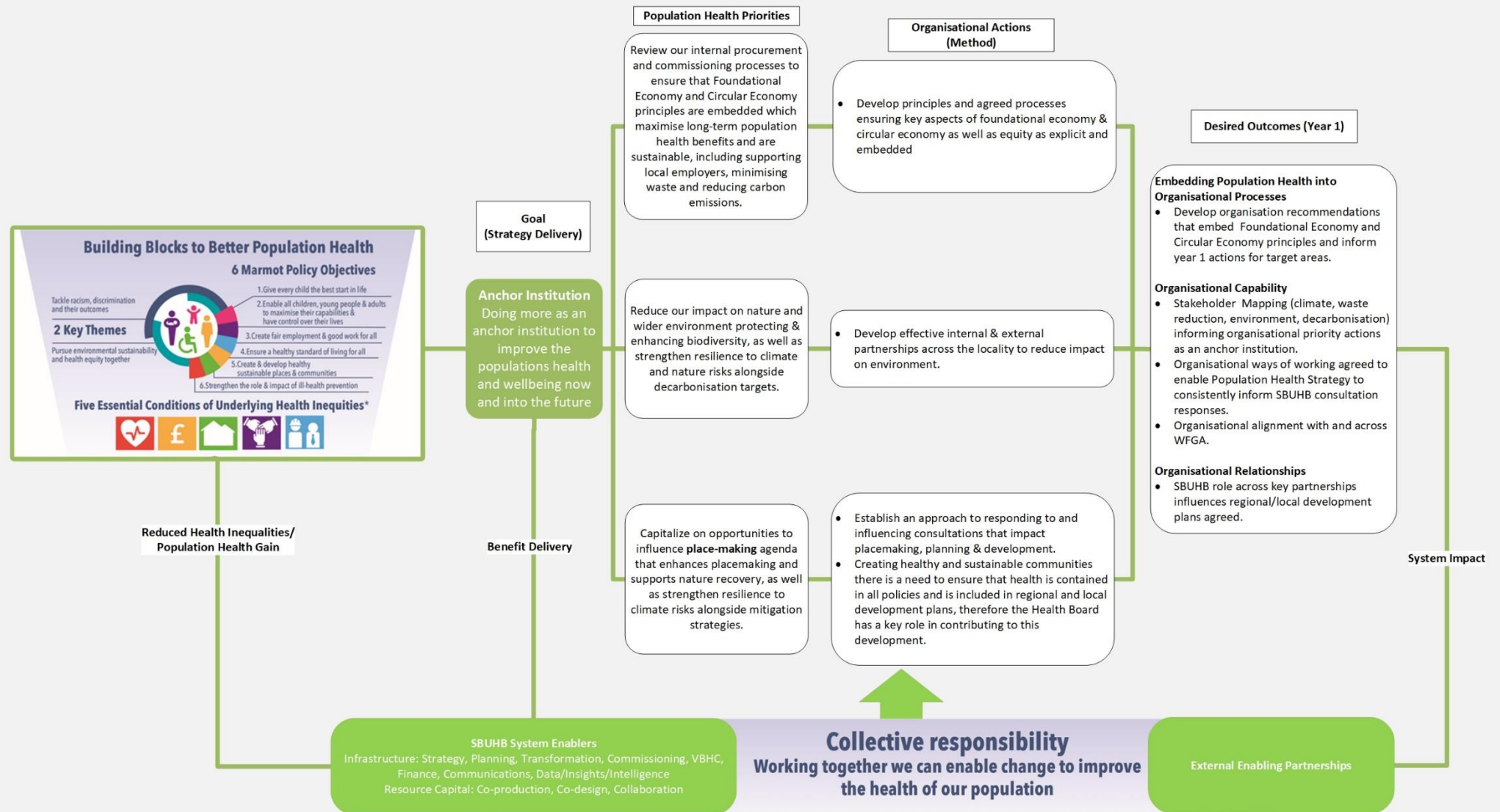
Pillar 2:- Population Health Priorities	Progress to date
<p>1. Develop a whole systems approach that takes assertive action to create environments that are health improving / promoting & tackle racism, discrimination & health inequities for all our staff. Initial focus to be:</p> <ol style="list-style-type: none"> Develop a food policy that addresses issues around the access to, promotion, affordability & sustainability of healthy food and drinks for all our staff as well as minimising waste Implementing the health board's sustainable travel strategy - supporting a modal shift from private transport to active travel and public transport, active travel, as well as building on existing work to create/develop policies and incentives that enable more active and sustainable travel for our staff <p>GMO References:</p> <ul style="list-style-type: none"> POPHEALTH_001 POPHEALTH_002 POPHEALTH_003 POPHEALTH_004 POPHEALTH_005 POPHEALTH_006 POPHEALTH_009 	<ul style="list-style-type: none"> Work is already underway in relation to staff health and wellbeing. Progress against these organizational priorities is yet to be established / remains unclear as no existing mechanism for communication of existing work, intent and identification of leads / SROs for progressing these actions. Public health team due to meet with the Health Board's Wellbeing Forum and the Workforce & OD SMT to discuss these as organizational priorities and how these actions are to be progressed including responsibility for implementation & oversight.
<p>2. Strengthen fair working practices that support all staff to maximise their health & wellbeing. Initial focus to be:</p> <ol style="list-style-type: none"> Apprenticeships – to evaluate the schemes in order to get a better understanding of the population health benefits that accrue from it. Monitor & review our policies and offering benefits that protect our staff from unmanageable debt / poverty Continue to develop a high quality and wide range of employment & skills development opportunities for all staff <p>GMO References:</p> <ul style="list-style-type: none"> POPHEALTH_001 POPHEALTH_002 POPHEALTH_003 POPHEALTH_004 POPHEALTH_005 POPHEALTH_006 	<ul style="list-style-type: none"> Work is already underway in relation to staff health and wellbeing. Progress against these organizational priorities is yet to be established / remains unclear as no existing mechanism for communication of existing work, intent and identification of leads / SROs for progressing these actions. Public health team due to meet with the Health Board's Wellbeing Forum and the Workforce & OD SMT to discuss these as organizational priorities and how these actions are to be progressed including responsibility for implementation & oversight.

3. Review our current approaches to improving our staff's mental health & wellbeing with a focus on the social determinants of health and inequity, as part of our development as a mental health literate and compassionate organization.

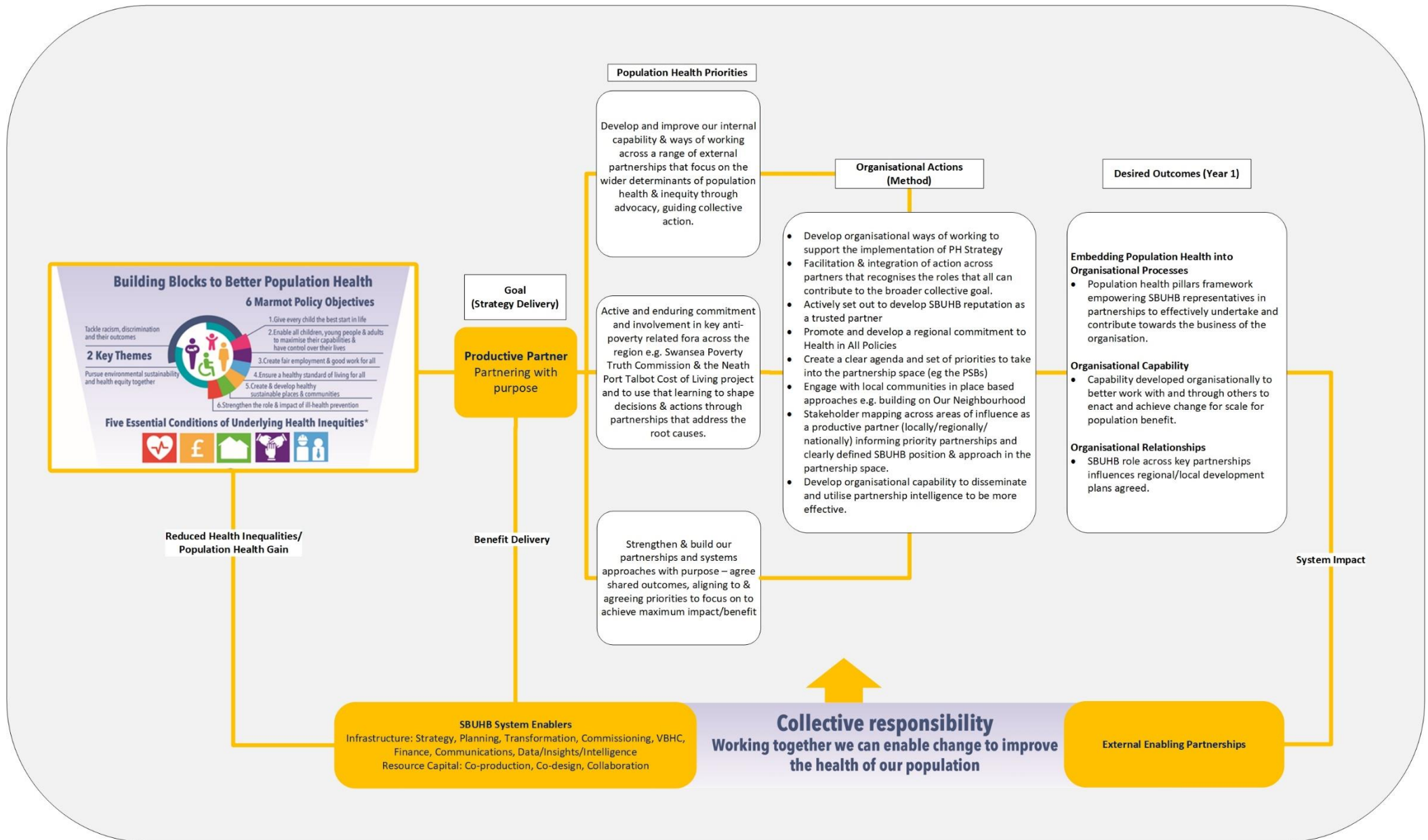
GMO References:

- POPHEALTH_001
- POPHEALTH_002
- POPHEALTH_003
- POPHEALTH_004
- POPHEALTH_005
- POPHEALTH_006
- POPHEALTH_009

- Health Board quality priority on suicide prevention has focused on staff mental wellbeing. Work underway to provide training & support across the Health Board.
- Wide range of offers to staff currently in place to access support that benefits their mental wellbeing.
- Unknown what has already been done to review & consider these current approaches through a social determinants of health focus.
- SBUHB is committed to developing a suicide & self-harm prevention strategy, in line with the new national Talk 2 Me 2 strategy due later in 2023. This provides an opportunity to consider the mental health & wellbeing agenda for our staff & population as part of a preventative approach.
- Interest from external agencies to progress joint work on financial insecurity elements for our staff.
- Lead / SRO for this work not yet identified / agreed.



Pillar 3:- Population Health Priorities	Progress to date
<p>1. Review our internal procurement and commissioning processes to ensure that Foundational Economy and Circular Economy principles are embedded which maximise long-term population health benefits and are sustainable, including supporting local employers, minimising waste and reducing carbon emissions.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_002 • POPHEALTH_008 • POPHEALTH_009 	<ul style="list-style-type: none"> • Lead / SRO for this work not yet identified / agreed. • Work contributing in part to this being progressed through Sustainable Health SG/Forum •
<p>2. Reduce our impact on nature and wider environment protecting & enhancing biodiversity, as well as strengthen resilience to climate and nature risks alongside decarbonisation targets.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_002 • POPHEALTH_009 	<ul style="list-style-type: none"> • Lead / SRO for this work not yet identified / agreed. • Work contributing in part to this being progressed through Sustainable Health SG/Forum • Early exploratory conversations with colleagues and relevant leads on progressing the air quality agenda.
<p>3. Capitalize on opportunities to influence place-making agenda that enhances place-making and supports nature recovery, as well as strengthen resilience to climate risks alongside mitigation strategies. The initial focus will be on developing an approach to:</p> <ol style="list-style-type: none"> Engagement with LDP/planning Using our buildings / assets as community hubs; Ensuring protection for good quality play / green spaces; housing; cycle routes; employment & business creation for local people etc. Effective collaboration with key strategic partners to mitigate against the impact and risks of climate change using One Health approaches <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_002 • POPHEALTH_003 • POPHEALTH_009 	<ul style="list-style-type: none"> • Lead / SRO for this work not yet identified / agreed. • Some work undertaken by the public health team with both the PSBs and planning colleagues in the Local Authority with regards to both the development of the LDP and planning processes. • Opportunities for maximizing the use of our assets through the new Estates Strategy – unclear if & how this has influenced the thinking / approach. • Early exploratory conversations with colleagues and relevant leads on progressing the air quality agenda.



Pillar 4:- Population Health Priorities	Progress to date
<p>1. Develop and improve our internal capability & ways of working across a range of external partnerships that focus on the wider determinants of population health & inequity through advocacy, guiding collective action.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_002 • POPHEALTH_003 • POPHEALTH_009 	<ul style="list-style-type: none"> • Population health, Planning & Partnerships Committee established as part of the governance framework for both the development and implementation of the PHS. • Work has commenced through Strategy & Planning to review our current arrangements and ways or working in relation to both internal and external partnerships. Recognition of the need to explore the LHB's understanding of the role of partnerships. In particular, how we better engage with and use existing opportunities/partnerships as well as create new partnerships in service of the population's health.
<p>2. Active and enduring commitment and involvement in key anti-poverty related fora across the region e.g. Swansea Poverty Truth Commission & the Neath Port Talbot Cost of Living project and to use that learning to shape decisions & actions through partnerships that address the root causes.</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_002 • POPHEALTH_003 • POPHEALTH_009 	<ul style="list-style-type: none"> • LHB is one of the Civic Commissioners in the Swansea Poverty Truth Commission (SPTC) – which is the first PTC in Wales. Currently this involves both the Exec Director of Public Health & the Medical Director of PCT. • LHB is also represented in the NPT Cost of Living & Poverty Partnership / SG which is looking at developing its strategic vision & intentions. • Swansea City Council are due revise & refresh it's Anti-Poverty Strategy. Early conversations have led to agreement of the joint benefit to collaborating on its development. This provides an opportunity for the LHB to consider our intentions in relation to anti-poverty through the 4-Pillar model/approach.
<p>3. Strengthen & build our partnerships and systems approaches with purpose – agree shared outcomes, aligning to & agreeing priorities to focus on to achieve maximum impact/benefit</p> <p>GMO References:</p> <ul style="list-style-type: none"> • POPHEALTH_001 • POPHEALTH_002 • POPHEALTH_003 • POPHEALTH_009 	<ul style="list-style-type: none"> • Review of our partners' strategic aims as well as joint commitments made through existing partnerships would enable us to consider opportunities to progress the PHS – in line with the year 1 priorities and beyond. • Need to consider our existing year 1 priorities (outlined above) and recognize / acknowledge potential internal & external partnerships that can enable and enhance implementation & impact.