

Population Health Strategy Internal Audit Report 2024/25

Swansea Bay University Health Board



Limited Assurance

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Audit Team Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit



Executive Summary

Purpose

To provide assurance on the implementation of SBUHB's Population Health Strategy and assess the extent it is being embedded across the health board.

Overview

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

Swansea Bay University Health Board (the 'health board') has relatively more deprived communities than the average for Wales, with over a quarter of its communities falling into the most deprived category; particularly in urban parts of Swansea, Neath Port Talbot, and the Upper Valley communities. This leads to significant differences in both life and healthy life expectancy between the most and least deprived areas across the health board.

The health board's Population Health Strategy (the 'Strategy'), approved by the Board in March 2023, sets out the guiding principles by which the health board and its partners will seek to improve the overall health and wellbeing of the local population, whilst reducing the gap between the most and least deprived communities.

The strategy recognises that the health board holds a statutory responsibility for the health and wellbeing of the whole population and not just those that come into contact with healthcare services. To deliver on this responsibility, the actions set out in the strategy provide a framework to reflect the need for a preventative, holistic, approach acting on the social determinants of health across a range of areas and issues. The Strategy uses a four-pillar model to emphasise the need for shared ownership and an organisation-wide approach to achieve successful implementation. The four pillars are Health Provider, Employer, Anchor Institution and Productive Partner.

We have concluded **limited** assurance on this area. The main matters requiring management attention are:

- The Public Health Team do not have the capability or capacity to drive the whole-organisational Strategy forward alone. As stated above, an organisation-wide approach is required but there is currently limited engagement with the Strategy at Executive Director level;
- The Strategy requires a whole system approach (i.e. involving all areas internally and external partners), but is essentially operating in what is already a crowded space with Regional Partnership Boards, Public Services Boards; and a number of other Boards/Groups already having strategic plans in place to address population health;
- Although an action plan was developed initially this was limited in its implementation and penetration, and there is currently no organisational-wide specific plan in place to implement the Strategy. However, performance indicators are being developed to measure the health board's contribution to population health outcomes, and given that population health is a key strategic objective for the Health Board, it is important that efforts are co-ordinated so that the specific plan for the Population Health Strategy dovetails into the Health Board Strategic Plan; and
- Governance arrangements are primarily through the Population Health and Partnerships Committee, and the Strategic Partnerships Group, and these are currently subject to review. The Committee Chair has raised the issue that there is currently no primary care representation in its membership, and we noted that the Committee had not produced an annual report which is a requirement in its terms of reference.

Full details of the matter arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives

		Related Findings	Assurance
1	There is good understanding and awareness of the Strategy, both internally and externally to partners.	1	Limited
2	Action plans have been developed which clearly sets out responsibilities and key dates for delivery and is appropriately resourced.	2	Limited
3	Key indicators have been developed for measuring population health outcomes.	3	Limited
4	Appropriate governance arrangements are in place to provide assurance that the Strategy is embedded throughout the health board and that its objectives are being achieved.	4	Reasonable

Management Actions

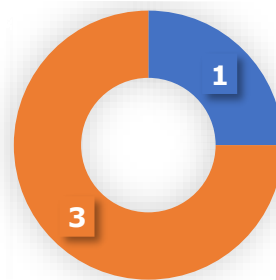


High Priority



Medium Priority

Themes



■ Governance

■ Strategy

Risk Types

Public Perception & Reputational Risk

Choose an item.

Choose an item.

Choose an item.

Findings & Agreed Action Plan

Objective 1: There is good understanding and awareness of the Strategy, both internally and externally to partners. **Limited**

Overview / Summary of Observations

The Strategy document was produced after extensive consultation with internal and external stakeholders over a sustained period of time. It is intended to be owned and delivered by the whole health board, but the principles it is based on, albeit sensible and well-established, require input from both internal and external partners to achieve success. We noted that while there is much more that the health board can do to promote the strategy, full and coordinated delivery of all objectives will mean working with partners, particularly on aspects outside its direct control. (see **Key Finding 1**). Whilst there is an attempt to translate the strategic principles into what this means for the health board, this is at a high-level and is not sufficiently specific. There was an initial action plan documented at the time of the launch of the Strategy which provides more specific detail, but this has never been taken forward by the organisation as a whole (see objective 2). The Board approved a set of priority actions across the Strategy four pillars for year 1 and this needs to be built upon. The Strategy is also operating in a very crowded space, which includes in particular the Wellbeing plans for Public Services Boards and to a slightly lesser extent the Area Plan for the Regional Partnership Board (RPB) and that for the Area Planning Board (APB). Population health is also a key theme of the health board’s annual plan.

There is limited engagement with the Strategy document at an Executive Director level(see **Key Finding 1**), although much work is being undertaken which would seem to support the strategic direction central to the Strategy. Where Directors are engaging with the Strategy, particularly related to the People and Digital strategies, this is still at a very early stage of development. Non-NHS members of Public Services Boards who were interviewed as part of our audit work were appreciative of the Strategy in demonstrating the health board’s commitment to Population Health, but generally considered that it offered nothing new in terms of the relevant areas that they were already focused on.

Review of the websites of the other health boards in Wales identified that where a Population Strategy was in existence, it tended to be a slimmer and more concise document than that of Swansea.

We note that the “failure to implement the population health approaches at the required scale” has been a high risk on the health board’s Risk Register (score=20) since February 2024, and there has been no movement in the score during this time.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 There is limited engagement with the Strategy from the Executive Directors interviewed during our audit. The Strategy document portrays a helpful and insightful view on what is needed from a whole system approach (i.e. including Local Authorities, Charities, Housing Associations etc) but is less specific on what the health board’s role needs to be in helping to take this agenda forward.</p> <p>The Strategy is also in a very crowded space, and there is a danger of duplication with strategic plans being taken forward</p>	<p>A lack of engagement and concerns over duplication of effort may prevent the required actions to improve population health being implemented.</p>	<p>Although it is agreed that there is limited engagement with the Strategy document, it does inform the Annual Plan. The Health Board will revisit population health with a view to ensuring that there is a consistency of approach in implementation to support the overall Health Board Strategic Plan and annual planning cycle and those being taken forward by partners to ensure actions are complimentary and add additional value.</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>at RPB and PSB level. The health board annual plan is also largely predicated on improving population health.</p> <p>There is an outstanding action from the Population Health and Partnership Committee to deliver a session with the Board on Population Health and this would now seem an opportune time to revisit the current approach.</p>	<p>High Priority</p>	<p>Expected Evidence of Implementation: Co-ordinated reporting of Population Health outcomes</p> <p>Officer: Director of Public Health (in conjunction with Executive Directors taking responsibility for implementation of the Strategy in their own areas)</p>
<p>Theme: Strategy</p>	<p>Control Design</p>	<p>Date: 31 October 2025</p>

Overview / Summary of Observations

Although an action plan was developed initially this was limited in its implementation and penetration, and there is currently no organisational – wide specific plan in place to implement the Strategy. However, performance indicators are being developed to measure the health board’s contribution to population health outcomes (see **Key Finding 2**). The Strategy is now viewed as a framework with the aim of embedding all decision-making across the health board to have a population health-focused lens, and this is reflected in the health board’s annual plan. The short-term financial and operational pressures, and the targeted intervention status, has limited progress in this regard, but we note that the first of the strategic objectives for the health board (revised in November 2023) is “*People of Swansea Bay live healthier, equitable and more equal and prosperous lives*”.

Progress has been made in embedding population health into operational decision-making, through requiring Service Groups and Corporate departments to commit to action across the four pillars of the Strategy. Work is also being led by Public Health at a strategic level on embedding the four pillars approach and in particularly taking forward the anchor institution and the productive partner pillars, but they lack the capacity to do this alone, and to be successful it needs engagement across the Health Board.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Improving the health of the local population is a long-term aspiration that can prove difficult to measure, but the lack of an action plan to enable clarity of required actions across the health board as a whole, and to monitor progress in achieving those actions makes it much less likely that the Strategy will be successfully implemented. However, given that population health is a key strategic objective for the Health Board and that much activity is already happening across the Health Board to promote population health, it is important to avoid duplication of effort by having separate plans and performance measures, but rather to co-ordinate all population health activity under one strategic plan.</p>	<p>A lack of clarity on actions to be taken to support the implementation of the Strategy results in the required improvements in Population Health not being achieved.</p>	<p>The Health Board will build on the existing engagement work across Service Delivery Groups to identify priorities, mobilise resources & utilise existing systems and processes to support PHS adoption at scale. It will also engage with partners on the multisectoral response needed to implement the Population Health Strategy:</p> <ul style="list-style-type: none"> • Each SDG will be assisted to develop their response to the population health plan identifying priority areas for prevention in all pathways to support targeted improvement in population health gain. The plans should articulate the strategic indicators and measures they will contribute towards influencing (key finding 3). Once worked up, these will be developed and reported in line with the revised monthly Health Board performance arrangements. • The agreed plans will contribute towards organisational population health competence that can inform annual planning, shared partnership working, monitoring, reporting and implementation of national and Health Board policy drivers.

	High Priority	<ul style="list-style-type: none"> • Prevention in All Pathways will support improvement of population health measures. • Swansea Bay Public Health Team will also work with Primary Care to lead a CORE20PLUS5 approach to drive targeted action to reduce inequalities and embed prevention in the most deprived areas of SBUHB and for those in inclusion health groups. Population health indicators for the conditions leading to most premature years of life lost in these communities will be developed and tracked.
Theme: Strategy		<p>Expected Evidence of Implementation: Co-ordinated reporting of Population Health outcomes</p> <p>Officer:</p> <ul style="list-style-type: none"> • Associate Director of Population Health will be the named lead from the public health team in liaison with SDGs in assisting each SDG to develop plans, supported by Public Health Consultants. • SDG directors will be responsible for sign off and agreement of each plan within their area. • Director and Deputy Director of Planning and Partnerships will hold responsibility for aligning plans arising from this audit with our internal planning cycle. • Director of Public Health & Medical Director will lead on Prevention in every Pathway and together with AMD Primary Care, will hold organisational responsibility for CORE20PLUS5 - working closely with NPTS Medical Director and Chair Pan Cluster Planning Group. <p>Date: 31 January 2026</p>

Overview / Summary of Observations

The Health Board revised its strategic objectives in November 2023, and the first objective – *People of Swansea Bay live healthier, equitable and more equal and prosperous lives* – is underpinned by the Marmot Policy Objective areas used as the basis for the Population Health Strategy. It was recognised at the Board of the need to work in partnership to develop metrics that can be used to track progress against the objectives, in the medium to long term (see **Key Finding 3**). For those metrics in support of the above strategic objective, this has involved workshops with internal and external partners (Public Health Wales and Universities), using an agreed set of criteria for choice of indicator and assessment of the data availability and quality to support the indicators.

A paper taken to the December 2024 Population Health and Partnership Committee sets out the intended approach identifying the Quality Aspect, the Strategic Indicator that relates to it, and where data can be obtained to measure performance (see **Key Finding 3**). The intention is to create a dashboard covering Strategic Objective One, and discussion is on-going to ensure that the data needed to support these measures can be obtained. The system indicators are intended to represent a measure of how effectively the health board is contributing to the overall strategic indicators, through the four pillars.

An example is given as to what this could look like in terms of a specific measure as follows:

- Strategic Objective – People of Swansea Bay etc.
- Quality Element – Every Child has the best start in life.
- Strategic Indicator – Low birth weight rate.
- System Indicator – Number of pregnant women who smoke.
- Process Measure – How many pregnant women make a quit attempt through the SBU Smoking Cessation Service.

The Strategic Indicator reflects the performance of the whole system (i.e. including external partners). The Process Measure brings this down to the actions that the Health Board can take in support of the Strategic Indicator.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Performance Indicators relating to population health are currently under development and should be available in draft by the end of January 2025. The health board will need to ensure that these are accurate, timely and appropriately aligned to the population health goals set out in the Strategy and the Annual Plan.</p>	<p>If performance indicators are not sufficiently aligned to required actions and outcomes, time and effort will be wasted on measuring the wrong things.</p>	<p>Strategic indicators aligned to the health board’s Strategic Objectives have been developed and are being assessed for their accuracy. Development of appropriate mechanisms to measure system level outcome measures against strategic objectives relating to population health across multisectoral landscape will also be required.</p> <ul style="list-style-type: none"> • SDGs will be supported to identify prevention measures for their pathways. These will be captured by existing or new measurement and may be drawn from health board or external data sources. • Organisational compliance with Anchor Institution baseline principles will support delivery across all 5 strategic objectives.

		<ul style="list-style-type: none"> • Intersectoral monitoring across sectors will enable measurement of progress at system level and will be worked on with partner organisations.
		<p>Expected Evidence of Implementation: Co-ordinated reporting of Population Health outcomes</p>
	<p>Medium Priority</p>	<p>Officer:</p> <ul style="list-style-type: none"> • Director of Public Health (supported by Public Health Consultants) will be the responsible officer from the Public Health Team in supporting the design and implementation of prevention outcome measure in conjunction with SDGs • Director of Public Health (supported by Public Health Consultants) will be the responsible officer from the Public Health Team with regards to Public Health aspects of Anchor Institution compliance. • Responsibilities for delivery within the 3Ps of anchor (people, procurement and place) currently sites across Executive team portfolios: <ul style="list-style-type: none"> ○ People: Director of Workforce and Organisational Development ○ Procurement: Director of Finance & Performance ○ Place – Chief Operating Officer (Support Services); Director of Finance & Performance (Estates & Capital Planning); Director of Planning and Partnerships (Sustainability, Partnerships) • SDG directors will be the lead for development and sign off of SDG plans • Deputy Director Planning & Partnerships currently holds multisectoral partnership relationships, performance is moving to that directorate and may want to be the lead for this action.
<p>Theme: Strategy</p>	<p>Control Design</p>	<p>Date: 31 January 2026</p>

Overview / Summary of Observations

Governance of the Strategy is via the Population Health and Partnerships Committee and also the Strategic Partnerships Group. While there is evidence of regular review of the Strategy and associated actions, the Committee might benefit from Primary Care representation as raised by the Chair in the December meeting (see **Key Finding 4**).






Review of the Committee minutes and attendance at the December 2024 meeting suggests that the governance arrangements are working effectively within the context that there is no specific action plan to monitor. However, the terms of reference of the Committee are currently subject to review and there has been one workshop for Committee members with another to follow shortly to discuss its remit. We noted that there was no evidence of an annual report including a self-assessment of Committee performance being produced, which is a requirement of the current terms of reference (see **Key Finding 4**).

Review of the minutes of the Strategic Partnership Group did not evidence any specific mention of the Strategy but do focus on the partnership working that underpin its successful implementation.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 The governance arrangements are subject to review but may need to respond to any agreed actions arising from the findings contained in this report. However, the lack of primary care representation in the Population Health and Partnerships Committee does mean that a key voice in improving the well-being of the local population is not being heard.</p> <p>The Committee is also not currently complying with its terms of reference which include a requirement for an annual report.</p>	<p>Reputational risk from failure to positively impact population health</p>	<p>Dependent on the outcome of the governance review the Committee will:</p> <ul style="list-style-type: none"> Consider the addition of a Primary Care representative: and Ensure that it complies with its terms of reference which currently includes a requirement for an annual report. <p>Expected Evidence of Implementation:</p> <p>Annual Report and evidence of consideration of membership.</p> <p>Officer:</p> <p>Corporate Governance team, noting their existing responsibility for reporting, monitoring and alignment across our existing governance & risk assurance mechanisms.</p>
<p>Theme: Governance</p>	<p>Control Design</p>	<p>Date: 31 March 2026</p>

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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