



Dyddiad y Cyfarfod / Date of Meeting: 25.03.2019	
Rhif yr Eitem / Item Number: 5	
Teitl / Title: Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r Dyfodol yn Byw'n Dda / A Healthier Mid and West Wales: Our Future Generations Living Well	
<p>I ystyried a sylwi ar y materion canlynol:</p> <ol style="list-style-type: none"> 1. I nodi'r strategaeth a'r ymagwedd a gytunwyd gan Fwrdd Iechyd Prifysgol Hywel Dda ym mis Tachwedd 2018. 2. I ystyried sut gall sefydliadau y BGC cefnogi datblygiad pellach a gweithrediad y cynlluniau manwl i gyflawni'r strategaeth. <p>To consider and comment on the following issues:</p> <ol style="list-style-type: none"> 1. To note the strategy and approach as approved by Hywel Dda University Health Board in November 2018. 2. To consider how PSB organisations can support further development and delivery of detailed plans to achieve the strategy. 	
I Drafod For Discussion	A oes angen penderfyniad: Oes Decision required: Yes
<p>Cynigwyd gan / Proposed by:</p> <p>Ros Jervis, Cyfarwyddwr Iechyd Cyhoeddus, Bwrdd Iechyd Prifysgol Hywel Dda / Director of Public Health, Hywel Dda University Health Board</p>	

Our Future Generations: Living Well

A Health and Wellbeing Framework for Hywel Dda



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

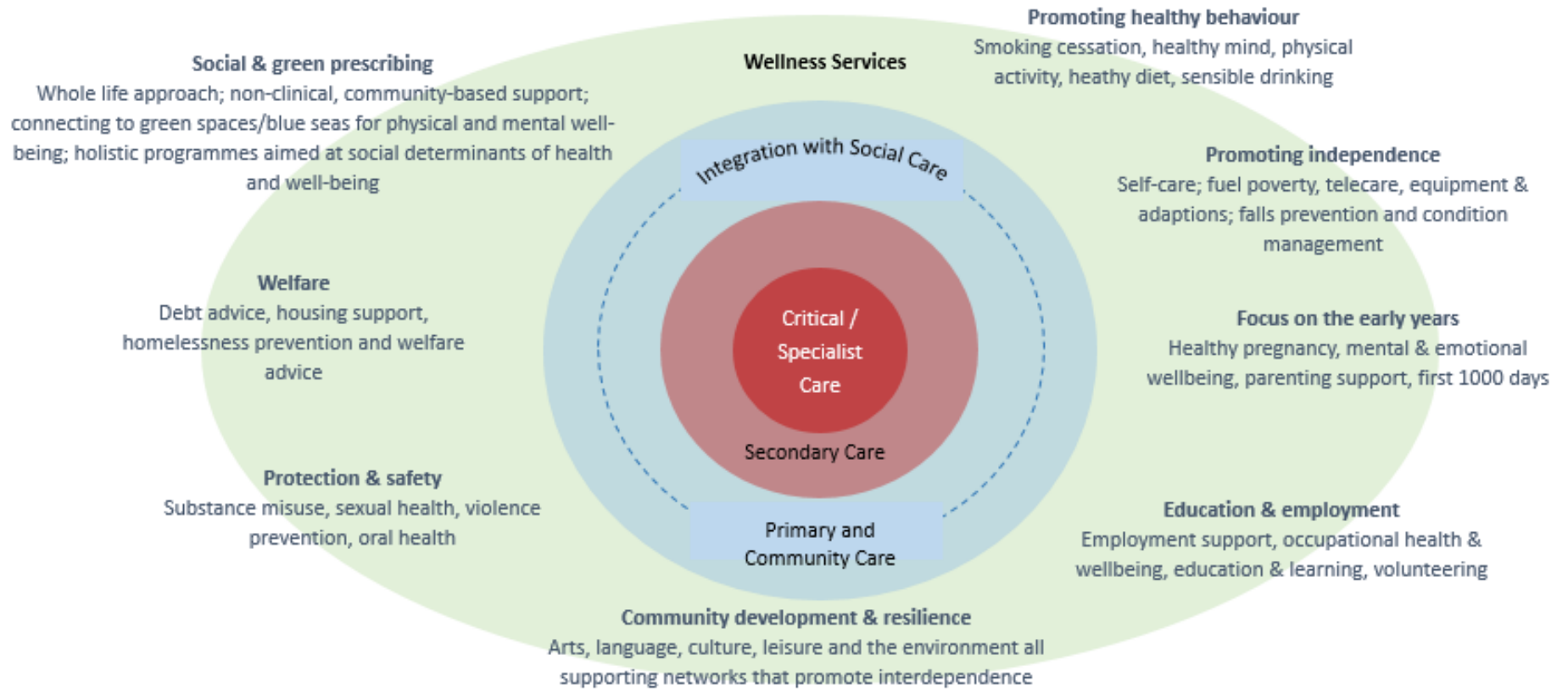


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Living Well

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging



“Safe, Sustainable, Accessible and Kind”



2. Foreword

Welcome to our **Framework for Health & Wellbeing: Our future generations living well**, which aims to set us on our way and help us create the movement for change we are going to need in order to achieve our long-term ambitions.

Over the last 12 months we have really begun to understand the health needs of our local population, the challenges of the here and now and the reasons we need to change and do something different. We learnt, from talking to our staff, local people and our partners their views on the case for change we presented to Board last Spring, about what matters to them all in terms of the health and wellbeing of the people we serve. We know that we are living longer but not always in good health, and that there are many challenges in delivering sustainable care that helps people stay well for longer. We need to change and do something different.

It is important to note that good health and wellbeing has more to do with having a good start in life, social connections, education, safe housing and good employment than health care services – we recognise that to achieve our goal of safe, sustainable, accessible and kind healthcare services we must go way beyond what happens in our hospitals – we must play a meaningful part in what happens in our communities.

So it is important to broaden our horizons and look to the future – and we've done just that with our first ever health and care strategy – having a shared vision, three new strategic goals and ambitious outcomes for the long-term.

We are not starting from scratch, many of the building blocks for success are already in place, it's also a time of huge opportunity both from a national policy and legislative perspective and the strength of our community spirit and diversity and richness of our local assets.

We worked closely with others to produce this framework. It builds upon and responds to what we heard from our public, staff and stakeholders during engagement and consultation and from our ongoing conversations with our staff and partners when we have invited them to check and challenge our thinking.

We made a commitment to listen to you and moving forward, we will continuously engage and build trust with the people in our communities as part of our pledge to continuous engagement. This will include developing the breadth and depth of our understanding of what people care about and what matters most to them in terms of living well, to co-produce meaningful approaches to health and wellbeing.

So what are we trying to achieve? We are hoping this framework is helpful to everyone – the public, staff and partners – in the delivery of the health and wellbeing agenda. It will establish a climate that enables and promotes new ways of working, and create a movement for change that:

- Shifts the way we behave, have conversations and connect with people
- Enables us to know we have made a difference (and how we measure this)
- Empowers and enables our communities to create health
- Creates and grows an environment of energy, hope and aspiration

There are many realistic achievements we can expect over the years, including getting the population health basics right with some evidence-based priority interventions, developing our approach to assets based community development whilst we help grow an evidence base of what works.

This Health and Wellbeing framework sets out our approach and how we aim to take advantage of the opportunities provided by our strategy **A Healthier Mid and West Wales – Our Future Generations Living Well**, in order to take on the challenges we face in the here and now whilst laying the foundations for change in our healthcare services we need to make for a brighter, healthier and more joyful future for all. I hope you enjoy it.



Ros Jervis, Director of Public Health

3. Our journey so far

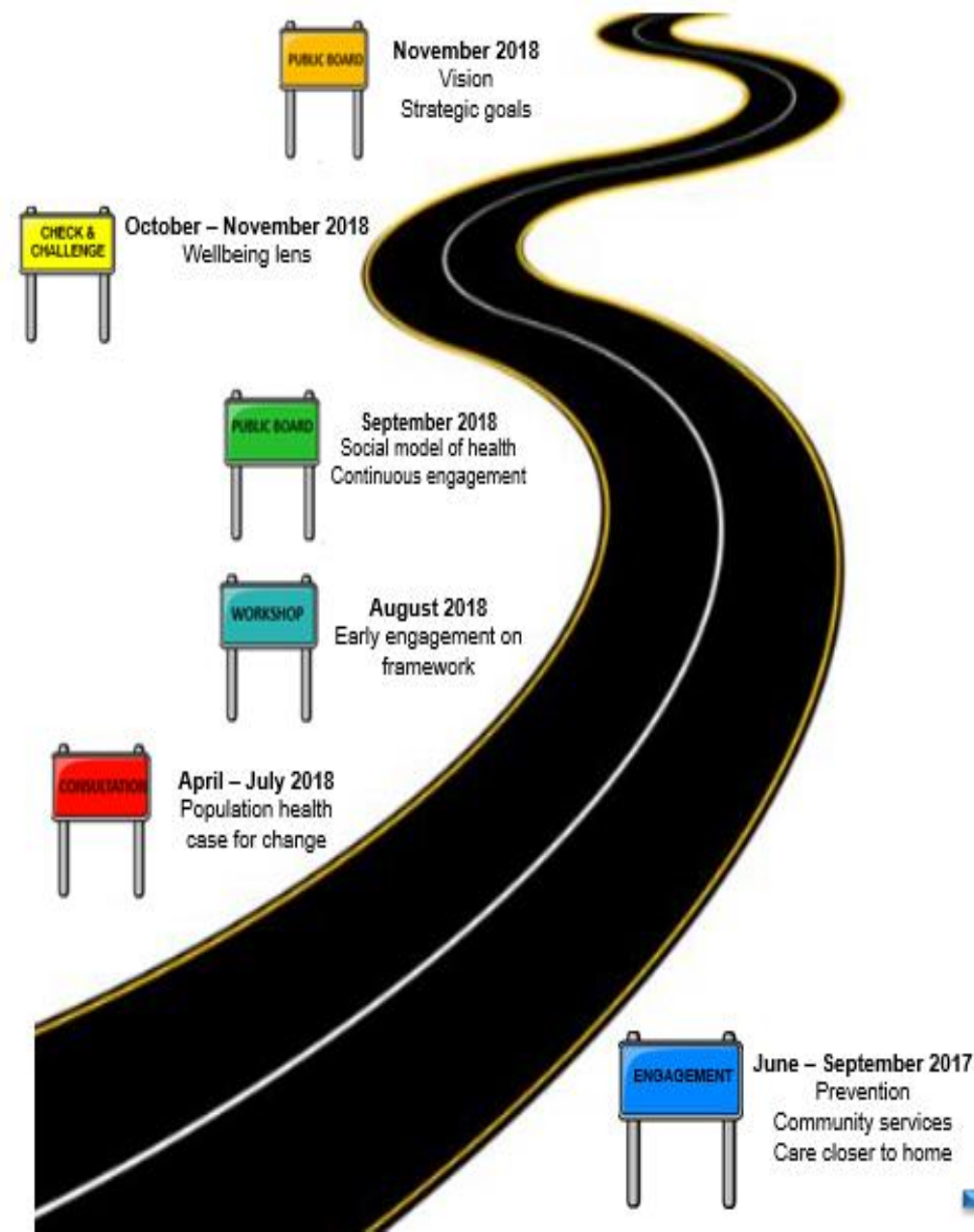
We are on an exciting long term journey toward better health and wellbeing for all. It has been informed by our health needs assessment and the wellbeing plans of our Public Services Boards, as well as a population health group which was established to gather information about the state of health and wellbeing in Hywel Dda. Our journey started with our recognition that, as a health board, we can not continue as we are if we are to successfully empower people to live well within their own communities. We now truly understand our health needs and the challenges of the here and now. For example, we know that:

- We are living longer but do not always have the best start in life, which can have a lasting impact on our health and life chances
- We are spending longer in good health but the number of years spent living with poor health is also increasing
- We may be living with health conditions that can be prevented or delayed, or in social circumstances that limit our abilities to look after ourselves and the people around us
- Difficult circumstances can impact on the mental and emotional wellbeing of local people and can result in health harming behaviours for some
- Smoking is the risk factor which has contributed most to the current burden of disease, but being overweight and obese contributes most to years lived with a disability
- An ageing population means more people are living with long term conditions and many living with more than one
- We have a healthcare system that has been designed largely to diagnose and treat people, with a relatively small contribution toward tackling the causes of ill-health

We took this learning to consultation with the public, our staff and stakeholders. During this time, we heard a great deal of support for a population health approach to health and wellbeing, including a greater focus on prevention and early intervention and on maximising community and individual resources, or assets. The outcome of the consultation culminated in our first ever health and care strategy and board approval of a social model of health and wellbeing - a model which moves away from a medical focus only on the physiological causes of ill-health to acknowledge the broader influences on health and wellbeing.

Inspired by what we heard from local people and as our thinking has developed, we have had important conversations with our staff and external partners to test our ideas, including a workshop and a number of 'check and challenge' sessions. One key output of these discussions has been our 'wellbeing lens', which has been co-produced with staff and partners to shape the conversations we have and the decisions we make, in order to put the health and wellbeing agenda at the heart of what we do. We have begun up-skilling our staff in adopting an assets based approach. Also, we have considered the many good things about our health system and local success stories that we should all be very proud of, as examples of good practice to help shape the journey ahead.

Every step of the way, we have been supported by the decisions of our board. Most recently, this includes the board's commitments to a social model for health and continuous engagement with our communities, and its approval of a health and wellbeing-inspired vision for the future and associated strategic goals focused on living well at all stages of life.



4. Our role....in improving the public's health

Health is one of the top things people say matter to their wellbeing and, as a health board, we play a key part in health and wellbeing. But the influences on health and wellbeing are broad, and include the start we have in life, the environment, where we live, and our income, education, social connections, relationships and health behaviours. These are known as the wider determinants of health.

Our services have a very important role to play particularly when we are ill and in need of treatment and care, but this may have as little as 10% influence on our overall health. The wider determinants have a greater influence on our health and wellbeing, so we will have a relatively limited impact if we act alone as a health board. Our strategy places people and communities at the heart of everything we do. It makes a commitment that we will work closely and collectively with others across all sectors and services and our population - the 'whole system' - in order to maximise the positive impact that our health services can make on the health and wellbeing of local people. We will be developing this framework further with our partners and local people, learning how we best create health and wellbeing together.

We have created unprecedented opportunities for care services to become more person and community centred. Our contributory role will be big, bold and brave. It will take us into a new era as we develop exciting relationships, not only with our partners but with our population and the wider health and social care workforce. We commit to a new approach of engaging and listening and most importantly empowering and enabling communities to create health.

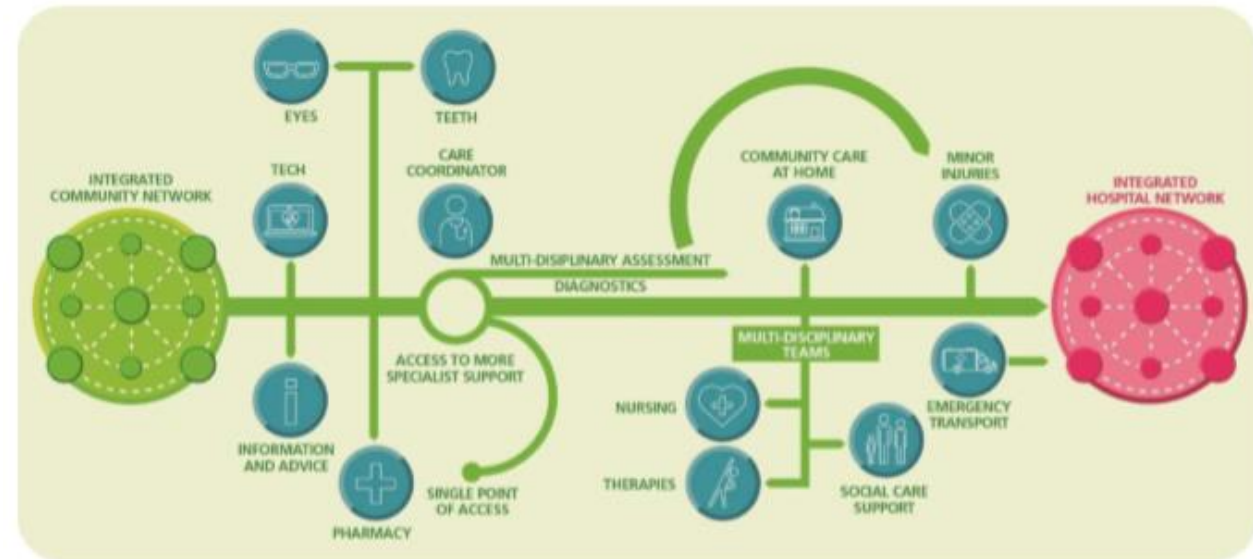


Healthcare services working alone can have as little as 10% influence on our health

We also committed to making a transformational shift in the way we provide our healthcare services, putting a preventative approach into all that we do – and try to at least get the population health basics right. This shift in both mind-set and practice needs to start now. Our leadership role will include creating the environment in which our staff feel empowered to have different conversations, believe they have the influence to create change, develop new connections and build strong relationships with our communities. Alongside this we will make a tangible shift towards mainstream investment in prevention, early detection and early intervention.

***Our role will include taking decisive and persuasive action.
Our movement for change needs to start now –let's just work together and make a start.***

Working across the whole system



“We cannot solve our problems with the same thinking we used when we created them” Albert Einstein

5. Our building blocks

There are several enablers, or building blocks, to success. We are in a fortunate position to have many of these already in place which we will strengthen. Where they are missing, we will develop them to make our dreams for the future a reality.

Assets

Our communities and the people in them have many strengths, or 'assets'. Used with purpose, assets help to protect and promote health and wellbeing and prevent illness, even when people are faced with challenging life circumstances. We will work with our communities in ways that are empowering, engaging and meaningful, so people can create for themselves the conditions for community assets to thrive and increasing their control over their health and wellbeing.



People's skills,
knowledge &
sense of purpose



People's
connections &
social relationships



Community land,
buildings &
facilities



Community spirit
& shared
experiences

Continuous engagement

We have much to learn from people in our communities, who have a vast understanding of how health and wellbeing is impacted and can be improved locally. Building on our commitment to continuous engagement, we will have ongoing learning conversations in our communities, building mutual trust and understanding of what matters most to people in terms of living well to co-create effective local solutions to health and wellbeing.

Our staff and wider workforce

Our staff is our greatest resource. They 'make every contact count' to prevent ill-health or signpost to relevant services or opportunities. We will empower our staff to work in different ways alongside the wider workforce, and to maintain healthy behaviours and lead by example.

Behaviour change

Our behaviours can have a protective or damaging effect on health and wellbeing; for example, whether we smoke or get enough physical activity. We will support people to develop the capability, opportunity and motivation to change damaging behaviours. This will include helping people to take control over their lives and assume a more active role in their health and wellbeing.

Evidence

Knowing what works to better people's lives will help to guide efforts at improving health and wellbeing. We are building an evidence base which will enable informed decisions, including how to effectively target people who might specifically benefit from early interventions or other relevant services. We will further develop this evidence base over time, focusing on what local people tell us about their health and wellbeing.

Partnerships

We already have several local and regional partnership arrangements in place, not least through the pooling of budgets and the establishment of a Regional Partnership Board and Public Services Boards, that enable us to come together in a joint pursuit of better health and wellbeing. Guided by our joint priorities, we will join up our efforts for maximum impact and enable all the partners to get on with what they do best.

National legislation and our plans

We are fully committed to delivering on the expectations set out in Welsh Government legislation about bettering health and wellbeing, including *A Healthier Wales*, the *Well-being of Future Generations (Wales) Act 2015*, and the *Social Services and Well-being (Wales) Act 2014*. We will also ensure clear alignment between the ambitions of this framework and the plans we develop for how we operate as a health board. This will include our plans for:

- Building a workforce with the skills and capacity to deliver a social model for health and wellbeing
- Continuously engaging with people in ways that value their contributions and meet their preferences
- Harnessing digital technology to help people learn more about health and wellbeing and access opportunities to enable them to live well
- Investing money in resourcing a social model that maximises health and wellbeing outcomes

Working differently and learning from others

We are already working differently in many ways, for example introducing initiatives such as time-banking in primary care and up-skilling our staff in adopting an assets based approach. We will continue to apply our learning, not only from our own experiences but also those of other health boards and agencies taking bold new approaches to health and wellbeing.

“Be the change you want to see in the world”, Mahatma Gandhi

6. Our dreams for the future

Our vision for the future has been agreed by our Board and was developed from the wellbeing plans of the three Public Services Boards covering Hywel Dda (in Carmarthenshire, Ceredigion and Pembrokeshire) (shown in green).

In addition to agreeing this inspiring vision, our Board members have described their dreams for the future for the people who live and work in Hywel Dda (shown in quotations). We will build upon and extend this early work by continuously engaging with people in our communities about what matters to them, and applying our learning to develop meaningful approaches to health and wellbeing.

“ There are no visible boundaries between health, social care, third sector, etc. ”

“ Sense of community and belonging for residents across the generations ”

“ People can co-design their care as experts in their own lives ”

“ Timely access to advice and support in the local community... [and] care delivered in the home wherever possible ”

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive.

This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

“ All people will feel valuable and respected ”

“ Carers will feel empowered and supported ”

“ Effective support and advice to use our skills and those of people around us ”

“ Working in partnership with the community ”

“ Sense of community and belonging for residents across the generations ”

“ People can live their lives to the fullest and achieve their full potential ”

“ Timely access to advice and support in the local community... [and] care delivered in the home wherever possible ”

“ End of life care for all age groups which ensures that patient and family wishes are met ”

“ A beautiful and safe place which nurtures our children, adults and older people ”

“Dreaming, after all, is a form of planning”, Gloria Steinem

7. Our opportunity

The commitment of our Board to being a population health led organisation provides many opportunities to make this framework a success. Population health is mainly concerned with avoidable differences in health between different parts of the population, and the contributions made by the wider determinants of health and wellbeing. It provides an unprecedented opportunity to focus on a new way of doing things by empowering people to be more in control of their health and better able to make the most of local opportunities to live well.

This framework represents our aspiration for current and future generations to live well in their communities throughout their lives. It is about not only adding years to life, but adding life to years. We have set three new strategic goals focused on people living well - or *living life to the full* - across the life course: starting and developing well; living and working well; and growing older well. Each has a set of long-term outcomes that reflect what success looks like and help us show we have made a difference.

Our opportunity to fulfil our vision and dreams for the future are supported by a policy and legislation landscape in Wales that is re-framing how we address health and wellbeing, including:

- *A Healthier Wales: Our Plan for Health and Social Care (2018)*: National plan to bring health and social care services together, so they are designed and delivered around people with an emphasis on keeping them healthy and well
- *Well-being of Future Generations (Wales) Act 2015*: National legislation to improve the social, economic, environmental and cultural wellbeing of Wales and to deliver sustainable services for future generations
- *Social Services and Well-being (Wales) Act 2014*: National legislation to promote the wellbeing of those who need support, or carers who need care and support

We have heard from members of the public, our staff and stakeholders that they are ready for new ways of working. The need to change may have been generated by the policies above, but the appetite to make it work is born from recognition that there is a better way. We can learn from others who are on a similar journey. We are confident in our ability to create our movement for change.

Strategic goals and outcomes:



8. Our movement for change

Putting 'living well' at the heart of what we do will entail a fundamental movement for change. Traditionally, our health and care system has focused mainly on responding to illness and disease or their symptoms – it diagnoses and treats, and so does things **TO** people and **FOR** people. Rarely, solutions to health and wellbeing are co-produced **WITH** people. To date, not enough has been done to build strong, resilient communities to enable health and wellbeing to be created **BY** people.

As a health board we can help to achieve this by creating a movement for change in thinking and behaviour. It will change how we work, deliver services, talk with others about health and wellbeing, work with partners, think about performance and targets, and measure success. This movement for change will move us toward operating as a pro-active population health system that works with partners including the public to empower current and future generations to create better health and wellbeing. It will be a new and ambitious measure of performance.



Our movement for change will directly respond to what matters most to local people in their own communities (not just geographical communities, but also communities such as our health and social care workforce or our schools). The long term health and wellbeing outcomes identified (section 7) will be developed further as we have learning conversations with local people about what they care about in relation to wellbeing or 'living well'.

“Very great change starts from very small conversations, held among people who care” Margaret J Wheatley

These conversations will be about implementing an assets based approach and moving away from TO and FOR and toward WITH and BY. They will enable us to learn what people care most about to take action on, opening up the space around the social determinants of health and moving away from a focus only on service provision. We will apply this learning in supporting people to get connected up enough to mobilise their resource to get that action started.

This is a very different way of working. To make this happen, we are going to have to use a number of techniques and tools to develop an approach to how we are going to have effective learning conversations with lots and lots of people. We will be clear that we are there to listen and be curious. We hope that people will feel heard and that they are supported to explore what is important to them around health and wellbeing. Not only is this vital as we use our wellbeing lens (coming up next), but it is also crucial in generating a movement for health creation in our communities. This is our commitment to continuous engagement.

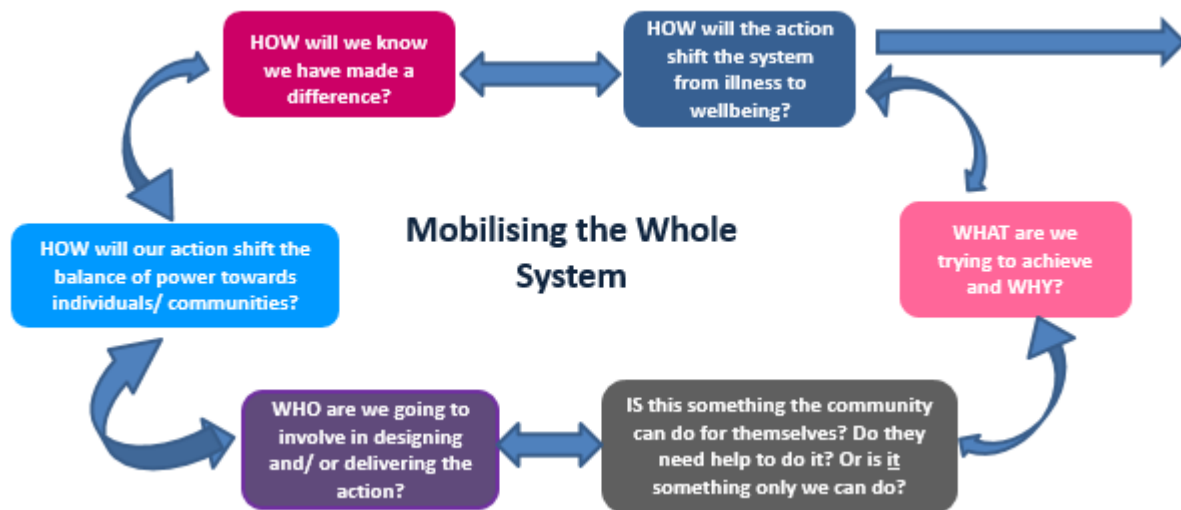
“There is no power for change greater than a community discovering what it cares about” Margaret J Wheatley

Continued

8. Our movement for change... using our wellbeing lens

To provide a catalyst for this movement for change, we have developed a wellbeing lens. One part of the lens focuses on how we make changes by working together across the whole system; the other part offers support for teams and possibly individual services which might need a helping hand to understand their contribution and the influence they have to promote wellbeing. Both tools aim to encourage a different conversation, shifting it from illness towards wellbeing.

'Mobilising the whole system' applies the lens to planning, service delivery and project development. It is designed for multi-disciplinary groups to encourage a shift from TO and FOR to WITH and BY and working as a whole system.

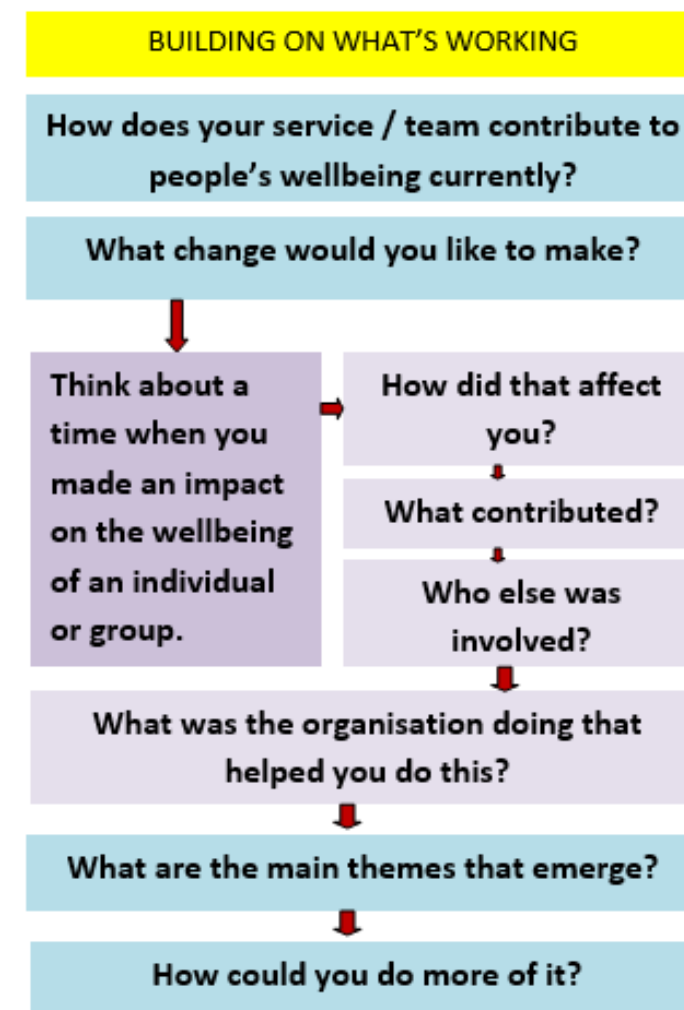


Feedback from staff and partners on the tools has been very positive, including:

*"Using the lens kept our focus on utilising the assets available to us and maximising our impact by working **with** the community, not just delivering interventions **to** the community."*

Continued from

'Mobilising teams and services' uses the asset based approach **Appreciative Inquiry**. It helps teams reflect on their own practice and how they might make a first step towards working on wellbeing and strengths and to collaborate better with others.



"Sometimes questions are more important than answers" Nancy Willard

9. Our journey ahead

Population health and its improvement is a key part of what we do. However, this has been and remains, mainly in the provision of health care services to resolve problems once they have occurred. This framework makes clear that population health should run through all areas of our day to day business and that population health is everybody's business, not just those working in Public Health.

To assist in this task over the journey we have ahead of us, we are developing an evidence base – a third tool for assisting our movement for change in addition to the tools described in section 8. This evidence base is designed to identify key population risks through the life course and when changes in behaviour occur, e.g. people stop taking physical activity, become overweight or take up smoking. A better understanding of this will enable the targeting of resources to prevent behaviour changes in a timely manner, proportionate to need and inequality in health. We are currently developing the evidence around tobacco control, overweight and obesity and alcohol misuse, and we will grow this evidence base further in other key areas of health and wellbeing.

An example using tobacco control can be found at this link:

http://www.wales.nhs.uk/sitesplus/documents/862/TOBACCO_CONTROL_COMPENDIUM.pdf

We have also identified a number of key impactful areas of progress over three time horizons: 3 years, 10 years and 20 years:



“You have got to think about big things whilst doing small things, so that all the small things go in the right direction”

Alvin Toffler

“The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it”

Michelangelo

3 years

- Evidence adoption of assets based approach across whole system through different conversations
- Engaging with the public, our staff and stakeholders to develop this framework further, learning how we best create health and wellbeing together
- Widespread use of three tools across health, social care and partnerships to embed this way of working into every conversation, plan, and process
- Evidence of how this new way of working has supported improvements on key issues such as our priority interventions.
- Priority interventions – maternal weight and smoking cessation in pregnancy, early years including vaccinations and immunisations, emotional resilience of children and young people, focus on reducing smoking prevalence and clinical and behaviour risk management in primary care

10 years

- Health and care services will be integrated in communities that create health and wellbeing
- Investment in prevention will have increased community capacity and resilience, improved access to alternatives to prescriptions, and given communities tools to support independence and positive life choices
- Social Return on Investment analysis will demonstrate benefits of shifting funding from acute care to prevention
- Integrated wellness services are at the heart of our communities

20 years

- Evidence of achieving the long term outcomes of each of the 3 strategic goals, for example:
- Starting and developing well – children report feeling listened to and enabled to reach their potential
- Living and working well – residents across Hywel Dda say they live in an inclusive, connected community which is based on principles of respect and valuing each other
- Growing older well – older people feel positive about their health and their ability to live independent, valued lives

10. Our call to action

This framework gives us a strong call to action, so we can live well in our communities now and into the future.

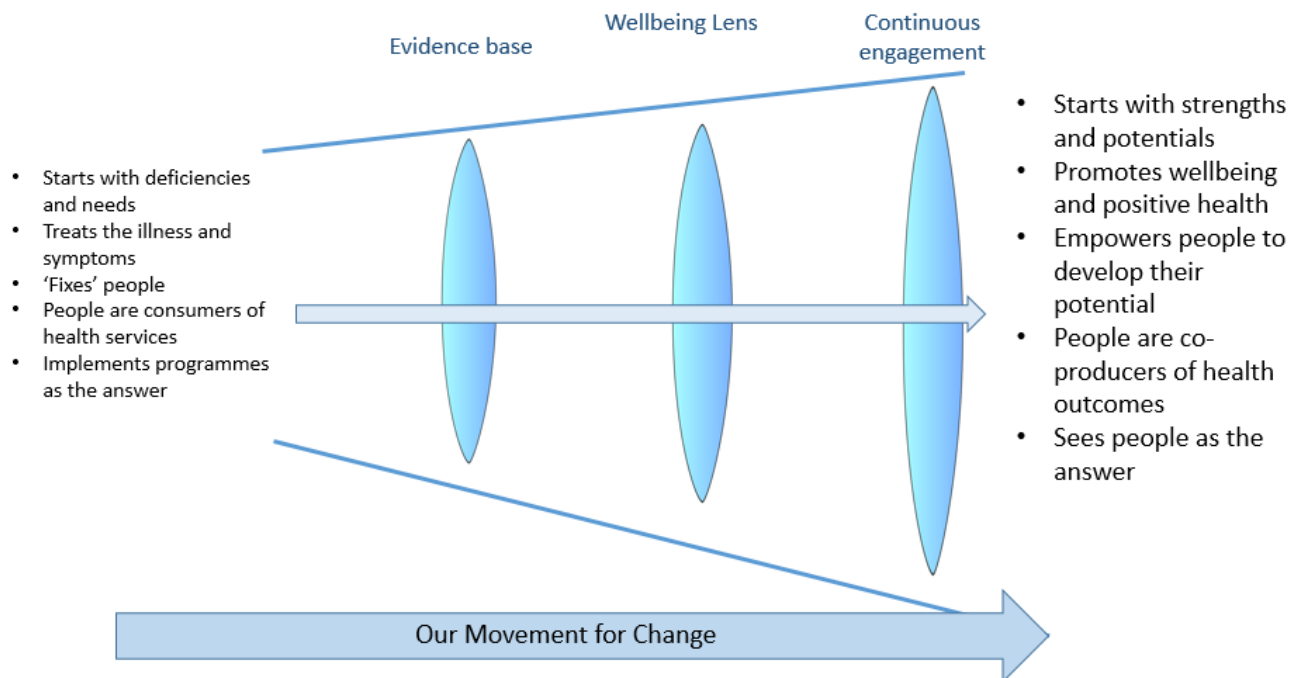
Our call to action involves us:

- ✓ Beginning now; active participation in making it happen
- ✓ Adopting a shared language across the whole system, enabled by our tools and creating the time and space for our staff to use them
- ✓ Implementing our ambitions, starting with the first three years
- ✓ Focusing on longer term outcomes and being up for the long haul
- ✓ Moving away from the way we have always done things, like the shift from diagnosis and treatment toward the prevention of ill-health
- ✓ Moving to new ways of measuring whether we have made a difference
- ✓ Standing by those 'who have a go' and managing the uncertainty in our new ways of working
- ✓ Recognising and modelling the behaviours that make it happen
- ✓ Starting small but aiming big
- ✓ Being big, bold and brave

Knowing we have made a difference to wellbeing in our communities will need us to use techniques that support our movement for change across the whole system, and encourage our staff to use their initiative rather than feeding the beast of performance management metrics. One technique is the Most Significant Change (MSC) evaluation technique, where the learning comes from the process of hearing people's stories as much as from the 'what has happened.'

“Whatever you can do, or dream you can, begin it. Boldness has genius, power and magic in it” Johann Wolfgang von Goethe

Moving from 'doing TO' people, to 'done BY' people



We have had excellent feedback from participants learning about the MSC process, including the following quotes:

'We need to change the whole system, the whole structure, because otherwise we'll keep getting pulled back into this provision way of working which doesn't help.'

'I think we're just going to have to let go. Trust life and these things are organic and they're going to take on lives of their own.'

“Can we stop talking about it, let's get out there and make it happen!” Ros Jervis, Director of Public Health, Hywel Dda UHB

Glossary

Appreciative Inquiry: A 5 step process used for organisational change. It is a way of thinking and can be applied to any system where change is desired. It assumes that the nature of the questions you ask influences the types of answers you get, and that asking only positive questions encourages people to value and build on what is working.

Assets: The many positive aspects of communities, including but not limited to its people, organisations, partnerships, facilities, and collective experiences.

Community: A community that is either place-based, defined by geographical boundaries, or a place where people share a common identity or affinity – e.g. a school, workplace, faith or religious group. Both forms of community have a vital contribution to make to health and wellbeing.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Population health system: Population health (and system) is an approach aimed at improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population. It includes actions to: reduce the occurrence of ill health, deliver appropriate health and care services; address the wider determinants of health; and reduce health inequalities. It requires working with communities and partner agencies. (Definition adapted from Buck, *et al.* 2018.)

Public health: The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society (Buck *et al.*, 2018).

Social model: A model of health that looks beyond their health status and takes into consideration a person's social, environmental and economic conditions.

Staff: The healthcare staff employed by Hywel Dda University Health Board

Wellbeing: An integration of mental health (mind) and physical health (body) resulting in more holistic approaches to prevention and health promotion.

Workforce: The wider health and social care workforce including those not employed by Hywel Dda University Health Board.

References

Buck, D.; Bayliss, A.; Dougall D., and Robertson, R. (2018). A vision for population health: towards a healthier future. Available at: <https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>