Cardiff and Vale local public health plan

For the period 2023/24 to 2025/26

April 2023 Final



Introduction and overview

Context

Cardiff and Vale University Health Board (UHB) has a statutory responsibility to protect and improve the health of the population, alongside a requirement to demonstrate the sustainable development principle set out in the Well-being of Future Generations (WFG) Act. This principle requires organisations to prioritise prevention, the long-term, integration, collaboration, and involvement.

This plan sets out the specialist public health contribution to improving health and reducing health inequalities across Cardiff and the Vale of Glamorgan over the next three years, working with our partners. It supersedes our previous local public health plan, and is part of Cardiff and Vale UHB's integrated medium term plan (IMTP) for 2023-26. While the public health response to Covid-19 reduced during 2022-23 and this plan assumes the status quo will continue, we will nevertheless need to remain flexible should an escalation of the response be required again.

Our aim

Together with our communities and partners, we will improve health and well-being and reduce inequities in Cardiff and the Vale of Glamorgan. We will do this by focusing on agreed priorities and taking a lead role in co-ordinating the wider system

Overview

This document describes how our specialist local public health team works, and the core programmes of work we lead across the public health system.

Some key aspects of our programmes – those where there are direct links and alignment with the other strategic programmes within the UHB - sit within the UHB's Shaping our Future Population Health (SOFPH) programme.

Health needs of our population

Assessing need

The actions in this plan respond to the health needs of the half million residents in our area, identified through assessments including those carried out for the Social Services and Well-being Act (Cardiff and Vale population needs assessment) and the Well-being of Future Generations Act (Cardiff well-being assessment). These include the needs listed below.

Health inequalities

There are long-standing inequities in outcomes between people living in our most and least deprived areas, within our ethnic minority communities, and other marginalised groups. These inequalities have been exposed and further increased by the Covid-19 pandemic, and more recently the cost-of-living crisis, and are described in more detail in the 2020 Director of Public Health report, *Let's leave no-one behind in Cardiff and the Vale of Glamorgan*.

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Demographics

Our population is getting older on average, and previous trends in population growth have slowed; migration into our area during 2022 included the reception of Ukrainian refugees, the Afghan Citizens Resettlement Scheme (ACRS) and other asylum seeker populations.

Health behaviours and risk factors

Supporting and enabling our residents to live healthy lives requires action on the wider environment and determinants of health, as well as with individuals and local communities themselves. Many of the following factors have been adversely affected by the pandemic, with additional impacts from changes in work patterns such as hybrid working:

- Healthy environments including the climate emergency and air quality
- Provision of healthy and affordable food
- Social isolation and loneliness
- Immunisation uptake
- Participation in physical activity

- Achieving and maintaining a healthy weight
- Tobacco use
- Alcohol consumption

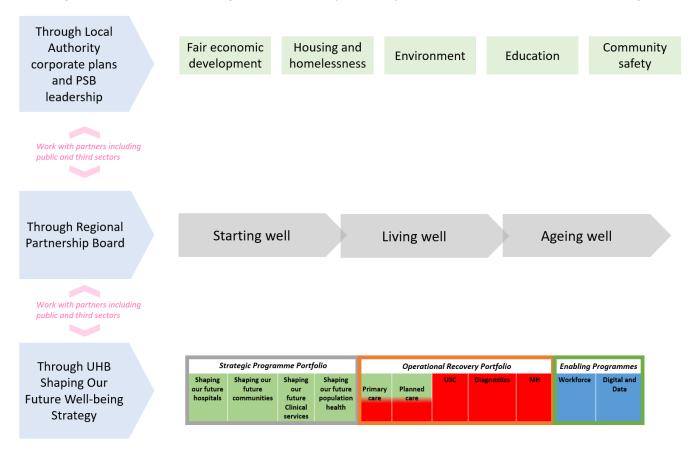
Covid-19

We need to continue to protect vulnerable residents and mitigate against future variants of the virus.

The public health system in Cardiff and the Vale

The public health system in Cardiff and Vale consists of a number of elements, from organisations taking action on the wider (upstream) determinants of health, through to the specialist local public health team, national specialist public health provision (including protecting our communities from communicable and environmental threats through health protection), and healthcare public health within our clinical services. While no single body or individual controls the whole system, they share the aims of improving prevention and early detection of disease, reducing disease spread, and reducing inequalities in health.

The diagram below provides a high-level summary of the system, with public health action taking place across these areas.



How we work

Our approach

All our programmes have three things in common: **promoting health and preventing illness** by creating physical and cultural environments which support healthy behaviours and reduce risk factors for ill health, or prevent problems from worsening; **reducing health inequalities** – taking action which focuses more on those who are affected most; and generating and using **evidence** of the health needs and assets in our population and what interventions work best to address and make use of these.

Working with partner organisations and colleagues

Partnerships are a key mechanism for delivering action on the wider determinants of health, with work led through the Public Services Boards (PSBs) in Cardiff and the Vale, and local authority corporate plans. This includes action on fair economic development, housing and homelessness, the environment, education, and community safety; examples of other areas which partner organisations and colleagues in the UHB lead work on which has an impact on population health are listed below. The local public health team may input to this work while not holding overall responsibility for its delivery.

- Equalities and inclusion, including equality and health impact assessment (EHIA)
- Fair access to primary care, and secondary care waiting lists
- Reducing violence and crime
- Health improving potential of the new curriculum in primary and secondary schools
- Improving sexual health

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The 2020 Director of Public Health report focused on health inequalities, with the aim of helping to prioritise partnership work on population health and prevention. This led to the development of the joint 'Amplifying prevention' programme, being delivered between the Health Board and our two local authorities.

Systems leadership

Given the limited size of our specialist team and complexity of many of the public health issues we are addressing, we maximise our impact by adopting a systems leadership role in many of the areas we work in. We do this by understanding the role of different 'actors' across the system, including other public sector bodies, third sector, private businesses, and individuals; helping to influence and align work undertaken within the system; and promoting collaboration to achieve improvements in population health.

Sustainability

Sustainability is an important part of our work, with the WHO declaring climate change the biggest threat to human health in 2021 at the COP26 summit. Alongside environmental sustainability, we also work with partners and colleagues to ensure all elements of sustainability referenced in the Well-being of Future Generations (WFG) Act – cultural, environmental, social, economic – are considered in their and our work. The Executive Director of Public Health chairs the Health Board WFG Steering Group, and there will be exploratory work between the Health Board and Cardiff University during 2023/24 to match students from different disciplines with an interest in sustainability, to projects across clinical and non-clinical departments in the UHB.

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Healthcare is a major contributor to greenhouse gas emissions. In the majority of cases, prevention of illness is both better for individuals, and leads to far fewer carbon emissions than those associated with healthcare if a serious illness develops. Thus shifting our health system 'upstream' (i.e. increasing the focus on prevention, with less resources subsequently required for treatment) is a key action required to reduce carbon emissions from healthcare.

The Cardiff and Vale local public health team hosts Food Sense Wales, a fund within the Cardiff and Vale Health Charity. Food Sense Wales aims to influence how food is produced and consumed in Wales, ensuring that sustainable food, farming and fisheries are at the heart of a just, connected and prosperous food system. More information on Food Sense Wales can be found on their *website*.

Settings- and geographic-based approaches

Some of our programmes, and those of our partners, target population groups attending particular physical settings, such as schools, nurseries and workplaces. At a broader level, some programmes will target particular geographic areas such as a town, neighbourhood or primary care cluster.

Examples of these include the healthy and sustainable pre-school scheme; healthy schools scheme; school immunisation programmes; healthy workplaces; and dementia-friendly communities.

Working with primary care

The team works closely with primary and community partners, and Primary, Community and Intermediate Care (PCIC) Clinical Board, to support implementation of preventative action and advocate for addressing inequity. We are supporting Accelerated Cluster Development by collating information on population need, advising on population health priorities and supporting monitoring and evaluation.

Value-based healthcare

The local public health team will support the adoption of a Value-based approach more systematically across the Health Board over the next few years. The Director of Public Health report 2021 focused on 'Improving Outcomes for People Using a Values Based Approach' and contained six recommendations. We will work to embed a Value-based approach wherever opportunities exist, and specifically monitor progress against the recommendations made in the report. A member of the team will support the Health Board's recently established internal 'Value Group' and provide a public health perspective on all work that is undertaken through this forum.

Behavioural change

We apply behavioural science methodologies and frameworks, such as the COM-B model, and guidance from the PHW Behavioural Science Unit. We anticipate this being an area we will focus on more in 2023-4.

Workplace Health

Employment, particularly good work, is an important determinant of physical and mental health. Employers are well placed to support the health and wellbeing of employees through creating healthy work environments. Workplace health within Cardiff and Vale UHB continues to be led by the Organisational Development, Wellbeing and Culture team with Public Health team members leading on co-ordinating improvements in the availability of healthy food from restaurants and retailers on our sites. Work continues with public sector employers in Cardiff and the Vale to make it easier for staff to travel by walking, cycling and taking public transport, and by low emission vehicles. A Healthy Workplace Principles Road Map and resources have been created and shared with Public Service Board organisations to support their employees to Move More, Eat Well.

Making Every Contact Count (MECC)

Making Every Contact Count is an approach that supports staff to more routinely and effectively incorporate health behaviour change into their contacts with the people they meet. A range of resources and training are available to help staff from within the Health Board and our partner organisations develop

the skills and confidence to appropriately raise issues such as smoking and physical activity, to offer support and to signpost as appropriate.

Communications and engagement

Involving and engaging our communities is essential to much of our work. We therefore work closely with the UHB communications and engagement team, including funding dedicated public health capacity. Some of our programmes have their own social media feeds and Food Sense Wales, which is hosted within the team, has a specialist communications and engagement post.

Team culture and learning

We regularly hold team learning and development sessions with protected time for staff for professional development, with internal and external speakers. Based on feedback from team members, we plan to provide additional or tailored sessions for specific staff groups in 2023-24, where learning needs differ across the team. It is also important our staff have time for other forms of CPD and reflection, to ensure our work is based on the latest evidence, practice and horizon scanning, and there are opportunities to develop and test innovative practice.

Taking action across the life course

Many of our interventions target particular age groups of the population, reflecting differing needs and environments people experience as they age. Some examples of these are given below, with full details in the Appendix.

Some of the actions at specific life stages are led via the Regional Partnership Board, through the Starting Well, Living Well, and Ageing Well partnerships, which each include specialist public health input. This includes work led by partners and the Health Board on early years, and emotional and mental health.

Early years including the first 1000 days

- Understanding and addressing inequities, including by ethnicity, during this period
- Breastfeeding and parenting in the first 1000 days
- Working with pregnant women wishing to stop smoking
- Newborn and pre-school immunisations
- Value-based healthcare in the early years context
- Healthy and sustainable pre-school scheme

Children and young people

- Healthy schools scheme
- Reducing harms from tobacco JUSTB
- 'Food and fun' school holiday enrichment programme
- Teenage booster immunisations, HPV, flu

Adults of working age

- Tobacco use
- Healthy eating and physical activity
- Sustainable food places
- Alcohol and substance misuse
- Healthy and active travel
- Immunisations for people at higher risk of disease

Older people (in addition to those for other adults)

- Dementia prevention and dementia friendly communities
- Falls prevention
- Immunisations for seasonal flu, pneumococcal pneumonia, Covid-19 and shingles

Working within Cardiff and Vale UHB

The Cardiff and Vale local public health team is a small specialist resource based in Cardiff and Vale UHB. We maximise our impact by helping to influence and align the work undertaken by a wide range of public and third sector organisations and private businesses, to achieve improvements in population health. We do this by adopting a systems leadership role in many of the areas we play a role in.

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As well as working with external partners (see above), we liaise with colleagues across corporate and clinical directorates within the Health Board, to embed prevention and reducing inequities across the work of the organisation. The Health Board's ten year strategy – Shaping our Future Well-being – is in the process of being reviewed and updated, and will continue to reflect this ambition in its wording.

Aligned to the strategy there are a number of programmes of work, including Shaping our Future Communities, Shaping our Future Clinical Services, and Shaping our Future Hospitals. The local public health team provides input to these programmes, as well as leading our own programme which contains a sub-set of our work, Shaping our Future Population Health (SOFPH).

We encourage needs-based planning of care pathways, and the shift upstream of care pathways, towards prevention. We provide advice and support to ensure our settings are an appropriate size for future population need and care pathways; and our estate supports staff, patients and visitors to stay healthy, and has a minimal or positive impact on the environment and air quality.

Interventions included in SOFPH are those which have particular relevance to clinical services and other Health Board directorates, and benefit from a project management approach. These are included in this document alongside our other work.

Our specialist programmes of work

Some of our main programmes of work are listed below. More detail on each programme, including its key milestones and desired outcomes, is given in the Appendix.

- Health protection
 - Vaccination and immunisation
 - o Develop an integrated health protection system
 - Blood borne viruses
- Health inequalities
 - o Systematically tackling health inequalities
- Move More, Eat Well
 - o Whole system approach
 - Retail and restaurant standards
 - Physical activity
 - o Sustainable food places
 - Healthy environments and travel
- Healthcare public health
 - o Developing systematic approaches to prevention in primary and community care, and value
- Tobacco
- Alcohol
- Falls prevention
- Healthy schools and pre-schools in the Vale of Glamorgan

Governance and reporting arrangements

Within the specialist local public health team we have regular internal performance meetings, reviewing progress against our milestones for our programmes, identifying any issues which have arisen or possible risks to delivery. Some of our programmes contain projects which sit within the Shaping our Future Population Health programme within the UHB strategic portfolio programmes of work, and also report within this structure to the Board.

While recognising the value of our existing performance reporting, during 2023-4 we will be piloting a new approach which blends 'traditional' reporting of performance with regular reflection and learning from team members undertaking each programme of work. This is based on good practice in other organisations, and has the potential to further improve communication, shared learning and innovation within the team.

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Many of our work programmes have elements which also report externally, for example to Cardiff and Vale Public Services Boards, Welsh Government, or specific funders. In addition, we report some specific key performance indicators (e.g. for immunisation and tobacco) within broader UHB performance reporting, and reporting to Welsh Government.

A departmental risk register is held and regularly reviewed, with significant risks escalated to the UHB risk register if appropriate.

Population-level outcomes and trajectories

We will keep track of our progress against the following outcome measures and key performance indicators. For each measure we will establish a trajectory for the three year period through to Apr 2026. A more detailed set of KPIs is given in the Appendix for each topic area.

Vaccination and immunisation

- Gap in uptake of routine immunisations in 5-year olds between the most deprived and least deprived areas in Cardiff and Vale UHB
- Proportion of children who are up to date with all routine immunisations at four years of age

Systematically tackling health inequalities

• The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males and females

Move More, Eat Well

- Percentage of children aged 4/5 years who are a healthy weight
- Percentage of adults who are a healthy weight

Healthy environment and travel

• Annual mean NO₂ at key sites in Cardiff and the Vale of Glamorgan

Tobacco

• Percentage of adults who report being a current smoker

Appendix: specialist work programmes - plans for 23-24

Summaries of some of our key specialist work programmes follow; this list is not exhaustive. These plans will continue to evolve and respond to changing policy and needs during 23-24.

The final page lists the elements of our programmes which feature in the Shaping Our Future Population Health (SOFPH) strategic programme within the Health Board for 2023/24.

Vaccination and immunisation

Lead: tb

| Aim of programme | To effectively protect our local population against vaccine-preventable diseases through safe, innovative, timely, person-centred, and equitable immunisation delivery, maximising uptake in the process. | | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Context | Vaccination is a key public health intervention that prevents serious illness, protecting people, communities and the NHS in Wales. In October 2022, the Welsh Government published a National Immunisation Framework for Wales which sets out plans and ambitions to make it easier for people to know what vaccinations they are eligible for and how to receive them. This framework builds on the learning and experience of delivering mass vaccination programmes during the Covid-19 pandemic which required Health Boards to think differently about the deployment of vaccination, in particular how we maximise uptake and ensure equity. In Cardiff and Vale, during 2021 and 2022, we reviewed our existing provision for vaccinations and embarked on a programme of change for how we plan and deliver vaccinations (Covid-19, influenza and childhood vaccinations), building on the highly successful deployment of the Covid-19 vaccination programme. We have introduced new governance and operational arrangements including building our specialist immunisation workforce in line with the National Immunisation Framework. | | |
| Key actions | As part of our Amplifying Prevention Programme, work with Cardiff and Vale Councils and other partners to maximise vaccination uptake in communities of socio-economic disadvantage through improving capability, opportunity and motivation to access and obtain vaccinations. Provide bespoke support to GP Practices and Primary Care Clusters where uptake is particularly low. Implement key actions to improve vaccine equity across all vaccination programmes to reduce the gap in uptake between population groups. Plan and deliver routine and mass vaccination programmes in response to JCVI and Welsh Government advice and recommendations. Identify where children and adults are missing vaccinations through a routine and regular data cleansing process and provide brief intervention / telephone call to parents (where staff capacity allows). Produce communications resources and materials to improve professional and public vaccination literacy and to counteract mis-information. Target messages towards communities where uptake is lowest due to vaccine hesitancy, considering specific issues that have been identified as barriers e.g. language, vaccine ingredients, accessibility. | | |
| Milestones Y1 (2023-24) | Q1 (Apr-Jun) | Action plan for achieving vaccine equity developed Covid-19 Spring Booster Programme (pending JCVI and Welsh Government recommendations) planned and delivered. Action plan following Stakeholder Experience Review (completed in 2022/23) developed and being implemented Communications Toolkit for using animations and resources developed. Planning for 23/24 flu vaccination programme commenced. | |
| | Q2 (Jul to Sept) | School based project commenced, including new school curriculum materials developed and peer education programme in place New website finalised | |
| | Q3 (Oct to Dec) | Flu vaccine programme delivered across a range of delivery channels. Covid-19 vaccination autumn programme (pending JCVI and Welsh Government recommendations) planned and delivered. | |
| | Q4 (Jan to Mar) | • tbc | |
| Anticipated future actions Y2 & Y3 (2024-2026) | To be agreed during 2023/24 with key partners. | | |
| How will we measure | KPI 1 | Gap in uptake of routine immunisations in 5-year olds between the most deprived and least deprived areas in Cardiff and Vale UHB | |
| success? (KPIs) | KPI 2 | Proportion of children who are up to date with all routine immunisations at four years of age | |
| | KPI 3 | Uptake of influenza immunisation in patients aged 6m to 64y at clinical risk | |
| Impacts | Inequalities | Increase in vaccination uptake amongst the most deprived geographical areas. Increase in vaccination uptake amongst people from ethnic minority communities. | |
| | Environment | | |
| Key partners | | Medical Services and Community Pharmacy), Cardiff and Vale UHB Clinical Boards (PCIC and Children & Women), Cardiff and Vale of Glamorgan Councils, Public Preventable Diseases Programme and Behavioural Insights Unit), NHS Delivery Unit, Welsh Government Vaccination Policy team. | |

Develop an integrated health protection system

| Aim of programme | To minimise, mitigate and manage the population risk from infectious disease and environmental hazards | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Context | Communicable diseases are an ever-present threat within our population, including both endemic and imported pathogens Significant developments in environmental mitigations, preventative actions and treatments during the 20th Century, along with improved overall population health, mean that infectious disease do not generally carry the threat they once did However recent experience has demonstrates our potential vulnerability to both novel infectious agents, as in the case of the global COVID-19 pandemic, and well recognised organisms such as mpox. Increasing antibiotic resistance also mean the effectiveness of our treatments is reducing It is therefore more important than ever that we mount an effective health protection response within our region | |
| Key actions | Informed by the findings of the finding of the Welsh Government commissioned Health Protection Review, to provide specialist local public health support to the development of an integrated health protection system for Cardiff and the Vale of Glamorgan, which has an 'all hazards' remit and aligns with any requirements of the developing national framework Provide specialist local public health input to infectious disease incidents within Cardiff and the Vale of Glamorgan | |
| Milestones Y1 (2023-24) | Q1 | Integrated Health Protection Model for Cardiff and the Vale of Glamorgan agreed with partner organisations |
| | Q2 | Integrated Health Protection Model for Cardiff and the Vale of Glamorgan becomes operational, with partnership pathways agreed to support the 'all hazards' remit, and which meets relevant elements of the developing national framework |
| | Q3 | |
| | Q4 | |
| Anticipated future actions Y2 & Y3 (2024-2026) | Delivery of longer term actions identified in the Health Protection Review | |
| How will we measure success? | KPI 1 | |
| (KPIs) | KPI 2 | |
| Impacts | Inequalities | Infectious disease often has a disproportionate negative impact on the most vulnerable populations; an effective, integrated team will work to address and reduce this inequity |
| | Environment | Advice on environmental adaptations have the potential to mitigate and reduce infectious disease risk |
| Key partners | Cardiff and Vale Councils, Shared Regulatory Services, Public Health Wales (Specialist Health Protection, Microbiology, Virology, VPDP, CDSC, HARP), Cardiff and Vale UHB (Testing, Mass Vaccination, IP&C, Occupational Health, Infectious Disease Specialists), CAVHIS, Prison Health Service | |

| Aim of programme | Elimination of Hepa | titis B and C as a public threat by 2030 as part of a National Re-engagement Programme |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Context | Elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and all of its complications: endstage liver disease (cirrhosis) and hepatocellular carcinoma which are extremely costly to manage, and require utilisation of scarce resource. As well as the cost savings that are realised, prevention and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions Recognising the challenge in reaching those currently not engaged with traditionally delivered healthcare services, a national hepatitis C patient re-engagement exercise commenced in 2019 (patients who were diagnosed at a time when either treatment wasn't available or wasn't well tolerated were re-contacted and invited for repeat testing and treatment) As part of Phase 1 of the programme (completed), in CVUHB, 133 patients (with a known GP) were not engaging with BBV services, 105 were and 473 patients had no known GP. Of those with a known GP, 64 patients (of the 133) were eligible for contact, with 18% responding, 10% attending initial appointment, 8% treatment started and 6% treatment completed Phase 2 of the programme commenced in January 2022 which aims to target those with no known GP (433, CVUHB) and non-responders to Phase 1 (59) The Hep C Peer-to-Peer Follow-Me scheme is currently running in Cardiff and Vale University Health Board, with awareness raising in Cardiff homeless hostels and further training from a service user perspective being provided to staff. Once the Cardiff project is established, the Hep C Trust will look to train Hep C Trust volunteers to act as peers elsewhere in Wa | |
| Key actions | • Development and submission to Welsh Government by 31 March 2023, of a Joint Recovery Plan, (working with the Area Planning Board and Public Health Wales) to include measures that address the 13 Actions as outlined in the recently published WHC/2023/001 <i>Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24</i> . This includes CVUHB public health representation at the Hep C National Re-Engagement Programme Implementation Board (Key Action 12) | |
| Milestones Y1 (2023-24) | Q1 | To submit a Joint Recovery Plan to Welsh Government outlining measures to address the 13 Actions as outlined in WHC/2023/001 |
| | Q2 | As part of Phase 2 re-engagement, follow-up contact with non-responders (known GP, no engagement with BBV services) |
| | Q3 | To support identification and engagement of those with no known GP, in BBV treatment services |
| | Q4 | To evaluate and report on numbers engaging with the Programme |
| Anticipated future actions Y2 & Y3 (2024-2026) | Continued targeting of non-responders (with known GP but not engaged with BBV services) Amplified targeting of those with no known GP to encourage engagement with BBV Services | |
| How will we measure success? | KPI 1 | 50% of those accessing substance misuse services, offered a BBV test (APB) |
| (KPIs) | KPI 2 | |
| Impacts | Inequalities | Many patients are not in contact with primary care services and are drawn from vulnerable groups within Wales. There is a risk that unsuccessful engagement and lack of subsequent uptake of treatment may give rise to poor health outcomes in these individuals and compromise national aims of achieving the WHO elimination targets |
| | Environment | |
| Key partners | APB, HCV Specialist | Services, PHW, GP Practices |

Systematically tackling health inequalities

Lead: Claire Beynon

| Aim of programme | To reduce health in | equities in Cardiff and the Vale of Glamorgan |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Context | The COVID-19 pandemic has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). Data collection on the protected characteristics is poor across the Health Board. For full information on this topic please refer to the Director of Public Health Report for 2020. | |
| Key actions | Through our PSB and RPB plans we prioritise areas of work to tackle inequalities; in particular we are working with partners across the Region to deliver an 'Amplifying Prevention' approach to three areas to address health inequities: childhood immunisation, bowel screening and elements of Move More Eat Well. The refreshed needs assessments for both PSBs and RPB identify further collective actions, many of which relate to reducing health inequities: the Public Health team will provide expertise and guidance as needed by partners to support the delivery of these objectives. Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations included in the Public Injecting Action Plan, the Public Health team will support this work to tackle health inequities. The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue and we will explore further initiatives to reduce disparities in access to health services. The revamped post to work with ethnic minorities will work collaboratively to develop actions with our local communities to address health inequities. Work with partners across the Health Board to co-devise a new strategic framework to drive forward an approach to tackle inequalities in health outcomes, harm, experience and access for the organisation and develop a measurement set to support the framework to include proxy measures as needed. To work with internal partners to address the gaps in data collection with regard to protected characteristics and see an improvement on the gap analysis at six months and one year, e.g. by implementing the AHA tool Work with the People and Culture team to baseline percentage of staff meeting the minimum standards for Equalities and Diversity training in the UHB and monitor closely to drive improvements in percentage of staff who are compliant Work with the Val | |
| Milestones Y1 (2023-24) | Q1 | Agree amplifying prevention indicators and initiate data collection |
| | Q2 | Agree new strategic framework at appropriate group, Committee or Board |
| | Q3 | Agree suite of indicators for measurement of health inequities |
| | Q4 | Work with HB partners to improve data collection on protected characteristics |
| Anticipated future actions Y2 & Y3 (2024-2026) | Develop a monitoring framework, and review progress against this and the action plan. | |
| How will we measure success? (KPIs) | KPI 1 | The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males and females reduces or holds steady despite the cost of living crisis, but does not deteriorate further. |
| | KPI 2 | Gap in uptake of routine immunisations in 5-year olds between the most deprived and least deprived areas in Cardiff and Vale UHB |
| Impacts | Inequalities | All of the above are related to health inequalities |
| | Environment | None of the above actions have a detrimental impact on the environment |
| Key partners | Amplifying preventi | on partners and internal UHB partners |

Move More, Eat Well: Whole System Approach

Leads: Suzanne Wood and Rebecca Stewart

| Aim of programme | Support and enable people across Cardiff and the Vale of Glamorgan to move more and eat well, through a collaborative whole system approach to improving healthy weight. | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Context | Preventing obesity and improving healthy weight is a complex challenge as there are many contributing factors interacting at many different levels; individual, community, and environmental as well as through societal and cultural influences. For people living in deprived areas the contributing factors are often more complex, levels of healthy weight lower, with greater health and social impacts. Adopting a whole system approach is fundamental to improving healthy weight with collective action by many partners from across the system contributing towards a shared vision. This means, collective action in our communities, within our settings as well as through creating healthy and sustainable food and physical activity environments. Everyone has a role to play in taking forward and leading system change to support and enable people to move more and eat well. | |
| Key actions | Facilitate continued delivery of the Move More, Eat Well Plan (2020-2024) with partners. Collaborate with Cardiff and the Vale of Glamorgan Councils to progress key priority areas (Educational Settings, Healthy Workplaces and Healthy Advertising and Marketing) through Amplifying Prevention. Develop and take forward an evaluation approach to begin to capture system level change. Bring partners together to co-produce, shape and develop the next phase of Move More, Eat Well | |
| Milestones Y1 (2023-24) | Q1 | Bring partners together to reflect, and capture progress/ impact (at a systems level) using Ripple Effect Mapping Facilitate the UHB working group to progress Healthier Advertising policy development Co-produce and take forward approaches to improve the 'whole school approach' to food with pilot school clusters |
| | Q2 | Report on progress and learning during 22/23 through MMEW annual report |
| | Q3 | Bring partners together for a Move More, Eat Well Showcase and Sharing Practice Event |
| | Q4 | Publish the UHB Healthier Advertising policy following consultation Finalise the framework for the next phase of Move More, Eat Well |
| Anticipated future actions Y2 & Y3 (2024-2026) | Launch the next phase of Move More, Eat Well | |
| How will we measure success? | KPI 1 | Percentage of children aged 4/5 years who are a healthy weight |
| (KPIs) | KPI 2 | Percentage of adults who are a healthy weight |
| Impacts | Inequalities | Increased levels of physical activity, consumption of fruit and vegetables and improved levels of healthy weight in deprived areas |
| | Environment | Improved access to a food and physical activity environment that enables people to eat well and move more. |
| Key partners | Cardiff and Vale of Glamorgan Councils, Cardiff and Vale PSBs, Public Sector Organisations, Schools and Pre School Settings, Nutrition and Dietetics, Healthy Schools and Health and Sustainable Preschool Scheme Teams, Sport Cardiff, Vale Healthy Living Team, C3SC, GVS, Third Sector organisations, Food Partnerships, Communities, Whole Systems Approach to Healthy Weight Systems Network, Welsh Government | |

Move More Eat Well: Retail and Restaurant Standards

Leads: Suzanne Wood and Rhianon Urquhart

| Aim of programme | To systematically improve the food offer in all UHB-run food outlets and restaurants. Increase the opportunities to make the healthy choice the easy choice across all UHB sites and with our Public Service Board partners | |
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| Context | Eating a healthy, balanced diet is helpful in preventing diet-related illness and in supporting people to keep active and maintain a healthy weight. Being a healthy weight has become one of the most effective ways to reduce the risk of long-term health conditions such as diabetes, heart disease and cancers. However, in the current environment it is difficult to achieve this as the food around us often prioritises convenience over health, and can be high in fat, sugar and salt. As a result, we are eating less fruit and vegetables, oily fish and dietary fibre, the foods that help us to be healthy. The UHB is focussing on offering healthier choices which are more accessible and sustainable, providing a healthy environment to staff, patients and visitors., through standards which are carefully monitored to ensure we make the Healthy Choice, the Easy Choice To achieve this, we work with a variety of partners across the UHB to improve the food offer and environment Unfortunately, over half of the adult population is above a healthy weight, it is important that support is provided to help people to eat well and manage a healthier weight, avoiding ill health so under the Move More Eat Well partnership plan, we are working with key public sector partners to improve their food offer through support and training opportunities. | |
| Key actions | Further develop | the UHB Restaurant and Retail Standards work, ensuring compliance with the 75-25% split in favour of healthier options |
| Milestones Y1 (2023-24) | Q1 | Engage with public sector partners to share learning and support their development of eating well standards |
| | Q2 | Implement and launch the new digital audit tool at point of sale in UHB food retail outlet |
| | Q3 | Carry out audits across the UHB to monitor compliance and explore customer sales data to identify trends |
| | Q4 | Develop a behavioural insights approach to promoting key healthy eating and good food messages |
| Anticipated future actions Y2 & Y3 (2024-2026) | Explore opportunities to apply Restaurant & Retail Standards to non UHB outlets Continue to work with external partners to implement the standards across more public sector organisations, sharing our learning and increasing opportunities for collaborative working | |
| How will we measure success? | KPI 1 | Increase in compliance across all UHB run food outlets |
| (KPIs) | KPI 2 | |
| Impacts | Inequalities | Healthy meal offer provided to all staff and visitors accessing the UHB-run food retail outlets Increase opportunities for cooking on a budget session |
| | Environment | In support of the UHB's sustainability agenda, aim to identify measures to reduce carbon emissions and use of plastics |
| Key partners | Capital and Estates, Catering, Procurement, PH Dietetics, Communications team, Synbiotix / other external partners as appropriate, Suppliers, Public Service Board partners | |

Physical Activity Lead: Lauren Idowu

| Aim of programme | Reduce inactivity levels in our population, ensuring a focus on targeting the least active, through partnership and systems leadership. | |
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| Context | There is overwhelming evidence that moving our bodies however we do it, from play, community clubs, gardening, active travel or competitive sport, improves people's lives, both individually and collectively. Changes to modern life mean that we are now less active than our generations before, and many aspects of modern life are designed to keep us sitting still. The covid-19 pandemic had a negative impact on our physical activity levels. Nearly a third of our population are classed as inactive (doing less than 30 minutes of activity each week). Supporting the least active has significantly greater benefits to health and wellbeing than encouraging those who are already active to do a little more. There are clear patterns in the characteristics of people who face the greatest barriers to being active: disadvantaged communities; those living with a disability or long-term health condition; women and girls; and people from Asian and black backgrounds. Physical activity is a complex behaviour that is influenced by hundreds of factors. Working collaboratively across all parts of the physical activity system is required to re-shape the system and make moving more an easy option for everyone. It will require changes to the environment, culture, leadership, policy, and local action. All working together towards the shared vision. | |
| Key actions | Facilitate delivery of the Move More Cardiff Physical Activity and Sport Year 1 Implementation Plan with partners Bring partners together to co-produce Move More Cardiff Physical Activity and Sport Year 2 Implementation Plan, and deliver actions within it. Share and grow systems-based working and learning amongst partners, and continue to develop relationships and create the conditions for change Continue to work to input and shape the Central South Regional Sports Partnerships, providing public health input | |
| Milestones Y1 (2023-24) | Q1 | Review progress and learning from Move More Cardiff Year 1 Implementation Plan. Establish research, insights and evaluation framework. Bring partners together to co-produce Move More Cardiff Strategy year 2 Implementation Plan |
| | Q2 | Celebration event of Year 1 of the Move More Cardiff Strategy Analyse NSfW and SHRN data on inactivity in the Vale of Glamorgan |
| | Q3 | Present learning and progress on the place-based approach in Llanrumney and Riverside |
| | Q4 | Report progress and impact against Research, Insights and Evaluation framework (to include progress and impact at a system level, using Ripple Effect Mapping- REM) |
| Anticipated future actions Y2 & Y3 (2024-2026) | To be agreed during 2023/24 with the partners | |
| How will we measure success? | KPI 1 | Physical inactivity rates for adult population (16+) and 11-16 year olds |
| (KPIs) | KPI 2 | |
| Impacts | Inequalities | We will focus on communities that experience the greatest disadvantage, including: disadvantaged communities; those living with a disability or long-term health condition; women and girls; and people from Asian and black backgrounds, and older people in the Vale |
| | Environment | Increasing physical activity and in particular, walking and cycling, can have the following impacts: Improved air quality; Reduced road traffic incidents and perception of road safety; Reduced traffic congestion; Improved social connectedness; Reduced carbon emissions from transport. |
| Key partners | Cardiff and Vale of Glamorgan Councils (many departments), Cardiff Met University, Cardiff Met Sport Team, CAWR, Cardiff University, GLL leisure providers, Sport Wales, Public Health Wales, C3SC, GVS, and many other third sector organisations, primary care, schools, NGB's for sport, Police Crime and Commissioner Office. | |

Sustainable Food Places Lead: Pearl Costello and Louise Denham

| Aim of programme | Make healthy and sustainable food a defining feature of Cardiff and the Vale, through developing cross-sector food partnerships and implementing a collective vision and action plan. | | |
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| Context | The food we eat has a huge impact on life in Cardiff and the Vale – on people's health, on communities and businesses, farmers and food producers, and the environment too. Good food creates strong, healthy, resilient communities. Sustainable Food Places is one of the UK's fastest-growing social movements. Its network brings together pioneering food partnerships from towns, cities, boroughs, districts and counties across the UK that are driving innovation and best practice on all aspects of healthy and sustainable food. Food Cardiff worked with almost 2,500 people in Cardiff to develop the 2021 – 2024 Good Food Strategy, which sets out the vision and actions to make the food that we grow, buy and eat in Cardiff healthy, environmentally sustainable, empowering, thriving and connected. This strategy complements other local policy and strategies such as Move More Eat Well and One Planet Cardiff. Since joining the Sustainable Food Places Network in 2020, Food Vale has held two county-wide festivals, published a year-long Action Plan, launched the pilot Llantwit Food Partnership project and achieved the Bronze SFP Award. | | |
| Key actions | Food Cardiff Develop and implement a communications strategy to ensure regular and consistent messaging and boost engagement Develop new supply chains for community food projects (for example from wholesalers, local farmers, community gardens and allotments) Facilitate the Food Cardiff Network, with regular meetings and peer-to-peer suppor Deliver the annual Autumn Festival to support a programme of free or low-cost food related activities across the city Administer a capital grant scheme to support projects which progress the 5 Good Food Goals Extend the Food and Fun procurement pilot – phase 2 will aim to supply a wider variety of locally grown veg into schools during the Food and Fun programme Strategically influence policies and actions taken locally and nationally Work towards Gold Sustainable Food Places status | Food Vale Begin development of a Vale Food Strategy, with stakeholder buy-in and in-depth community consultation. Strategically influence local policies and actions Develop the Food Vale Network through quarterly meetings and peer-to-peer support Establish working group to organise, promote and deliver on Vale Food Trail (summer 2023) Conduct research and engagement for the development of a Vale-wide food insecurity framework for action Support rural Vale food pantry pilot Deliver on Year 2 actions for Llantwit Food Project Begin to collect evidence to support an application for the Silver Sustainable Food Places Award | |
| Milestones Y1 (2023-24) | Complete all recruitment and tenders for delivery of Welsh Government Food Partnership funding Calendar of Food Cardiff network meetings and events planned and booked Initial scoping of supply chains for Cardiff community food projects completed Pilot of supply chains for Cardiff community food projects | Vale Food Trail organised, promoted and delivered Facilitate sustainable food business sessions at Vale business hackathons Support rural Vale food pantry pilot | |
| | Pilot of supply chains for Cardiff community food projects completed Cardiff Food and Fun procurement pilot phase 2 completed | Begin Vale-wide food insecurity research and engagement Provide feedback on Green Infrastructure Plan in the Vale | |
| | Run Good Food Cardiff Autumn Festival 2023 Secure funding for ongoing delivery of Cardiff Good Food Strategy 2021-24 Submit first draft of Gold Sustainable Food Places bid | Begin community engagement to inform Vale Food Strategy | |

| | Q4 | Administer capital grant scheme for Cardiff projects which progress the 5 Good Food Goals (n.b. this may need to be adapted based on the findings of work carried out in Q1-3 Begin development of next Cardiff Good Food Strategy Secure funding for the continuation of Food Vale Project Officer Develop framework for action to tackle food insecurity in the Vale based on research findings | | |
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| Anticipated future actions Y2 & Y3 (2024-2026) | | | | |
| How will we measure success? | KPI 1 | Percentage of residents who feel there is a movement for good food in Cardiff and the Vale | | |
| (KPIs) | KPI 2 | Number of members in the Food Cardiff and Food Vale partnerships | | |
| Impacts | Inequalities | Reduction in the level of food poverty in areas of higher deprivation across Cardiff and the Vale Increased consumption of five or more portions of fruit and vegetables a day Increased access to affordable, healthy and nutritious food | | |
| | Environment | Increased access to food growing spaces Increased access to and consumption of low-carbon and nature friendly food | | |
| Key partners | The food partnerships' memberships are collectively over 100 organisations. Food Cardiff's Strategy Board comprises of: Cardiff & Vale University Health Board, Cardiff Council, Action in Ely & Caerau, Cardiff Farmers Markets, Cardiff University, Jane Cook PR, Camilla Lovelace, University of West of England, Waterloo Tea. Food Vale's Steering Group comprises of: Cardiff & Vale University Health Board, Natural Resources Wales, Big Fresh Catering, Vale Council, Vale PSB, Cywain (Menter a Busnes), Newydd Housing Association, FareShare Cymru, Glamorgan Voluntary Services, Glamorgan Smallholders, Creative Communities | | | |

Healthy environments and travel

Leads: Tom Porter and Cheryl Williams

| Aim of programme | Improve the built and natural environment to promote healthy behaviours including sustainable and active travel; thriving communities; and improved air quality, through partnership and systems leadership | |
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| Context | The built and natural environment around us has a significant impact on our health. This is mediated by a number of mechanisms including: influencing our conscious and subconscious health behaviours, such as choice of food, and choice of travel mode; availability and accessibility of services; access to green and open space; ability to form and sustain social relationships and thriving communities; and air quality Many of the factors above are worse in more deprived areas, with the population in these areas additionally more susceptible to their effects, for example because they are more likely to have a pre-existing long-term condition. Air pollution is a significant issue in our area and is worse in more deprived areas These factors can have a profound impact on health outcomes, including impacts on rates of cardiovascular disease and cancer, mental well-being, and rates of low birth weight babies | |
| Key actions | Work with Cardiff and Vale Councils to increase availability of high quality active travel infrastructure and improvements in public transport, and consider in placemaking for new developments; implement behaviour change interventions; support relevant regional and national policy changes such as 20mph and scoping road user charging from a public health perspective Work with public and private organisations to increase uptake and implementation of the Healthy Travel Charters, and develop and launch new Charters Review outputs from air quality and/or traffic volume measurements at UHW and UHL Achieve sign up to the Level 2 Healthy Travel Charter by Cardiff and Vale UHB and ensure robust implementation plan and capacity in place Work with Cardiff and Vale Councils to develop their Replacement Local Development Plans, ensuring a health and well-being focus | |
| Milestones Y1 (2023-24) | Q1 | Cardiff and Vale UHB formal sign up to Level 2 Healthy Travel Charter Report on initial outputs from air quality and/or traffic volume measurements at UHW and UHL |
| | Q2 | Business Healthy Travel Charter relaunched and promoted Publish initial evaluation of Cardiff Healthy Travel Charter, and updated implementation toolkit Respond to consultation on Cardiff RLDP Preferred Strategy Respond to consultation on Vale RLDP Preferred Strategy |
| | Q3 | |
| | Q4 | Report on further outputs from air quality and/or traffic volume measurements at UHW and UHL |
| Anticipated future actions Y2 & Y3 (2024-2026) | To be agreed during 2023/24 with Cardiff and Vale Councils and PSBs | |
| How will we measure success? | KPI 1 | Number of organisations signed up to and completing the different Healthy Travel Charters |
| (KPIs) | KPI 2 | Annual mean NO ₂ at key sites in Cardiff and the Vale of Glamorgan |
| Impacts | Inequalities | Reduction in traffic-related pollution in more deprived areas, and better understanding of air quality and traffic impacts on our acute sites |
| | Environment | Increased awareness of the impact of the environment on our health and well-being Increased access to food growing spaces Reduced air pollution and carbon emissions Improved access to green space |
| Key partners | Cardiff and Vale of Glamorgan Councils (Transport, Planning, Climate Change teams), Cardiff and Vale PSBs, Cardiff and Vale Healthy Travel Charter signatories, Sustrans Cymru, FOR Cardiff, Welsh Government Transport, Climate Change, Air quality and Health teams | |

Developing systematic approaches to prevention in primary and community care, and value Leads: Siân

Leads: Siân Griffiths and Claire Beynon

| Aim of programme | Implement evidence-based approaches to prevention and value in health and care services, drawing on national and international evidence | |
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| Context | Prevention is a key focus of both national and local strategies and plans, and is an integral part of the sustainable development principle in the Wellbeing of Future Generations Act. It is well recognised and acknowledged that 'upstream' intervention and prevention of disease has the potential to significantly improve population health and reduce demand on health and care services. However preventative action can be challenging to implement when acute service pressures predominate. It also requires action from a range of partners to be most effective The King's Fund were commissioned to produce a review of work to embed a preventative approach within primary and community services. A linked report commissioned by the RPB reviewed the work to create an integrated health and care system. Both reports combine literature reviews, evidence from the King's Fund knowledge and intelligence, and interviews with 12 local leaders to provide an independent assessment of progress to date in Cardiff and Vale, and suggest ways in which this can be advanced further We are facing difficult economic circumstances; a Value-based approach helps to make sure that everything we are investing (e.g. time and money) will have a positive impact on outcomes for the local people that we serve. | |
| Key actions | Work collabora improved use of Actively engage better utilisation Investigate feat To move toware | reports widely with partner organisations and deliver a King's Fund facilitated partnership workshop to agree key collective actions atively with RPB leads to advance shared priorities from the two reports i.e. third sector involvement, citizen engagement, further strengthening innovation, of data e with national leads to inform local scoping of opportunities to implement population health management within Cardiff and the Vale of Glamorgan, including on of existing partnership data Identify a focus for a more programmatic preventative approach, for example cardiovascular disease secondary prevention. sibility of managing financial resources more collectively to support prevention initiatives reds the consistent application a Value based approach across the organisation; for Cardiff and Vale University Health Board to consider the use of Programme Marginal Analysis (PBMA) as a tool to help shift funding from low value interventions to high value interventions and move funding upstream towards |
| Milestones Y1 (2023-24) | Q1 | Delivery of King's Fund facilitated partnership workshop and agreement of preventative priorities for partnership focus |
| | Q2 | Complete scoping of opportunities for implementation of population health management approaches in Cardiff and Vale, with recommendations for delivery to be delivered in year, to include an appraisal of models to improve secondary prevention of cardiovascular disease |
| | Q3 | Annual review of the assessment of their organisational readiness for a Value based approach |
| | Q4 | Agreed population health and preventative approach implemented, informed by local data; for C&VUHB to have considered the pros and cons of the use of PBMA with options appraisal completed |
| Anticipated future actions Y2 & Y3 (2024-2026) | Subject to national agreement and funding, local testing of population segmentation approach | |
| How will we measure success? | KPI 1 | |
| (KPIs) | KPI 2 | |
| Impacts | Inequalities | An improved approach to prevention will take account of inequities and be developed in a way that aims to reduce the gap between the least and most deprived, and those experiencing disadvantage Increased engagement with communities, especially those who those experiencing disadvantage, will aim to understand the causes of inequity and take action to mitigate By using a Value-based approach we can move resources upstream to make services more accessible, of higher quality and in so doing reduce costs. |
| | Environment | |
| Key partners | King's Fund, Cardiff and Vale of Glamorgan Councils, Cardiff and Vale RPB, Cardiff and Vale UHB Clinical Boards (in particular PCIC), C3SC, GVS, Voluntary Sector Organisations, Citizen/patients and engagement groups, all Wales health board and Welsh Government population health management leads | |

Tobacco Lead: Trina Nealon

| Aim of programme | To achieve a 'smoke-free population' (5% smoking prevalence) by 2030 - reflecting Welsh Government's ambition as outlined in the Tobacco Control Strategy for Wales 2022-2030. Working in partnership to reduce smoking rates in all populations – including those living in areas of high deprivation and those most vulnerable in our society (where smoking rates are highest) will involve increasing access to NHS smoking cessation support and pharmacological products to help quit smoking, exploring innovative practice, reinforcing legislation and reducing the impact of smoking on children and young people | | |
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| Context | Smoking continues to be the leading cause of preventable ill-health and premature death in Wales. 12% of Cardiff and Vale of Glamorgan population smoke (14% Wales), (NBSW, 2021-2022) with increased rates in areas of high deprivation; the highest proportion of smokers is within the 45-64 age group (NSW 2021-2022) Less than 2.2% of smokers access free, NHS support to quit smoking (2.1%, CVUHB/Welsh Government, 4% Wales, 2021-2022). The provision of a systematic smoking cessation service to include those most at risk, such as hospital patients and pregnant women, are priorities included in the NHS Performance Planning Framework. 42% of community pharmacies offer a Level 3 Enhanced Smoking Cessation Service, over half of these (68%) are within areas of high deprivation (CVUHB, 2021-2022) Smoking in pregnancy is a key priority action within Welsh Government's Tobacco Control Strategy 2022-2030. 9% of pregnant women smoke (Maternity and Birth Statistics 2020-2021) Whilst the rate of smoking amongst children and young people remains static, the availability and use of e-cigarettes is increasing The Smoke-free (Wales) Regulations 2021 have introduced a number of tobacco control measures (such as smoke-free hospitals and schools) but public adherence requires on-going monitoring and enforcement | | |
| Key actions | To increase the rate of smokers engaged in NHS Smoking Cessation Services and quitting smoking To establish (as part of national programme delivery) an electronic patient record system to ascertain smoking status on admission to hospital and refer to NHS Smoking Cessation Services To implement a Smoking in Pregnancy programme that increases engagement in NHS Smoking Cessation Services and reduces smoking in pregnancy rates To reduce the update of smoking by children and young people | | |
| Milestones Y1 (2023-24) | Q1 | Identification of patient management system (as part of national programme delivery) to allow systematised smoking status recording for all hospital inpatients to access smoking cessation support on admission | |
| | Q2 | Implementation of PGD to allow improved and immediate access to Nicotine Replacement Therapy during NHS contact | |
| | Q3 | Increase from the baseline, the number of community pharmacies offering a L2 or L3 Enhanced Smoking Cessation Service | |
| | Q4 | Recommendation based on MAMSS implementation, of a service model to increase engagement of pregnant women who smoke, with NHS Smoking cessation support | |
| Anticipated future actions Y2 & Y3 (2024-2026) | Implementation of systematised smoking cessation support for all patients on contact with NHS services Enforcement of smoke-free hospital legislation to include Fixed Penalty Notices Implementation of smoking cessation support tailored to pregnant women, to reduce the smoking in pregnancy rate | | |
| How will we measure success? | KPI 1 | Percentage of adults who report being a current smoker [Baseline: 12% NSW, 2021-2022] | |
| (KPIs) | KPI 2 | Percentage of adult smokers who access NHS smoking cessation services and become a 'Treated Smoker' and of those, who quit smoking at 4 weeks [Baseline: 2.1% and 66% CVUHB, 2021-2022] | |
| Impacts | Inequalities | Reduction in smoking prevalence in areas of high deprivation Increase in the number of Community pharmacies in areas of high deprivation offering a L2 and L3 Enhanced Smoking Cessation Service | |
| | Environment | Reduction in tobacco related waste (cigarettes, wrappers, electronic devices, batteries) Clean air | |
| Key partners | Public Health Wales, Welsh Government, Cardiff Council, Vale of Glamorgan Council, ASH Wales | | |

Alcohol Lead: Lauren Idowu

| Aim of programme | To reduce the harm from alcohol consumption | | |
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| Context | One in five (20%) of the adult population in Cardiff and Vale of Glamorgan report drinking above the weekly guidelines (2019-20) (Wales average 19%) Increased alcohol consumption has been consistently reported during the pandemic, particularly amongst heavy drinkers Compared to 2019-20, hospital admissions for alcohol-specific conditions increased by 5.5 per cent in 2020 – 21 (PHW) In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019 in England and Wales. Most deaths occur as a result of acute-on-chronic liver failure due to recent alcohol intake, which is strongly linked to heavy drinking. People in our more deprived communities experience higher levels of alcohol related ill health than those in non-deprived communities despite consuming similar levels of alcohol (proportion of all patients admitted for alcohol-specific conditions living in the most deprived areas was 2.7 times higher than those from the least deprived areas) Early identification of higher drinking levels is important for reducing the risk from drinking excessive alcohol over time including increased risk of high blood pressure, stroke, some cancers, liver disease, dementia and depression. | | |
| Key actions | Scope and explore opportunities to increase routine alcohol screening in primary and secondary care to identify hazardous and harmful drinking behaviours Drive the work of the Cardiff Community Alcohol Partnership (CAP) 2022-23 Action Plan, to increase safety and reduce risks for young people aged 18-25 years consuming alcohol in the night time economy. Act as a Responsible Authority under the Licensing Act 2003 to contribute to the reduction in alcohol-related violence, accidents and injuries within the night time economy by working with licence holders and licensing teams in the local authority and police to influence changes in the operation of licensed premises | | |
| Milestones Y1 (2023-24) | Q1 | Scope what is currently taking place in primary care and secondary care to screen and identify hazardous and harmful drinking behaviours | |
| | Q2 | Identify proposed improvements in primary and secondary care. Delivery of CAP actions in the Plan | |
| | Q3 | Work to implement proposed improvements. Develop 2023-24 CAP Action Plan | |
| | Q4 | Report on outputs | |
| Anticipated future actions Y2 & Y3 (2024-2026) | To be agreed with partners | | |
| How will we measure success? (KPIs) | KPI 1 | tbc | |
| | KPI 2 | tbc | |
| Impacts | Inequalities | Take a proportionate universalism approach to improving early identification of harmful and hazardous drinking (we know our most disadvantaged communities experience higher levels of alcohol-related ill health) | |
| | Environment | Reduction in alcohol-related litter | |
| Key partners | Many departments within the UHB (addictions teams, hepatology, emergency department, PCIC), the Area Planning Board (APB), CAVDAS treatment services, Police Licensing Team, Cardiff and Vale of Glamorgan Councils, Shared Regulatory Services, CAP partners (including FOR Cardiff, Universities, SU), Public Health Wales, Welsh Government, Alcohol Change Cymru, service users, and Recovery Cymru. | | |

Falls prevention Lead: Cheryl Williams

| Aim of programme | Develop a systematic approach to reducing the risk of falling amongst older people in Cardiff and the Vale of Glamorgan | | |
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| Context | Falls are a major public health issue, having implications for both physical and mental health and well-being It is estimated that one third of people aged over 65 will fall once a year, rising to half of all people aged over 80 years Many falls are preventable, and risks can be reduced through multiple factors including strength and balance exercise, medication management, good nutrition, and a safe home environment. | | |
| Key actions | Continued delivery of an early intervention falls prevention service to people at risk of falls across Cardiff and Vale, including further roll out of Stay Steady clinics Embed falls risk assessments for people age 65+ into practice of relevant health and social care professionals Develop a systems wide approach to falls risk identification and intervention with key partners working across Cardiff and Vale | | |
| Milestones Y1 (2023-24) | Q1 | Review existing screening tools and scope out appropriate mechanisms for screening for falls risks in the community with Co-Production Forum Identify key partners to carry out community falls prevention screening | |
| | Q2 | Identify a primary care cluster to focus on falls prevention and pilot new pathways Review and amend the GP Health Pathway for Falls Develop a Falls specific 'Compassionate Conversations' card for AHPs | |
| | Q3 | Pilot use of revised screening tool and pathways as an intervention to identify falls risks in the community | |
| | Q4 | | |
| Anticipated future actions Y2 & Y3 (2024-2026) | To be agreed | | |
| How will we measure success? (KPIs) | KPI 1 | Hip fractures amongst people aged 65 and over, per 100,000 | |
| | KPI 2 | Number of people who are working with older people who have completed the 2 hour Falls BI training course | |
| Impacts | Inequalities | Increase in falls risk reduction activities eg exercise classes in areas of higher deprivation Targeted training for organisations working directly with older people at higher risk of falls | |
| | Environment | | |
| Key partners | Cardiff & Vale UHB (PCIC, Patient Safety, Physiotherapy); Elderfit; Sport Cardiff; Cardiff Council; Vale of Glamorgan Council; Cardiff Metropolitan University | | |

| Aim of programme | To improve the health and well-being of children and young people, their parents and carers, by working through the schools and childcare settings they attend. | | |
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| Context | Settings based approaches are universal approaches seeking to influence environment, policy and practice within the setting enabling better health and wellbeing of those in that setting. The Welsh Network of Healthy Schools Schemes (WNHSS) was launched in September 1999, followed by the National Quality Award in 2009. These 2 initiatives are currently under review. The Healthy and Sustainable Pre School Scheme (HaSPSS) was launched in 2011. These schemes provide a framework through which partnership work to promote health and well-being is delivered Experiences in the earliest part of a child's life have a life long influence. Eg early childhood development influences later outcomes, including educational attainment at the end of secondary school and economic and social outcomes in midlife, such as obesity | | |
| Key actions | With partners, deliver the Whole School Approach to Emotional and Mental well-being by enabling all VoG schools to deliver Implementation Plans Contribute to the review of the WNHSS to ensure the benefits to children and young peoples' health in the Vale of Glamorgan are maximised Support 40 childcare settings to reach and maintain identified standards of practice around Nutrition and Oral Health and Physical Activity and Active Play. | | |
| Milestones Y1 (2023-24) | Q1 | 100% of Vale schools to have completed a Mental and Emotional Health Implementation Plan Achieve sign up of all Vale primary schools to the School Health Research Network Organise an event for HaSPSS settings staff to encourage engagement and celebrate achievement | |
| | Q2 | Deliver a health and well-being celebratory event for primary schools involving pupils and staff Continue to meet with schools on an individual basis to progress their healthy schools, WSA EMWB and SHRN work Review participation of pre-school settings in the HaSPSS and target non participating settings in areas of deprivation | |
| | Q3 | Consider and act on outcomes of the WNHSS review TBC for HaSPSS | |
| | Q4 | TBC depending on outcomes of WNHSS review TBC for HaSPSS | |
| Anticipated future actions Y2 & Y3 (2024-2026) | TBC depending on progress in 2023-2024 | | |
| How will we measure success? (KPIs) | KPI 1 | No of schools completing EMWB Implementation Plan No of primary schools signing up to SHRN | |
| | KPI 2 | No of pre-school settings completing Nutrition and Oral Health and Physical Activity sections of the scheme | |
| Impacts | Inequalities | WNHSS and HaSPSS universally available but targeted to work more closely with settings in areas of deprivation Promotion of SHEP, Free School Meals and Healthy Start Schemes prioritised | |
| | Environment | Active Travel to School schemes promoted Recycling and reducing are key themes in 'Environment' aspect of both schemes Increased interest in growing / gardening initiatives | |
| Key partners | Vale Council (Learning and Skills, Children and Young Peoples Partnership, Flying Start, Healthy Living, Big Fresh Catering, FIS) C+VUHB (Dietetics, D2S, Children and Families Health), Spectrum Project, Early Years Wales, Eco Schools. | | |

^{*} note Healthy schools and pre-schools in Cardiff are managed by Cardiff Council

Shaping our Future Population Health

The following elements of our work programme constitute the Shaping our Future Population Health (SOFPH) programme for 2023/24. These are areas which will benefit from greater visibility, alignment and engagement specifically within the Health Board and with the other strategic programmes in the Health Board. This set of interventions will continue to develop and evolve during 2023/24.



Tackling inequities

Implementation of the Amplifying prevention actions within C&V UHB:

- Vaccination and immunisation
 - o Childhood imms promotion via UHB comms channels, promotion with staff and their families, pop up vaccination sessions in community hubs
- Bowel screening
 - Engagement with communities including seldom heard voices, promotion via staff, engagement with staff to take up screening when offered, identification of new community venues
- Move More Eat Well
 - Eat well at work and decreasing sedentary behaviour in C&V UHB
 - Healthier advertising and marketing policy for the UHB

Prioritising prevention

- Developing a systematic approach to prevention in primary and community care
 - Implement recommendations, particularly with PCIC and in relation to SOFCS and SOF Communities programmes
 - o Improving quality and analysis of UHB data to improve population health, e.g.
 - Scope improving data collection on equality/protected characteristics
 - Data to improve equity of access
 - Recording of smoking status, body mass index (BMI)
 - Scope potential for building on Lightfoot data
 - o Population segmentation (contingent on additional funding being identified)
- UHB workforce engagement
 - Liaise with decarbonisation leads to ensure provision of climate action training to UHB staff, highlighting the links between climate and health and action staff members can take
 - Support engagement and training of staff working with at risk groups e.g. in alcohol brief intervention (ABI), Making every contact count (MECC), amplifying prevention messages (see above)