



## **Cardiff and Vale Local Public Health Plan**

2024-27

*This document is also available in Welsh*

Final Mar 2024



## Our aim

Our aim is to reduce health inequalities, and improve and protect the health of people in Cardiff and the Vale of Glamorgan.



## This plan

This plan sets out the actions we'll take over the next three years to meet our aim, above. The plan is part of Cardiff and Vale UHB's integrated annual plan for 2024-25.

This document builds on our plan from last year, but also includes new work to develop a long-term local public health vision and plan during the year, following the publication of the Health Board's updated [Shaping Our Future Wellbeing strategy](#) in 2023.

**This document builds on our plan from last year, but also includes new work to develop a long-term local public health vision and plan during the year**

As we develop our long-term public health plan during the year, we anticipate we may want to focus more deeply in future on a smaller number of specific issues to achieve our long-term vision. This will be reflected in our long-term plan and subsequent updates to this plan.



## Strategic context

### National policy, legislation and plans

This plan aligns with the direction set out in the [NHS Wales planning framework](#) for 2024-25, which reaffirms the need to shift our health services more towards prevention rather than just acute treatment ('upstream shift'), in line with the vision set out in [A Healthier Wales](#).

### **This plan aligns with the direction set out in the NHS Wales planning framework for 2024-25, which reaffirms the need to shift our health services more towards prevention**

Our work is also informed by a variety of legislation, including:

- Well-being of Future Generations (Wales) Act
- Social Services and Well-being (Wales) Act
- Environment (Wales) Act
- Active Travel (Wales) Act
- Socioeconomic Duty of the Equality Act (2010)

We work with Public Health Wales (PHW) as a specialist national stakeholder and our planning complements the revised [PHW long term strategy](#).

### Regional and local policies and plans

Within Cardiff and the Vale of Glamorgan, we contribute to the development and implementation of the Well-being Plans for [Cardiff](#) and the [Vale](#) through our membership of the Public Service Boards, and the [Cardiff and Vale Area Plan](#) through the Regional Partnership Board.

The Well-being Plans and the Area Plan bring partners together in our area to focus our joint efforts on maintaining health and well-being and preventing ill-health, and reducing inequalities, by taking action on the 'determinants of health' – these are the factors which affect well-being, such as the environment, housing, deprivation, people's behaviours, and health and social services.

The Well-being Plans and Area Plan are based on five-yearly assessments of the needs of our population: the Well-being assessments (for [Cardiff](#) and the [Vale](#)) and the [Population needs assessment](#) respectively.

## Cardiff and Vale UHB

As a Health Board we updated our long-term strategy, [Shaping Our Future Wellbeing](#) (SOFW), in 2023. Reducing inequalities and increasing our focus on prevention run throughout the strategy. SOFW sets out our four well-being objectives as a Health Board, which are:

- Putting people first
- Providing outstanding quality
- Delivering in the right places
- Acting for the future

## As a Health Board we updated our long-term strategy, [Shaping Our Future Wellbeing](#), in 2023. Reducing inequalities and increasing our focus on prevention run throughout the strategy

Within these objectives, population health particularly features in the first two, Putting people first and Providing outstanding quality. Our work on the environmental determinants of health and the Well-being of Future Generations Act links with the fourth objective, Acting for the future. The strategy includes long-term milestones to increase life expectancy, reduce health inequalities, and shift NHS spend to focus more on preventing ill-health.

Long-term strategic programmes and portfolios are already in place or being set up if not, to co-ordinate delivery against the strategy. One of the programmes is Shaping Our Future Population Health, which will be our vehicle for implementing the new long-term public health plan we are developing.

Operational delivery of the strategy is set out in the Health Board's annual plans.

### Director of Public Health reports

Our [annual Director of Public Health \(DPH\) reports](#) each focus on an important area of health and well-being for our residents, what the issue is and what we can do about it. These reports help guide our priorities along with the wider strategic context, needs assessments, evidence base and horizon scanning.

Recent reports have focused on biodiversity, value in health, inequalities, ageing, physical activity and healthy travel.



# About our population

## Demographics

Nearly [500,000 people](#) live in Cardiff and the Vale of Glamorgan.

Cardiff has a relatively young population, mainly due to the student population in the City. The proportion of older people is slightly higher than the Wales average in the Vale; the number of older people and the proportion of people who are older is increasing across both areas.

Previous [trends in population growth](#) in our area have slowed, with a projected increase of 3-4% over the next 10 years, or around 15-20,000 more residents.

Every year, [people migrate into and out of both Cardiff and the Vale](#). In 2021-22 the net effect of this was around 500 people moving into each of our local authority areas from elsewhere in the UK; there was also a significant increase in the number of international migrants moving into our area, with a net effect of over 10,000 people moving into Cardiff and over 500 into the Vale from overseas. Combined, this made up over half the number of international migrations into Wales as a whole. Migration includes the reception of Ukrainian refugees, the Afghan Citizens Resettlement Scheme (ACRS) and other asylum seeker populations, supporting Wales as a [nation of sanctuary](#).

Cardiff is more ethnically diverse than most of the rest of Wales, with just over a quarter of people identifying as not White British in the 2021 Census. The corresponding figure for the Vale of Glamorgan was 8%. In Cardiff this includes sizeable populations reporting Black African, Indian, Pakistani, Bangladeshi, Arab and Chinese ethnicity; along with non-British white ethnicities.

Both Cardiff and the Vale contain some of the most affluent areas of Wales, alongside [some of the most deprived](#). In Cardiff, there are pockets of deprivation throughout the City but many are located in the 'southern arc', including Ely, Caerau, Grangetown, Riverside, Llanrumney and St Mellons; in the Vale again there are scattered pockets of deprivation throughout, with a higher concentration in the central Vale, in and around Barry.

## Both Cardiff and the Vale contain some of the most affluent areas of Wales, alongside some of the most deprived

## What contributes to our health

Our physical and mental health and well-being is determined by a wide variety of factors such as:

- Genetic make-up;
- The physical and natural environment, our education, work, housing, community safety and household income ('the wider determinants of health');
- Health behaviours such as whether or not we smoke, our diet and how much physical activity we get – which may in turn be influenced by the wider determinants, above; and
- Timely access to high quality healthcare

These factors apply throughout life, from pre-conception (maternal health) through to our development in the womb, as children, adults and into our later years.

While it is not generally feasible to change our genetic risk factors for disease, the other three groups of factors (wider determinants of health, health behaviours and quality of healthcare) have the potential to be altered, with the possibility of improving quality and length of life.

It is estimated that over a fifth of deaths in England and Wales are avoidable, due to preventable or treatable conditions. A £1 investment made in public health interventions returns £14 back to society on average.

**It is estimated that over a fifth of deaths in England and Wales are avoidable, due to preventable or treatable conditions. A £1 investment made in public health interventions returns £14 back to society on average.**

## Health in our area

We can get a picture of the health of our residents through assessments such as the population needs assessment for our region and the well-being assessments (see [Strategic context](#), above), along with individual health needs assessments and routine and bespoke surveillance data.

Particular issues in our area which impact on people's health are:

### *Wider determinants*

- Access to healthy and affordable food
- Access to affordable high quality housing
- Air quality
- Adverse weather events (heatwaves, flooding) due to climate change
- Access to nature and green spaces, and biodiversity loss
- High quality public transport, and walking and cycling networks
- Social isolation and loneliness

### *Health behaviours*

- Tobacco and vape (e-cigarette) use
- Immunisation uptake
- Being physically active regularly
- Achieving and maintaining a healthy weight
- Alcohol consumption

### *Healthcare*

- Timely access to primary and secondary care

Over three-quarters of adults (76%) in our area reported being in good or very good health, the highest in Wales. Nearly a third (31%) of people said they were limited by one or more long-term illness, though again this was the lowest rate in Wales. Life expectancy for men in our area is nearly 79 years, and for women nearly 83, both above the Wales average, though marginally below the England average.

The number of people living with long term conditions is increasing, along with the number living with more than one illness. The number of new cases of type 2 diabetes in particular is forecast to increase significantly in the coming decade, with diet, smoking and overweight known risk factors.

## **The number of new cases of type 2 diabetes is forecast to increase significantly in the coming decade, with diet, smoking and overweight known risk factors**

### **Inequalities in health and health outcomes**

Within Cardiff and Vale there is a stark difference in life expectancy between people living in our least and most deprived areas. If you live in one of our least deprived areas you can expect to live 8.3 years longer as a woman or 9.3 years longer as a man, than someone in our most deprived areas. Despite a concerted effort to reduce this gap over the past decade, the gap has actually increased.

## **Within Cardiff and Vale there is a stark difference in life expectancy between people living in our least and most deprived areas**

This gap is even wider when looking at the years of life which are healthy – healthy life expectancy – for which people in our most deprived areas can expect to have between 14 and 18 fewer years of healthy life than someone living in our most affluent areas.

Along with poorer health outcomes, the majority of the factors determining health described above are also worse in more deprived areas.



## How we work

### Local public health team

We are a small specialist public health team in Cardiff and Vale UHB, based in Woodland House in Cardiff and led by the Executive Director of Public Health, Claire Beynon.

### Partnership working

Given the size of our team and the scale and nature of the problems we are trying to tackle, our work is usually in partnership with others, both in the wider health and social care system but also more widely, working with other public sector, third sector and private organisations, as well as education institutions.

## Given the size of our team and the scale and nature of the problems we are trying to tackle, our work is usually in partnership with others

As well as working through formal partnership mechanisms such as the Public Service Boards, Regional Partnership Board and primary care clusters, we set up and contribute to issue-specific partnership groups, work directly with individual organisations, or take a 'systems leadership' role, helping to influence and align work undertaken by others on a particular issue.

Some of our work is *settings-based* such as health-promoting schools or working with employers, for example leading [Making Every Contact Count](#) in our area. Other work we lead or support is *place-based* in a particular geographic area, such as [Food Cardiff](#), [Food Vale](#) and [dementia-friendly Vale](#).

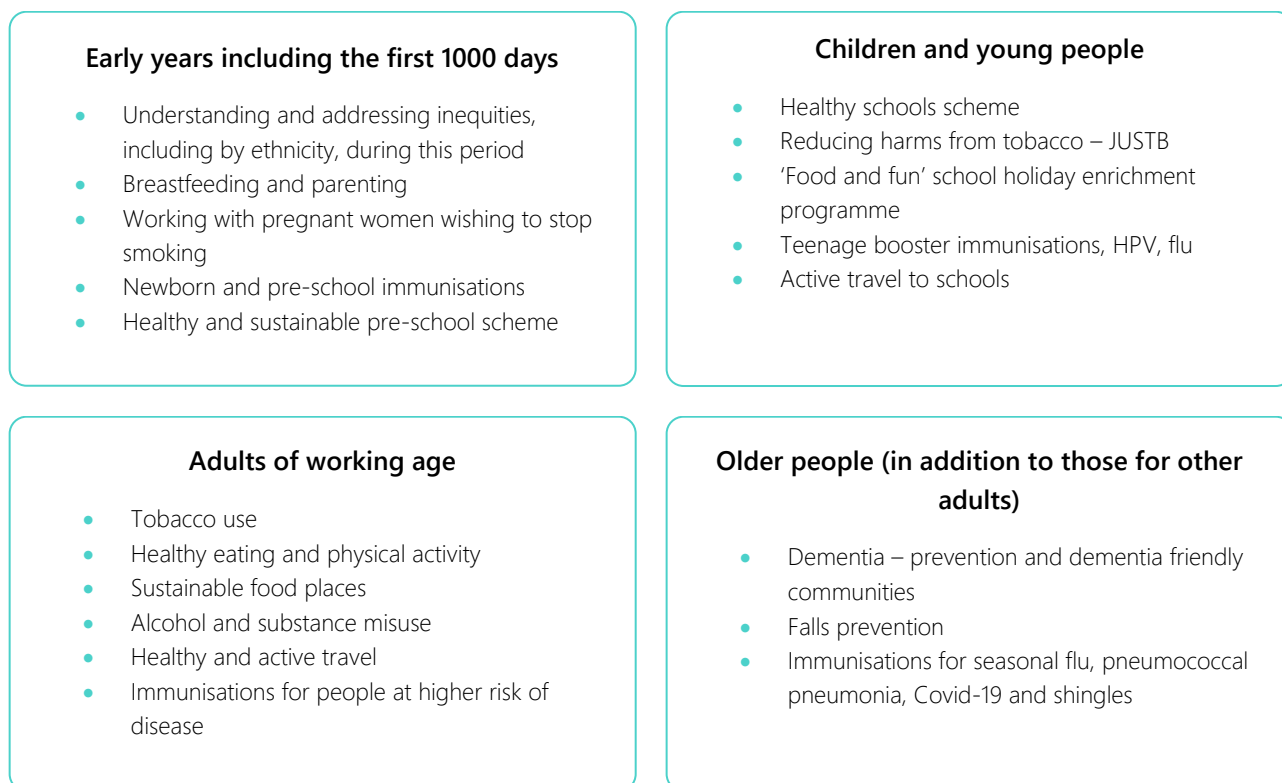
### Taking action across the life course

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 in Figure 1, below.

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 include specialist public health input. This includes work led by partners and the Health Board on early years, and emotional and mental health.



**Figure 1.** Examples of actions taken across the life course



## Sustainability

With the World Health Organization declaring climate change the [single biggest health threat facing humanity](#), sustainability is an important part of our work.

We 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 our joint work. The Executive Director of Public Health has the Executive lead within the Health Board for implementing the WFG Act, with an updated governance approach starting in 2024-25 which will fully integrate WFG governance into the implementation of our Health Board strategy.

Healthcare is a major contributor to greenhouse gas emissions. Prevention of illness is both better for individuals, and generally 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.

## Prevention of illness is both better for individuals, and generally leads to far fewer carbon emissions

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.

We have recently published an [Annual Director of Public Health report on biodiversity](#), and have started to implement its recommendations.

In 2024-25 we plan to scope the UHB's preparations for adapting to climate change, and look at the carbon savings associated with prevention in more detail for the diabetes pathway.

## **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.



## Governance and reporting

Within the specialist local public health team we have regular internal performance meetings, reviewing progress against our milestones, and reflecting and sharing successes and challenges.

We hold team learning and development sessions with protected time for staff for professional development, with internal and external speakers.

**Within the specialist local public health team we have regular internal performance meetings, reviewing progress against our milestones, and reflecting and sharing successes and challenges**

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, tobacco and healthy weight) within broader UHB performance reporting.

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



## Our priorities for 2024-27

Our high-level priorities for 2024-27 will be immunisations, smoking, and healthy weight (reducing levels of obesity). Consolidating our regional health protection system will run alongside these, and reducing health inequalities and taking action on the wider determinants of health will cut across all our workstreams.

### **Our high-level priorities for 2024-27 will be immunisations, smoking, and healthy weight**

We will also work on other issues significant to the health of our population, many of which will also impact on the high-level priorities.

During 2024 we will develop a long-term public health plan for our area to complement and build on the vision set out in the Health Board's updated Shaping Our Future Well-being strategy.

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 24-25, and the development of our long-term plan.



# Move More, Eat Well: Whole System Approach

Team leads: Suzanne Wood and Rebecca Stewart

## What outcomes do we want to achieve?

- Collaborative approach to creating change, aligned to the shared vision for Move More, Eat Well, driven by many partners from across the system (including communities)
- Increase in system connectivity and alignment
- Healthy environments, settings and conditions created that enable and support people of all ages to move more and eat well in support of healthy weight

## How will we focus on reducing inequalities in our actions?

- Ensure that a proportionate universalism approach is adopted, with action focused around more deprived and vulnerable population groups
- Utilise available insights and data, to target and progress change

## Who will we be working with?

- Cardiff and Vale of Glamorgan Councils, Cardiff and Vale PSBs, Public Sector Organisations, Schools and Pre School Settings, Nutrition and Dietetics, Healthy Schools and Healthy and Sustainable Preschool Scheme Teams, Met Sport, Vale Healthy Living Team, C3SC, GVS, Third Sector organisations, Food Partnerships, Communities, Whole Systems Approach to Healthy Weight Systems Network, Welsh Government

## How will we know if things are improving? (key performance indicators)

- Strengthened relationships between 'key actors' in the system
- Collaboration progressing change aligned to the shared vision
- Reduced inactivity levels/increased fruit and vegetable consumption among children and adults living in Cardiff and the Vale of Glamorgan
- Increased levels of children and adults living with a healthy weight

## How will we understand the impact on inequalities?

- Understand and monitor change/impact for people living in deprived communities/vulnerable population groups

## Actions Year 1 (2024-25)

- Finalise revised MMEW framework (2024-2030)
- Develop, and deliver against 2024-25 Implementation plan
- Engage and convene partners from across the system to progress collaborative action and create change
- Engage communities; gain insight, develop a shared understanding of community challenges, enablers, community assets and opportunities to co-produce change

## Milestones Year 1 (2024-25)

- |    |  |
|----|--|
| Q1 | <ul style="list-style-type: none"><li>• MMEW Framework (2024-2030) launched</li><li>• Leadership and governance arrangements for MMEW Framework (2024-2030) established</li><li>• MMEW Implementation plan for 2024-25 agreed and delivery commenced</li></ul> |
| Q2 | <ul style="list-style-type: none"><li>• MMEW Implementation plan (2024-25) delivery progressed</li><li>• Monitoring and evaluation approach established</li></ul>  |
| Q3 |  |
| Q4 | Q3 and Q4 milestones to be determined based on new long term public health plan  |

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- To be determined based on new long term public health plan



# Move More: physical activity

Team lead: Lauren Idowu

## What outcomes do we want to achieve?

---

- Partners clear about their role in achieving the purpose, vision and mission of the physical activity strategy
- 'Moving more' to be the core component of the Central South Regional Sports Partnership
- Systems ways of working adopted
- More people living active lives, and increased activity levels in our least active communities

## How will we focus on reducing inequalities in our actions?

---

- Ensure we take a proportionate universalism approach, ensuring work is focussed where the need is greatest (as per 'How we will work' in the strategy)
- We will focus on communities that experience the greatest levels of inactivity: disadvantaged communities; women and girls; those living with a disability or long-term ill health; people from Asian and black backgrounds; and older people in the Vale of Glamorgan

## Who will we be working with?

---

- 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.

## How will we know if things are improving? (key performance indicators)

---

- Increased maturity matrix score for the conditions required to shift physical inactivity levels and deliver the Move More Cardiff Physical Activity and Sport Strategy
- Physical inactivity levels reduced in our least active communities

## How will we understand the impact on inequalities?

---

- Deep-dive on data relating to inequalities in physical activity in Cardiff and Vale (biannual), and influencing breakdown available for National Survey for Wales data

## Actions Year 1 (2024-25)

---

- Facilitate delivery of the Move More Cardiff Physical Activity and Sport Year 2 Implementation Plan with partners
- Bring partners together to co-produce Move More Cardiff Physical Activity and Sport Year 3 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 Partnership, providing public health input

## Milestones Year 1 (2024-25)

---

- |    |  |
|----|--|
| Q1 | <ul style="list-style-type: none"><li>• Systems leadership training and learning</li><li>• Grow the number of organisations, depth of relationships and connectivity across agendas</li></ul>                  |
| Q2 | <ul style="list-style-type: none"><li>• Seek funding opportunities to grow capacity</li><li>• Celebration event for year 1</li><li>• Support transition of Central South Regional Sports Partnership</li></ul> |
| Q3 | <ul style="list-style-type: none"><li>• Data development for physical activity</li></ul>   |
| Q4 | <ul style="list-style-type: none"><li>• Gain commitment for use of open data to develop a portal for physical activity opportunities, and link to social prescribing</li></ul>                                 |

## Actions Years 2 and 3 (2025-26 and 2026-2027)

---

- To be determined based on new long term public health plan



# Move More Eat Well: Restaurant & Retail Standards

Team lead: Rhianon Urquhart

## What outcomes do we want to achieve?

- Systematically improve the food offer in all of our UHB-run food outlets and restaurants
- Increase the opportunities to offer healthy options for food and drink across all of our outlets and with our Public Service Board partners

## How will we focus on reducing inequalities in our actions?

- We aim to ensure that healthy options are available to all customers, including a healthy meal offer provided to staff and visitors accessing the UHB-run food outlets. By introducing an affordable healthy option, we plan to make healthy options accessible to staff on lower bandings

## Who will we be working with?

- Capital, Estates and Facilities, Catering, Procurement, PH Dietetics, Sustainability / Strategic Planning, Communications team, Synbiotix / other external partners as appropriate, Suppliers, Public Service Board partners

## How will we know if things are improving? (key performance indicators)

- Decrease in the availability of unhealthy snacks and confectionary products on offer
- Increase overall compliance across all UHB run food outlets

## How will we understand the impact on inequalities?

- We will undertake staff surveys to assess the uptake of the Wellbeing Wednesday Meal offer – working with the Patient Experience Team we will engage with a variety of staff groups to determine whether we are meeting the needs of staff on lower salary bands.
- We will utilise the point of sale data to monitor purchasing trends within the outlets.

## Actions Year 1 (2024-25)

- Continue to develop the Restaurant and Retail Standards to increase alignment with key strategic programmes within the UHB – for example sustainability
- Continue to monitor overall compliance with the Standards, using the audit tool
- Revert to original target of 75% of foods compliant by November 2024
- Work with key partners to increase the reach of the Standards within partner organisations, where appropriate
- Share good practice with wider partners to support the ongoing development of the Standards

## Milestones Year 1 (2024-25)

- |    |   |
|----|---|
| Q1 | <ul style="list-style-type: none"><li>• Engage with public sector partners to share learning and support their development of eating well standards</li><li>• Host a workshop with key partners and stakeholders to identify and agree actions for the future of the Standards, aligning with the UHB's sustainability, procurement, health and financial targets.</li><li>• Establish network with other HB partners across Wales to share learning and identify solutions for further development of the healthy food environment work in hospitals</li></ul> |
| Q2 | <ul style="list-style-type: none"><li>• Focus on improving the compliance for snacks and confectionary products across our retail outlets, as this is the area of lowest compliance</li></ul>   |
| Q3 | <ul style="list-style-type: none"><li>• Revert to original target of 75% of foods compliant as per QSE requirements</li></ul>   |
| Q4 | Q4 milestones to be determined based on new long term public health plan  |

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- To be determined based on new long term public health plan



# Sustainable Food Places

**Team leads:** Louise Denham (Food Vale) and Pearl Costello (Food Cardiff)

## What outcomes do we want to achieve?

- Increased consumption of vegetables
- Reduction of the % Cardiff and Vale citizens experiencing food insecurity

## How will we focus on reducing inequalities in our actions?

- Target support to food projects operating in areas of higher deprivation across Cardiff and the Vale.
- Advocate for wider initiatives such as Living Wage and the maximisation of benefits so more people have the financial resources to afford food.

## Who will we be working with?

### Food Vale

- Vale Council
- Natural Resources Wales
- Glamorgan Voluntary Services
- Glamorgan Smallholders
- Cardiff and Vale College
- FareShare Cymru
- Newydd Housing Association
- Hafod Housing Association
- Vale PSB
- Cywain
- Big Fresh Catering
- UHB Dietetics

### Food Cardiff

#### *Strategy Board:*

- Cardiff Council
- Public Health Dietetics
- ACE
- Cardiff Farmers Markets
- Cardiff University
- University of West of England
- WWF Cymru
- Independent Activists

#### *Food Poverty Group:*

- C3SC
- Cardiff Council
- Cardiff Foodbank
- Fareshare Cymru
- Cardiff Business School
- Public Health Dietetics

#### *Cardiff Community Food Collective:*

70+ individuals from grassroots organisations and support agencies working on community food

*In total the active Food Cardiff partnership includes 100+ organisations*

## Actions Year 1 (2024-25)

### Food Vale

- Develop the Food Vale Network through quarterly meetings and peer-to-peer support
- Strategically influence local policies and actions
- Begin development of SFP Silver Award application
- Organise, promote and deliver the annual Vale Food Trail, with healthy and sustainable food activities at the Cowbridge Food Festival
- Publish findings from Vale Food Insecurity research and engagement
- Coordinate the Community/commercial Kitchen Feasibility Study
- Deliver Llantwit Food Project Year 3 actions
- Coordinate Vale Land Mapping
- Develop application for longer-term funding (possibly TNL People and Places Grant)
- Support pilot project getting local produce into school meals

### Food Cardiff

- Develop the Food Cardiff Network through regular meetings and peer-to-peer support
- Strategically influence local policies and actions
- Apply for SFP Gold Award
- Organise, promote and deliver the annual Good Food Cardiff Autumn Festival, including the Good Food Cardiff Zone at Amgueddfa Cymru Food Festival
- Support pilot project getting local produce into school meals
- Publish the results from the Community Supply Chains feasibility study and research opportunities to take forward recommendations
- Support the Bridging the Gap Planet Card pilot, to increase access to organic fruit and vegetables to marginalised communities on low incomes
- Develop application for longer-term funding (possibly TNL People and Places Grant)
- Begin the development of the next Cardiff Good Food Strategy



### How will we know if things are improving? (key performance indicators)

---

- Percentage of residents who feel there is a movement for good food in Cardiff and the Vale
- Number of members in the Food Cardiff and Food Vale partnerships

### How will we understand the impact on inequalities?

---

- % of people experiencing food insecurity

### Milestones Year 1 (2024-25)

---

	<b>Food Vale</b>	<b>Food Cardiff</b>
Q1	<ul style="list-style-type: none"><li>• Vale Food Trail organised, promoted and delivered</li><li>• Complete all tenders for delivery of Shared Prosperity Funding</li></ul>	<ul style="list-style-type: none"><li>• Food Summit hosted</li><li>• Gold Award surveys published, focus groups undertaken and report written</li></ul>
Q2	<ul style="list-style-type: none"><li>• Vale Food Strategy published</li></ul>	<ul style="list-style-type: none"><li>• Gold Bid Submitted</li><li>• Autumn Festival Delivered</li></ul>
Q3	Q3 and Q4 milestones to be determined based on new long term public health plan	
Q4		

### Actions Years 2 and 3 (2025-26 and 2026-2027)

---

	<b>Food Vale</b>	<b>Food Cardiff</b>
	<ul style="list-style-type: none"><li>• Silver Sustainable Food Places award achieved</li><li>• Larger funding application to The National Lottery</li><li>• Implement Vale Food Strategy</li></ul>	<ul style="list-style-type: none"><li>• New Cardiff Good Food Strategy published</li><li>• Longer term funding secured</li></ul>



# Immunisation strategic leadership

Team lead: Dr. Dino Motti

## What outcomes do we want to achieve?

- Increased uptake of childhood vaccinations, especially MMR
- Increased uptake of vaccination among healthcare staff
- Increased and sustained uptake of winter virus vaccinations among vulnerable individuals
- Increased equity in uptake of vaccination, with a focus on the inequities experienced by ethnic minorities.

## How will we focus on reducing inequalities in our actions?

- Organise planned and opportunistic engagement with member of ethnic minority populations with translators if needed to present the importance of vaccines and dispel myths or misunderstanding
- Support the vaccination effort in schools by forming and training a team of volunteers among parents and members of the community to reach closer within social networks.
- Review the information and process for booking vaccination in primary care to reduce DNAs
- Engage with the whole school community to build a shared ownership of the objective of vaccinating pupils and teacher alike (meet with directors of education and deliver a webinar to headteachers and teachers)
- Target media campaigns to areas of low-uptake which coincide often with areas of higher deprivation and ethnic minority populations

## Who will we be working with?

- Internal partners in the mass vaccination team, school nursing, primary care and comms teams.
- External partners and stakeholders in local councils, schools, parents, communities and their leaders

## How will we know if things are improving? (key performance indicators)

- Increased uptake of vaccination, reduced gap within minority ethnic groups

## How will we understand the impact on inequalities?

- Increased uptake in minority ethnic groups and other lower socioeconomic status communities

## Actions Year 1 (2024-25)

- Lead strategically the immunisation portfolio (Influenza, childhood and COVID-19) across the UHB, working with the operational leadership to ensure strategic priorities are embedded operationally and across the system. Plus explore the opportunity for improvement in the digital aspect of immunisation.
- Leadership and coordination with school vaccination team, local authorities, comms, mass vaccination team and vaccine coordinators to identify and deploy alternative models alongside primary care provision in order to boost uptake to address the risk of a large Measles outbreak in Cardiff and the Vale.
- Review and expand the model of vaccination champions for the health board staff winter virus vaccination campaign with the objective to vaccinate closer to the workplace.

## Milestones Year 1 (2024-25)

- Q1 • Deploy school vaccination programme for MMR and HPV
  - Q2 • Achieve the Welsh Health Circular target of 90% MMR uptake in all schools by end of July 2024
  - Q3
  - Q4
- Q3 and Q4 milestones to be determined based on new long term public health plan

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- To be determined based on new long term public health plan



## What outcomes do we want to achieve?

- 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
- To increase the rate of smokers engaged in NHS Smoking Cessation Services and quitting smoking
- To reduce the uptake of smoking and vaping by children and young people

## How will we focus on reducing inequalities in our actions?

- 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. There will be a focus on working age people in areas experiencing deprivation.

## Who will we be working with?

- NHS Smoking Cessation Services; secondary care services, in particular maternity services and mental health clinical board; Primary care contractor services; Trading Standards; Third Sector; Public Health Wales; Welsh Government

## How will we know if things are improving? (key performance indicators)

- Percentage of adults who report being a current smoker
- Percentage of adult smokers who access NHS smoking cessation services and become a 'Treated Smoker' and of those, who quit smoking at 4 weeks
- % of pregnant smokers who are referred to smoking cessation following their initial booking assessment
- % of pregnant people undergoing CO testing at their initial booking assessment

## How will we understand the impact on 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

## Actions Year 1 (2024-25)

- Provide public health support to UHB teams facilitating the nationally-led implementation of an electronic patient record system for recording smoking status on admission to hospital and referring to NHS Smoking Cessation Service.
- To implement a Smoking in Pregnancy programme that increases engagement in NHS Smoking Cessation Services and reduces smoking in pregnancy rates
- To share consistent and accurate communications for the public around vaping
- Ensure all pregnant people attending health board maternity services undergo carbon monoxide testing at their initial booking assessment
- Ensure all pregnant smokers are referred to smoking cessation support following their initial booking assessment.
- To identify and implement a more sustainable model for smoking enforcement on hospital sites

## Milestones Year 1 (2024-25)

- Q1 • Develop a service model to increase engagement of pregnant women who smoke, with NHS Smoking cessation support
  - Q2 • Agreed model for smoking enforcement on hospital sites confirmed.
  - Q3
  - Q4
- Q3 and Q4 milestones to be determined based on new long term public health plan

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- To be determined based on new long term public health plan



## What outcomes do we want to achieve?

---

- Improved early identification of higher drinking levels in primary care and entry into secondary care
- A night time economy that is safe and supports a range of activities to socialise without alcohol
- Reduce harm from alcohol consumption

## How will we focus on reducing inequalities in our actions?

---

- 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)
- Raise awareness of the alcohol harm paradox and the need to target inequalities (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 – the 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)

## Who will we be working with?

---

- 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.

## How will we know if things are improving? (key performance indicators)

---

- Improved systems and processes in UHW and UHL to identify patients at risk of harm from alcohol, and offer information, advice or referral (and improved data recording mechanisms), compared with internal audit results from 2023/24

## How will we understand the impact on inequalities?

---

- Use data to track screening and uptake of services is reaching those in greatest need (data reporting systems to be established)

## Actions Year 1 (2024-25)

---

- Secondary care – ensure that recommendations in the alcohol standards internal audit report (2024) are implemented
- Scope which recommendations can be implemented from the primary care research report (Current activity for early identification for harmful alcohol consumption in primary care services across C&V)
- Drive the work of the Cardiff Community Alcohol Partnership (CAP) 2023-24 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 Year 1 (2024-25)

---

- |    |  |
|----|--|
| Q1 | <ul style="list-style-type: none"><li>• Alcohol Project Manager appointed and workplan agreed</li><li>• Explore funding sources for CAP to expand capacity</li></ul> |
| Q2 | <ul style="list-style-type: none"><li>• Plan developed for implementing primary care recommendations</li></ul>   |
| Q3 |  |
| Q4 | Q3 and Q4 milestones to be determined based on new long term public health plan  |

## Actions Years 2 and 3 (2025-26 and 2026-2027)

---

- To be determined based on new long term public health plan



# Integrated health protection partnership

Team lead: Dr Siân Griffiths

## What outcomes do we want to achieve?

- Minimise the harms caused by communicable disease in people who live, work and visit Cardiff and the Vale of Glamorgan
- Reduce inequity in the impact of communicable disease for people, groups and settings that experience increased vulnerability
- Deliver an effective 'all hazards' integrated health protection partnership in Cardiff and the Vale of Glamorgan
- Prepare for future communicable disease threats, including future pandemics

## How will we focus on reducing inequalities in our actions?

- Health Inclusion Groups identified as a priority for service development and investment

## Who will we be working with?

- Cardiff and Vale UHB services and teams, including: Health Protection/ Mass Vaccination; TB; DOSH; CAVHIS; Infectious Disease; IP&C.
- Primary Care Contractor Services
- Public Health Wales Specialist Health Protection
- Shared Regulatory Services
- Cardiff Local Authority
- Vale of Glamorgan Local Authority

## How will we know if things are improving? (key performance indicators)

- Increased uptake of vaccination
- Hepatitis B and C indicators (for prevention, diagnosis and treatment)

## How will we understand the impact on inequalities?

- Cardiff and Vale Health Inclusion Service (CAVHIS) - work with CAVHIS to understand health protection needs of inclusion health group and improvements made to accessing appropriate prevention and treatment

## Actions Year 1 (2024-25)

- Deliver the integrated health protection partnership model set out in the Cardiff and Vale Health Protection Plan 2023/24
- Continue to strengthen strategic and operational engagement across partner organisations
- Deliver the regional response to national priority plans: TB; HIV; Hep B and C; Measles
- Update Health Protection Action Plan for 2024-25
- Deliver actions identified in Hepatitis (B and C) Joint Recovery Plan

## Milestones Year 1 (2024-25)

- |    |  |
|----|--|
| Q1 | <ul style="list-style-type: none"><li>• Updated Health Protection Action Plan for 2024-25 published</li><li>• SLA in place between SRS and UHB</li></ul> |
| Q2 | <ul style="list-style-type: none"><li>• Regional SOP updated ahead of Winter</li></ul>   |
| Q3 | Q3 and Q4 milestones to be determined based on new long term public health plan  |
| Q4 |  |

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- To be determined based on new long term public health plan



# Vale of Glamorgan Healthy Schools and Healthy and Sustainable Pre School Scheme

Team lead: Kim Wilyman

## What outcomes do we want to achieve?

- To ensure the health and well-being of children and young people, their parents and carers is as good as it can possibly be by working through the schools and childcare settings they attend.
- For all Vale of Glamorgan schools to fully engage with the Whole School Approach to Emotional Health and Well-being (the WSA EHWB), by undertaking a self evaluation and delivering an implementation plan

## How will we focus on reducing inequalities in our actions?

- By prioritising our work with childcare settings and schools in areas of greatest need, where rates of free school meals are highest
- By promoting programmes that target those experiencing inequality, eg Healthy Start Vouchers, Food and Fun Programme

## Who will we be working with?

- Partners from the Vale of Glamorgan Council and NHS
- Partners working in schools and early years settings (senior leadership teams, teachers, support staff, childcare workers)
- Other partners such as South Wales Police (through the School Beat Programme) Welsh Government, Central South Consortium, Brook, early years umbrella organisations that support settings)

## How will we know if things are improving? (key performance indicators)

- Number of schools delivering a Whole School Approach to Emotional Well Being Implementation Plan
- Number of childcare settings completing Nutrition and Oral Health section of the Healthy and Sustainable Pre School Scheme

## How will we understand the impact on inequalities?

- Decrease in childhood obesity by deprivation, as measured by the Child Measurement Programme
- Increase in school attendance by learners in areas of deprivation

## Actions Year 1 (2024-25)

- For Healthy and Sustainable Pre School Scheme
  - Healthy Recipe Book created and disseminated across childcare settings
  - Settings continue to be recruited and assessed on the scheme
  - Healthy Food Pantry project established with Flying Start settings
  - Updated HaSPSS criteria finalised and being used in settings
- For Healthy Schools Scheme
  - New version of Healthy Schools Scheme (which brings together Welsh Network of Healthy School Schemes and the WSA EHWB) rolled out in the Vale of Glamorgan
  - All schools supported to develop self evaluations and to create implementation plans, in order to sustain their well being work, after the completion of the 'start up' phase of the WSA EHWB

## Milestones Year 1 (2024-25)

- Q1 • Recipe book project successfully delivered with early years settings
  - Q2 • Welsh Network of Health and Well Being Promoting Schools Scheme launched in the Vale of Glamorgan, and communicated to schools and partners.
  - Q3
  - Q4
- Q3 and Q4 milestones to be determined based on new long term public health plan

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- Continue with both schemes, adapting as necessary in view of the long term plan



# Environment and sustainability

Team leads: Dr Tom Porter and Cheryl Williams

## What outcomes do we want to achieve?

- Increase in walking, cycling and public transport use
- Improved air quality and biodiversity
- Appropriate climate change mitigation and adaptation by the UHB
- Healthy environments created through the built and natural environment planning system
- Quantified carbon impact of prevention interventions

## How will we focus on reducing inequalities in our actions?

- Target actions relating to transport and air quality at more deprived and vulnerable populations
- Increase focus on public transport, as use is proportionately higher in more deprived communities, with lower household car access; and improving access to walking and cycling in these communities
- Ensure impact on inequalities is key consideration in development of Cardiff Road User Pricing scheme
- Ensure inequalities a central theme of UHB adaptation planning, and planning policies

## Who will we be working with?

- Cardiff Council, Vale of Glamorgan Council, Welsh Government Transport, Transport for Wales, NHS Wales Shared Services Partnership, Healthy Travel Charter partners (via PSBs), Sustrans, Cycling UK

## How will we know if things are improving? (key performance indicators)

- NO<sub>2</sub> annual mean in Cardiff City Centre; and UHW and UHL hospital sites
- % trips made by sustainable travel mode in Cardiff

## How will we understand the impact on inequalities?

- Analyse changes in NO<sub>2</sub> comparing more and less deprived wards, where data available
- Change in bus patronage

## Actions Year 1 (2024-25)

- Continue engagement with Cardiff Council to ensure any Road User Pricing scheme is fair and helps improve access to sustainable transport
- Engage Cardiff and Vale UHB employees on sustainable travel and how we can reduce traffic and improve air quality at UHW and UHL sites, as part of implementing the Level 2 Healthy Travel Charter
- Lead Healthy Travel Charter group of public sector signatories in Cardiff and Vale
- Understand baseline for climate adaptation in Cardiff and Vale UHB, and develop adaptation plan
- Understand baseline for biodiversity on the Health Board estate and continue to implement recommendations from DPH report
- Estimate carbon impact of prevention, using diabetes pathway to develop approach
- Contribute to refreshes of Cardiff and Vale Local Development Plans

## Milestones Year 1 (2024-25)

- |    |  |
|----|--|
| Q1 | <ul style="list-style-type: none"><li>• UHB employee panel established for engagement on sustainable travel</li><li>• Establish group to look at UHB adaptation baseline</li></ul>   |
| Q2 | <ul style="list-style-type: none"><li>• Published and grey literature review of carbon calculations for prevention</li><li>• Facilitate Health Impact Assessment stakeholder workshop on Cardiff Local Development Plan Deposit Plan</li></ul> |
| Q3 | Q3 and Q4 milestones to be determined based on new long term public health plan  |
| Q4 |  |

## Actions Years 2 and 3 (2025-26 and 2026-2027)

- Achieve Level 2 Healthy Travel Charter commitments
- Scope introduction of segregated cycle lanes at UHW and UHL sites
- Implement UHB climate adaptation plan