



Preventions Board: Prioritisation Session

22nd November 2023

Lampeter Wellbeing Centre

Summary Report

Purpose of session

1. To discuss and understand the West Wales Position.
2. Highlight good practice.
3. Identify priorities and actions that 'add value'.
4. Contribute to a regional approach and workplan.

Over 35 people attended, from a range of organisations.

The session included four discussion groups - one undertook discussions in the Welsh language.

Dr Ardiana Gjini, Executive Director for Public Health, welcomed everyone.

Hazel Lloyd-Lubran, Chief Officer of CAVO, acted as compere.

Setting the scene

Jenny McConnel, Office of the Future Generations Commissioner for Wales, gave an overview of the themes of the Wellbeing of Future Generations Act, and the Commissioner's priorities. She listed the five themes of the act (ways of working) and highlighted their relevance: long term thinking; integration, involvement, collaboration, and prevention. Given the nature of the session, prevention was emphasised and the need to address root causes and trends, and the need to 'disrupt' social determinants of health and wellbeing. She noted that food was a key area of focus (alongside AI and TEC), given the consequences of the way it is produced and consumed on a wide range of domains, including enjoyment of nature, ecosystems, rural communities, and healthy weight. The impact of food poverty was also stressed.

Following this, roundtable discussions took place in relation to how well the challenge is being addressed in West Wales. Key points included:

- There have been improvements in integrating preventions into health provision.
- Behaviours within organisations are changing and there is greater integration with partner organisations.

- Partnership working has definitely improved and can be further built upon.
- There is more to be done to fully embed all five of the ways of working, though it was also stressed that results will take time to be seen.
- Initiatives could be linked together more effectively.
- A need to improve the transition of projects into services.
- Data and evidence were seen as crucial in identifying actions and evaluating effectiveness. However, information sharing was often problematic.



Current state in West Wales: evidence and priority actions

Participants heard from a number of speakers, following Hazel's introduction, where she stressed the need to think about where value can be added by acting regionally, thinking holistically across the population and through-age.

Ardiana gave a Hywel Dda University Health Board (HDDUHB) perspective. She outlined the three broad categories for prevention: primary; secondary; and tertiary, and the need to act in all three contexts. She referenced the Wellbeing of Future Generations Act (WBFGA) as a key driver, especially in relation to primary prevention. She referenced that 70% of ill health is estimated to be caused by socio-economic factors and so are in theory at least, preventable. Ardiana also stressed the commonality across respective PSB Wellbeing Plans in relation to priorities for 1) strong, connected communities, 2) poverty and inequality, and 3) environmental sustainability.

Gwyneth Ayers gave a perspective from the three PSBs (Public Services Boards) in the region. There was appetite to strengthen the link to the RPB (Regional Partnership Board), especially in relation to action to support primary prevention. She referenced the broad membership of

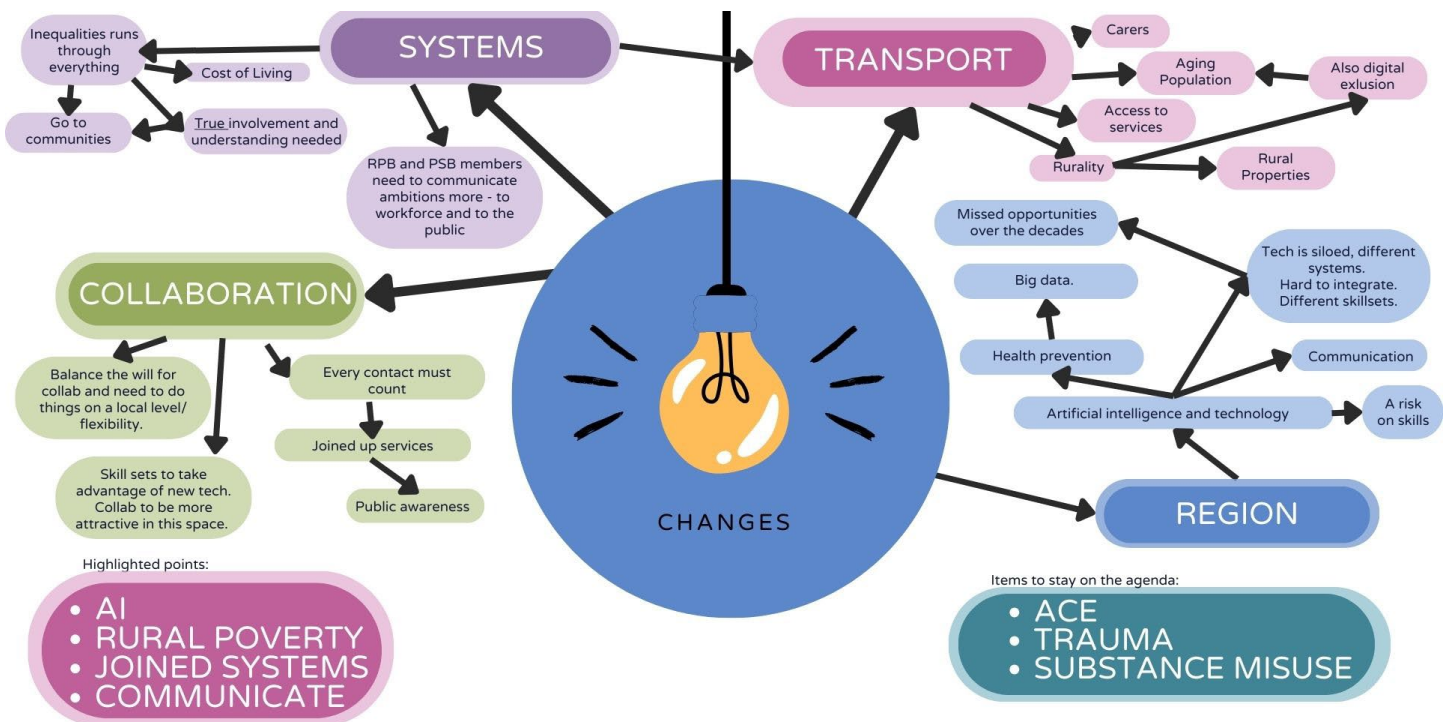
PSBs, including police, colleges and DWP, for instance. Gwyneth highlighted the challenging budgetary situation and suggested this presents an opportunity to deepen collaborative relationships and arrangements.

Linda Jones spoke about the work of the RPB, stressing that prevention was embedded as an approach across all its activity. She spoke about the six models of care Welsh Government (WG) wish to see developed and the Regional Integration Fund (RIF), which is intended to support that development. Linda stressed that there is a focus on innovative approaches. A challenge for RPB partners is to shift thinking from providing services to building wellbeing.

Cath Einon and Sarah Burton, from HDdUHB, outlined the maternity smoking project and stressed the impacts of maternal smoking on expectant mothers and baby. The project works with mothers and takes a harm reduction (rather than purely a smoking elimination) approach.

The following key points about making a difference emerged from the ensuing discussion:

- A consistent approach to evaluation would add a lot of value. The current variety of approaches compromises the ability to draw comparisons.
- Whether 'big data' could help address key challenges.
- Greater use could be made of networks.
- Understanding community assets is key to supporting progress.
- Several groups and agendas are relevant and linking these is a challenge.
- Finding ways to make sure innovation on the front line is fed into decision making.
- Regional approaches could help deliver PSB wellbeing objectives – especially 'poverty' and 'strong communities'.
- The need for greater understanding of what is being done and by who.
- A perceived lack of investment in preventative activity. This may be linked to difficulties in measuring the impact of preventative interventions.



Different approaches to common issues

Beth Cossins, from HDdUHB spoke about using a whole system approach in relation to healthy weight. WG has provided funding for whole system teams in recognition that 60% of adults in Wales are overweight and this has negative impacts on a range of areas,

including work and the NHS. She noted that 'the system' reinforces unhealthy behaviours, and there is a need to shift emphasis from behaviour change to system change. Beth noted that unhealthy weight is closely associated with poverty.

Beth stressed the Preventions Board could have a strong role in the agenda by providing leadership and joining up across agencies. Recent work on healthy weight has included developing system maps, outlining the causes and how they link, which assists in identifying the best points for interventions, based on maximising leverage. Beth noted that the system has a number of sub-systems, including, for example, transport and food availability.

Hazel then opened a discussion focused on the change we need to achieve. The following themes were raised:

- The same challenges have been around a long time.
- Rhetoric on preventions is not always backed with resource commitments. This is linked to the issue of evidence and causality.
- Communities must be seen as enablers. Community assets must be better understood.
- Primary care has an important role in understanding and addressing community need.
- The challenge of understanding what is taking place across the wide range of relevant regional and county groups.
- The role of the Preventions Board in setting the agenda and overall approach, with delivery potentially taking place at county or community level.
- Questioning whether organisations truly understand the perspectives of individuals.
- Interventions need to be person-centred to be effective.



Next steps

Attendees are invited to send in comments following the prioritisation session. The report and any further feedback will be considered at the next meeting of the Preventions Board.

