Cwm Taf Morgannwg University Health Board

Public Health Strategic Delivery Plan

2027 to 2032

Working together for a healthier, fairer and more sustainable Cwm Taf Morgannwg

Document status	Draft for discussion
Owner	Executive Director of Public Health
Organisation	Cwm Taf Morgannwg University Health Board
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Executive Summary

This Strategic Delivery Plan sets out the vision, priorities and actions to support the public's health within the Cwm Taf Morgannwg (CTM) University Health Board region over the coming years. It is aligned to the Welsh policy framework, including A Healthier Wales, the NHS Wales Planning Framework 2026 to 2029, the Public Health Wales Long-Term Strategy, the Mental Health and Wellbeing Strategy, the Health Protection Framework, the Well-being of Future Generations Act, the Socio-economic Duty, the Anti-racist Wales Action Plan, the National Framework for Social Prescribing, and the wider prevention agenda. This Strategic Delivery Plan sets out the vision, priorities and actions through which Cwm Taf Morgannwg will improve and protect the public's health. It aligns the Public Health Team's core business with the ambitions of the Health Board and its regional partners, while being clear about the different ways in which Public Health contributes: direct delivery, work undertaken with partners, and specialist advice, evidence, convening and influence.

Realisation of this strategic delivery plan will require a whole organisation/ whole effort. It builds upon the Cwm Taf Morgannwg Strategic Clinical Services Plan and the CTM 2030 strategy (CTM SCSP/ CTM2030) and speaks directly to the aspirations of our partners operating in our region.

The plan recognises that sustainable improvement cannot be achieved through healthcare services alone. The greatest gains will come from giving children the best start, reducing inequities, preventing illness and harm, strengthening communities, shaping the conditions in which people live, and protecting the population from current and future threats.

Mental wellbeing is a core outcome across the plan, not a standalone programme or a substitute for specialist mental health services. The distinctive population-health contribution is to promote protective conditions, reduce risks and inequities, strengthen social connection and community assets, support mentally healthy starts in life, and ensure that the mental wellbeing impact of policies and programmes is considered throughout delivery.

The plan is organised around six strategic priorities:

The six strategic priorities

- 1. **Early Years and the Best Start in Life:** Strengthen preconception, pregnancy, the postnatal period, early years and childhood as foundations for lifelong physical health, mental wellbeing and reduced inequities.
- 2. **Tackle Health Inequities**: Focus attention and resources on people and communities experiencing the poorest physical and mental health outcomes, using proportionate and targeted approaches.
- 3. **Prevention and Healthy Lives:** Reduce preventable illness and harm through prevention, earlier intervention, effective pathways and support for healthy lives across the life course.
- 4. **Wider Determinants, Community and Mental Wellbeing, and System Influence**: Work with communities and partners to improve physical and mental wellbeing and shape the social, economic and environmental conditions that influence health.
- 5**. Public Health Intelligence, Research, Evidence and Innovation**: Use and generate evidence, data, insight and evaluation to guide priorities, investment and improvement, including understanding mental wellbeing outcomes and inequities.
- 6. **Health Protection and System Resilience**: Protect the population from communicable disease, environmental risks and future public health threats, while supporting equitable and psychologically informed preparedness and recovery.

How to read the plan

For each priority, “Delivery priorities” describes what CTM Public Health will lead, support or influence. “Indicative progress measures” describes how delivery and population impact could be assessed. Measures should be finalised through annual delivery planning, using a small number of feasible indicators and avoiding unnecessary new data collection.

Strategic statement

The future health of Cwm Taf Morgannwg will not be secured by treating ill health as it arises. It will be secured by a sustained, whole-system effort to prevent ill health from occurring, working together to create the social, environmental, and healthcare conditions that support good health for all, improving health behaviours and protecting communities from health threats.

Vision and Mission

Our vision

Everyone in Cwm Taf Morgannwg has the opportunity to live a long, healthy and fulfilling life, regardless of where they live, their background, or their circumstances.

Our mission

To improve and protect the health of our population, reduce health inequities and create the conditions for people and communities to thrive through evidence-based prevention, health protection, service planning and delivery, partnership working and collective action.

Strategic Principles

Principle	What this means for delivery
Life-course approach	Work across the life course while deliberately strengthening preconception, pregnancy, the postnatal period, the first 1,000 days, childhood and young people.
Health equity	Direct proportionate attention and support towards people and communities with greater need, considering inequities in physical health, mental wellbeing, access, experience and outcomes.
Prevention first	Intervene earlier and further upstream, embedding primary, secondary and tertiary prevention in pathways, places and policies.
Evidence, insight and improvement	Use quantitative and qualitative data, research, evaluation, community insight and experience to identify priorities, guide investment, review delivery and improve action.
Value and sustainability	Prioritise effective, equitable and cost-effective action that improves population health and supports sustainable use of public resources.
Partnership and influence	Be explicit about when Public Health leads or delivers, when it works jointly with partners, and when its contribution is evidence, advice, convening, challenge or advocacy.
Co-production and participation	Value lived experience and involve communities and professional partners in understanding needs, shaping responses and reviewing whether delivery is making a difference.
Mental wellbeing across all priorities	Consider the likely impact of policies, programmes and services on mental wellbeing, protective factors and inequalities, while giving the wider determinants and community contribution a clear home in Priority 4.

Strategic Priority 1: Early Years and the Best Start in Life

Ambition

Make preconception, pregnancy, the postnatal period, early years and childhood a firm foundation for lifelong physical health, mental wellbeing and reduced inequities

Why this matters

Health and wellbeing are shaped from before conception and throughout pregnancy, infancy and childhood. A coherent offer across these stages can strengthen maternal wellbeing, attachment, social and emotional development, school readiness and family resilience, while reducing avoidable differences in outcomes.

Delivery priorities

- Co-develop an Early Years and Best Start action plan with maternity, paediatrics, primary care, local authorities, the third sector and other relevant services, linked to regional children's priorities.
- Strengthen the preconception and pregnancy offer, including pregnancy preparedness, maternal physical and mental wellbeing, smoking, healthy weight and vaccination.
- Extend the focus through the postnatal period, recognising the opportunity to support women, infants and families beyond birth.
- Strengthen the first 1,000 days offer, including infant nutrition, breastfeeding and weaning, secure attachment and early child development.
- Promote school readiness, speech and language, emotional wellbeing, trauma-informed approaches and family resilience.
- Improve and reduce inequity in uptake of pregnancy, infant and childhood vaccination.
- Work with partners to reduce the health and mental wellbeing effects of child poverty and maximise family incomes.

- Support family and settings based interventions to promote healthy weight and healthy behaviours.
- ACEs: Work with partners to reduce exposure to Adverse Childhood Experiences (ACEs) and build resilience, recognising the impact of trauma on health outcomes

- Use local data and community insight to identify where additional or adapted support is required.

Indicative progress measures:

Area	Illustrative measure
Preconception and maternity	Agreed partnership plan; reach and uptake of the agreed offer; maternal wellbeing and smoking indicators where routinely available.
Postnatal support	Coverage and uptake of the agreed postnatal offer; experience and access by population group.
Early development	Breastfeeding, child development, school readiness and emotional wellbeing indicators.

Area	Illustrative measure
Equity	Variation in access and outcomes by place, deprivation and population group.
Partnership delivery	Agreed actions delivered with maternity, paediatrics and regional partners.

Strategic Priority 2: Tackle Health Inequities

Ambition

Narrow avoidable gaps in physical health, mental wellbeing, access, experience and outcomes between communities and population groups in CTM.

Why this matters

Health equity is an organising principle for the whole plan. Delivery should combine universal provision with proportionate and targeted action, informed by evidence about where risk, unmet need and avoidable harm are greatest

Delivery priorities

- Support SCSP/CTM2030 to deliver high quality, accessible, evidence-informed services for our whole population.
    - Produce and maintain a CTM health inequities profile covering physical health, mental wellbeing, access, experience and outcomes.
    - Use Health Equity Impact Assessment in major strategies, programmes, pathway redesign and investment decisions.
    - Use evidence to identify the specific prevention programmes, services and communities where proportionate or targeted action is required.
    - Analyse inequities in access, experience and outcomes and use findings to support service improvement.
    - Co-produce outreach and service-design approaches that reduce barriers for underserved communities.
    - Support action with and for people affected by poverty, homelessness, disability, discrimination, caring responsibilities, isolation and other sources of disadvantage.
    - Advocate for an equity lens in spatial planning, service planning, research and evaluation.
- Work with partners to align action on poverty, housing, employment, education, access and community resilience.

Indicative progress measures

Area	Illustrative measure
Intelligence	Regular inequities profile and evidence used in planning and prioritisation.
Decision-making	Major programmes or decisions supported by Health Equity Impact Assessment or equivalent analysis.
Access and experience	Changes in unwarranted variation for selected services and population groups.
Mental wellbeing equity	Variation in routinely available mental wellbeing, loneliness, social connection or related indicators.
Community participation	Evidence that affected communities have influenced design and improvement decisions.

Strategic Priority 3: Prevention and Healthy Lives

Ambition

Create a prevention-focused region in which illness and harm are prevented, risks are identified earlier and effective support is easier to access

Why this matters

Prevention is essential to improved outcomes and long-term sustainability. Public Health will support the Health Board and its partners to embed prevention in pathways and service redesign, while keeping a clear distinction between population-level conditions for mental wellbeing and specific prevention or early-intervention activity

Delivery priorities

- Support the Strategic Clinical Services Plan and CTM2030 to embed primary, secondary and tertiary prevention across pathways.
- Support implementation of Community by Design, including prevention, early intervention, self-care, community capacity and care closer to home.
- Use Population Health Management alongside professional and community insight to identify need, segment populations and improve prevention pathways.
- Strengthen prevention services and pathways relating to smoking and nicotine, healthy weight, physical activity, alcohol and substance harm, sexual and reproductive health, population screening, frailty and falls.
- Use Making Every Contact Count, brief intervention and community-based approaches where they add value.
- Contribute to prevention and early support for poor mental wellbeing where there is a clear population-health role, while the wider determinants and community offer are led through Priority 4.
- Support the Health Board's ambition to act as a population health organisation, including attention to staff health and wellbeing.
- Promote and expand evidence-informed approaches to smoking and nicotine harm reduction; healthy weight and supportive food environments; physical activity; sexual health and reproductive wellbeing; and mental wellbeing promotion and resilience, with action proportionate to need and barriers to participation.
    - Support the health board to realise its ambition to be a "population health organisation", recognising that our staff are our greatest asset.
- Work through the Area Planning board and with wider partners to prevent substance use reduce substance harms and support recovery.

Indicative progress measures

Area	Illustrative measure
Pathway prevention	Priority pathways with explicit prevention objectives and measures.
Community by Design	Agreed implementation milestones and evidence of prevention and population health in redesign.
Prevention services	Reach, uptake, outcomes and equity for selected prevention and screening programmes.

Area	Illustrative measure
Frailty and falls	Agreed programme milestones and routinely available outcome indicators.
Mental wellbeing	Reach and equity of defined prevention or early-support activity, without duplicating specialist mental health delivery.
Improvement	Examples of data, evaluation or insight used to adapt prevention delivery.

Strategic Priority 4: Wider Determinants, Community and Mental Wellbeing, and System Influence

Ambition

Work with communities and partners to improve physical and mental wellbeing, reduce inequities and shape the social, economic and environmental conditions that influence health.

Why this matters

Population wellbeing is shaped by the conditions in which people are born, grow, live, work and age. Shifting these "wider determinants of health" will require us to work with community and professional partners in new ways, co-producing a CTM that enables people to live healthier, happier lives.

Mental wellbeing is shaped by income, security, housing, employment, education, social connection, inclusion, community assets, the natural and built environment, and access to opportunity as well as by healthcare. This priority therefore provides the principal home for CTM Public Health's population approach to mental wellbeing. It complements rather than substitutes for clinical and specialist mental health services.

Public Health will be explicit about its role in each area: leading or delivering where appropriate; working jointly with partners; or contributing evidence, advice, convening, challenge and advocacy where responsibility sits elsewhere.

Delivery priorities

- Promote mental wellbeing by strengthening protective conditions, social connection, inclusion, community assets and resilience, with proportionate attention to communities experiencing disadvantage.
- Work with communities and partners on place-based approaches that respond to local priorities and build capacity and participation.
- Influence action on poverty, income, housing, employment, education, transport, planning, access to services and digital inclusion.
- Support healthier food environments and a coordinated regional approach to food, linked to local food partnerships and settings-based work.
- Increase the visibility of environmental public health, including access to green space, active travel, shade and tree cover, healthy places and climate adaptation.
- Develop community wellbeing and social prescribing approaches as part of a broader prevention offer, not as substitutes for action on wider determinants or for statutory services.
- Contribute to suicide and self-harm prevention through partnership, evidence, population insight and action on risk and protective factors.
- Embed consideration of physical health, mental wellbeing and equity in major policies, strategies, plans and investment decisions.
- Strengthen Public Health leadership and influence within care groups, across the Health Board and through Public Services Boards, the Regional Partnership Board, local authorities, the Area Planning Board and other regional partnerships.
- Use community insight and evidence to align partners around a small number of shared outcomes

Indicative progress measures

Area	Illustrative measure
Mental wellbeing	Routinely available mental wellbeing indicators, with inequalities examined where data allow.
Connection and participation	Loneliness, social connection, community participation and evidence of influence on decisions.
Wider determinants	Selected indicators or milestones relating to poverty, income, housing, employment, food environments, transport or access.
Healthy places	Evidence that health, mental wellbeing and equity have informed planning, green infrastructure or climate-adaptation decisions.
Policy influence	Major strategies, plans or investments informed by Public Health evidence or impact assessment.
Partnership delivery	Agreed shared outcomes and progress against jointly owned commitments.
Improvement	Documented examples of evidence, community insight or evaluation leading to a change in approach.

Strategic Priority 5: Public Health Intelligence, Research, Evidence and Innovation

Ambition

Use and generate evidence, data, insight and evaluation to guide priorities, investment and improvement across CTM.

Why this matters

Local priorities should be grounded in robust evidence, high-quality data, community insight and evaluation. Intelligence and research should support action, including prevention delivery, pathway redesign, understanding mental wellbeing and inequities, and assessment of whether changes are making a difference.

Delivery priorities

- Deliver population health intelligence and local needs assessment across physical health, mental wellbeing and the wider determinants.
- Develop Population Health Management and linked-data approaches as both intelligence infrastructure and practical support to prevention and pathway redesign.
- Agree a programme of research aligned to CTM public health priorities and the CTM Research and Development strategy.
- Use academic partnerships, research networks, projects and funding opportunities to address agreed evidence gaps.
- Promote consideration of inequities in clinical and population health research undertaken in CTM.
- Embed proportionate evaluation in major public health programmes and support evaluation of relevant Health Board programmes.
- Strengthen shared intelligence with health, social care, local government and regional partners.
- Use evidence, evaluation and community insight to support regular review and improvement of delivery

Indicative progress measures

Area	Illustrative measure
Intelligence	Regular products addressing priority population-health questions and variation in access, experience and outcomes.
Research	Agreed research priorities and activity delivered through projects, partnerships or funding applications.
Evidence generation	Evaluations, publications, presentations or other evidence products arising from CTM priorities.
Equity in research	Evidence that important studies consider inequities in design, recruitment, analysis or interpretation.

Area	Illustrative measure
Mental wellbeing insight	Regular use of available mental wellbeing and wider-determinants data in planning and evaluation.
Use in decisions	Examples of intelligence, research or evaluation changing a programme, pathway, policy or investment decision.

Strategic Priority 6: Health Protection and System Resilience

Ambition

Protect the population from communicable disease, environmental hazards and future public health threats, with equitable preparedness, response and recovery

Why this matters

Health protection is a core public health function. Effective arrangements must prevent, prepare for, respond to and recover from communicable disease, environmental incidents, adverse weather and wider hazards, while paying attention to unequal impacts and the psychosocial consequences of emergencies.

Delivery priorities

- Strengthen communicable disease prevention and control, including prevention of sexually transmitted infections and progress on diseases of elimination.
- Improve vaccination uptake and reduce uptake inequities across the life course.
- Maintain clear Public Health input to emergency preparedness, resilience, response and recovery.
- Strengthen local health protection partnership arrangements and assurance of response capacity.
- Prepare for climate-related health threats, adverse weather and other environmental incidents, linked to the longer-term adaptation work in Priority 4.
- Develop health-security and all-hazards planning and strengthen relevant capability across partners.
- Consider physical health, mental wellbeing, communication and equity in preparedness, response and recovery plans.

Indicative progress measures

Area	Illustrative measure
Communicable disease	Incidence, treatment, control or elimination indicators for agreed priorities.
Vaccination	Uptake and uptake gaps by geography and population group.
Preparedness	Plans agreed, exercised and reviewed, with learning incorporated into updates.
Response assurance	Assurance measures relating to incidents, capacity, timeliness and lessons identified.
Climate and environmental threats	Agreed milestones for adverse-weather, environmental and climate-related preparedness.
Equity and wellbeing	Evidence that plans consider disproportionate impacts, communication needs and psychosocial recovery.

Delivery, Governance and Accountability

The Public Health Directorate will lead and coordinate delivery of this plan through existing CTM UHB governance, care-group arrangements and regional partnerships. Annual delivery planning should make ownership explicit using three contribution types:

- Lead or deliver: the Directorate is directly accountable for the programme or output.
- Joint delivery: accountability is shared with named services or partners.
- Advise, convene or influence: delivery sits elsewhere, while Public Health provides evidence, advice, coordination, challenge or advocacy.

Annual priorities should specify the contribution type, accountable lead, partner dependencies, milestone and measure. Delivery should be reviewed at agreed intervals using performance information, evidence, community insight and experience. Where these indicate that an approach is not working as intended, action should be adjusted and the rationale recorded.

Progress against delivery will be received by the Creating Health Programme Board

Measuring Success

The framework will use a small, feasible set of measures. It should distinguish delivery milestones from outcome indicators and combine routinely collected population measures with proportionate measures of equity, experience, partnership delivery, policy influence and improvement

Domain	Illustrative focus
Population health	Healthy life expectancy, preventable illness and mortality, early-years outcomes, smoking, healthy weight and vaccination, chronic disease prevalence, and preventable mortality.
Mental wellbeing	Mental wellbeing, loneliness, social connection, participation and distribution of outcomes between groups and places.
Equity	Gaps in access, experience and outcomes by deprivation, geography and population group.
Prevention and sustainability	Prevention embedded in pathways, prevention-service reach and outcomes, and evidence of upstream investment.
Wider determinants and place	Selected agreed indicators or milestones relating to poverty, housing, employment, food, transport, green space or climate adaptation.
Evidence and improvement	Evaluation coverage, research delivery, documented changes arising from data, evidence, experience or community insight.
Partnership and influence	Shared outcomes, jointly delivered commitments and evidence that health and equity influenced policies or investments.

Annual Delivery Schedule Template

Priority	Delivery priority	Public Health contribution	Lead / partners	Milestone and timing	Progress measure
		Lead / joint / advise-influence			
		Lead / joint / advise-influence			
		Lead / joint / advise-influence			

Closing Statement

This plan commits CTM Public Health to a sustained shift towards prevention, equity, early years, community and mental wellbeing, evidence-informed improvement, health protection and effective partnership working. Mental wellbeing is both explicitly located within the wider determinants and community priority and considered across every priority, reflecting the contribution of the whole public health programme to healthier and more fulfilling lives

Appendix A: Policy Alignment Library

Key national policies, strategies and frameworks used to inform this plan are listed below. Links are included for ease of reference.

- A Healthier Wales: long term plan for health and social care
- 2024 plan for health and social care
- NHS Wales planning framework 2026 to 2029
- Whole System Whole Heart - CTM
- Public Health Wales: Our Long-Term Strategy 2023 to 2035
- Public Health Wales Strategic Plan 2025 to 2028
- Well-being of Future Generations (Wales) Act 2015: the essentials
- Socio-economic Duty: an overview
- Anti-racist Wales Action Plan: 2024 update
- Mental health and wellbeing strategy: strategy and delivery plan
- Suicide prevention and self-harm: strategy and delivery plan
- Health protection framework
- National immunisation framework for Wales
- Healthy Weight: Healthy Wales obesity strategy
- Tobacco control strategy for Wales
- National framework for social prescribing
- Digital and data strategy for health and social care in Wales
- NHS Quality and Safety Framework
- National clinical framework: a learning health and care system
- More than just words: Welsh language plan in health and social care
- Child Poverty Strategy for Wales 2024