

 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p> <p>     Iechyd Cyhoeddus      Cymru      Public Health      Wales   </p>	<p> <b>Name of Meeting</b>        Quality, Safety and Improvement Committee     </p> <p> <b>Date of Meeting</b>        25<sup>th</sup> November 2025     </p> <p> <b>Agenda item:</b>        6     </p>
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### Population Health Programmes within the Health and Wellbeing Directorate Update

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<b>Approval/Scrutiny route:</b>	Signed off by National Director of Health and Wellbeing and Directorate Leadership Team
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<p><b>Purpose</b></p> <p>This paper provides a summary of the current Health and Wellbeing Directorate (HWB) programmes and the quality governance arrangements in place for each.</p> <p>The intention is to provide a summary of the totality of the programmes in HWB and to invite the Committee to consider which specific programmes it may wish to pursue deeper dives into</p>
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<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Consider the range of programmes being delivered by the Health and Wellbeing Directorate and their associated governance arrangements to inform the future work programme of the committee.</li> <li>• Receive <b>assurance</b> that the Directorate is actively working to embed the Duty of Quality</li> <li>• Consider any programmes it may wish to undertake deep dives on.</li> </ul>				



### Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	1 - Influencing the wider determinants of health
<b>Strategic Priority/Well-being Objective</b>	2 - Promoting mental and social wellbeing
<b>Strategic Priority/Well-being Objective</b>	3 - Promoting healthy behaviours
<b>Strategic Priority/Well-being Objective</b>	5 - Supporting a sustainable health and care system

### Summary impact analysis

<b>Equality and Health Impact Assessment</b>	n/a
<b>Risk and Assurance</b>	These programmes contribute to Strategic Risk 1 and 2
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	n/a
<b>Financial implications</b>	None
<b>People implications</b>	None



## 1. Purpose / situation

1.1 This paper provides a summary of the current Health and Wellbeing Directorate (HWB) programmes and the quality governance arrangements in place for each.

1.3 The intention is to provide a summary of the totality of the programmes in HWB and to invite the Committee to consider which specific programmes it may wish to pursue deeper dives into.

1.3 There are three appendices to this paper:

1. Statement of our Impact 2024-25 (Appended to this report as Appendix 1)
2. Rationale for our Service Reviews (Appended to this report as Appendix 2)
3. Excel List of Programmes and Projects
4. Powerpoint Presentation

## 2. Background: An Overview of Programmes

2.1 The Health and Wellbeing Directorate in common with most specialist public health functions organises its work through a series of strategic public health programmes.

2.2 These programmes contribute to 4 of the six strategic priorities in the Long-Term Strategy (1,2,3 and 5) and as a Directorate we lead on 3 of the Strategic Priorities (2, 3 and 5). These programmes are long term, often ongoing with no defined end date. They will be structured to address one of the following:

- A population health outcome e.g. smoking
- A population group e.g. children
- A setting or sector e.g. primary care; workplace

2.3 Currently the Health and Wellbeing Directorate has the following 19 strategic public health programmes, a number further related programmes of work, as well as governance and reporting arrangements.

1. Wider Determinants of Health
2. Tobacco Control
3. Drugs, Alcohol and Gambling
  - 3.1. New major national programme on gambling (part of corporate change portfolio)
  - 3.2. New major needs assessment for 2025
4. Tackling Diabetes Together (Part of corporate change portfolio)
5. Nutrition and Obesity (Pathway and Systems)



6. Nutrition and Obesity (Children and School Food)
7. Physical Activity
8. Healthy Settings
9. Health and Education
10. Mental and Community Wellbeing
11. First 1000 Days
12. Social Marketing and Public Information
13. Healthcare Public Health
14. Dental Public Health
15. Prevention Based Health and Care
16. Primary Care Transformation
17. Reducing Health Inequalities and Inequity In Primary Care
18. Sustainable Health and Care
19. Shaping Places for Wellbeing
20. Building a Healthier Wales
21. Fair work & educational attainment

2.4 Appendix 3 (Excel) provides an overview of each of these Strategic Programmes, the related and subsidiary programmes of work, as well as Governance and reporting arrangements. Our Directorate also leads on the national *Tackling Diabetes Together* programme, which is a cross-directorate and cross-system improvement programme of activity on Diabetes. This programme has different reporting and governance arrangements to the other programmes and is not included in detail in this report because a progress report is being prepared for the Board.

2.5 Programmes may be led by one or more Consultants in Public Health/Consultant in Dental Public Health or Programme Leads/Directors. They include a number of medium term (2 – 5 years) programmes of work or services. These focus on a specific deliverable or outcome relevant to the goal of the strategic public health programme.

2.6 These programmes of work will fall into one of the following broad categories in relation to their purpose:

- **Strategic**, programmes of work intended to inform future policy or strategy
- **Improvement**, programmes of work designed to improve outcomes relating to an existing evidence based intervention e.g. Smoking in Pregnancy
- **Developmental**, programmes of work to develop an intervention
- **Delivery**, programmes which deliver a specific service or intervention

2.7 In line with our approach these programmes will often be partnership programmes developed and overseen through a partnership arrangement, for example with the Directors of Public Health or Strategic Programme for Primary Care. They will frequently be delivered at the request of Welsh Government or in partnership with Welsh Government and include a line of accountability to a Welsh Government oversight group, often directly to the Cabinet Secretary or Minister.



2.8 All programmes of work are also reported through Public Health Wales internal processes via Divisional, Directorate and organisational reporting mechanisms and will feature with at least one milestone within the IMTP.

2.9 All of the programmes are complex and will typically engage a range of individuals, organisations in delivery. The primary risks will relate to funding, particularly where funding is currently short term/time limited or the capacity of the wider system to support the work as a result of service or system pressures.

### **3. Description/Assessment of Quality Approach**

3.1 The Health and Wellbeing Directorate has sought to embed the Duty of Quality as a foundational principle across all its programmes.

3.1.1 Our approach is both strategic and operational, ensuring that quality is not only a compliance requirement but a lived organisational value.

3.1.2 We align our work with the 12 Health and Care Quality Standards, integrating them into planning, delivery, evaluation, and learning processes. This alignment ensures that our services are safe, effective, timely, efficient, equitable, and person-centred, and that our enabling systems—leadership, culture, workforce, governance, information, and learning—support continuous improvement.

3.2 Our Directorate Quality Approach, outlined in the diagram below includes several layers focusing on

- 3.2.1 Evidence and programme development
- 3.2.2 internal performance,
- 3.2.3 system leadership,
- 3.2.4 stakeholder engagement.

**Figure 1: Overview of HWB Approach to embedding Duty of Quality**



3.3 Internally, we have strengthened our performance management systems, introduced dashboard for Board reporting, and embedded highlight reports into management meetings.

3.4 We've also undertaken a comprehensive review of our risk register and strategic risks, supported by a digital oversight group. These measures ensure that quality is monitored and managed proactively across all programme areas.

3.5 Quality improvement is driven through active engagement in overview boards, audits, and case reviews. Notable examples include:

- 3.5.1 the audit of Help Me Quit services,
- 3.5.2 incremental improvements in Designed to Smile
- 3.5.3 the Greener Primary Care Framework
- 3.5.4 the GMS contract Quality Assurance and Improvement Framework (QAIF) Quality Improvement support and evaluation
- 3.5.5 the National Audit Day for Dental Services.



- 3.6 We are currently reviewing quality projects undertaken by GMS practices and have mapped benefits from initiatives such as Tackling Diabetes Together. These activities are supported by our consultants and the Office of the Medical Director, whose engagement has been instrumental in advancing our quality agenda.
- 3.7 System leadership is a key enabler of our quality approach. We work across PHW and with external partners to mainstream prevention and address health inequalities. Programmes such as First 1000 Days, Healthcare Public Health, and Tackling Diabetes Together exemplify our commitment to collaborative, population-focused interventions. Our relationships with officials, ministers, and system partners—including Directors of Public Health, Public Services Boards, and schools—are central to sustaining this leadership and driving change.
- 3.8 We also seek to embed a culture of quality through training, leadership development, and innovation. The Directorate has contributed to the development of PHW's Quality Management System (QMS), including the use of digital self-assessment tools, audit systems, and the Quality Oversight Group. These structures support evidence-based decision-making and ensure that quality is a shared responsibility across teams.
- 3.9 We consider that the outcome of this work is that our programmes are increasingly focused on impact and value.
- 3.10 Among other work, we are articulating the shift to prevention in more detail across all our programmes supported by benefits mapping and stakeholder engagement.
- 3.11 Because most of what Health and Wellbeing Directorate does requires multi-agency and multi-sectoral working, and an increasing amount is with local authorities, we are seeking to use collaborative quality improvement approaches which in local government are often called Sector Led Improvement (SLI). Although started in England this is being used in Wales.
- 3.11.1 We are currently using SLI approaches on drugs and alcohol and whole school day approaches to mental health. It is also an implicit part of our Tackling Diabetes Together approach
- 3.11.2 Sector-Led Improvement (SLI) is a collaborative, peer-driven approach to quality and improving public services, where responsibility for improvement lies within the sector or system itself rather than being imposed externally. Welsh Government can direct what improvements are needed but then hold the sector to account for making those



changes. A more detailed discussion background paper is available if members would find this helpful.

3.12 Sector-Led Improvement (SLI), a collaborative and peer-driven approach, aligns closely with these duties by fostering shared learning and continuous enhancement across organizations, complementing the statutory requirements with practical, collective action. This is shown in more detail in the Table below.

*Table 1: Sector Led Improvement Approaches and the Duty of Quality in Wales*

Duty of Quality Element	SLI Alignment
<b>Continuous Improvement</b>	SLI fosters a culture of <b>ongoing learning and adaptation</b> , using peer challenge and shared best practice.
<b>Safe &amp; Effective Services</b>	Peer reviews and benchmarking help identify and reduce variation in safety and outcomes.
<b>Person-Centred Care</b>	SLI encourages <b>co-production</b> and <b>community involvement</b> , aligning with the Act’s emphasis on listening to service users.
<b>Leadership &amp; Culture</b>	SLI builds <b>leadership capacity</b> and promotes a <b>learning culture</b> across organisations.
<b>Whole System Approach</b>	SLI supports <b>cross-sector collaboration</b> , essential for integrated care and public service delivery.
<b>Transparency &amp; Accountability</b>	SLI includes <b>open reporting and peer feedback</b> , reinforcing the duty to demonstrate quality improvement.

3.13 As part of our commitment to continuous improvement and population impact, the Health and Wellbeing Directorate is undertaking a thoroughgoing review of all its programmes. This is underway and some have already completed (see table below.) Every review is asked to undertake both user/stakeholder engagement and also peer challenge from an external peer.



The detail of what we ask is set out in Appendix 2 to this report. We are also happy to use Audit instead of reviews, and are making proactive use of Audit as an improvement tool.

- 3.13.1 This review is guided by our statutory Duty of Quality and the 4Es duty—Economy, Efficiency, Effectiveness, and Equity.
- 3.13.2 The aim is to ensure that every programme is optimally designed and delivered to improve healthy life expectancy, reduce inequalities, and support the strategic shift to prevention.
- 3.13.3 The review process is led by programme leads through a two-stage approach: self-assessment followed by peer challenge.
- 3.13.4 This enables teams to reflect critically on their work, assess alignment with strategic goals, and identify opportunities for improvement or reconfiguration within existing resources.
- 3.13.5 This review is not only a quality assurance exercise but a strategic tool to embed the Duty of Quality into everyday practice. By asking what “good” looks like in the current epidemiological and policy context, and by engaging peers in constructive challenge, we are fostering a culture of discernment, learning, and accountability.
- 3.13.6 The findings will inform future iterations of our Integrated Medium-Term Plan (IMTP), ensuring that our programmes are both impactful and sustainable. Ultimately, this process strengthens our ability to deliver high-quality, equitable public health services that meet the needs of the Welsh population and support our long-term ambitions for a healthier Wales.

**Table 2: Service Reviews already completed and being implemented**

Service	Review Method	Outcome
<b>Tackling Diabetes Together</b>	<ul style="list-style-type: none"> <li>• Full multi-stakeholder and programme review.</li> </ul>	<ul style="list-style-type: none"> <li>• Led to reshaping of programme and focus on new areas of work</li> </ul>
<b>Healthy Working Wales</b>	<ul style="list-style-type: none"> <li>• Programme and market audience review</li> </ul>	<ul style="list-style-type: none"> <li>• Relaunch of website, new website</li> <li>• Refocus of service.</li> <li>• New services for employers launched by Minister 12 November 2025</li> </ul>
<b>Wider Determinants – Child Poverty</b>	<ul style="list-style-type: none"> <li>• Stakeholder engagement and peer review</li> </ul>	<ul style="list-style-type: none"> <li>• Refocus of our work on child poverty to focus on co-ordination and support</li> </ul>
<b>Grant-making</b>	<ul style="list-style-type: none"> <li>• Full Audit as part of our audit programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Gave substantial assurance but also helped us identify how we could improve.</li> <li>• A collaborative group has been set up with UHBs to make the system and process easier</li> </ul>
<b>Drug and Alcohol Programmes</b>	<ul style="list-style-type: none"> <li>• Corporate multi directorate group</li> </ul>	<ul style="list-style-type: none"> <li>• New drugs needs assessment in draft</li> <li>• identified respective leads corporately,</li> <li>• organisation wide co-ordination group established</li> <li>• A collaborative quality improvement project under discussion with DsPH</li> </ul>
<b>Whole School Day Approach to Mental Health</b>	<ul style="list-style-type: none"> <li>• Collaborative Quality Improvement (Sector-Led Improvement)</li> </ul>	<ul style="list-style-type: none"> <li>• Cabinet Secretary, Estyn, WLGA, Directors of Education, PHW and Academics engaged in identifying what we can do to improve mental health across whole school day.</li> </ul>



<b>Social Marketing</b>	<ul style="list-style-type: none"><li>• Review of outcomes and processes</li></ul>	<ul style="list-style-type: none"><li>• Improvement in targeting and uptake of smoking cessation services</li></ul>
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## 4 Recommendation

### 4.1 The Committee is asked to:

- Consider the range of programmes being delivered by the Health and Wellbeing Directorate and their associated governance arrangements to inform the future work programme of the committee.
- Receive **assurance** that the Directorate is actively working to embed the Duty of Quality
- Consider any programmes it may wish to undertake deep dives on.

## Appendix 1



### Health and Wellbeing Directorate 2024-25 Policy Impact

#### **What have we done for you lately?**

#### ***The Health and Wellbeing Directorate's impact on Legislation, Policy and the Welsh System***

This document is a brief overview of the system change, policy and legislation our Directorate has influenced / achieved in 2024-25. It tries to encapsulate what we have done for the People of Wales that is about system or policy impact and not solely part of our core service delivery such as Help Me Quit, Hapus, etc.)

This snapshot only reflects work which has had impact and has been completed and not work still ongoing or in development. As such it is necessarily selective.

#### ***The breadth of our work***

The Directorate works across two of the three key domains of Public Health (Health Improvement, Healthcare Public Health and Health Protection)

- Health improvement (HI) – actions which improve the health of the population eg healthy weight services and healthy public policies
- Healthcare Public Health (HCPH) – actions and tools which seek to ensure healthcare services are consistently effective, safe and accessible for all.

While we have classified our impact on whether it is primarily in one of these domains (HI/HCPH), most of our work cuts across both domains.

#### **In 2024-25 we:**

#### **1. Helped Welsh Government draft, prepare and lay before Senedd the following sets of legislation:**

- Food environment legislation to restrict unhealthy promotions (HI)
- Two sets of tobacco and vapes legislation (HI)

#### **2. Helped draft and set national standards or requirements**

- Completed work with government on national nutritional standards for school meals, vital in ensuring healthy child development (HI)
- Advocated successfully for a prevention requirement and for a requirement to improve diabetes care and prevention in all Health Board IMTPs (HCPH)



- Advocated successfully for a national performance measure on uptake of the bundle of 8 care processes (Both)
- Funded delivery of a digital self-management package for Type 2 diabetes accessible FREE to every person in Wales who needs it. (Both)
- Led the production of an Inclusion Health Tier 2 service to be issued as a Welsh Health Circular (Both)

### **3. Supported Welsh Government and other bodies in drafting and agreeing national plans**

- Helped Welsh Government draft and finalise its Tobacco Delivery Plan (HI)
- Drafted the Prevention section of the Welsh Mental Health Strategy (Both)
- Our Prevention-Based Health and Care Approach has been adopted for the Womens' Health Plan (HCPH)

### **4. Played our part in ensuring Wales is ready to use the statutory gambling levy monies to prevent and treat gambling-related harm and health issues:**

- Advocated successfully with Westminster and Welsh Government for Gambling Levy monies to be devolved to Wales for both prevention and treatment (Both)
- Provided Welsh Government with a plan to be ready to implement the gambling levy funding for prevention and treatment which we will implement with them (Both)

### **5. Influenced national exercises by Senedd and FGC on prevention**

- Worked with the Future Generations Commissioner to ensure Prevention is embedded in his report and recommendations to Government (HI)
- Provided evidence to the Senedd Health and Social Care Committee which directly influenced their recommendations in two reports – Chronic Conditions Management and Obesity (Both)

### **6. Secured WG agreement for further improvements in school health work**

- Cabinet Secretary has agreed to a joint task group of PHW, Directors of Education and Estyn to joint up action to improve mental health across the Whole School Day (HI)



- Cabinet Secretary has approved consultation on bringing together mental health and healthy schools approaches, reducing the administration burden on schools (Both)
- Dental health will form part of the national school entry health assessment under the Healthy Child Wales Phase 2 programme in 2025-26 (Both)

## **7. Advocated successfully for national improvements in primary and secondary care**

- Successfully advocated for continued funding for the All Wales Diabetes Prevention Programme (Both)
- A Hypertension quality improvement project for all GMS practices has been included in the 25/26 GMS contract as a mandatory contract item (HCPH)
- Ensures the continued inclusion of Quality Improvement activity in the GMS Contract Quality Framework. This will help reduce unwarranted variation and inequalities (HCPH)
- The ABCD+ CVD Prevention Programme proposal has been recognised by the Value and Sustainability Board and included as a recommendation for implementation out to CEOs (HCPH)
- The national [Health and social care climate adaptation toolkit](#) includes and recommends the Greener Primary Care Framework Actions (Both)

## **8. Strengthened system capabilities to make a shift to prevention**

- Through joint working with Welsh Government and NHS, and the secondment of a Directorate team member into Welsh Government we
  1. Developed an architecture for ill-health prevention for the health, social care and early years branch of Welsh Government including helping design a national Prevention Advisory Group (HCPH)
  2. Influenced Welsh Government to cost the impact of funding for prevention Influenced WH to agree in principle for prevention grants to move to long term funding (Both)
- Launched the Prevention Based Health and Care Approach with a system wide steering group to support it, and a suite of resources on Primary Care One (HCPH)



- Supported design of a national NHS Health Inequalities Group and will be a core part of delivery and co-ordination (Both)



## Appendix 2: Service Review Guidance

### **Are we doing what our population needs us do, so they can be healthier? A rationale and guidance for Health and Wellbeing Directorate Programme Reviews**

June 2025, version 2

A more detailed discussion paper on sector led improvement approaches is available from [Jim.mcmanus@wales.nhs.uk](mailto:Jim.mcmanus@wales.nhs.uk)

#### 1. Background and Rationale: our 4Es Duty and Duty of Quality

1.1 The health of the population of Wales remains challenging and in some cases is worsening. Our citizens have a right to enjoy the best health and quality of lives they can and our ambition as the national Public Health organisation for Wales is to ensure that our Healthy Life Expectancy improves. This is the key outcome for our long term strategy. These ambitions are reflected in our route-maps.

1.2 The recent economic and social challenges facing Wales and globally have meant that the health of our population faces even more challenges. Public Health Wales has advocated for a strategic shift to prevention and in the last year we have worked with key stakeholders to:

- Highlight in a Senedd report the need to move to prevention
- Reviewed the role of the NHS in a healthier population and reshaped programmes in our primary care division or created new ones (primary care 2035) to embed prevention in the NHS
- Worked with the Future Generations Commissioner to embed prevention in his 2025 policy report
- Worked with Welsh Government to support prevention becoming one of the Cabinet Secretary's highest priorities.

1.2 At the same time, there is far more demand for public health delivery and service than there is capacity. The likelihood of significant additional funding in the current climate is slim. Given this, we need to focus on how we use our existing resource in our Directorate to achieve the greatest impact. It is not proposed that we reduce resource (either people or monies) in our Directorate, the aim is to help us focus that resource to greatest population impact.

1.3 With such an increasing – and necessary – focus on a shift to prevention, it is right that we discern

1. whether our existing programmes are focused and designed correctly to deliver the best impact on population health if we are to achieve the 2035 and prevention ambitions.



2. Whether our programmes are doing their best to deliver our value for money duty for Welsh citizens – ***the 4E's duty*** – Economy, Efficiency, Effectiveness and Equity
3. Whether there is more we can do to increase impact on the health of our populations.
4. Whether
5. Whether we are meeting our statutory ***duty of quality*** for our services. Our statutory duty of quality [Duty of Quality - Public Health Wales](#) requires that we consider whether our services meet the definition of quality contained in the Act and [guidance](#). This review process is intended to help us embody that duty in what we do.

1.4 Our aim should be to embed our duty of quality into how we do the work daily, so that we take a continuous improvement and continuous challenge approach to what we do, rather than repeat reviews like this. The findings of the review should help us embed this into our practice.

1.5 We have recently had several colleagues within the Directorate review activities. Our social marketing team has conducted a deep dive into several of its activities to consider impact and value for money. From that has arisen valuable lessons about how the use of stocktakes and reviews can help us keep our focus on population outcomes in what we do.

## 2. What does good look like for our programmes?

2.1 We need to ask, in the current epidemiological and policy context, what a good, high performing and well targeted public health programme would look like and how we would know whether or not it is delivering. That is the question your review should answer:

- ***What does good look like for our public health programmes if we are to improve healthy life expectancy and reduce health inequalities?***
- ***Are our programmes there?***
- ***If yes, what more can we do?***
- ***If not, what do we need to do?***

2.2 With the increasing focus on prevention from Welsh Government the National Director of Health and Wellbeing is requesting that we continue the programme of systematically reviewing all our work programmes against delivery of work programmes within the Directorate.

2.3 Primary Care as stated above has considered its role in this as a result of which the work portfolio and IMTP has shifted. So for the time being the review work in Primary Care is done and Primary Care is focused on continuous improvement and continuous review after reviewing. This means that work should focus on Health Improvement and Wider Determinants leads considering the questions above.



2.4 Any review should seek to be parsimonious with resource and process intensity and focus on getting the level of effort “just what’s needed” rather than too heavy. The key is peer and stakeholder challenge. Answering the questions above and the questions set out below in a way that enables you to determine what action should be taken is far more important than process, meetings and paper. This should **not** be a lengthy or onerous process to arrive at a discernment of whether we are doing our best for the people of Wales and – where here are things we could do better - what those are.

2.5 Consultants are requested to lead a light touch, 2 stage review.

1. Consultants are first asked to lead a review of their existing work programmes, considering the questions outlined below. This is a self-assessment. The questions are at Appendix 1 below.
2. Following this self-assessment Consultants should move to a peer-review/peer-challenge stage, which can take a number of forms but should at least involve a discussion with a fellow CPH, to provide constructive challenge and supportive feedback to strengthen the quality and consistency of the review between programmes. More guidance is provided on this below. You should provide your draft conclusions to the peer before meeting so they have time to consider and reflect. You should consider and revise your conclusions in light of the peer feedback.

2.6 Consultants are then asked to feedback to the National Director of Health and Wellbeing with one of the following conclusions in relation to the programmes ability to influence population health outcomes, inequalities and a greater system impact in the shift to prevention:

1. No change required
2. Synergies and benefits from working differently or better with other teams, units and partners
3. Minor change to workstreams required
4. Major change to workstreams required (eg stop doing project X and move resource to another existing or new project instead)
5. Structural or operational change required to enhance the effectiveness of the team (within existing financial resources)

### 3. The format of the feedback to the Director

3.1 After Peer review/challenge a **brief** report to the National Director (i.e. less than five pages for the main report) summarising the following

1. The process you took (two paragraphs maximum)
2. The findings including the peer review comments
3. The recommendations and intended next steps

*And*

4. The peer reviewer’s comments reproduced in full in an appendix



3.2 We can then be flexible as to how we can discuss this. This can be discussed in detail at either Divisional or Directorate level with the National Director, or a specific meeting convened with the team, and decisions made about feeding this into the next IMTP. The Peer can be included if they are available and this is felt helpful.

#### **4. The value of Peer Review/ Peer Challenge**

4.1 Peer review/challenge is a really important tool in improving quality and discerning how we improve services. It provides the opportunity for a critical friend to look at your service and findings and feed back. At a minimum this peer challenge should be from another consultant in public health, ideally and if possible from outside the directorate.

4.2 The Local Government Association in England has been running these for some time. Their helpful definition is:

“A peer challenge in programme review is a process where experienced individuals, or "peers," from within or outside an organization provide constructive feedback and challenge on a program's performance and direction. This approach aims to improve the program by identifying strengths, weaknesses, and areas for development through the lens of experienced practitioners. The process is typically collaborative and focused on learning and improvement rather than solely on identifying problems. “

4.3 Consider whether it would be valuable to invite experts or peers both from the system (eg Local DsPH or PH Teams) and if needs be from academia to look at, consider and then offer feedback on the programme and the need going forward. Questions for peer reviewers are provided in an appendix below. Again this should aim to be fit for purpose and not onerous or overdone.

#### **5. Timescale**

5.1 The request is to complete this in time to enable the next IMTP cycle to reflect the findings.

#### **6. Future ambitions**

6.1 Our ambition should be to embed our duty of quality in such a way that we continue to improve the impact of everything we do in improving and protecting, equitably, the health of the population of Wales, and achieve our 2035 ambitions. Specific reviews should become the exception not the norm, as we embed continuous discernment and challenge into how we work. This set of reviews is intended to be a one-off exercise to help us get there.



### Further Reading

<b>Value for money duty</b>	<a href="#">Achieving Value for Money - NHS Wales Shared Services Partnership</a>
<b>Duty of quality</b>	<a href="#">Duty of Quality - Public Health Wales</a> <a href="#">The Duty of Quality in healthcare   GOV.WALES</a>
<b>Quality reviews in public health</b>	<a href="#">What Good Looks Like   ADPH</a> Although now abrogated this quality in public health work from England is useful background <a href="#">Quality in public health: a shared responsibility - GOV.UK</a>



## Appendix 1: Self-assessment questions

### 1. Population health impact (effectiveness)

- a. Is it clear what the programme will contribute to the long term strategy ambitions?
  - a. What impact is it having? What impact will it have? Is it clear what the impact will be? Could we get better impact? How?
- b. Is it clear what the programme will contribute to a strategic shift to prevention?
  - a. Is it foundational, primary, secondary or tertiary prevention or a mix?
- c. Given the epidemiology of the population, is the programme designed and delivered to provide best population impact?
- d. How does the programme compare with cognate other programmes and activities in other areas?
- e. Is the programme consistent with best available evidence of impact and effectiveness?
- f. To what extent is the programme supporting/enabling the wider system to deliver prevention outcomes?
- g. What levels of performance are being achieved when compared with others?
- h. How could these levels of performance be improved

### 2. Equality and Equity

- a. What do people say about the service?
- b. How equitable is the service in terms of access and outcomes?
- c. Where are the gaps and unmet needs?
- d. How well do we make the programme accessible and equitable?
- e. To what extent is the work able to influence population health and inequalities in access/experience and outcomes

### 3. System engagement and leadership

- a. To what extent is the programme including key system stakeholders such as local Directors of Public Health and their teams, local authorities, third sector agencies and communities etc?
- b. To what extent is stakeholder engagement shaping and informing the programme?
- c. Are there areas where working together could improve efficiency, effectiveness or economy?

### 4. Duty of quality

- a. How is the service embedding the duty of quality in what it does?
- b. Where are the gaps and unmet needs?

### 5. Economy and efficiency



- a. Is the programme resource focused on delivering the programme and getting outcomes?
- b. Are there any areas of process which could be streamlined to enable greater focus on delivery and outcomes?
- c. Are there parts of the programme where people are lost to follow up or the programme? How could this be improved?
- d. What are the appropriate levels of service and methods of provision?
- e. What objectives and outcomes should be set for the service going forward?
- f. To what extent does the current structure enable effective and efficient ways of working?
- g. If more resource were available, what would be the highest priority for resource?
- h. If only the existing resource is available, what is the highest priority for the programme?



## Appendix 2: Tips and Questions for Peer Challengers

### 1. Being a critical friend

You have been asked to be a critical friend or external peer in reviewing one or more of our programmes. Thank you for doing this.

Being a critical friend in a public health service review involves providing constructive feedback and challenging our assumptions while maintaining a supportive and collaborative relationship.

It's about offering a fresh perspective and helping the service to improve by identifying areas of strength and weakness. A critical friend asks probing questions, offers alternative viewpoints, and helps the service to reflect on its practices and outcomes.

Your key role is to challenge us to ensure our programmes are doing the most they can to deliver:

1. Towards the Public Health Wales Long-Term Strategy ambition of healthier life expectancy for the people of Wales by 2035
2. In a way which meets our duty of quality and embeds the duty of quality domains in all we do in this programme
3. Delivers our Value for Money duty of efficiency, effectiveness, economy and equity.

The consultant in public health leading the review should provide you with this document and their findings of reviewing their programme in enough time for you to reflect. We invite you to ask questions and be proactive in doing so.

### 2. Key aspects of being a critical friend:

#### **Trust and Openness:**

The relationship between the critical friend and the service should be built on trust, enabling open and honest communication.

#### **Constructive Feedback:**

The critical friend provides feedback that is both supportive and challenging, helping the service to identify areas for improvement.

**Independent Perspective:** The critical friend offers an external viewpoint, bringing a fresh perspective and challenging the status quo.



**Focus on Improvement:** The critical friend's goal is to help the service improve its practices, policies, and outcomes.

**Understanding the Context:** The critical friend takes the time to understand the specific context of the public health service and its goals.

**Challenging Assumptions:** The critical friend is not afraid to question assumptions and offer alternative approaches.

**Actionable Recommendations:** The critical friend provides specific, actionable recommendations for improvement.

### 3. How to be a critical friend in a public health service review:

**Establish a strong relationship:** Build rapport and trust with the team or individuals being reviewed.

**Understand the service's goals and context:** Familiarize yourself with the public health service's mission, objectives, and the challenges it faces.

**Actively listen and observe:** Pay close attention to the service's presentation of its work and its responses to feedback.

**Ask probing questions:** Challenge assumptions and explore potential areas for improvement.

**Offer constructive feedback:** Provide specific, actionable recommendations for improvement, highlighting both strengths and weaknesses.

**Be supportive and encouraging:** Recognize the challenges faced by the service and offer encouragement for its efforts.

**Be mindful of the context:** Tailor your feedback to the specific context of the public health service.



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**Be prepared for pushback:** Some feedback may be challenging for the service to hear, and it's important to be prepared to address any resistance or defensiveness.

**Focus on learning and improvement:** Keep the focus on helping the service to learn and improve its practices.

**Document your feedback and recommendations:** Provide a brief written record of your feedback and recommendations for future reference.