|  | lechyd Cyhoeddus Cymru Public Health Wales |
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Name of Meeting
Board
Date of Meeting
23 January 2020
Agenda item:
5.3.230120

| Integrated Medium Term Plan |  |
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| 2020-2023 |  |$|$| 2020 |  |
| :--- | :--- |
| Executive lead: | Huw George, Deputy Chief Executive / Director <br> of Operations and Finance |
| Author: | Paula Walters, Head of Programme Management <br> Office |

## Approval/Scrutiny Business Executive Team - 13 January 2020 route:

## Purpose

The purpose of this paper is to consider and approve the Integrated Medium Term Plan for 2020-2023 prior to submission to Welsh Government.

| $\|$Recommendation:     <br> APPROVE CONSIDER RECOMMEND ADOPT ASSURANCE <br> $\square$ $\square$ $\square$ $\square$ $\square$ <br> The Board is asked to:     <br> Approve the Integrated Medium Term Plan 2020-2023 for submission     <br> to Welsh Government.     |
| :--- |

## 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:

| Strategic <br> Priority/Well-being <br> Objective | All Strategic Priorities/Well-being Objectives |
| :--- | :--- |


| Summary impact analysis |  |
| :--- | :--- |
| Equality and Health <br> Impact Assessment | The IMTP reflects the commitments set out in <br> our Long Term Strategy which are based on <br> improving population health and tackling <br> inequalities in health |
| Risk and Assurance | Our strategic risks will be included in this <br> document following discussion and approval <br> at Board on 23 January 2020. |
| Health and Care <br> Standards | This report supports the Health and Care <br> Standards for NHS Wales |
| Financial implications | The IMTP includes our financial plan and takes <br> account of the Welsh Government allocation <br> letter received on 19 December 2019. |
| People implications | The IMTP includes an overview of our People <br> Strategy and Workforce Plan. |

## 1. Purpose / situation

This paper provides an overview of the preparation of the Integrated Medium Term Plan (IMTP) 2020-2023, key issues of note and requests approval from Board, prior to submission to Welsh Government.

## 2. Background

In conjunction with requirements set out in the National Health Service (Wales) Act 2006, NHS Trusts are directed to submit an IMTP for Welsh Ministers' approval on an annual basis. This is the third year in the current planning cycle.

The NHS Planning Framework for NHS Wales 2020-2023 was issued in September 2019 and provides guidance to NHS bodies on planning. During the same period, the National Integrated Medium Term Plan - An all Wales Review of NHS IMTPs for 2029-22 (WHC/2019/030) was issued and sets out the key Ministerial Priorities which are to be reflected in plans.

The IMTP supports the delivery of the long term strategy 2018-2030 Working to achieve a healthier future for Wales, and provides information on how our medium term plans will contribute to our long term goals.

## 3. Description/Assessment

Developing the Plan
Strategic Priority Groups (SPGs) and enabling functions began developing their plans over the summer and the relevant SPG leads submitted their contributions to the Strategic Planning and Performance team on 31 October 2019.

Using our long term strategy, the NHS Planning Framework 2020-2023 and the National IMTP for guidance, contributions from across the organisation were reviewed and the first working draft of the IMTP was circulated to the Executive Team on 29 November 2019.

In parallel, the Extended Leadership Team carried out a review of the strategic priority group arrangements and it was agreed that when developing their plans, each SPG would review outcomes in the Long Term Strategy 2018-2030 and develop milestones to demonstrate progress. For some priorities, this preparatory work has led to changes to their plans; in particular around the focus of the strategic objectives.

Proposed changes to the strategic objectives were considered and agreed by the Strategic Priorities Coordination Group on 3 December 2019.

## Process for Refining the Plan

December 2019 Refinements made to take account of Ministerial Priorities and discussions with Welsh Government planning leads.

23 December 2019 Updated draft of the IMTP was circulated to the Board, Executive Team, SPG Chairs and Welsh Government planning lead.

10 January 2020 Feedback from Welsh Government planning leads expected.

13 January 2020 IMTP submission to Business Executive Team for approval.

23 January 2020 IMTP submission to Board for approval.
23-30 January 2020 Final refinements to reflect comments at Board
30 January 2020 IMTP and associated templates submitted to Welsh Government.

## Developing Outcomes and Milestones

Early guidance provided to SPGs was to include outcomes in their plan submissions. This guidance was provided before the joint outcomes group had developed the 'thinking model' which moves from ambitions, through to goals and then outcomes.

As we are working through this model it is understandable that the submissions included in the draft are variable and require further refinement going forward.

## Managing Risk

The new Board Assurance Framework is being considered at Board on 23 January 2020. Last year's strategic risks have been included in the draft (section 3.4) and changes will be made to the IMTP prior to submission to Welsh Government.

### 3.1 Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 provides the foundations on which underpins our Long Term Strategy. As part of the development of our Long Term Strategy, we have started the journey to implement a new approach to planning as part of our transition. This collaborative approach includes involvement across the organisation and aims to ensure the five ways of working are embedded at the core of everything we do. We will place the five ways of working at the heart of this work. This will involve:


Identifying where we can add value through action that support positive outcomes in the long term, both for current and future generations.

Prevention is a pivotal focus of our Long Term Strategy and an underlying theme within all our priorities

Identifying how the strategic priorities and objectives will contribute to multiple well-being goals and where our well-being objectives align with partner organisations

Collaborating with all parts of the organisation; and working with partner organisations to identify how we can work together to achieve our goals and achieve our organisational purpose. It is a feature of our new approach to planning and how we want to work in the future.

Involving staff from across the organisation and stakeholders in everything we do. We used this approach to inform the development of our long term strategic priorities and develop the plan that underpin the priorities.

## 4. Recommendation

The Board is asked to:

- Approve the Integrated Medium Term Plan 2020-2023 for submission to Welsh Government on 30 January 2020, subject to additional refinements to actions to ensure they are focused (and completion of finance table 3.4).


## Cynllun Tymor Canolig Integredig Integrated Medium Term Plan <br> 2020-2023



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## Executive Summary

## Our strategic plan

This is our third medium term plan. It underpins our long term Strategy that covers 2018-30. Building on previous years, it details the actions we will take over the next three years towards delivering our ambitions and how we intend to achieve our purpose of Working to achieve a healthier future for Wales. It demonstrates how we will focus our efforts - through the delivery of our seven strategic priorities - which will make the maximum difference to the health and well-being of present and future generations.

We will focus on delivering our strategic priorities, which are also our well-being objectives under the Well-being of Future Generations (Wales) Act as follows:

## Our Strategic Priorities / Well-being Objectives

## Influencing the wider determinants of health

We will collaborate with others to understand and improve factors that impact on everyone's health. This will include a focus on key determinants including family, friends and communities, housing, education and skills, good work, money and resources and also our surroundings.

## Improving mental-well-being and building resilience

We will help everybody realise their full potential and be better able to cope with the challenges that life can bring. Population approaches to improving mental well-being help individuals to realise their full potential; cope with the challenges that life throws at them; work productively; and contribute to their family life and communities. Good mental well-being impacts physical as well as mental health and has the potential to influence related inequalities in health.

## Promoting healthy behaviours

We will understand the drivers of unhealthy behaviour and make healthy choices easier for people. By rapidly reducing smoking prevalence, increasing physical activity, promoting healthy weight, and preventing harm from a range of behaviours including substance use, we will reduce the burden of disease and help reduce health inequalities.

## Securing a healthy future for the next generation through a focus on early years

We will work with parents and services to ensure the best start in life for all children in Wales. A child's early years are a key time to ensure good outcomes later in life including better learning, access to good work and a fulfilling life.

## Protecting the public from infection and environmental threats to health

We will apply our expertise to protect the population from infection and threats from environmental factors, working in collaboration with others to mitigate these risks to human health. This will involve early detection, good planning and application of resource in collaboration with others to provide an effective response for our population.

## Supporting the development of a sustainable health and care system focused on prevention and early intervention

We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention. This will include a focus on national population-based screening; reducing variation and inequality in care and harm in its delivery; and supporting care moving closer to the home.

Building and mobilising knowledge and skills to improve health and well-being across Wales
We will develop the skills, policy, evidence-based knowledge to help us and our partners improve health and well-being. Through our work, we will enable the timely generation, review and communication of local, national and international knowledge to effectively improve, protect and sustain the health of current and future generations in Wales. We will inform policy and practice through expert, impartial, trusted intelligence leading a whole-system, cross-sector approach for population health.

## Challenges and Opportunities

We continue to face significant challenges to improving the health and well-being of the people of Wales. Our Health and its determinants in Wales report provides an overview of the health and well-being of the population of Wales, including the burden of disease. It continues to inform our work, in conjunction with the Welsh Government's long-term priorities set out in Prosperity for All: the national strategy.

Our population is living longer than ever before. Like many other countries, we face increasing challenges about how to stay healthy with an aging population. We also continue to have health inequalities across different parts of Wales. This means that we are not as healthy as we could be, as we age. Some of us also need significant support and this contributes to serious challenges in the sustainability of health and care services in Wales.

We have demonstrated previous commitments to prevention within the population and recognition of further work to be done for co-morbidities and mental wellbeing. We are working in collaboration with partners to meet these challenges, reduce overall health inequalities and work towards A Healthier Wales. This will help us to focus and prioritise our collective efforts to improve the health and well-being of the people of Wales.

We believe that significant opportunities exist through delivery of our plan to continue to deliver improvements for the people of Wales at a pace and scale demonstrated in our previous iterations. We will continue to collaborate with other organisations in Wales; working across boundaries and with external organisations, to deliver tangible action aimed at improved health outcomes in a more dynamic and flexible way. This plan, and the priorities outlined within, serve as our compass over the next three years. It sets out the high-level actions we will undertake and how we will direct our resources to achieve the maximum impact and achieve our longer-term objectives by 2030.


Part 1

> Working to achieve a healthier future for Wales

### 1.1. Introduction

We are building on successful previous years of delivering against our Long Term Strategy. As a result, we have refreshed our plan so that it maintains momentum and focus. Where required, it takes account of the wider legislative and social environment and builds on our agreed priorities.

During 2019 we worked on developing population health outcomes to underpin our long term strategy. This work will continue in 2020 and will be important in strengthening our future plans as well as providing a catalyst for engaging with our partners and stakeholders on developing system level ambitions, goals and outcomes. Progress on this work is on page 19 and includes our ambitions: to increase the number of years people live in good health; reduce inequalities in healthy life expectancy; and reduce premature mortality. To achieve this our Long Term Strategy - Working to achieve a healthier Wales sets out our seven priorities that we believe will add the most value and make the most contribution to improving health, wellbeing and sustainability in Wales.

This IMTP sets out the steps we will take over the next three years to continue to implement our Strategy. The plan's development was refreshed through our established planning arrangements. A strategic 'look back and forward' has ensured that our priorities remain relevant and aligned and our have the biggest impact possible.

Through our system leadership, we have a vital role to play in tackling and addressing the key public health challenges facing Wales. In delivering our Long Term Strategy, we will lead action, mobilise and work collaboratively with partners to achieve measurable improvements to public health. Our alignment and contribution to A Healthier Wales (see page 9) and the principles of the Quadruple Aim ${ }^{1}$ (see page 12) are also reflected within this plan.

This also includes continuing to develop our skills within the organisation to ensure we remain on track to deliver our longer term aspirations. We will need to challenge our internal ways of working and, in some cases, be ambitious in redesigning our systems and processes to continue to place the principles and goals of the Well-being of Future Generations Act at the heart of what we do and how we work.

Our statutory functions also provide a firm foundation for us to continue to work with the public and our partners to develop effective preventative approaches to long-term challenges.

This plan, and the priorities and actions within it, serve as our compass over the next three years and aligns with A Healthier Wales (see section 1.3). It sets out at a high level, the action we will undertake and how we will direct our resources to achieve the maximum impact.

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- Callaborating with poung people and partners on our Young Ambassadors programme
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### 1.2. Alignment with $A$ Healthier Wales

'A Healthier Wales' includes a strong focus on prevention, supporting individuals to manage their own health and well-being and integrated health and social care services which are delivered closer to home. A number of themes are identified and below we can see how our plan aligns to support delivery at a national level.

Longer, Healthier and Happier Lives - our organisational purpose is 'working to achieve a healthier future for Wales.' This includes working across the life course to create an environment and society in Wales in which healthy choices are the easy choices. This will mean rapidly reducing smoking prevalence, increasing physical activity and promoting health weight. We will also continue to protect the population from infection and environmental threats to health through high levels of vaccinations and immunisations, rapid and effective management and control in all settings and reducing inappropriate antibiotic prescribing. Our work to secure a healthy future for the next generation, through a focus on the early years, will ensure we support children to reach their full potential and fewer children in Wales experience adverse childhood experiences. By 2030, we also aim to have a learning environment in schools and other educational settings that better improve health.

Focused on prevention, health improvement and inequality - prevention is a core theme that runs throughout each of our seven long-term strategic priorities. Health improvement is a key part of our plan, throughout the life course and also reducing inequalities. Through influencing the wider determinants of health, improving mental well-being and resilience, supporting the development of a sustainable health and care system, and building and mobilising knowledge and skills throughout the health system we intend to reduce inequalities.

Working with Welsh Government during 2019, we secured additional investment for a step change in prevention to improve population health in Wales by supporting longer, healthier and happier lives. The Building a Healthier Wales programme is the national, whole-system approach to prevention in response to the challenges set out in A Healthier Wales.

Wider determinants of health are central to improving health conditions and reducing health inequalities. We are collaborating with partners to address the wider determinants in maximising the positive impacts and mitigating negative impacts. The agreed priorities are:

- Wider Determinants: health and housing and employability
- Ensuring the Best Start in Life: optimising our early years
- Enabling Healthy Behaviours: smoking prevalence, physical activity, healthy eating
- Reducing the burden of disease: effective management of blood pressure, glucose, cholesterol, BMI (Body mass index)
- Enabling Transformational Change

The collaboration has provided the opportunity to adapt and implement a shared message to promote the key drivers for change and to realise the ambitions set out in Wales' key policy documents.

A whole system approach to health and social care - over the next 10 years we aim to support the development of a sustainable health and care system focused on prevention and early intervention. This includes supporting the development of models of care that are seamless to
maximise population benefit across the life course; shifting the balance from hospital to community based care; and shifting the focus from professional to shared care and improving quality and safety. This also includes developing seamless pathways of care, following the detection of disease. This will be undertaken in consultations with the Unscheduled Care Programme Board and Planned Care Programme Board and is also reflected in the work programme of Improvement Cymru outlined in Strategic Priority 6 (see page 61). We will also ensure that we develop a collaborative approach with organisations such as the NHS Delivery Unit, Social Care Wales and others in supporting this.

An equitable system, which achieves equal health outcomes for all - we will support the development of new models of care. A key element of this priority is ensuring equitable service delivery. Our Improvement Cymru team will continue to embed improvement methodologies into routine service delivery to reduce variation and inequality in care and harm in its delivery.

Services that are seamless, delivered as close to home as possible - by 2030, we will support care moving closer to home and centre it round patients and carers. This will include over the next three years: working with partners to draw upon evidence-based practice, including social prescribing, to support the shift from hospital to community-based care provided closer to home.

People will only go to a general hospital when it is essential - through our work to support the development of a sustainable health and care system focused on prevention and early intervention, we will continue to work with our partners to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care. Our Improvement Cymru team we will also support the system to provide the highest quality care by building improvement capability at pace and scale and enabling the workforce to improve patient safety in areas of national priority.

Using technology to support high quality, sustainable services - by 2030, we will be an international exemplar and trusted national resource in the use of evidence and intelligence to inform decision making for health. We will do this through innovative practice, optimising the use of technology, including through data science to inform decision making for health.

### 1.3. National Integrated Medium Term Plan and Ministerial Priorities

Our long term priorities and medium term objectives are reflected in the National Integrated Medium Term Plan and the promotion the Wellbeing of Future Generations Act.

Our long term strategy is our focus and has provided us with the platform to work more collaboratively, support strategic planning and service change with a view to achieving greater outcomes in population health.

Through our strategic priorities, we will be addressing the wider determinants of health; promoting healthy behaviours; and focusing on prevention through collaboration towards Building a Healthier Wales.

We recognise that in order to meet our long-term aims, we must address our short-term needs. Our strategic plan enables us to maintain our focus on developing appropriate outcomes, quality improvement and transformation. We recognise the importance of working with our partners to identify opportunities that would beneficially affect the population by implementing service change through strategic planning
Our strategic priorities have allowed promotion of the Well Being of Future Generations Act. Ensuring collaboration is a central theme of our work shapes opportunities for greater integration with health boards and the third sector across Wales. Throughout the services we provide to the public, we seek to improve our use of technology to support high quality sustainable services, and using innovative practice. We also seek to enable the public to understand how their daily lifestyle decisions have an impact on their health.

## Key Ministerial priorities:

Prevention: Public Health Wales is fully engaged in the prevention and early intervention agenda set out in A Healthier Wales. The vision for establishing a whole system approach to health and social care requires further collaboration with Local Public Health Teams across Wales and this has enabled us, working with Health Boards, to maximise opportunities for chronic disease prevention.

Through our work with primary care, we will play a key role in early identification and the provision of patient support through education and promotion of self-management. Coupled with this approach we aim to support the broad prevention framework and deliver the public health contribution for prevention and well-being.

Primary Care Model for Wales: while recognising the importance of prevention, we have identified the need to ensure the sustainability of primary care. With the introduction of the Primary Care Model for Wales, we will continue our work to contribute to the transformation of primary and community care services, and promote sustainable local care with improved access to care closer to home. We recognise that primary care has an important role in prevention and early identification of co-morbidities within the population. As a health care organisation, we support the national Primary Care Board work programmes designed to promote patient education and self-management opportunities. This aligns closely with the Person Centred Care programme within Improvement Cymru.

The Primary Care Hub, hosted by Public Health Wales, reports to the national Primary Care Board operating on a "once for Wales" basis. The Hub was established to coordinate support for health boards and clusters, at a national level, in the delivery of the national plan for primary and community care in Wales and facilitates coordinated delivery on a range of projects.

The Hub supported health boards to undertake a collective review of their 2019-22 IMTPs. This assessed the emphasis on and progress in adopting and adapting the Primary Care Model for Wales. There are significant opportunities for shared learning between health boards. The Hub also supported the development of the 2019 guidance to health boards for the new cluster IMTPs across Wales. Further information: http://www.primarycareone.wales.nhs.uk/home

Reducing health inequalities: We have adopted and implemented the Quadruple Aim which is driving the development of many high performing international health and social care systems. As the Parliamentary Review recommended, the Quadruple Aim will be central to developing a shared understanding of how we want our system to develop and how we will prioritise change. Our Ambitions and work on Wider Determinants represents our public health contribution.

By participating in the evolution of local and national health strategies, we aim to improve wellbeing and reduce inequalities.

Mental Health: our plans include collaborating with Health Boards to improve mental wellbeing and ensuring a more consistent message to the public across Wales. When considering the population needs, we are assessing the social and psychological wellbeing of the population and how the needs can be met on a national, regional and local level. Through value-based healthcare, we are aligning our commissioning approach to empower patients and promote mental wellbeing across Wales. Working with key partners through programmes of work like Hapus, we will support community initiatives and create positive opportunities.

We will continue to work collaboratively with our partners to promote mental wellbeing across Wales. We will aim to promote mental wellbeing to children and young people and facilitate an all-Wales approach to the reduction of trauma impact focusing on the areas of violence against women, domestic abuse and sexual violence and adverse child experiences.

### 1.4. Accountablility conditions

The table summarises the progress in 2019 and plans for 2020 on a range of accountability conditions set by Welsh Government:

| Accountability Condition | Activity for 2019/20 | Planned activity for 2020 <br> onwards |
| :--- | :--- | :--- |
| Develop the National Health <br> Protection Service (NHPS) in <br> line with its function as a key <br> pillar of public health and <br> meet the milestones agreed <br> for its development. | Transformation Programme <br> established with workstreams and <br> plans <br> Investment plan for the additional <br> £1.1m and £1.043m investments <br> during 2019/20 implemented and <br> closely monitored | Contribute to the National <br> Coordination Group. Key <br> deliverables identified by <br> Welsh Government for |
| 2020-23 are incorporated |  |  |
| into our IMTP plan (Strategic |  |  |$|$| Priority 5) |
| :--- |

Planned activity for 2020 onwards
Make rapid improvement in
immunisation rates,
identifying specific groups
where the most effective
benefit and impacts are
required.

Accelerate the FIT screening arrangements to meet agreed standard.

Provide clarity on deliverables and milestones in relation to health and well-being.

Introduction of rapid respiratory testing capability into laboratories prior to influenza season
On track with agreed timescales. Key deliverables:

- Delivery of school and university campaigns for MMR and MenACWY
- Beat Flu programme and Ministerial launch completed - Published report and recommendations of Wales Task Group for the Elimination of Measles and Rubella.
Completed as planned. The full implementation of the faecal immunochemical test (FIT) was completed as planned with all invitations sent to eligible participants including a FIT test from the 6th September 2019. The phased implementation was successfully undertaken with real time evaluation of positivity rate, uptake and testing of end to end processes.
Progress on deliverables and milestones are monitored by the Strategic Priority Groups by means of the annual reporting tool. Progress is monitored monthly in our Integrated Performance Report.
protection and antimicrobial pharmacy.

Discussions held on recommendation for a national MMR catch up programme for population up to 24 years during 20192021.

Entering next phase of the agreed plan of Bowel Screening Programme. Funding agreed for optimisation and work to lower age range offered is being planned to start from April 2020 with phased roll out to 55 to 60 years this financial year.

Undertaking a programme of work to clarify ambitions, goals and outcomes. Strategic Priority Groups will then identify milestones and deliverables against these.

### 1.4.1. NHS Delivery Plans

Welsh Government's National Health Delivery Plans set out agreed actions, performance measures and outcomes for action by NHS organisations in Wales. Our plan describes the contribution to these Delivery Plans with actions being taken forward through the relevant strategic objectives. For example, as part of the Cancer Delivery Plan, we will continue to play a key role in preventing cancer through leading a comprehensive prevention programme to minimise population-level risk of disease; delivering HPV and Hepatitis B vaccination programmes; and raising awareness of radon gas emissions. We will contribute to detecting cancer earlier through delivery of our national screening programmes and we will improve cancer information via our Welsh Cancer Intelligence and Surveillance Unit.

### 1.5. EU Transition - shaping our refreshed plans

In early 2019 we published our Health Impact Assessment (HIA) ${ }^{2}$ which examined the public health implications of Brexit. It was supplemented by a rapid review assessment ${ }^{3}$ published later in the year. This has served as a key strategic driver that has shaped the development of our refreshed plans. We undertook this through our priority groups assessing their existing plans against the findings from the HIA, along with strategic discussions with our Board and senior leaders across the organisation. The assessment, and subsequent Board discussions, demonstrated that there was strong alignment between our existing priorities and the key areas identified within the HIA.

As a result, our approach has been to ensure that we are focusing on our unique role as a national public health Institute demonstrating system leadership, particularly engaging with key partners e.g. Public Services Boards and Regional Partnership Boards. This aligns with the work we have been undertaking to develop a set of key outcomes, which will provide clarity on our specific role and drive delivery and action (see page 18).

A number of cross-cutting themes have been identified, which have driven the refresh of our plans, including:

- the economic, social and health impact that Brexit will have on vulnerable groups
- the importance of high-quality public health surveillance in a more fragmented system
- the need for ongoing public health evidence, research and policy advice to shape decision-making post-Brexit

The actions and milestones set out within this plan have been updated in light of these themes. The specific contribution we will make will vary by strategic priority. In some instances we will provide increased focus within specific areas (e.g. an increased focus on employment and income as key determinants), while in others we will develop and strengthen our existing commitments (e.g. developing public health capacity relating to trade and trade agreements). We have also challenged ourselves to increase the pace of delivery within key areas (e.g. mental health and early years) to meet the increased challenges posed by Brexit, while continuing to deliver our statutory functions.

### 1.6. Planning for the longer term

To meet our duties under the Wellbeing of Future Generations Act, we have:

- revised our well-being objectives in 2018 and these are the same as our strategic priorities
- refreshed our Strategic Equality Plan and objectives, which will be published in March 2020

[^1]- assessed the contribution that each of our strategic objectives makes to each of the seven well-being goals. This is reflected both in our Well-being Statement and also through the presentation of our strategic priorities in Part 2 of this plan (from page 23).

In terms of the five ways of working, a Wales Audit Office review undertaken in 2019 on implementing the Well-being of Future Generations Act concluded that we have a strong focus on the five ways of working, though acknowledged there is more work to do. Some examples of how we continue to embed the five ways of working include:

## Long term



Identifying where we can add value through action that supports positive outcomes in the long term, both for current and future generations. During 2019/20, we have worked through our strategic priority groups to develop long-term outcomes for each of our strategic priorities.

## Prevention



Prevention is a pivotal focus of our Long Term Strategy and an underlying theme within all our priorities. Through the Building a Healthier Wales Strategic Partnership Board we are working with others to make a system wide shift towards prevention.

## Integration



Identifying how the strategic priorities and objectives will contribute to multiple wellbeing goals and improving our understanding of well-being objectives of individual public bodies and how these relate to the Trust's well-being objectives.

## Collaboration



Collaborating with all parts of the organisation; and working with partner organisations to identify how we can work together to achieve our goals and achieve our organisational purpose

## Involvement

Developing a strategic approach and organisational position on how we interact with stakeholders: i.e. staff, citizens, patients and wider public services), including:

- learning from feedback on stakeholder engagement.
- being clear about terminology and what it means for consultation, involvement, engagement and coproduction; and
- being clear about the purpose for engaging with stakeholders to determine the best method and frequency of interaction.
As an example of involvement, our Young Ambassadors are young people aged between 11-21 who come together from across Wales and support the organisational development of Public Health Wales as well as co-producing the Young Ambassadors' programme. Further information can be found in our annual plan:
https://phw.nhs.wales/files/annual-reports/working-to-achieve-a-healthier-future-for-wales-annual-report-2018-19/

Over the next 3 years, the Health and Sustainability Hub will continue to support our organisation and the wider public health system to respond to and implement the Act. The Hub's updated strategy and work-plan will reflect the national statutory progress reports from Wales Audit Office and Office of the Future Generations Commissioner and findings of the repeat baseline assessment in 2019-20. The Hub will specifically focus on:

- enabling our staff to implement the Act in their everyday working life, at team and individual level, through the Hub's range of products, and promote across other organisations and networks in Wales,
- responding to calls for NHS Wales system-wide action on climate change and decarbonisation, including developing a framework for response (dependent on funding agreed in 2019-20),
- supporting the production of our second biodiversity report, which is required by December 2022 in line with the Environment (Wales) Act
- supporting the implementation of the our environmental sustainability programme and biodiversity plan, including working with corporate leads and directorates
- building on efforts to engage and motivate NHS Wales and public bodies' workforce to embed sustainable development


### 1.7. Sustainability

Our commitment to environmental sustainability is reflected in this plan and our Long Term Strategy. We intend to achieve the platinum level Corporate Health Standard during 2021/22 for which we will need to go through three stages:

- Initial approval of case study
- Submission of evidence
- Workplace visit/assessment

We will also work towards the internationally recognised BS EN ISO 14001:2015 Standard by 2024. This work aligns to the Well Being of Future Generations Act, particularly the goal of being a resilient and globally responsible Wales.

### 1.7.1. Biodiversity

In recognition that our ecosystems and biodiversity are in decline, we have identified five areas for action in our published plan: 'Making Space for Nature':

- Engaging and supporting our staff
- Sustainable procurement
- Developing our estate
- Our environmental sustainability programme
- Supporting other public bodies in Wales

Supported by the Health and Sustainability Hub and our Environmental Sustainability Programme, our planned actions include a 'Be the Change' e-guide on biodiversity with sustainable steps for staff.

### 1.7.2. Environmental Sustainability Programme

Our vision is for Public Health Wales to be a sustainable organisation, which protects and enhances our environment. Our Environmental Sustainability Programme reports directly to the Senior Leadership Team, and co-ordinates five dedicated work streams (with associated work-plans) largely focusing on decarbonisation in relation to plastics reduction, green travel, our estate, buildings and waste. The programme also develops capacity and capability through workstreams on leadership, engagement and learning. Since 2017, these work streams have been working to support behaviour change within the organisation and make changes to the way we work. The programme continues to work towards embedding a culture of sustainable working in everything we do, to reduce our carbon emissions. We have made steady progress and raised awareness amongst our staff, our plans going forward have been aligned to action at the:

- individual level - ensuring that staff are informed, knowledgeable and motivated to be agents of change
- team level - encouraging discussion and opportunities to experiment thereby enabling visible practice and increased confidence and commitment
- organisational level - reflected in organisational objectives, policies and plans, communications and job descriptions and appraisals
- system level - policy, legislation, processes and procedures and monitoring/reporting requirements

Following the Welsh Government's 'Low Carbon Wales' conference in October 2019, we will be making a pledge to address the climate emergency and will publish this during 2020/21.

### 1.7.3. Circular economy

We have been instrumental in demonstrating the multiple co-benefits of a circular economy through our programme of office refurbishments. Our future plans for an agile estate will include further development of our circular approach which we promote with partners. Welsh Government's Ystadau Cymru programme funded a feasibility study into whether this unique circular economy model might be a credible economic model and this work will continue in 2020/21. Further activity will be integrated into our Estate plans to develop an agile working environment that supports our ambition for greater collaboration to deliver on our strategic priorities.

### 1.7.4. Health Impact Assessment on Climate Change

In 2020, we will publish a HIA exploring the public health implications of climate change for Wales. The Wales Health Impact Assessment Support Unit will lead on this work with significant input and engagement from experts in the field.

This unique approach will utilise HIA methodology to identify the significant potential positive and negative impacts (direct and indirect) of climate change; the populations who may be affected; and will highlight any potential opportunities for the future. It will assess how any impact may manifest itself over time; how this impact could be mitigated or maximised; and indicate strategic actions that could be implemented. The report will provide
recommendations on how organisations and key decision makers can respond to climate change (mitigation and adaptation) in their current and future planning processes to protect and improve health and reduce inequalities.

### 1.8. Delivering our plans

In order to ensure the delivery of our Long Term Strategy and this IMTP we have been embedding and refining new governance arrangements to help us remain on track. In May 2019, the executive team and senior leaders took part in a planned review and following improvements were identified:

- outcomes to be developed to enable us to track progress - see page 18 below
- strategic priority group governance - membership of the priority groups was improved to ensure effective challenge and scrutiny
- decision making and reporting - a new co-ordinating group oversees progress and scrutinises proposed changes to or annual plan

In April 2019, the Knowledge Directorate was established bringing together the former Health Intelligence Division and Research and Evaluation Divisions. When the Director of Knowledge is permanently appointed, further consideration will be given to wider health intelligence activities across the organisation. The focus of the new directorate is to drive the use of data science, research and evaluation to inform delivery of our long-term strategy.

In 2018, the Policy and International Health Directorate was designated as a World Health Organization Collaborating Centre (WHO CC) on 'Investment for Health and Well-being'. In April 2019, the WHO CC was established as a stand-alone directorate working across Public Health Wales to support the development of, and advocate for, policies to improve health and wellbeing and reduce inequalities. As part of the WHO CC designation, a 4-year programme of work was established to develop, collect and share information and tools on how best to invest in better health, reduce inequalities, build stronger communities and resilient systems in Wales, Europe and worldwide. Over the past 12 months, as well as the directorate's ongoing work on sustainability, adverse childhood experiences, policy development, and international health, WHO CC has also been supporting Wales to become a WHO influencer nation, underpinned by a Memorandum of Understanding between Welsh Government and WHO Europe.

Work continues to align resources to our priorities by collaborating with our directorates and strengthen our performance management arrangements. Work will continue to develop our planning and performance systems. Our proposals to improve and transform our enabling functions is on page 86.

### 1.9. Outcomes and Measurement

In an early stocktake of our strategy implementation, we acknowledged that in order to make the step-change necessary to improve health, we needed to improve our planning by developing an outcomes focussed approach. We also recognised that an outcomes based approach needs to be adopted across the system and we see our role, as a national public health institute, as providing the system leadership and stimulus to this approach.

We have been developing and testing a model using our long term strategy and expect to have an outline proposition by the end of March 2020. Thereafter we want to work with partners to explore the extent to which this approach can result in collectively agreed outcomes which will shape the next IMTP. Building a Healthier Wales will be a valuable mechanism for testing this approach.

The model, set out below, connects three public health ambitions (to increase the number of years people live in good health; reduce inequalities in healthy life expectancy; and reduce premature mortality) with long term system goals and system outcomes at 2030. Our specific contribution and how we will measure ourselves is a final stage in the model.


The various levels of the model will be connected by a measurements system, which we will develop in 2020/21. This will align public health intelligence and surveillance around key outcomes, with a new internal performance approach focusing on key performance indicators, value and impact.

We see this as driving our future activity, focus and prioritisation. It will be underpinned by our desire to set 'unreasonable ambitions', which we will use to inspire, engage and influence our partners and decision-makers.

### 1.10. Organisational Quality and Improvement

Our Quality and Improvement Strategy for 2020-23 supports our vision to become a high performing organisation. Using the NHS Improvement 90 day Improvement Cycle as a foundation, the plan is underpinned by significant evidence. Our definition of quality incorporates six domains:

- safe
- timely
- efficient
- effective
- equitable
- people/population centred

By focusing on managing for quality, we seek to identify the needs of our population and people using our services. This will enable us to prioritise the design, redesign and improvement of our work to meet or exceed expectations. We will ensure we reliably meet population and service needs on a daily basis and any gaps in performance are detected early and support improvements within each Strategic Priority using a standard set of methods that reduce variation in our work.

A continuous improvement approach will be implemented across all areas of the organisation to achieve improved outcomes and impact, which is key to delivering our strategic priorities. We will continue to drive, lead and anchor all Wales safeguarding and equality and human rights pieces of work and support NHS organisations in improving the diversity of the workforce and ways of working which health and social care contribute to safeguarding the public. We will continue our work with the NHS Equality Managers and Heads of Safeguarding to identify priorities for years 1-3. For example, the 'once for Wales' Equality and Human Rights scoping paper and the Safeguarding Network Maturity Matrix Improvement Plan http://www.wales.nhs.uk/sitesplus/documents/888/PHW\ Safeguarding\ Maturity\  Matrix\%202019.pdf

### 1.11. Managing Risk

Our aim is to embed effective risk management in our service delivery, when developing and implementing our plans; in our decision-making and when allocating resources. To do this we have developed and strengthened our risk management arrangements at both a strategic and operational level. In 2018/19, we published our first Annual Statement of Risk Appetite. Alongside this, work has been continued to embed risk management at all levels of the organisation, such as the ongoing training of all risk owners. Our self-assessment against the requirements of ISO 31000 was that we are developing, and work will continue to improve further on this over the life of our plan.

We have measured key strategic risk performance, established its risk profile and instigated thematic analyses through the use of the Board Assurance Framework, Corporate Risk Register and local risk registers. Corporate level risk forms an important and regular part of the Board, Board Committee and Executive agendas.

During 2019/20, we matured our Board Assurance Framework further, allowing us to identify sources of assurance that underpin the controls in place. We are also developing a new approach to assessing the quality of our assurance, we have tested this against some of the risks and will be working to roll this out across all the strategic risks in 2020/21.

## Strategic risks

The Board has identified the strategic risks that might affect the delivery of our long term strategy. These are: [to be updated following Board on 23 Jan]

## Risk Descriptor

## There is a risk that Public Health Wales will:

1 Find itself without the workforce it requires to deliver its strategic objectives
2 Cause significant harm to a patient, service user or staff member
3 Fail to deliver a sustainable, high quality and effective infection and screening service
4 Suffer a major IT security breach resulting in a failure to service delivery and/or loss of personal data

## Risk Descriptor

## There is a risk that Public Health Wales will:

Fail to effectively influence stakeholders and support the NHS and Social Care to
5 deliver the population health gains required to achieve its purpose, and also to deliver healthcare services that represent the best achievable quality and value

6 Fail to secure and align resources to deliver on its strategic priorities
7 Fail to sufficiently consider, exploit and adopt new and existing technologies

These risks form part of the Board Assurance Framework, with each risk having an assigned Executive Director lead and Board Committee assigned to oversee assurance. Each risk has controls identified and where required a risk action plan which will be reviewed on an ongoing basis and reported regularly to the Board. Recognising that this is a dynamic and evolving process, we have built in regular review of risk as part of planning and monitoring cycle. Alongside this, our strengthened systems and processes of risk management within Public Health Wales will ensure that these risks are actively managed and mitigated accordingly.

### 1.12. Our strategic priorities and underpinning strategic objectives

In Part Two for each of our strategic priorities we have included the outcomes that we developed for initially for our long term startegy. As described in on page 18, these are being worked through using our new model. Where relevant we have included the public health outcome measures that are plans are seeking to influece. Where available, the base line position is included.

Alongside this, each strategic priority has a range of strategic objectives which outline our expected key achievements and benefits by 2023. As part of our planning arrangements, we reviewed our strategic objectives prospectively through a look-back-look-forward process to ensure they remain current and relevant. As a result, the objectives within the strategic priorities reflect the organisational approach to achieve our Long Term Strategy.

These are described in further detail in subsequent sections of this plan including the actions that will be taken to deliver these strategic objectives. For each strategic priority, we have outlined why it is important, what we are trying to achieve and how we will measure our success over the next three years.

Specifically, Part 2 of our plan details the work that we will undertake over the next three years to achieve our Long Term Strategy. For each strategic priority we have outlined:

Background and context- we have outlined why this is a priority, and the areas that Public Health Wales will focus on to achieve our long-term priorities.

Mapped each priority against the Well-being Goals - we have assessed the contribution of each of our strategic objectives to the well-being goals as reflected on the colored tabs.

What the Burden of Disease and public told us - where relevant, we have included key findings highlights from the Health and its Determinants Report and Stay Well in Wales Survey that have informed development of our priorities.

What success will look like in 2030- this articulates what we want to achieve by 2030.
What we will achieve in the next three years- this section provides further detail on the work will undertake over the next three years to deliver each of our strategic objectives. Each strategic objective has a unique reference number. E.g. SO1.3.

Key deliverables- in a table we set out the key products derived from the plans that will deliver the strategic objective.

## Part 2

## Our Strategic Priorities

### 2.1. Strategic Priority 1

## Influencing the wider determinants of health

Why is this a priority?

The wider determinants of health are social, economic and environmental factors that influence health, wellbeing and inequalities. By influencing the design and implementation of national and local policies and strategies relating to these determinants, we will improve people's well-being and reduce population level inequalities in health.

The determinants of health and well-being that we will focus on within this priority are:
Education and skills -participation in education and obtaining qualifications is associated with future healthier behaviours, better mental health, greater levels of health literacy, and a reduced risk of a range of health conditions. Low educational attainment is strongly linked to socio-economic disadvantage. We know less about the relationship between poor health and wellbeing and the ability to succeed within education.

Good, fair work - there are strong relationships between good quality employment and health. In addition to providing economic resources for material wellbeing, good fair work contributes to psychosocial needs, including individual identity, social role and status as part of an environment that supports health. Workplaces also provide a setting to address health and wellbeing, through providing a safe and health promoting environment and through supporting people with ill health to remain in work. However, poor quality employment is strongly linked to poor physical and mental health outcomes and can increase the risk of prolonged absenteeism and future unemployment. Unemployment increases the risk of limiting long-term illness, poor mental health and cardiovascular disease and is associated with an increased risk of premature mortality.
Money and resources - in general, people on higher incomes live longer, healthier lives than those on lower incomes. Low income impacts on health across the life course through various mechanisms, including lack of material resources, psychosocial pathways such as increased stress and adverse experiences, and increased likelihood of unhealthy behaviours.
Housing - good quality safe, sustainable homes with security of tenure reduce the risk of poor physical and mental health and premature mortality. They reduce lost school days and improve educational attainment, reduce the number of trips and falls and reduce visits to the GP and other health and social care services.

Poor housing and insecure homes/homelessness pose significant risks to an individual's health, including poor mental health, respiratory disease and the delayed physical and cognitive development of children. Cold housing is particularly damaging for health and causes a significant proportion of demand for care and excess winter deaths.

Our surroundings -shape the way we live our lives. Healthy places can encourage community connections, provide quality green and natural spaces and areas to play and thrive. In contrast, our surroundings can detrimentally affect our health through poor air quality, lack of affordable
sustainable transport, levels of crime, or fear of crime and a lack of opportunity for community participation.

Cumulative effects - these factors have cumulative effects across the life course, as our early experience of material resources and parental circumstances affect our opportunities, including for education, and in turn good work, our money and resources and our options for housing and the surroundings in which we live. Communities and families impacted by disadvantage are left vulnerable to the impacts of further adverse changes such as those identified in the Brexit HIA and the impacts of welfare reform.

### 2.1.1. What will success look like in 2030?

By 2030, we want the people of Wales to have a more equal chance of living a fulfilling life, free from preventable ill health. This means working with others to:

- help children learn and young people achieve their potential
- support policy development that minimises income inequality and its impacts
- support employers to create environments that promote well-being
- support employers to reduce the impact of poverty, low income and debt as barriers to good health
- reducing the number of people that fall out of work as a result of poor health
- working with others to prevent homelessness
- promoting good housing quality
- maximising the potential of the built and natural environment to improve health and well-being


### 2.1.2. Long term outcomes

Over the last year, we have been considering the long-term outcomes that we want to influence across Wales. The outcomes we have chosen reflect the need to improve these determinants overall for Wales, addressing inequalities between Wales and other nations. They also reflect the need to improve outcomes especially for the worst off in Wales and to reduce inequalities within Wales. These outcomes are the areas for long-term system wide change. We cannot change these outcomes on our own, they all require action from many parts of the wider system within which we work. Our actions in this three-year plan lays the foundation for long-term work to influence these outcomes (see page 29). In the table below we have also include the baseline position where available.

In this context, we have identified the following:

|  | Outcomes | Outcome indicators |
| :---: | :---: | :---: |
| Education and skills | - Narrowing the socioeconomic gap in education and skills attainment | - The proportion of school leavers attaining 5 A* to C GCSEs, and the gap between the most ( $75 \%$ ) and the least deprived (38\%) areas |


|  | Outcomes | Outcome indicators |
| :--- | :--- | :--- | :--- |
| Good <br> work/Money <br> and <br> resources | Material resources <br> support the best start in <br> life <br> Inclusion in work that is <br> good for health | Reduction in the percentage of children living <br> in poverty* (24\%, 2017) <br> Increased percentage of people in employment <br> earning more than 2/3 medial UK wage* <br> Increased percentage of people in <br> employment* |
| Reduction in gap in employment rate for those |  |  |
| with long term health conditions (14\%, 2018) |  |  |

The Welsh Government is currently considering setting quantifiable milestones for national indicators, following consultation. Indicators suggested for milestones in the consultation include:

- Child poverty; proposing an alternate approach to a point target
- Percentage of people in employment
- Average capped 9 score of pupils, including the gap between those who are eligible and not eligible for school meals. This is related to the education and skills outcome indicator

Healthy life expectancy and the gap between the least and most deprived is also suggested. The response to the consultation recognised to a desire among respondents to see new indicators/milestones relating to housing quality and quality of work.

### 2.1.3. What we will achieve in the next three years?

As a result of the work we have undertaken on outcomes, we have re-organised and prioritised this section by the wider determinants we want to influence. We have also considered the PHW updated Brexit, Health Impact Assessment, in the development of these objectives.

## SO1.1 By 2023 we will implement a programme of work to support better educational attainment in childhood

Over the next three years, we will use the evidence review of the relationship between health and educational outcomes, we will develop a programme of work to support educational attainment relating to health in childhood, work with key partners to implement this programme of work, and consolidate our programme, reviewing action to date and developing further plans as appropriate.

SO1.2 By 2023 we will have renewed the Healthy Working Wales Programme and helped prevent people falling out of work due to ill health

## Healthy Working Wales

In year one we will build on the Healthy Working Wales programme by developing online diagnostic tools to enable employers to identify areas for action on health and wellbeing. In year two, we will build on insight work with employers to increase understanding of the relationship between work and good health among employers, especially SMEs, and roll out the online diagnostic tools to support them to create healthier and health promoting environments for their staff. In year three, we will review progress to date and develop a new three-year plan.

## Reducing people falling out of work

We will develop a joint programme of work with partners to reduce the number of people falling out of work as a result of ill health, which will support the Welsh Government's Employability Plan. In year one, we will agree a joint programme of work with partners. In year two, we will take forward and implement agreed actions from the joint programme of work. In year three, we will review and build on the programme of work.

## Influencing participation in good, fair work

Having developed a theory of change and mapped the evidence relating to good work and health, we will work with partners to shape how we influence participation in good, fair work, including in the context of Brexit. In year one, we will undertake an evidence review on the impact of any work-type, compared to no work for health, and derive advocacy messages for influence in Wales based on our evidence mapping and review. In year two, we will work with partners to influence nature of work available and conditions for good health. In year three, we will further develop our work with partners on prioritised areas to influence nature of work available and conditions for good health.

## SO1.3 By 2023 we will have established a collaborative project with advice services to improve access to money and resources

## Advice services

Initial scoping in 2019/20 found that advisory services have an important contribution to improving health and well-being in the context of the wider determinants of health. However, evidence on the direct health and financial outcomes linked to advice provision requires further research. In year one, we will work with advice service stakeholder organisations to scope areas for collaborative working for health and wellbeing, focusing on children and families living in poverty. In year two, depending on findings from scoping in year one, we will undertake a collaborative project with advice services. In relation to Brexit, we will also undertake an analysis to better understand the potential impacts on children and families living in poverty in Wales, (dependent on Brexit policy direction). This will be used to identify areas of focus for future years.

[^2]
## Health and Housing

Having further developed the evidence base on housing and health, and defined our levers and opportunities, we will continue to engage partners to influence action in housing to improve health. In year one, we will host a multi-agency event to share research, policy and practice in relation to housing and health and analyse options based on our housing and health logic model. In year two, we will identify areas for further in depth housing and health policy analysis and deliver report(s) based on this analysis. In year three, we will develop housing policy briefings on a proactive and reactive basis to support the integration of health and wellbeing considerations in housing policy.

## Health and Planning

Building on our work in 2019/20, we will continue actions to optimise public health impacts from proposed policy, service and land-use planning developments. We will seek to enhance integrated working across the organisation and with our partners to maximise our influence on decision making so that broader determinants of health are considered and coherent responses are provided to others to optimise health impacts and reduce inequalities. Depending on the outcome of a business case in 2019/20; in year one we will test the coordinating mechanism for health and planning, in year two, we will provide integrated organisational responses to land use planning proposals, and in year three, we will review the integration of planning and health and update the co-ordinating mechanism for health and planning pathways.

## s01.5 By 2023 We will have strengthened our ability to influence the wider determinants of health

We will build develop our skills in policy and legislative influence as part of a structural approach to influencing the wider determinants of health. In year one, we will establish a community of practice for public health professionals in Wales with an interest in influencing the wider determinants of health and identify key learning needs. In year two, we will put into place a programme to build up skills in relation to influencing policy and legislation. In year three, we will assess progress in relation to policy and legislative influence capability We will support health boards to focus on actions they can take to influence the wider determinants of health. In year one, we will work with Directors of Public Health and other partners to identify opportunities to inform future health board integrated medium term plans for the influence of wider determinants of health. In year two, we will develop a range of materials to inform health board IMTPs. In year three, we will review health board IMTPs to consider the impact of our work to date and identify gaps

### 2.1.4. Key Deliverables: Influencing the Wider Determinants of Health

## Objective

SO1.1 By 2023 we will implement a programme of work to support better educational attainment in childhood

## SO1.2 By 2023 we will have

 renewed the Healthy Working Wales Programme and helped prevent people falling out of work as a result of ill health
## SO1.3 By 2023 we will have

 established a collaborative project with advice services to improve access to money and resources| Milestones |
| :--- |
| - Work programme based on an evidence review of the relationship between health and educational outcomes developed |
| - Business case for resources for a programme related to health and educational outcomes developed |
| 2021-22 |
| - Work programme subject to success of business case implemented working with key partners |
| 2022-23 |
| - Programme reviewed and follow on plans developed as appropriate |
| 2020-21 |
| - Elements of the Healthy Working Wales model implemented |
| - Online needs assessment tools- infrastructure developed (dependent on funding allocation from Welsh Government) |
| - Joint programme agreed with the Effective Employee Health Management Partnership |
| - Evidence review on impact of any work completed and advocacy messages derived for influence in Wales |
| 2021-22 |
| Consolidate new model of Healthy Working Wales and extend reach to wide range of employers, size and sectors |
| - Agreed actions from the joint programme implemented to reduce people falling out of work due to ill health |
| - Areas identified and prioritisation exercise undertaken to understand where we can influence nature of work available and |
| conditions for good health |
| 2022-23 |
| New Healthy Working Wales model reviewed and adapted as necessary |
| - Programme of work to reduce people falling out of work due to ill health reviewed and adapted |
| - Action undertaken on prioritised areas where we can influence nature of work available and conditions for good health |
| 2020-21 |
| Working with Advice Service stakeholder organisations, scoping exercise for areas of collaborative working completed |
| Undertake an analysis to better understand the potential impacts of Brexit on children and families living in poverty in Wales |
| (dependent on Brexit policy direction) |
| 2021-22 |
| Collaborative project with Advice Service stakeholder organisations undertaken (subject to scoping exercise) |
| 2022-23 |
| Progress of collaborative project reviewed and opportunities for scaling up identified |
| 2020-21 |

SO1.4 By 2022, we will support action for people to live in safe, secure homes with security of tenure and we will have developed an integrated approach to influencing planning to enhance our surroundings for better health and reduced inequalities

Milestones

- Multi-agency event delivered to share research, policy and practice in relation to housing and health and analyse options based on our housing and health logic model
- New pathway protocol agreed to enable a co-ordinated approach to influencing land use planning (subject to funding).
- Co-ordinating mechanism for health and planning developed, tested and launched (subject to funding).


## 2021-22

- Areas for further in depth housing and health policy analysis identified and report(s) based on this analysis delivered
- Environmental hazard and health tracking surveillance developed
- Lead the integration of public health and planning in Wales by joined-up organisational responses to land use planning proposals (dependent on funding).


## 2022-23

- Housing policy briefings published to support the integration of health and wellbeing in housing policy.
- Findings from environmental hazard and health tracking surveillance applied
- Integration of planning and health reviewed and co-ordinating mechanism and pathways updated (dependent on funding)

2020-21

- Community of practice for public health professionals in Wales established and key learning needs identified
- Enable the public health workforce to develop knowledge and understanding of the public health implications of trade and trade agreements in the context of Brexit
- Working with Directors of Public Health and other partners opportunities identified to inform future health board IMTPs for the influence of wider determinants of health
- Phase 1 of web-based intelligence resource relating to wider determinants of health in Wales completed

2021-22

- Programme to build up skills in relation to influencing policy and legislation established
- Range of materials to inform health board IMTPs developed
- Phase 2 of web-based intelligence resource relating to wider determinants of health in Wales completed


## 2022-23

- Progress in relation to policy and legislative influence capability assessed
- Health board IMTPs reviewed to consider the impact of our work to date and gaps identified
- Phase 3 of web-based intelligence resource relating to wider determinants of health in Wales completed


### 2.2. Strategic Priority 2

## Improving mental well-being and building resilience

Why is this a priority?

Population approaches to improving mental well-being help individuals realise their full potential, make healthy choices, cope with the challenges that life throws at them, work productively and contribute to their family life and communities. Good mental well-being impacts upon both physical and mental health and can influence health inequities. Resilience and mental well-being are inextricably linked and influenced by several inter-related factors. Figure 2.2.1 below provides the Conceptual Model for Mental Well-being

Mental well-being is more than just the absence of disease; it is a positive state, underpinned by social and psychological well-being and resilience. It enables and supports good relationships, self-efficacy, decision-making, sense of meaning, purpose and control and improved health. Through our research we know that factors such as adversity in childhood (ACEs), not having a trusted relationship with an adult whilst growing up, social isolation and exclusion, lack of participation, unemployment, financial hardship and poor community cohesion can all have a detrimental impact on health.

We are experiencing unprecedented changes in our society and possibly seeing more visible tensions emerging between different groups in society and divisions within communities. We are also entering a period of economic uncertainty as plans to leave the European Union progress. The Brexit HIA has identified multiple possible impacts on individual and community mental well-being as a result of economic and societal change. Financial worries can place additional stress on families. This work also identifies that those groups of the population who are most vulnerable to economic insecurity are likely to be the most affected by the predicted changes, as well as those already at risk of being 'left behind' because of personal factors. These groups already experience lower levels of mental well-being.

### 2.2.1. What do we know about mental well-being in Wales?

The key indicators for mental well-being in Wales are monitored through the lens of socioeconomic deprivation. When we look at 'high sense of life satisfaction' and 'high sense that life is worthwhile' in those aged over 16years in Wales there are significant differences between those with highest and lowest deprivation scores. People on lowest income are least likely to feel satisfied and that their life is worthwhile. This link provides further data that has informed our approach. https://publichealthwales.shinyapps.io/MentalWellbeingInWales Phase2/.

### 2.2.2. What will success look like by 2030?

Our proposed long-term strategy outlines the outcomes we would like to achieve for this strategic priority, namely that by 2030, Public Health Wales will:

- be leading an ongoing national conversation with the public on what it means to be mentally well, responding to the ever changing social and economic environment and working with our partners to stimulate collective action to improve outcomes
- be actively monitoring the mental well-being of the population and be using this to influence policy, strategy and programmes
- have supported partners in promoting and conducting research on mental well-being and resilience including reducing the impact of ACEs / trauma and on breaking intergenerational cycles of poor mental and physical health outcomes
- have facilitated a trauma, ACE and resilience informed Wales - aiming to raise understanding of psychological approaches amongst professional and the public.


### 2.2.3. Long term outcomes

The work of this strategic priority will contribute to achieving the following population health outcomes at a system level for the population of Wales. There are routine measures of individual mental wellbeing in national surveys and these are the overarching goal of the programme. We already know that these outcomes vary between different groups in the population depending on their level of education, income or their age.

## Outcome indicators

Increased mental well-being among adults (PHOF 3b-51.4\%, 18/19)
Reduction in the gap in mental well-being between the most and least deprived among adults (PHOF 6b not currently available)
Increased sense of community (PHOF $14-52 \%, 18 / 19)$ )
Increased percentages of people who volunteer (29\%, 2016/17)
Reduction in percentage of people feeling lonely (PHOF 16 - 17\%, 16/17-17/18) )
Mental well-being and resilience, as the model above shows, is influenced by a wide range of factors. We have identified a range of intermediate indicators which contribute to the overall outcome but may not be directly influenced by the public health action taken in the next three years. These are measures included in routine population surveys. They include measures relating to individual components such as life satisfaction and happiness. There are also indicators of community wellbeing including levels of volunteering and trust in others or loneliness which relate to the people dimension of community wellbeing. Measures such as access to green space and valued facilities relate to the 'place dimension'. Over the next year we will undertake further work to identify which of these will be our primary focus.

- Self-reported life satisfaction levels
- Self-reported sense of life's worthwhile levels
- Self-reported anxiety levels
- Self-reported 'Happiness' levels
- Feeling that most people can be trusted
- Neighborhood satisfaction
- Indicators around Ioneliness, missing people, rejection, people to rely on
- Feeling safe after dark e.g. in local area, on public transport etc.
- Pensioners - seeing a friend or family at least once a month
- Access to green space
- Access to valued facilities


### 2.2.4. What we will achieve in the next three years?

Over the last year we have been undertaking detailed reviews of the research and evidence to more clearly understand what the factors are which help individuals and communities to be mentally well and resilience so that we can work to stimulate and support action to improve levels of mental wellbeing for the population. The next three year Strategic Objectives to deliver this strategic priority are as follows:

SO2.1- By 2023 we will have increased the visibility and priority of work to promote mental well-being across Wales.

In year one we will continue to build a shared understanding of the factors which contribute to mental wellbeing and resilience, across the organisation and the Public Sector. Working in collaboration, we will launch a new long-term programme of work called Hapus. This will focus partnership efforts on areas which are known to aid mental well-being. Working through community organisations, workplaces, schools and the health service it will encourage people to reflect on what makes them feel well and to prioritise time to focus on what matters to them.

Hapus will also support Welsh Government's strategy "Connected Communities - Tackling Loneliness and Social Isolation'. It will highlight the importance of forming and sustaining relationships as well as having good social networks within communities as a means of addressing loneliness and social isolation.

We will continue to understand and share best practice in empowering individuals and communities. In year one we will review evidence on creating conditions in communities which lead to empowerment and in year 3 we will share best practice guidance with our partners in the wider system.

SO2.2 By 2023 working with partners we will stimulate and support evidence based action to promote mental well-being and resilience

In year one we will synthesise and disseminate the evidence relating to what works to promote mental well-being in the work place as well as identifying tools and training to support employers in their role in promoting mental well-being.

We will also complete our Health Foundation funded Community Assets, Participation and Integration: Taking Action Locally (CAPITAL) project. This partnership will provide evidence of the impact of asset-based approaches in bringing together neighbourhoods to build social capital and stronger communities. This project will inform approaches to engage groups and individuals at risk of social exclusion.

[^3]In year one we will continue working with key partners to adopt a Once for Wales approach to understanding and responding to the needs of populations who have experienced/are at risk of Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (). Pending continuing funding, we will further develop the work of the ACEs Hub and Early Action Together (EAT) programs. Our aim is to improve both knowledge and response to ACEs and trauma-informed practice across professionals and the public in Wales. We will continue to collaborate with Welsh Government to develop "Group 2 Ask and Act" training.

Work supporting "VAWDASV" will continue within primary care and then the third sector to realise further metrics. Work with ACEs and Homelessness will also link in to our longer-term strategy.

## Conceptual Model for Mental Wellbeing



### 2.2.5. Key Deliverables: Improving mental well-being and building resilience

| Objective | Milestones |
| :---: | :---: |
| SO2.1 - By 2023, we will have increased the visibility and priority of work to promote mental wellbeing across Wales. | 2020-21 |
|  | Building on stakeholder engagement and scoping work in 2019, by the end of 2020-21 we will have: <br> - launched the Hapus programme <br> - disseminated and communicated the Hapus model to the public |
|  | 2021-22 |
|  | - Hapus extended to a minimum of three additional sectors |
|  | 2022-23 |
|  | - Evaluation completed and recommendations for future action made <br> - Initial benefits achieved in Hapus identified and evaluation completed |
| SO2.2-By 2023 working with partners we will stimulate and support evidence based action to promote mental well-being and resilience | 2020-21 |
|  | - Evidence based advice, tools and training to support the promotion of mental well-being at work disseminated <br> - Delivery of Community Assets, Participation and Integration: Taking Action Locally (CAPITAL) Project |
|  | 2021-22 |
|  | - Evidence on effective action to develop psychological, social and emotional well-being in key settings disseminated <br> - Community Assets, participation and Integration: Taking Action Locally (CAPITAL) Project delivered |
|  | 2022-23 |
|  | - Progress in the adoption of evidence based action in key settings reviewed |
| SO2.3-By 2023 will have facilitated a trauma/ACE informed Wales - improving the understanding of psychological approaches amongst | 2020-21 |
|  | ACEs Hub and EAT programmes further developed to mainstream knowledge and evidence-based response to ACE and Trauma-informed practice across professionals and the public in Wales (exact actions to be determined pending funding decisions). <br> - Unified approach to developing Group 2 Ask and Act training for NHS Wales reviewed and agreed, working with policy leads within Welsh Assembly Government <br> - Evaluation tool developed to monitor effectiveness of training that captures the voice of the service user |

## Objective <br> professionals and the public to reduce the impact of trauma.

## Milestones

- Completed work shared as best practice with NHS England (in their preparations to implement Domestic Abuse Bill)
- A "one team" approach within NHS Wales to address the VAWDASV agenda developed

2021-22

- Understand the role of primary care (GP clusters) as contracted agents within NHS Wales to develop and support the VAWDASV agenda
- Prevalence of exposure to VAWDASV amongst 13-17 year olds within a primary care cluster area understood
- Opportunities and potential funding identified to undertake further research on ACEs and Homelessness


## 2022-23

- Collaborate with Welsh Government to address gaps in legislation that do not currently address the mental health and well-being of young people as they transition into adulthood
- Complete feasibility of pilot testing (ratification of tool), (p) test/re-test to ensure risk tool is reliable
- Findings published and presented at national conferences (including NHS England)
- Potential opportunities identified and further research on ACEs and Homelessness undertaken


### 2.3. Strategic Priority 3

## Promoting healthy behaviours

## Why is this a priority?

People's health related behaviours are influenced by a range of factors including their social, economic and physical environment and their mental well-being. By making it easier for people to adopt healthy behaviours we will reduce the burden of disease and help narrow the gap in heath inequalities arising from long-term conditions such as cancers, heart conditions, stroke, respiratory disease and dementia.

By focusing on the following areas, we aim to have an environment and society in which the healthy choices are the easy choice.

Reducing smoking prevalence - tobacco ranks as the single highest risk factor for premature death and disability in the UK. It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas in Wales.

Most smokers start smoking when they are still at school and the highly addictive nature of nicotine means that they rapidly develop a lifelong addiction that is difficult to overcome. Helping young people to remain smoke free is therefore as important as helping adults to quit smoking. The current Tobacco Action Plan for Wales has a target of reducing the proportion of adults who smoke to $16 \%$ of the population by the end on 2020.

Promoting healthy weight - maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, it can also lower the risk of many different cancers. Being overweight or obese is now the leading preventable cause of long-term poor health and disability as well as one of the leading causes of early death. Over half the adult population are now overweight or obese and there is good evidence that we find it difficult to recognise a healthy weight as being overweight has become normal. This was reflected in the public survey as people tended to significantly underestimate the importance of weight, rating it lower than drug and alcohol use and physical inactivity.

During 2019 Welsh Government published the Healthy Weight: Healthy Wales Strategy which sets out a 10 year strategic plan to halt the rise in levels of obesity in the population and begin to reverse this trend.

Increasing physical activity - physical inactivity is among the top ranking risk factors for premature death and disability in the UK. Many instances of the leading causes of ill health in today's society, such as coronary heart disease, cancer and type 2 diabetes, could be prevented if more inactive people were to become active.

In addition to reducing premature death and the incidence of disease, participating in physical activity also has benefits for mental well-being and maintaining independent living in older age. It can also play a key role in reducing health and social inequalities. Physical inactivity also has a significant burden on healthcare costs and the economy.

Preventing harm from drug and alcohol use - regularly drinking more than the recommended levels not only harms the individual through a wide range of short and long term health effects, but damages relationships and society in general through violence and crime, accidents and drink driving.

Substance use at an early age is associated not only with more regular and higher levels of substance use and dependence in adulthood, but also with poor mental health and social harms. There is a strong association between substance use and ACEs. The findings of our public survey showed that people tend to overestimate the impact of drug misuse on health and well-being.

Supporting the wider system to take action to promote healthy behaviours - our behaviours are influenced by a range of factors. The opportunity to make healthy choices for example having access to safe cycle routes or healthy food at work is important alongside the motivation to make changes. Our motivation is often influenced by those around us and can be influenced by incentives to change and support. In our national survey over three quarters of people agreed that they should keep themselves healthy, it is not the job of public services. While individual responsibility and capability will always play a part, public services, Local and National governments have key roles to play in creating environments in which the healthy choices are the easy choices. Some of the greatest changes in population health have been as a result of changes in legislation e.g. seat belts; smoke free public places.

### 2.3.1. What will success look like in 2030?

- The top five perceived contributors to poor health and well-being were smoking (1 ${ }^{\text {st }}$ ), drug abuse ( $\left.2^{\text {nd }}\right)$, alcohol misuse ( $\left.3^{\text {rd }}\right)$, physical inactivity $\left(4^{\text {th }}\right)$ and unhealthy eating habits $\left(5^{\text {th }}\right)$. These issues were in the top five for both males and females, with females more commonly identifying each issue as important.


We envisage that by 2030, by working with Welsh Government and others and by involving people in our decision-making, Public Health Wales will have:

- delivered year on year increases in the proportion of children and young people who are smoke free and helped an increasing number of smokers to quit
- increased significantly the proportion of children and young people in Wales who are a healthy weight when they start school and into adulthood. We will work to create coordinated action across the whole system to support healthy food choices and promote a more active Wales
- changed social norms about the acceptability of a range of health harming behaviours.


### 2.3.2. Long term outcomes

The following goals have been identified for the priority area. These are broad population goals that require action from across the whole system. The measures relating to smoking, obesity
and physical activity are routinely monitored through the National Survey for Wales and will be a focus of the Healthy Weight: Healthy Wales Implementation Board and the Tobacco Control Strategic Board. Consumption of alcohol and drugs by young people are included within the School Health Research Network survey that takes place every two years. We have established an Alcohol Prevention Partnership to work with Government and our strategic partners to co-ordinate action to work on these issues and to monitor progress. Public Health Wales produces an annual surveillance report on substance use for Welsh Government and the wider system as part of ongoing work to implement the national action plan. Currently, there is a target to reducing smoking rates among adults to $16 \%$ by the end of 2020. Targets do not exist for the other outcomes.

- Children are smoke free
- Adults are smoke free
- Children are a healthy weight when they start school
- Adults are a healthy weight
- Children are active
- Children do not drink alcohol
- Fewer people (adults and children) experience harm from drunkenness
- Children are drug free
- Fewer adults experience harm and early death from drug use.

Promoting healthy behaviours is a system-wide effort with contributions from multiple services and partner organisations. Our collective efforts are reflected in the Future Generations Outcome measure of the proportion of the population adopting three or more healthy behaviours (not smoking; drinking within guidelines, eating five or more portions of fruit and vegetables a day; being physically active and maintaining a healthy weight). This measure has been adopted as the overarching outcome for this strategic priority. In addition to the overarching outcome above, this priority is contributing to the achievement of a range of outcomes within the Public Health Outcomes Framework including the following:

## Outcome indicators

Reduction in percentage of Adults who smoke (PHOF25) 18.4\% (2016/17-2018/19)
Reduction in percentage of Adolescents who smoke (PHOF20) 3.6\% (2017/18)
Reduction in percentage of Smoking in pregnancy (PHOF28) 16.1\% (2017/18)
Increase in percentage of Adolescents of healthy weight (PHOF33) 82.1\% (2017/18)
Reduction in percentage of Adolescents drinking sugary drinks once a day or more (PHOF22)
18.4\% (2017/18)

Increase in percentage of Adults eating five fruit or vegetable portions a day (PHOF23) 23.9\%
(2016/17-2018/19)
Increase in percentage of Working age adults of healthy weight (PHOF38a) 39\% (2016/17 -
2018/19)
Increase in percentage of Older people of healthy weight (PHOF38b) 37.3\% (2016/17-2018/19)
Increase in percentage of Children at age 5 of healthy weight or underweight (PHOF32)73.6\% (2017/18)
Increase in percentage of Physical activity in adolescents [PHOF19] 18.3\% (2017/18)
Increase in percentage of Adults meeting physical activity guidelines [PHOF24] 53.1\% (2016/17 2018/19)
Reduction in percentage of Adolescents using alcohol [PHOF21] 7.9\% (2017/18)

## Outcome indicators

Reduction in percentage of Adults drinking above guidelines [PHOF26] 19.1\% (2016/172018/19)
Reduction in percentage of Tooth decay among 5 year olds (PHOF34) Average number of decayed, missing or filled teeth in children aged 5 years is 1.2

### 2.3.3. What we will achieve in the next three years?

We have identified the progress we expect to have made in the next three years. Achieving these strategic objectives will be major milestones on our long-term journey to improve health. These have been consolidated for this year bringing objectives relating to each behaviour together to provide a more strategic focus. The work being undertaken has not changed.

### 2.3.4. Smoking

## SO3.1 - By 2023 we will have worked with others to reduce the proportion of the population who smoke

We will continue to deliver an integrated smoking cessation system for Wales that delivers year on year increases in the number of people getting NHS help to quit with the overarching goal of helping $5 \%$ of smokers each year. Expanding our work with the Health Board Directors of Public Health to address other aspects of tobacco control beyond cessation and work collectively to support Welsh Government in developing an evidence based Tobacco Action Plan for 2021 onwards; including revised targets for reducing smoking prevalence.

Figure 2.3.1: Shared programme of work


In year 2 and 3, we will work with Welsh Government and our partners to implement the revised tobacco plan. In year 2 , we will review our current action to prevent uptake of smoking and make recommendations for implementation from year 3.

### 2.3.5. Healthy Weight

## SO3.2 - By 2023 we will have worked with others towards halting the rise in levels of overweight and obesity for children and adults in Wales through the implementation of the Healthy Weight: Healthy Wales strategy

We will support implementation of the Healthy Weight: Healthy Wales strategy. In years 1 and 2, we will lead the delivery of key aspects of the two-year delivery plan focusing on building a system for prevention, working with partners across Wales. This includes an effective measurement system to track progress followed by an initial evaluation of the approach taken in year 3 . We will implement the 10 Steps to a Healthy Weight as a basis for system wide action to increase the proportion of children and young people who start school a healthy weight.

### 2.3.6. An Active Wales

## SO3.3 - By 2023 we will have worked with others to increase the proportion of the population who are active

Through our Wales Physical Activity Partnership with Sport Wales and Natural Resources Wales we will engage other partners across the system in delivering key elements of the Healthy Weight; Healthy Wales strategy. In year 1, the focus will be on maximising the opportunity of school settings to promote physical activity and on developing an evidence-based, behaviourally informed communication programme to motivate people to be more active, in line with the revised Chief Medical Officer's Guidelines. We will continue to deliver and review the Healthy and Active Fund. In partnership with the Active Travel Board, we will continue to increase the number of children who walk or cycle to school and develop a cross-organisational programme of work to maximise the collective effect across related areas such as air quality and sustainable development for implementation in years 2 and 3.

### 2.3.7. Alcohol and Drug Misuse

SO3.4 - By 2023 we will have developed and begun delivery of a new programme to prevent alcohol related harm

In year 1, we will continue to work with the National Alcohol Prevention Partnership on our shared priorities for action. In year 2, we will commence delivery of agreed priority actions with further work to scale up and embed agreed approaches in year 3. During years 2 and 3, we will continue to support the renewal of local licensing policies as they arise.

## SO3.5- By 2023 we will have developed and begun delivery of a programme to reduce the use and harm from drugs

Building on 2019/20, we will review the impact of drug related harm on the population of Wales and identify key priority areas as a focus of a cross-organisation integrated programme. By 2021, we will develop a detailed implementation plan supported by a business case. During year 2 and 3, we will undertake preparatory work to ensure that Welsh Government and our
partners have access to consistent specialist public health advice on the priorities for action in the next delivery plan.

## SO3.6 - By 2023, we will have supported the wider system to take evidence based action to promote healthy behaviours and to measure the impact of their actions

We will build on the alcohol and tobacco profiles that have been produced and continue to develop web-based resources on patterns of behaviour starting with physical activity in year 1. We will look for opportunities to use new data sources, methods and technology to gain fresh insights into existing and emerging behaviours and their impacts on health to inform our preventative action in Wales. In year 2, we will develop proposals for improved recording and monitoring of key health behaviours in primary care.

We will build on our work to redevelop the established Welsh Government platforms relating to schools, pre-schools and health at work to ensure that they are fit for purpose and integrated with wider policy development in those settings. In years 2 and 3 , we will continue to increase partnership in delivery of these programmes and our ability to measure change. In year 3, we will reflect on the impact of the Making Every Contact Count programme and make recommendations for action.

By making high quality, consistent and up-to-date health promotion information more easily accessible to the public, individuals will be able to make better choices. We will continue working with partners across the system to develop and implement a shared approach to health promotion information that supports people in accessing evidence based authoritative information. We will also continue to maximise the use of digital methods and consider the needs of particular groups. In year 1 we will produce guidance on health promotion information and in year 2, develop proposals to meet the needs of defined groups and those with additional needs.

### 2.3.8. Key Deliverables: Promoting healthy behaviours

SO3.1 - By 2023 we will have worked with others to reduce the proportion of the population who smoke

## Milestones

## 2020-21

Following on from a range of work undertaken in 2019, which included the transfer of face to face smoking cessation services to Health Boards, by the end of 2020-21 we will have:

- established an Improvement programme for integrated smoking cessation services
- produce and disseminated evidence-based advice on future tobacco related policy in Wales
- developed proposals for improved population based reporting of smoking cessation outcomes


## 2021-22

- Review of activity to prevent smoking uptake among young people completed
- Agreed actions within the Tobacco Action Plan for Wales delivered


## 2022-23

- Recommendations for an enhanced smoking prevention programme for Wales developed


## SO3.2 - By 2023 we will

 have worked with others towards halting the rise in levels of overweight and obesity for children and adults in Wales through the implementation of the
## Healthy Weight:

Healthy Wales strategy

SO3.3 - By 2023 we will have worked with others to increase the proportion of the population who are active

## 2020-21

- An integrated approach developed to building an obesity prevention system for Wales agreed with Welsh Government and the Directors of Public Health
- Phase 1 of the 10 Steps implementation plan delivered
- Costed proposals for improved population surveillance of overweight and obesity produced


## 2021-22

- Phase 2 of 10 Steps implementation plan delivered
- Agreed actions in the Healthy Weight: Healthy Wales delivery plan completed

2022-23

- Healthy Weight: Healthy Wales system working evaluation report produced
- Agreed actions in the Healthy Weight: Healthy Wales delivery plan completed


## 2020-21

Based on evidence gathered in 2019, by the end of 2020-21, we will have:

- Established a cross-organisational programme on Active Travel
- A Physical activity strategic communication and behaviour change business case
- A Joint programme of work agreed with Sport Wales and Natural Resources Wales to promote physical activity in school settings


## 2021-22

- Phase 1 of physical activity behaviour change plan implemented


## Milestones

Agreed actions within the Healthy Weight: Healthy Wales delivery plan implemented

## 2022-23

- Evaluation of Hands Up programme completed
- Agreed actions within the Healthy Weight: Healthy Wales delivery plan implemented

SO3.4 - By 2023 we will
have developed and begun delivery of a new comprehensive programme to prevent alcohol related harm

## SO3.5 - By 2023 we will

 have developed and begun delivery of a programme to reduce the use and harm from drugsSO3.6-By 2023, we will have supported the wider system to take

## evidence based action

to promote healthy behaviours and to measure the impact of their actions

2020-21

- Business case for delivery of a programme of work for the prevention of alcohol related harm completed

2021-22
Implementation and evaluation plans for programme to prevent alcohol related harm developed
2022-23

- Review of progress to date completed and recommendations for future action made


## 2020-21

- Business case for delivery of a programme of work to reduce the use and harm from drugs completed

2021-22
Implementation plans for programme to reduce the use and harm from drugs developed
2022-23

- Initial review and recommendations for Phase 2 implementation produced


## 2020-21

Web profile on physical activity produced, using a variety of data sources, to support the establishment of the physical activity observatory

- Revised benchmarks for Substance Use; Nutrition and Physical Activity for Healthy Working Wales and WNHSS established
- Revised database for National Exercise Referral Programme implemented
- Guidance on production of health promotion information for the public produced


## 2021-22

- Use of new sources and technological opportunities initiated (depending on business case).
- Proposals for improved recording and monitoring of key health behaviours in primary care developed
- Approach to the provision of information for defined groups and those with additional needs agreed


## 2022-23

- New sources and technologies for understanding patterns of behaviour extended (depending on business case)
- Evaluation completed for MECC implementation with recommendations for further action
- Review of progress in delivery of system wide approach to health promotion information completed and recommendations for further activity agreed


### 2.4. Strategic Priority 4

# Securing a healthy future for the next generation through a focus on early years 

## Why is this a priority?

Policy in Wales defines early years as the period from pregnancy to seven years of age. A child's early years are a key time to ensure good outcomes later in life, including better learning, access to good work and a fulfilling life.

The origins of many inequalities in health lie before birth and in early childhood. The early years are a critical part of childhood development for children as they grow, develop, play and learn. Many of the key factors which determine future health and well-being occur in this earliest phase of life.

Figure 2.4.1: Foundations for securing a healthy future


Our experiences during childhood can affect health throughout the life course. Children who experience traumatic and stressful childhoods are more likely to have poor mental well-being and adopt health-harming behaviours later in life. This further increases their risk of diseases such as cancer, heart disease, mental illness and diabetes.

### 2.4.1. What will success look like by 2030?

Our Long Term Strategy outlines the outcomes we would like to achieve for this strategic priority, namely that by 2030, Public Health Wales will:

- seek to ensure that every child has the best start in life and will have promoted and supported an integrated population based support system for all parents and families
- have increased the proportion of settings that take action to promote health in early years
- have worked with partners to reduce abuse and neglect of children


### 2.4.2. Long term outcomes

A considerable amount of work has been undertaken to develop a longer term plan to achieve our strategic goal by 2030. This has involved identifying the range of factors which contribute to improved outcomes for children such as parents' mental and physical wellbeing; family relationships and the home learning environment. This work builds on our learning from our established First 1000 Days programme. We have identified the following broad outcomes:

- Optimal outcome from every pregnancy for mother and child
- Children achieve their developmental milestones
- Children are not exposed to multiple adverse childhood experiences
- Parents have the support they need to give their children the best start in life Achieving the outcomes above will involve work across the wider system and on a wide range of factors. Ensuring that we can support the wider system in measuring progress we will develop an indicator framework to support this work. This will include existing indicators within the Public Health Outcomes Framework such as Young children developing the right skills (PHOF 8) as a measure of achievement of developmental milestones ( $70.7 \%$ of $95 \%$ interval level (to reflect random variation in data)) and Low birth weight (PHOF 31) as an indicator of optimal outcomes from every pregnancy (5.6\% 2018).

We also recognise that action within other strategic priorities will contribute to improving health outcomes for children; for example Children Age 5 who are a healthy weight, Breastfeeding at 10 days and Smoking in Pregnancy in Strategic Priority 3. Work in this priority area does not seek to address these directly but seeks to influence the social, economic and environmental factors which will create the optimum conditions for every child to have the best start in life and the likelihood of these behaviours being adopted.

Further work will need to be undertaken with our partners to support the development of improved population surveillance for the early years of life, undertaking data development where measures are not currently available or accessible. Where appropriate and in conjunction with our partners in the wider system we will support the identification of system wide goals and ambitions.

### 2.4.3. What we will achieve in the first three years?

We will continue our work to connect work across the organisation so that we can maximise our collective impact. This will begin with work to scope and develop a cross-organisational approach to the following areas:

- Parental mental well-being
- Family relationships

We will also commence work to scope an improved population health surveillance programme for the Early Years working closely with Welsh Government and our partners.

## SO4.1- By 2023 we will have worked with partners to develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years

The early years of a child's life lay the foundations for a healthy childhood and lead to better health and well-being into adulthood. Our work with parents indicates that many find this period of rapid change overwhelming and that this is made even more difficult for vulnerable families. Some parents are children themselves and this needs to be acknowledged. The evidence base for the benefits of parent support and intervention is well established but can be challenging to put into practice.

Over the next 3 years, we will work with others to disseminate a public health approach to parenting that meets the needs of all parents and is rooted in universal services drawing on the views of parents, professionals and the international evidence base. This will be supported by the development of a comprehensive/ whole system early years surveillance system which will be scoped in year 2.

We will continue to work with our partners to ensure that parents have access to the information they need, when they need it, to support them in being a parent and giving their child the best start in life. In year 1, we will develop the second phase of our new parent information resource to replace Bump Baby and Beyond and begin to review the usefulness of this new material by year 3 , with an initial evaluation of the new parental information undertaken.

## SO4.2- By 2023 we will have reviewed evidence and where necessary undertaken research where there are gaps in evidence to inform policy around early years

We have established research priorities for the early years of life and will be working with partners to take these forward. We will undertake reviews of the evidence for population action relating to:

- Family relationships
- Parental mental well-being
- Family resources and income


## SO4.3- By 2023 we will have worked with others to influence action to improve outcomes in

 the first 1000 days and to reduce exposure to adversity in the early yearsWe continue to identify the priority risk and protective factors for the first 1000 days and disseminate them to stakeholders. Having reviewed the key factors that influence outcomes in
the first 1000 days, we will be implementing a phased approach to support the system to address these, starting in the first year with dissemination of the evidence of the early learning environment.

In Year 2, we will develop tools and approaches to support the system to take evidence based action to improve parental mental well-being while in Year 3 this support will focus on maximizing family resources.

We will develop and test new approaches to the identification of risk in early childhood to safeguard and prevent children being exposed to multiple adverse experiences and trauma in their early life and promoting infant mental well-being.

## SO4.4- By 2022 we will have revised and re-launched the Healthy Pre-School scheme to increase action to promote health and well-being in the early years

Healthy pre-school settings have an important role in protecting and promoting health and well-being. During Year 1, we will develop the new pre-school programme, subject to agreement from Welsh Government. During Year 2, we will mobilise stakeholders ready for implementation in Year 3. At the end of Year 2, the overall objective will need revising to reflect completion of the current objective.

SO4.5- By 2023 we will have worked with partners to improve oral health of the children in Wales

Training and partnership working
In Wales, we have high levels of childhood dental disease which impacts of children's lives. For example, it is the most common cause of children admitted to hospital. To address this we provide ongoing strategic public health leadership for the national child oral health improvement programme - Designed to Smile.

In year 1, we will review the evidence to inform and update resources and training packages. In year 2, we will review the opportunities for partnership working for oral health improvement in early years, particularly in relation to the new school curriculum and childcare qualifications.

## Monitoring

We have a leadership role to monitor the oral health of children in Wales. In year 1, with the Welsh Oral Health Information Unit at Cardiff University, we will report findings of the national dental epidemiology surveys of 5 year olds, and organise the national epidemiology survey of 12 year olds. In year 2, we will report on the survey of 12 year olds, which will support evaluating the impact of Designed to Smile.

### 2.4.4. Key Deliverables: Securing a healthy future for the next generation through a focus on early years

Objective
SO4.1 - By 2023 we will have worked with partners to develop a coordinated programme of support for all parents based on insight and evidence focused on the early years

SO4.2 - By 2023 we will have reviewed evidence and where necessary undertaken research where there are gaps in evidence to inform policy around early years

SO4.3 - By 2023 we will have worked with others to improve outcomes in the First 1000 Days and to reduce exposure to adversity in the early years

SO4.4 - By 2022 we will have revised and re-launched the Healthy Pre-

2020-21
- Parental mental well-being
- Family relationships
- Early years population surveillance

- Phase 2 of the parent information programme implemented
- Proposed public health approach to parenting support in the first 1000 days disseminated across the system
2021-22
- Development of a comprehensive/ whole system early years surveillance system scoped
2022-23
- Public health approach to supporting family relationships scoped
- Initial evaluation of new parental information undertaken
2020-21
- Evidence review for effective action to support/ strengthen family relationships undertaken
2021-22
- Evidence review for strengthening family resources and income undertaken
2022-23
- International evidence identified for applying a family focused lens to whole system policy development and implementation
- Tools and approaches developed and implemented to support the system to take evidence based action to improve home
learning environments in the first 1000 days
2021-22
- Tools and approaches developed to take evidence based action to improve parental mental well-being
2022-23
2020-21

New Pre-School Programme developed

School scheme to increase action to promote health and well-being in the early years

2021-22

- New pre-school programme implemented 2022-23
- Strategic objective reviewed as new programme will be implemented. Ongoing work incorporated into the programme relating to development of early learning environment
SO4.5 - By 2022 we will have worked 2020-21 with partners to improve oral health of the children in Wales
- Plan for National dental epidemiology survey of 12 year olds developed
- Evidence review of the Designed to Smile programme completed
- National Designed to Smile support products reviewed and updated


## 2021-22

- Report of national dental epidemiology survey of 12 year olds published
- Opportunities for partnership working for oral health improvement in early years reviewed and facilitated


## 2022-23

- The system is supported to take evidence-based action to improve oral health
- Effective and efficient communication with stakeholders is maximised


### 2.5. Strategic Priority 5

## Protecting the public from infection and environmental threats to health

Why is this a priority?
Protecting the public from the health effects of pathogens and exposure to environmental problems such as air pollution is a core responsibility of a national public health organisation and a statutory responsibility for Public Health Wales. With the changing realities of an interconnected world, health security has become a public health priority. We continue to respond to both communicable disease challenges such as, food borne infections, influenza and measles and changing threats including High Consequence Infections, Chemical Biological Radiological and Nuclear, Anti-Microbial Resistance (AMR); Vaccine Preventable disease, and Healthcare Associated Infections (HCAI).

If not addressed, increasing AMR will have a devastating impact on human health, as resistant infections lead to higher death rates and are more expensive to treat.

Influenza rates continue at a high and unpredictable level, which highlights immunisation as an important method of disease prevention alongside effective outbreak management and control of infection.

Automation now enables us to manage health security risks more efficiently and we remain committed to the continued development of both molecular testing and genomic sequencing.

In recognition of these changes and challenges, it is vital that we strengthen the resilience of Health Protection services in Wales.

We will continue to work to the three key Health Protection themes outlined in the Trust's Strategic Plan, and will contribute to the National Health Protection Service System strategic aims. Ring-fenced funding has been secured to support the strengthening of the national health protection system and a National Coordinating Group established. An investment plan, with defined deliverables, has been developed. We will adapt our plans to reflect ongoing developments and the identification of relevant deliverables.

### 2.5.1. What will success look like by 2030?

Our long-term strategy outlines what we want to achieve for this strategic priority.
There are three key themes running through our future actions:

- an integrated, whole system approach to the five key components of an effective National Health Protection Service: surveillance, prevention of infection across the health community and wider population, early effective diagnosis of infection, early effective treatment of infection, and early effective intervention to control the spread of infection
- a relentless determination to drive down the risks from HCAI and AMR and strengthen our response to other risks including vaccine preventable disease
- an effective approach to the health risks from environmental hazards and support Wales to better prepare for and deal with the anticipated effects of climate change.


### 2.5.2. Long term outcomes

We have articulated our ambition to augment our health protection services in our long-term strategy. We have undertaken development work to identify outcomes of this work, and have identified the following headline outcomes which we will seek to influence through our work with partners:

## Outcome indicators

Reduction in vaccine preventable disease in part through optimising vaccine provision Increase in the numbers of children vaccinated with MMR
Reduction in Hepatitis B and C infection as a significant threat to public health in Wales

## Reduction in HCAls

More appropriate use of antibiotic prescribing
Lower air pollution, risks and inequalities in Wales
Strengthened international collaboration on bio-security thereby reducing further the threats from infectious diseases.

Further specific outcomes in relation to achieving the deliverables in strengthening of the National Health Protection Service have also been identified. These outcomes will result in reduced population risk and illness associated with infection.

### 2.5.3. What we will achieve in the next three years?

In this context, over the next three years, our strategic objectives are:

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SO.5.1- By 2023, working closely with our partners, we will have an agreed service model that
includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation.
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Public Health Wales provides a 24 hour, 365 day a year service to respond to infectious disease threats. The need for an integrated service is most obvious when we respond to outbreaks or an upsurge in infections that impact on health and social care delivery. Our ability to respond to these expectations depends on us recruiting, retaining, educating and training the right staff, on having the right environment from which to deliver our services, and on effective relationships with our key stakeholders. In each of these areas, we have significant challenges, such as vacancies in our medical Microbiology workforce, that impact on service delivery.

Following a national workshop in 2019, Welsh Government have agreed proposals and funding to strengthen the resilience of its national health protection system. Within this context, we have begun the modernisation and transformation of our health protection and infection
services, which will redefine the model of a National Health Protection Service (NHPS), for Wales. The right pace with the allocation of energies alongside new and existing resources are critical to securing change without destabilising current service delivery.

The key deliverables in Year 1 include:

- enhancing the health protection and microbiology workforce by implementing a funded plan for recruitment into the first phase of posts consistent with the plan for developing the National Health Protection Service;
- developing a new national commissioning model for the National Health Protection Service;
- introducing a centralised National CNS molecular testing service; and
- completing a review of the National, Specialist and Reference Units in Wales.

As detailed in our workforce plans, we will develop and grow our own skills and leaders at all levels, expanding key roles, flexibly using multi-disciplinary consultant leadership skills and establishing novel competence based roles to help address existing unfilled workforce vacancies.

In Year 2, the service will continue with system changes including the implementation of the new commissioning model, rolling out of new Out of Hours Laboratory Diagnostic Service, and roll out of Rapid CNS testing across multiple sites. Year 3 will see the production of an evaluation report on service change, including benefits realisation, which will inform the areas for refinement and development of the new model into the future.

## SO5.2- By 2023 we will be providing effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases

Support Welsh Government in the delivery of the five-year national action plan for AMR and contribute to both the current national delivery plan and the implementation of the HCAI National Collaborative. We will work with Welsh Government to review the immunisation offer in Wales and provide system leadership to the NHS through direct support and advice, training and education, and intelligence for action. We will also continue to lead in the delivery of the annual flu plan.

We will work with partners to deliver the Sexual Health Priority Areas 2020-2024, which is part of the NHS Wales Outcome Framework.

We will continue the World Health Organization long-term goal to eliminate Hepatitis C as a threat to public health with the roll out and monitoring of a Hepatitis $C$ re-engagement exercise. This will include supporting health boards and primary care, and exploring the possibility for further project expansion.

During Year 1, we will further enhance our health protection intelligence capability by supporting development and implementation of surveillance reports that use Whole Genome Sequencing. We will continue to build on the resilience of existing All-Wales Acute Response (AWARe) service systems, and develop and implement a revised Tuberculosis strategy for Wales. We will continue to work to reduce vaccine preventable disease in part through
optimising vaccine provision and implementing the recommendations of the Wales Measles and Rubella Elimination Action Plan 2019-21.

In Year 2, key deliverables include the continued leadership of the UK AMR Strategy and National Action plan implementation; refining the National Suite of enhanced surveillance via the ICNET package; developing improved HBV surveillance and a HBV registry; evaluation of the boys HPV programme; introducing new vaccine programmes; and implementing coordinated electronic partner notification technologies for sexual health.

Year 3 will include the continued development and implementation of robust surveillance methodologies; the furthering of network development with Health Boards; and the ongoing leadership and delivery of nation-wide plans in AMR, HCAI Hepatitis, and Sexual Health.

## S05.3-By 2023, we will have effective arrangements in place to support the health and care <br> system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change

We provide specialist services to manage and minimise risks of environmental hazards. There are three core aspects to reactive services provided: responding to acute chemical incidents; addressing chronic environmental public health concerns; and assessing risks to inform planning/permit decision-making in relation to proposed industrial developments.

The service recognises the need to proactively scope and understand current and emerging environmental health threats. Areas of focus include air and water quality, extreme weather events, influencing and shaping sustainable planning and transport policy and practice. Initial work will see the development of an air quality, lead and carbon monoxide health surveillance/tracking dashboard.

Climate change is widely acknowledged as one of the greatest public health threats of this century. We will continue working with partners to develop the Welsh Government Climate Change Adaptation Plan. This is supported by the HIA being conducted by our World Health Organization (WHO) Collaborating Centre reflecting our contribution to the development of Welsh Government Climate Change Adaptation Plan, and the undertaking of a HIA to understand the public health impacts of water scarcity caused by climatic events in Wales.

In Year 1, we will collaborate on the Welsh Government-led Clean Air Programme and Plan to help reduce air pollution, risks and inequalities. We will advance existing, robust environmental public health surveillance systems through the development of systems for a range of exposures, including air quality, lead and carbon monoxide, and outcomes, including respiratory and cardiovascular disease.

In Years 2 and 3, we will collaborate to implement and review impacts of Clean Air Programme activities, as well as the measures taken to evolve surveillance and integrate planning and transport policy and practice. We will also engage with stakeholders to debate the long-term health impacts of, and the response in Wales to, climate change.

### 2.5.4. Key deliverables: Protecting the public from infection and environmental threats to health

## Objective

## SO5.1 - Working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation

SO5.2 - System leadership on key infection risks (including HCAI and AMR) and Vaccine Preventable Diseases

## Milestones

## 2020-21

- Recruitment plan for the specialist workforce to strengthen the microbiology and health protection workforce implemented
- A new national commissioning model for the National Health Protection Service developed
- Cold molecular testing expanded to include other targets including Sexual Health
- Implementation of postal sexual health testing service completed
- A centralised National CNS molecular testing service introduced
- Hot laboratories at Public Health Wales laboratory sites, including transportation of samples established
- Provision of Near / Point of Care Testing at selected sites established
- Collaborative service delivery with non-PHW microbiology services established
- Review of the National, Specialist and Reference Units in Wales completed
- Rapid CNS testing rolled out across multiple sites


## 2021-22

- Roll out of hot labs at all acute receiving hospitals in Wales completed
- New Out of Hours Laboratory Diagnostic Service rolled out
- New commissioning model for National Health Protection Service implemented


## 2022-23

- Evaluation report on service change produced to include benefits realisation achieved from the deliverables in years 1 and 2


## 2020-21

## Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)

- Specialist representation and advice provided to support the implementation the UK AMR Strategy and Wales Action Plan, including appropriate response to Carbapenemase Producing Organisms (CPO)
- ICNET 'National Suite' surveillance modules for CPO and Surgical Site Infections completed and implemented
- Antimicrobial data library for antimicrobial prescribing (formerly the web-portal) developed
- All-Wales Health Care Epidemiology Network established in conjunction with Health Boards
- Primary care antimicrobial guidelines implemented and secondary care antimicrobial guideline strategy developed

Provide comprehensive, integrated surveillance systems and quality epidemiological support

- New surveillance reports developed as required, such as the monthly situational awareness report for health protection


## Milestones

- Harm Reduction Database (HRD) Wales national surveillance system in substance misuse, health, criminal justice and related services developed
- Support the establishment of enhanced Field/Hospital epidemiologist capacity and skill mix


## Contribute to the elimination of Hepatitis

- HCV reengagement exercise completed and evaluated


## Provide an All-Wales Acute Response (AWARe) service

- service standards document and guidance produced,
- Governance and quality review of our service undertaken
- Situational Awareness Report produced to improve situational oversight of Health Protection activity


## Research and Development into Health Protection Services

- Continue meningococcal carriage study recruitment and follow up
- Support development and implementation of surveillance reports, such as TB cluster reporting, that use Whole Genome Sequencing


## Reduce burden of STIs in the population and reduce unintended pregnancies

- National self-sampling online pilot introduced for chlamydia, gonorrhoea and syphilis (along with blood borne viruses)
- Options appraisal for provision of health protection service, including sexual health, to vulnerable groups and to
- Proof of concept pilot of health protection service to vulnerable groups in one health board area for 6 months undertaken
- Specialist public health advice for the development and implementation of a single national dataset and collection system for HIV to inform impact measures provided
- Lead on the evaluation of sexual health self-testing to increase service capacity in prisons

Reduce avoidable morbidity and mortality through routine vaccination programmes

- New approaches in the flu campaign developed to mitigate and monitor the impact of influenza
- Resources to implement a catch up in lower uptake primary schools and support enhanced opportunistic catch up in secondary schools developed
- Public engagement strategy for public immunisation information resources developed and virtual review panel established
- New areas of research developed, with academic partners, on burden of disease and effectiveness / impact of vaccination programmes
Attain WHO goal to eliminate measles and rubella virus transmission
- Recommendations of the Wales Measles and Rubella Elimination Action Plan 2019-21 implemented, in particular to support school nursing services and facilitate catch-up in general practices
Minimise the risk of transmission of Tuberculosis in Wales


## Milestones

- revised Tuberculosis Strategy for Wales developed and implemented

Lead on the communication and dissemination of information to mitigate cross border threats and compliance with international health regulations

- Identified tasks for year 2 as per grant agreement completed


## 2021-22

Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)

- 'National Suite' of enhanced surveillance via ICNET package refined and interventions developed based on results
- Antimicrobial surveillance and the use of the antimicrobial data library across Wales developed and maintained
- Training and support for the All-Wales Health Care Epidemiology Network provided in conjunction with Health Boards
- Primary care antimicrobial guidelines reviewed and secondary care antimicrobial guidelines developed
- Specialist public health advice provided to support the UK AMR Strategy and implement the National Action Plan in Wales

Provide comprehensive, integrated surveillance systems and quality epidemiological support

- Situational and related reports evaluated
- Feasibility of expansion of HRD to other areas and reconfiguration of the NSP module explored

Contribute to the elimination of Hepatitis

- Improved HCV surveillance and a HCV registry developed to help inform national and local action and support reporting on WHO targets
Research and Development into Health Protection Services
- Continue meningococcal carriage study follow up
- Surveillance reports evaluated such as TB cluster reporting that use Whole Genome Sequencing


## Reduce burden of STIs in the population and reduce unintended pregnancies

- Coordinated electronic partner notification technologies implemented to improve outcomes in line with standards
- Audit of welsh abortion services by Health Board against national guidance completed and changes implemented
- Public health expertise provided to support the long term NHS provision of PrEP in Wales
- Public health expertise provided to support the implementation of sexual health self-testing to increase service capacity in prisons

Reduce avoidable morbidity and mortality through routine vaccination programmes

- Evaluation of the acceptability and impact of the HPV boys programme completed

Attain WHO goal to eliminate measles and rubella virus transmission

- Evaluation and report on the outcomes of the Wales Measles and Rubella Elimination Action Plan produced

Lead on the communication and dissemination of information to mitigate cross border threats and compliance with international health regulations

## Milestones

## Final report and blueprint for future actions submitted

## 2022-23

## Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)

- Antimicrobial surveillance and the use of the antimicrobial data library across Wales developed and maintained
- All-Wales Health Care Epidemiology Network further developed in conjunction with health boards
- Antimicrobial guidelines primary and secondary care reviewed and implemented
- Specialist public health advice provided to support the UK AMR Strategy and implement the National Action Plan in Wales Provide Comprehensive, Integrated Surveillance Systems and Quality Epidemiological Support
- Recommendations of evaluation(s) implemented
- Review and evaluation of HRD completed


## Contribute to the elimination of Hepatitis

- Refine HBV surveillance and a HBV registry

Reduce burden of STIs in the population and reduce unintended pregnancies

- Systems to provide web-linked consultations developed
- All Wales pathway for complex/late TOPs implemented
- Assessment on the impact on HIV incidence and late diagnosis of the measures implemented in years 1 and 2 completed using nationally reported data


## Reduce avoidable morbidity and mortality through routine vaccination programmes

- Impact of the universal HPV programme evaluated, including screening outcomes in young women

SO5.3-Supporting the health and care system on preparing for the impact of environmental health hazards and climate change on health

## 2020-21

## Lower air pollution risks and inequalities in Wales

- Environmental public health specialist advice provided to support the implementation of the Wales Clean Air Plan, which incorporates NHS Wales air quality guidance


## Manage and Better understand environmental hazards and health risks

- Surveillance for a range of exposures, including air quality, lead and carbon monoxide, and outcomes, including respiratory and cardiovascular disease developed


## Connect environmental policies and practices to reduce risks

- Environmental public health specialist advice provided to and support the development of policies and policy-informed practices e.g. in relation to transport, extreme weather, lead, planning, water and carbon monoxide

Inform and support climate change policy and practice development

- Public health advice provided to inform development of Welsh Government Climate Change Adaptation Plan


## Milestones

- Scoping exercise undertaken, upon completion of the health impact assessment being conducted by our World Health Organization (WHO) Collaborating Centre, and key contributions of Public Health Wales to the developing Climate Change agenda agreed
- Health Impact Assessment to understand the public health impacts of and resilience to, water scarcity caused by climatic events in Wales completed
- Guidance on the health impacts of extreme weather revised and published


## 2021-22

## Lower air pollution risks and inequalities in Wales

- Environmental public health specialist advice provided to support the implementation of the Wales Clean Air Plan, which incorporates NHS Wales air quality guidance
Manage and Better understand environmental hazards and health risks
- Surveillance for a range of exposures, including air quality, lead and carbon monoxide, and outcomes, including respiratory and cardiovascular disease implemented and further developed


## Connect environmental policies and practices to reduce risks

- Environmental public health specialist advice provided to support the development of policies and policy informed practices e.g. in relation to transport, extreme weather, lead, planning, water and carbon monoxide and develop methods to evaluate our contribution


## Inform and support climate change policy and practice development

## - Priorities confirmed following scoping exercise to determine key contributions and action plans

## 2022-23

## Lower air pollution risks and inequalities in Wales

- Environmental public health specialist advice provided to support the implementation of the Wales Clean Air Plan, which incorporates NHS Wales air quality guidance
Manage and Better understand environmental hazards and health risks
- Evaluation of progress with development of surveillance undertaken, including discussions with partners on current system and next steps


## Connect environmental policies and practices to reduce risks

- Environmental public health specialist advice provided to inform and support the development of policies and policy informed practices e.g. in relation to transport, extreme weather, lead, planning, water and carbon monoxide and evaluate our contribution to date


## Inform and support climate change policy and practice development

- Priorities confirmed following scoping exercise to determine key contributions and action plans


## 2．6．Strategic Priority 6

# Supporting the development of a sustainable health and care system focused on prevention <br> and early intervention 

## Why is this a priority？

A Healthier Wales：our Plan for Health and Social Care（2018）sets a vision for a＇whole system approach to health and social care＇，which focusses on health and well－being，and preventing illness．It calls for transformation to an integrated system，with new models of seamless local health and social care．

Working with Welsh Government during 2019，we secured additional investment for a step change in prevention to improve population health in Wales by supporting longer，healthier and happier lives．The Building a Healthier Wales programme is the national，whole－system approach to prevention in response to the challenges set out in A Healthier Wales．

We recognise the need to support NHS Wales to deliver this vision in the context of a growing and changing pattern of population need and expectation；unwarranted variation of service delivery and workforce challenges．Our support aims to accelerate improvements in patient outcomes and experience，and enable the development of a sustainable health and care system focused on prevention and early intervention through collaboration towards＂Building a Healthier Wales＂．

We want to involve service users and collaborate with service providers to focus on what is important to them．This approach will support the transformation of our health and care system resulting in sustainable and accessible models of care that：focus on prevention，reduce harm and improve the quality and experience of care in Wales．

Maximising opportunities for prevention－many of the most common long－term conditions （such as cancers，heart disease，stroke，respiratory disease and diabetes）have risk factors in common．These include clinical and behavioural risk factors such as high blood pressure glucose，cholesterol，body mass index（BMI）and smoking，obesity and physical inactivity． Working with the local health boards and our local public health teams we will maximise opportunities for chronic disease prevention and galvanise collective action to address these risk factors．We will work with the health service to Make Every Contact Count（MECC）and ensure that people can access effective interventions such as Help Me Quit and the National Exercise Referral Scheme．

Primary care has a pivotal role in prevention，early identification and risk reduction of disease． In response to A Healthier Wales，and the shift in focus to a＇wellness system＇，the National Primary Care Board has released a new two－year Strategic Programme．We will continue to support the prevention and well－being work stream within the Strategic Programme，which has been designed to promote evidence informed prevention and self－management
opportunities across the health and care system and the life course. We will also lead a new programme of work for the National Primary Care Board to develop a 'Green Health Partnership in Wales' framework which will support partners in primary care clusters to work together and take collective, preventative action to support environmental sustainability and address climate change.

Primary Care Transformation - Ensuring the sustainability of primary care is an essential requirement upon which to build public health activities. Therefore, the implementation of the Primary Care Model for Wales is crucial and will transform services over the next few years. We will continue to inform the direction of transformation of primary and community services and support the development of primary care clusters.

In 2020/2021, we will apply the national evaluation framework for the Primary Care Model for Wales to assess its progress in achieving the strategic aims of sustainable local care and support; improved access to information; care and support; and people being able to access the majority of their care at, or close to home.

Safeguarding - the National Safeguarding Team will continue to support the development of the Safeguarding Maturity Matrix as a sustainable system to identify what works well and what improvements can be implemented to collaboratively drive high quality effective and equitable services across NHS Wales.

Improvement Cymru - We support NHS Wales and its 90,000 staff to improve outcomes for people by supporting NHS Wales to become one seamless system of health and care underpinned by the "Quadruple Aim" thereby supporting the further development of a culture of patient safety, improvement, learning and innovation. We will also ensure that we develop a collaborative approach working with organisations such as the Delivery Unit, Social Care Wales, Regional Partnership Boards, Public Service Boards and others to deliver whole system improvements.

Through collaboration with stakeholders, our national Improvement Cymru team will continue to implement a standard methodology for quality improvement; based on the science of improvement, underpinned by capability building and focused on spread and scale.

Improvement Cymru will transfer to the new NHS Executive and, depending on the timeline for the transfer of the function, there is likely to be impact on plans for years 2 and 3 .

Population Based Screening Programmes - We deliver, monitor and evaluate seven population based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. The screening programmes are informed by evidence-based recommendations from the UK National Screening Committee, which are considered by the Wales Screening Committee and delivered in line with agreed Welsh Government policy.

The aims of the programmes are either to reduce incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening). The division has a strong record of research and evaluation and a comprehensive programme of improvements in line with policy decisions. There is an equitable offer of screening to the eligible population but there is variation in uptake and enabling informed consent to improve uptake and reduce inequity of uptake is key priority.

### 2.6.1. What will success look like by 2030?

Our Long Term Strategy sets out what we would like to achieve for this strategic priority, namely that by 2030, we will:

- maximise opportunities to prevent disease through health service interactions with patients
- increase disease prevention and earlier intervention through approaches to maintain and improve focus on national population-based screening programmes. When disease is detected, pathways of care will be seamless
- reduce variation and inequality in care and harm in its delivery
- support care moving closer to the home and centre it around patients and carers


### 2.6.2. Long term outcomes

## Outcome indicators

Increased percentage of working age adults in good health (PHOF 35a) 76\% (2017/18-2018/19) Increased percentage of working age adults free from limiting long term illness (PHOF 36a) 72.7\% (2017/18-2018/19)
Increased percentage of older people in good health (PHOF 35b) 56.1\% (2017/18-2018/19)

Increased percentage of older people free from limiting long term illness (PHOF 36b) 46.7\% (2017/18-2018/19)
Reduction in percentage of premature death from key non communicable disease (PHOF 40) 315.5 Per 100.000 European age-standardised rate (EASR)
Reduction in tooth decay amongst 5 year olds (PHOF 34) 1.2 (2015/16)

### 2.6.3. What we will achieve in the next three years?

We have identified the progress we expect to have made in the next three years. Achieving these strategic objectives will be major milestones on our long-term journey to support the development of a sustainable health care system focused on prevention. In this context, our strategic objectives are:

## SO6.1- By 2023, we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care_across planned and unscheduled care

Improvement Cymru will continue to deliver programmes to meet key health system challenges and support the Unscheduled Care Board and the Planned Care Board. Building on work currently underway, we will develop appropriate support for unscheduled care using the Improvement Cymru Delivery Framework; design a new planned care improvement programme with a focus on outpatients; and develop a whole-system approach to managing quality.

## SO6.2- By 2023, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery

Led by Improvement Cymru, the following illustrates the breadth and scope of our contribution of to improving patient safety:

- Deliver and complete Emergency Laparotomy Cymru
- Deliver a range of work in acute deterioration
- Support development of the Medicines Safety Cymru
- Support improvement in cancer diagnostic services and the patient pathway
- Deliver and complete the Care Homes Cymru
- Support the transition of the Nurse Staffing Programme to Health Education and Improvement Wales


## SO6.3- By 2023, we will have supported organisations to improve the quality of mental health and learning disability services across the life course

We will continue to test the Improvement Cymru Delivery Framework. Over the next three years, we will focus on developing outcome tools; improving dementia rates of diagnosis; and increasing uptake of the learning disabilities Health Equalities Framework.

## S06.4- By 2023, we will have supported the NHS in Wales to implement the Safeguarding Maturity Matrix

To drive improvements, reduce variation and share learning across NHS Wales and wider partners, we will support the NHS in the implementation of the Safeguarding Maturity Matrix. Year 1 will include the development and piloting of the Matrix, including data gathering and synthesis of information, leading to further refinement during years 2 and 3 . At the end of each year a report will be produced based on the peer review process of the submissions that year. Additional national pieces of work may be required if gaps are identified.

SO6.5- By 2023 we will deliver and develop evidence based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations
One of our statutory functions as an organisation is to provide, manage, monitor and evaluate population-based screening programmes. Key themes over the lifecycle of our Strategic Plan include continued work to address inequality in screening uptake, optimising our bowel screening programme to offer screening to the whole of the eligible population and establishing a divisional training function to manage the sustainable delivery of a screening specific diploma in line with Welsh Government requirements. We will ensure our workforce is highly developed and sustainable, and coupled with replacement programmes for equipment. We will strengthen IT systems for management of the programmes and explore new technology to enable the continual delivery of high quality screening programmes. We will continue to improve and transform our existing programmes in line with UK National Screening Committee and Welsh Government recommendations.

## SO6.6- By 2023 we will have developed a co-ordinated approach to prevention

Many of the major chronic diseases have common risk factors and there is a need to work on these challenges together to maximise opportunities for prevention in clinical settings and meet the ambitions of 'A Healthier Wales'. Having secured agreement to a collective approach
to chronic disease prevention, we will work with our partners to progress the delivery of the coordinated approach to address the four key clinical risk factors: high blood pressure, excess body mass index (BMI), high cholesterol and high blood fasting glucose; along with the four behavioural risk factors: smoking, poor diet, physical inactivity and alcohol and substance misuse.

Our co-ordinated approach to prevention in clinical settings will be tested using the identified priority of high blood pressure, the top-ranked clinical risk factor contributing to avoidable disability-adjusted life years (DALYs); smoking and social prescribing. We will advocate for and provide support to nationally templated quality improvement initiatives that optimise how blood pressure is identified and managed within primary care clusters, aiming to reduce the preventable burden of cardiovascular disease and related inequalities. We will progress a number of areas of work to give clusters the evidence informed advice, resources, skills and leadership to support the delivery of the prioritised work plan for prevention and well-being within the Strategic Programme for Primary Care focussing on the wellness system for Wales.

## SO6.7- By 2022 we will have delivered the public health contribution to the national programme for transformation of primary care

Ensuring the sustainability of primary care is essential for population health and care quality improvement activities. Having led on development of the Primary Care Model for Wales and with a continued focus on the long-term, we will work with our partners to implement the national evaluation framework to assess the impact of the model across Wales. We will support the delivery of the Strategic Programme for Primary Care, in particular the prevention and wellbeing work stream, ensuring progress is made towards a whole system population approach to transformation. We will also establish a 'Green Health Partnership' for primary care and develop a framework which will support partners in primary care clusters to work together and take collective, preventative action to support environmental sustainability and address climate change.

## SO6.8- By 2022 we will have worked with partners to develop and implement the General Dental Service Reform Programme to increase prevention and maximise value of dental healthcare

In seeking to embed prevention, shared decision-making and improving use of skill-mix within primary dental care, we will continue to work with partners to further develop and implement a General Dental Services (GDS) Reform Programme. Taking an Action Learning Approach the pace and scale of change will be dependent on a number of things including ongoing policy drive from the Welsh Government findings from evaluation and feedback from key stakeholders. Over the next three-year cycle, we will continuously improve the programme: testing, learning and working with partners to implement changes. Working with the Welsh Government to ensure that health boards and practices continue to support the reform and make progress on; utilising skill-mix, implement 'risk and need assessments' including recall of patients based on risk and need, and moving away from traditional model of 'dental check-up' every 6 months that focussed on achieving Units of Activity (UDA) targets

### 2.6.4. Key Deliverables: Supporting the development of a sustainable health and care system focussed on prevention and early intervention

## Objective

SO6.1-By 2023 we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care

Milestones
2020-21
Unscheduled Care (aligned to and supporting the Unscheduled Care Board):

- Real-time demand capacity implemented in a maximum of three health boards
- Lean capability improvement offer delivered to health boards to support reductions in average length of stay
- Improvement offer that will reduce demand for admission to hospital developed in partnership with RPBs, PSBs and Social Care Wales


## Planned Care:

- Planned care support delivered, aligned to the Planned Care Board, using the Improvement Cymru Delivery Framework


## Quality Management:

- Whole-system approach to managing quality developed and tested with one NHS Wales organisation


## NHS Executive

- Improvement Cymru transitioned to the NHS Executive

2021-22
Unscheduled Care (aligned to and supporting the Unscheduled Care Board):

- Appropriate identified support delivered in this area using the Improvement Cymru Delivery Framework

Planned Care:

- Planned care support delivered, aligned to the Planned Care board, using the Improvement Cymru Delivery Framework Quality Management:
- Framework revised and further tested with additional NHS Wales organisations along with a tailored package of support


## 2022-23

Unscheduled Care (aligned to and supporting the Unscheduled Care Board):

- Appropriate support delivered and evaluated in this area using the Improvement Cymru Delivery Framework

Planned Care:

- Planned care support delivered, aligned to the Planned Care board, using the Improvement Cymru Delivery Framework Quality Management:
- Quality Management framework rolled out to all organisations with a package of support

SO6.2-By 2023 we will have used patient safety as a driver to reduce

## 2020-21

Nurse Staffing:

## Objective

variation, inequality and harm in care delivery

## Milestones

- Nurse Staffing Programme transitioned from Improvement Cymru to Health Education and Improvement Wales


## Emergency Laparotomy Cymru (ELC):

- Delivery framework approach incorporated into the programme
- Improvement in Practice training delivered to collaborative participants
- Improvements tested by support teams through coaching and sharing improvement science expertise
- National and regional workshops delivered to support the ELC sites to complete the programme


## Patient Safety:

- Patient safety improvement offer developed focused on priorities using a published evidence base working with NHS Wales and support organisations, including Social Care Wales
- Improvements in acute deterioration in community and paediatrics enabled, as directed by Welsh Government priorities, using the Improvement Cymru Delivery Framework


## Medicines Safety:

- Medicines Safety Cymru testing cycle delivered


## Cancer Diagnostics:

- Testing Cycle within radiology completed to improve the timely flow of patients through diagnostic services
- Learning Cycle completed and commence the Testing Cycle focused on timely flow from suspicion to diagnosis and then treatment for colorectal cancer
- External provider commissioned and evaluated to deliver a maximum of two cohorts of Lean capability training to improve flow within a cancer pathway and provide the critical mass required for sustainability


## Care Homes Cymru:

- Continue to support the Testing Cycle (16 care homes) to further implement safety and reliability of care interventions
- Implementation Cycle (21 care homes to receive intense capability and capacity 'improvement' training) commenced
- Improvement awareness training delivered to 119 care homes across Wales


## 2021-22

## Patient Safety:

- Improvement Cymru Delivery Framework used to enable improvement in patient safety


## Medicines Safety

- Medicines Safety Cymru Implementation Cycle delivered


## Cancer Diagnostics:

- Improvement Cymru Delivery Framework used to enable improvement in cancer service delivery


## Care Homes Cymru:

- Cohort 2 (21 care homes) recrutied to receive intense capability and capacity 'improvement' training
- Cohort 2 supported in developing small tests of change

| Objective | Milestones |
| :---: | :---: |
|  | Continued support to the innovators (16 care homes) to further implement safety and reliability of care interventions Improvement awareness trainingdelivered to 144 care homes across Wales <br> All participants supported and close programme |
|  | 2022-23 |
|  | Patient Safety: <br> - Improvement Cymru Delivery Framework used and evaluated to enable improvement in patient safety <br> Medicines Safety <br> - Medicines Safety Cymru Implementation Cycle delivered <br> Cancer Diagnostics: <br> - Improvement Cymru Delivery Framework used to enable improvement in cancer service delivery |
| S06.3-By 2023 we will have supported organisations to improve the quality of mental health and learning disability services across the life course | 2020-21 |
|  | Mental Health and Learning Disabilities <br> - Improvement Cymru Delivery Framework tested in the use of outcome tools; improving dementia rates of diagnosis; and increasing uptake of the learning disabilities Health Equalities Framework |
|  | 2021-22 |
|  | Mental Health and Learning Disabilities <br> - Improvement Cymru Delivery Framework implemented in the use of outcome tools; improving dementia rates of diagnosis; and increasing uptake of the learning disabilities Health Equalities Framework |
|  | 2022-23 |
|  | Mental Health and Learning Disabilities <br> - Improvement Cymru Delivery Framework implemented and evaluated in the use of outcome tools; improving dementia rates of diagnosis; and increasing uptake of the learning disabilities Health Equalities Framework |
| SO6.4 - By 2023 we will have supported the NHS in Wales to implement the Safeguarding Maturity Matrix (SMM) | 2020-21 |
|  | - SMM 2020 distributed to Health Boards and Trusts across NHS Wales <br> - Organisations supported to undertake self-assessments and complete Improvement plans <br> - Health Boards and Trusts across NHS Wales SMM Improvement Plans submitted to National Safeguarding Team in Public Health Wales <br> - Peer Review event organised and facilitated by NST/WG <br> - Peer Review Report collaboratively developed to inform NHS Wales Safeguarding Network Workplan <br> - NHS Wales Safeguarding Network Workplan collaboratively developed <br> - SMM evaluated - working towards a digital platform |

- Peer Review event organised and facilitated by NST/WG
- Peer Review Report collaboratively developed to inform NHS Wales Safeguarding Network Workplan
- NHS Wales Safeguarding Network Workplan collaboratively developed
- SMM evaluated - working towards a digital platform

2022-23

- Peer Review event organised and facilitated by NST/WG
- Peer Review Report collaboratively developed to inform NHS Wales Safeguarding Network Workplan
- NHS Wales Safeguarding Network Workplan collaboratively developed

Evaluation of SMM - working towards a digital platform
SO6.5 - By 2023 we will deliver and
develop evidence based national population screening programmes [6A2] in line with UK National Screening Committee and Welsh Government recommendations

## 2020-21

## Screening Division

- Participation improved in bowel screening, breast screening, cervical screening, abdominal aortic aneurysm screening, diabetic eye screening by working with the public, third sector and health professionals to, while reducing inequalities of uptake to the programmes
- Brief intervention tool developed and piloted for community partners and health professionals to skill them in being able to
raise awareness of screening and encourage informed choice
- Use of digital technology explored to reduce non-attendance to screening clinic invitation.
- Divisional training function established to manage the sustainable delivery of screening specific training requirements.
- Potential of introducing Al into screening pathways scoped in conjunction with industry
- Current CSIMS development completed
- Next SIMS programme development scoped in line with agreed risk based priority review of current screening IT systems
- Opportunities for co-location of screening clinics explored on own premises to improve offer to invited participants


## Bowel Screening Wales

- Year 2 of optimisation project implemented to include men and women from age of 50 years, while maintaining standards (dependent on WG agreement and funding)
- Implementation of BSW surveillance changes scoped and planned once published


## Diabetic Eye Screening Wales

- Updated version of IT system to manage call/recall and screening pathways planned and implemented
- Transformation project scoped and described and team put in place to commence transformation project focused on high quality and accessible service to the diabetic population


## Cervical Screening Wales

## Milestones

- Potential implications associated with the introduction of self-sampling for persistent non-attenders to improve uptake to screening programme scoped
- Implementation plan developed for UK NSC approved screening intervals into the programme, dependent on WSC approval


## Abdominal Aortic Aneurysm Screening

- Implementation plan for UK NSC surveillance intervals, dependent on WSC approval, scoped and developed
- Full procurement and implementation of 2nd generation ultrasound equipment into the programme completed


## Breast Test Wales

- Year 2 of the equipment replacement project, to ensure continuity of service provision, undertaken
- Work with Collaborative and health board partners to progress towards the strategic aim to co-locate screening and symptomatic breast services
- Work with Collaborative and health board partners to ensure high risk women have access to surveillance in line with guidance


## Antenatal Screening Wales

- Improved pathway for rhesus negative women with Welsh Blood Service scoped and developed
- Year 2 of evaluation of NIPT as contingency test undertaken, working with CARIS and Cardiff and Vale genetics laboratory


## Newborn Blood Spot Screening

- Sustain the improved quality of bloodspot cards with midwifery in health boards
- Potential change to day of sample for blood spot scoped with UHW laboratory and Heads of Midwifery


## Newborn Hearing Screening

- ABBR equipment replacement scoped and procured


## Laboratory

- Options to expand portfolio of services provided by MP lab investigated


## 2021-22

Screening Division

- Work with public, third sector and health professionals embedded to improve participation in bowel screening, breast screening, cervical screening, abdominal aortic aneurysm screening, diabetic eye screening while reducing inequalities of uptake to the programmes
- Brief intervention tool implemented for community partners and health professionals to skill them in being able to raise awareness of screening and encourage informed choice
- Use of digital technology implemented to reduce non-attendance to screening clinic invitation
- Work with industry partners to Evaluation of AI product and potential in pathway undertaken, working with industry partners - Continue the next SIMS programme development in line with agreed risk based priority review of current screening IT systems - Co-location of screening clinics on own premises in one defined location implemented

Bowel Screening Wales

## Milestones

- Year 3 of optimisation project implemented to include men and women from age of 50 years while maintaining standards (dependent on WG agreement and funding)


## Diabetic Eye Screening Wales

- Deliver against scoped transformation project focused on high quality and accessible service to the diabetic population


## Cervical Screening Wales

- Work to pilot introduction in defined non-attenders to improve uptake to screening programme (dependent on UK NSC recommendation and WG agreement)
- Approved screening intervals implemented dependent on WG approval


## Abdominal Aortic Aneurysm Screening

- Approved screening intervals implemented dependent on WG approval


## Breast Test Wales

- Year 3 of the equipment replacement project undertaken to ensure continuity of service provision
- Possible implementation of model to co-locate screening and symptomatic breast services with one defined health board explored
- Implement developed plan across Wales to offer screening to high risk women in line with guidance

Antenatal Screening Wales

- Implementation team and implement pathway established for rhesus negative women with Welsh Blood Service if approved - Year 3 of evaluation of NIPT as contingency test undertaken, working with CARIS and Cardiff and Vale genetics laboratory


## Newborn Blood Spot Screening

- Implementation team established to make change to day of sample for blood spot with UHW laboratory and Heads of Midwifery (subject to agreement)


## 2022-23

## Screening Division

- Work with public, third sector and health professionals embedded to improve participation in bowel screening, breast screening, cervical screening, abdominal aortic aneurysm screening, diabetic eye screening while reducing inequalities of uptake to the programmes
- Evaluation of AI product and potential in pathway undertaken, working with industry partners
- Continue the next SIMS programme development in line with agreed risk based priority review of current screening IT systems - Strategic road map for co-located screening clinics across Wales developed


## Bowel Screening Wales

- Year 4 of optimisation plan implemented and reduce cut off of Faecal Immunochemical test to increase sensitivity of screening test
Diabetic Eye Screening Wales

| Objective | Milestones |
| :---: | :---: |
|  | - Specification for IT system to deliver to transformed service scoped <br> Cervical Screening Wales <br> - Self-sampling for non-attenders implemented (dependent on UK NSC recommendation and WG agreement) <br> - Continued implementation of approved screening intervals dependent on WG approval <br> Breast Test Wales <br> - Strategic road map for integrated services developed <br> - Service provision to ensure high risk women have access to surveillance evaluated in line with guidance |
| SO6.6-By 2023 we will have developed a co-ordinated approach to prevention | 2020-21 |
|  | Framework for Prevention in Clinical Settings <br> Framework to test smoking and social prescribing interventions used <br> Primary Care Needs Assessment Tool (PCNA) <br> - PCNA to support Cluster IMTP planning and reporting further developed by building on user feedback |
|  | 2021-22 |
|  | Framework for Prevention in Clinical Settings <br> - Continue to support application of the Prevention Framework to additional priority areas within the Strategic Programme's prevention work stream <br> - Prevention Framework application reviewed <br> - Improvements evidenced against Health Board and cluster IMTPs |
|  | 2022-23 |
|  | Framework for Prevention in Clinical Settings <br> - Actions aligned to revised National Strategic Programme (to be confirmed) |
| SO6.7-By 2023 we will have delivered the public health contribution to the national programme for transformation of primary care | 2020-21 |
|  | Primary Care Model for Wales (PCMW) <br> - PCMW evaluation framework released for adoption by Health Boards across Wales <br> - Leadership and skills programme delivery continued <br> - Baseline report summarising PCMW implementation status across Wales produced using the evaluation framework data returns from Health Boards <br> PCOne Website <br> - Second phase of the PCOne website review project delivered <br> Cluster Leadership and Skills programme <br> - Range of role specific Primary Care Leads networks established / refreshed <br> - Primary care e-learning resource complete, all modules developed and released |

## Milestones

- Confident Practice Manager cohort 4 and 5 delivered
- Cluster Governance Good Practice Guide and Cluster Leads Handbook refreshed
- National Primary Care Conference 2020 delivered


## National Strategic Programme for Primary Care

- Work plans produced for each of the five work streams: PHW actions delivered
- Project management and public health expertise provided specifically to the Prevention and Well-being work stream of the National Strategic Programme for Primary Care; products and key milestones delivered


## National Pacesetter Programme

- National workforce academy Task and Finish Group established, commission clinician behavioural insight work and publish year one report
Support closer working around shared priorities for primary care between central and local PHW teams
- PHW Primary Care Reference Group and PPHW Primary Care Leads Network continue to meet and highlight topics for the year agreed
Green Health Partnership in Wales
- Green Health Partnership group established and draft framework for testing in a primary care cluster developed


## 2021-22

## Primary Care Model for Wales (PCMW

- Report on year 1 of the evaluation framework produced

Prevention and Well-being work stream of the Strategic Programme

- Actions aligned to revised National Strategic Programme

Primary Care Needs Assessment Tool (PCNA)/ Primary Care Model Evaluation Framework (PCM)

- Data elements of the PCNA and PCM integrated
- Inclusion of population segmentation into a single resource scoped


## Review of Health Board and Cluster IMTPs

- Draft reports produced for discussion with Directors of Primary Care

Green Health Partnership in Wales

- Green Health Partnership Framework rolled out to primary care clusters in Wales

2022-23

## Primary Care Model for Wales (PCMW)

- Year 2 national overview report produced for National Executive Directors of Primary Care Peer Group and circulated to wider stakeholders
- End-point evaluation of the national evaluation framework for the Primary Care Model for commissioning in 2023/24 scoped Prevention and Well-being work stream of the Strategic Programme


## Milestones

- Actions aligned to revised National Strategic Programme


## Primary Care Needs Assessment Tool (PCNA)

- Milestones to be determined based on work progressed in 2021-2022


## Green Health Partnership in Wales

- Green Health Partnership Framework to primary care clusters in Wales rolled out


## 2020-21

General Dental Service (GDS) reform programme
worked with partners to develop and implement the General Dental Service (GDS) reform programme

- Products related to the GDS Reform Programme reviewed and updated
- Annual report on the GDS Reform Programme produced
- Annual dental symposium held
- Practices participating in the programme increased


## 2021-22

## General Dental Service (GDS) reform programme

- Annual report on the GDS Reform Programme produced
- Annual dental symposium held
- Work with Welsh Government and other stakeholders to discuss and decide on the next steps for the programme


## 2022-23

General Dental Service (GDS) reform programme

- Next steps for the reform programme implemented


### 2.7. Strategic Priority 7

## Building and mobilising knowledge and skills to improve health and well-being across Wales

## Why is this a priority?

Public Health Wales plays a key role in supporting evidence informed policy and practice. We add value to the development, implementation and evaluation of joined up policy at a local, national and international level. This supports protecting, improving and promoting health, well-being and equity across Wales. To achieve this we will enable the timely generation, synthesis and communication of local, national and international evidence to ensure and sustain the health of current and future generations in Wales. We will inform policy and practice through expert, impartial and trusted intelligence leading a whole-system, crosssector approach for population health. This will include informing policy, work on a leading public health research and evaluation agenda; in collaboration with academia and other partners, engaging with external partners and public involvement. We will continue to participate in international and global health partnerships; exploit new technologies and develop capacity in health economics and metrics.

### 2.7.1. What will success look like by 2030?

Our Long Term Strategy outlines the outcomes we would like to achieve, namely that by 2030, we will:

- have a thriving Research and Development environment, drawing from and contributing to, the best international evidence, attracting diverse investment and employing research talent from around the world to support us in our work
- be an international exemplar and trusted national resource in the use of evidence and intelligence to inform decision making for health
- be a recognised lead in the mobilisation of knowledge for population health, through system wide leadership
- have influenced key decision makers through a knowledge informed, health impact, future focused and sustainability approach.


### 2.7.2. Long term outcomes

- Our provision of national and international evidence and knowledge is overtly informing: policies, legislation, change and developments in services, sustainability and the development of all other Strategic Priority Areas
- We are active and visible influencer on the Global and European health agenda, sharing and learning from good practice \& innovation around the world
- We are advocating for and influencing public health policies and practices to ultimately benefit health and well-being of present and future generations, reduce inequalities and promote inclusive and resilient communities in Wales and beyond.
- Through partnerships across Wales and with our international partners we are progressing delivery of United Nations Sustainable Development Goals.
- We participate in a Global Health workforce with appropriate skills and knowledge, which brings benefits to Wales and our Partners abroad.
- Public Health Wales is seen as a source of expertise in big data utilisation and the employment of advanced analytical techniques in understanding existing public health issues, modelling solutions and predicting futures.
- We are a leader in our behaviour as a globally responsible and sustainable organization
- We will accelerate embedding quality improvement capacity and capability across NHS Wales providing support and expertise to respective Health boards.


### 2.7.3. What we will achieve in the first three years?

Our three-year strategic objectives are summarised below:
SO7.1- By 2023, we will have developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally which will have measurable impacts at national and international levels

In 2019, we developed and launched our Research and Evaluation (R\&E) Strategy. The R\&E Strategy sets out our actions to influence and deliver a leading public health research agenda for Wales. In 2020/21, we will continue implement our R\&E strategy, deliver and support R\&E activities aligned to our strategic priorities and monitor progress.
In developing our ability to consider key public health questions and building on the findings of The Public Health Implications of Brexit in Wales: A HIA Approach, we will undertake research to support Public Health Wales and stakeholders to better understand the impacts of Brexit on health and well-being in Wales.

By working with the Office of the Future Generations Commissioner, we will further develop the Futures agenda to support the long-term way of working across public bodies in Wales through identifying a Futures project for delivery in 2021-22.

S07.2-By 2023, we will have increased the dissemination and use of public health knowledge and skills with a particular focus on, sustainable approaches to health, health impact assessment and life course approaches to public health including addressing ACEs and Violence Prevention.

In year 1, we will publish a report that builds on the feasibility study into extreme poverty to examine the health impacts of debt and what drives people into it. We will also work to generate understanding of efficacy of use of ACE approach in front line services; developing multi-agency approaches to violence prevention alongside external partners and stakeholders.

We will develop resources to support HIA capacity building within Wales and to World Health Organization (WHO) member states. We will also provide dedicated mentoring opportunities for HIA and other practitioners and organisations in Wales and utilise Mental Well-being Impact Assessment (MWIA) to support a 'Mental Health in All Policies' agenda.

In 2020-21, we will disseminate the sustainable development toolkit to WHO member states and in Year 2, we will monitor the uptake of the toolkit to establish the impact. In Year 3, we will update the toolkit following feedback from WHO members states.

By 2023, we will have significantly developed our behavioural change capability with the ability to provide a range of support in approaches, tools and techniques to policy makers, practitioners and the public in support of Building a Healthier Wales.

Supporting behaviour change of the population and professionals requires us to grow behaviour change skills and capabilities in our staff and across the wider public and third sectors. We will build partnerships with specialist organisations as and when identified in order to develop leading capability in this area.

SO7.3- By 2023 we will have increased our understanding of how new technologies can be adopted and exploited to better utilise population health data, improve access to and use of knowledge for improving health and reducing inequalities.

Over the next 3 years, we will continue to increase our understanding on the impact of technology on health through the delivery of a scoping report on the impact of digital technologies on health and inequalities. We will explore the potential for user-generated data from digital technologies to inform health systems, and the feasibility of such an approach in Wales.

Our World Health Organization Collaborating Centre (WHO CC) will continue to work with national and international violence prevention leads, linking with our newly established Wales Violence Prevention Unit to identify opportunities for new technologies in the prevention of violence and the development of resilience. Working with the WHO, we will employ new digital technologies and tools to enable development and interactive use of health and equity data and policy analysis and modelling; whilst such technologies will also support the development of an 'extended balance sheet' interactive tool.

SO7.4- By 2023, we will have developed a new operating model for our health intelligence resources, which adopts emerging data science techniques to understand and address the public health challenges we face today and will face in the next decade.

The establishment of the Knowledge Directorate in April 2019 has led to an increasing focus on adopting and testing new approaches to data science to support our Strategic Priorities. Working with colleagues, wider stakeholders and industry, a dedicated data science resource will be tested to determine how these approaches can contribute to addressing public health challenges in new and innovative ways. The future development of the research and evaluation function will play a key role in evaluating the effectiveness of this approach.

Through Years 2 and 3, the new model and the increased use of data science will continue to be implemented, with user value and operational performance being measured, and continuous improvement activity underway. Benefits will be continually tracked through years 2 and 3.

SO7.5- By 2023, we will increase our use of health and economic measurement techniques, including social return on investment in order to provide evidence based advice to inform public health policy and practice and measure our own impact on population health.

In year 1, the Evaluation and Impact Programme will continue to provide comprehensive evaluation of the population impact and ROI of key programmes in Public Health Wales. We will also continue to support staff to develop evaluation skills and the use of tools and webbased resources to strengthen our approach to evaluation.

Working across the organisation, as part of the wider cross-organisational approach to value and impact, our WHO CC on Investment for Health and Well-being will continue to develop the "extended balance sheet" programme of work, capturing the value and social return on investment (SROI) of Public Health services and interventions.

SO7.6- Through implementation of our International Health Strategy we will develop, with the World Health Organization, a world-leading Centre for Investment for Health and Well-being, harness public health expertise developed abroad, and disseminate research, knowledge, innovation and learning developed in Wales.

We will continue to facilitate the implementation of our International Health Strategy through cross-organisational engagement. Focusing on strengthening existing and building new international health links and partnerships in the context of Brexit. We will also carry out a three-year look back in 2021 capturing our international achievements and impact. Depending on funding we will work to expand our Global and European partnerships and cooperation.

We will manage, support and deliver on a number of work plan activities of the WHO CC, working across the organisation, nationally and globally. This includes participation in a new WHO European Health Equity Alliance and Solutions Platform, developing a Health Equity Status Report for Wales.

There will be continued support to the implementation of the Charter for International Health Partnerships in Wales across the NHS, including a 5 -year evaluation of the Charter and International Health Coordination Centre (IHCC) Progress Report to be published in 2020/21.

SO7.7- We will increase the capacity and capability of our own workforce and that of our stakeholders to access, understand and utilise public health knowledge by developing their skills and by using new technologies to provide smarter interfaces to access and interpret such knowledge.

Our Knowledge Mobilisation Vision ensures the knowledge we use and produce is of high quality, transparent and staff are engaged in effectively understanding users' needs and communicating knowledge based decisions. We will begin implementation of the Vision, with evaluation of progress and impact, in 2020-21.

We will collaborate to share content, avoid duplication and maximise consistency of message. A key element of the Knowledge Mobilisation Vision is the development of an organisation wide document management system to enable sharing of corporate knowledge and learning; this will be taken forward, subject to funding, during Year 1.

We will be launching an updated approach to our system-wide practitioner registration programme against the new UKPHR standards. Providing a wider programme of professional
development for our public health workforce, giving assurance to our stakeholders that we continuously develop our own capability to advise and guide. Annual evaluations of our internal learning and development programmes will track the impact of the programme for consistency and quality of evidence reviews across the organisation.

SO7.8- By 2023, we will have increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care.

The development of the Improvement Cymru Academy will ensure a coherent approach to building capability across NHS Wales to support delivery of 'A Healthier Wales'. This will position Improvement Cymru as the system-level improvement experts in the quality cycle, delivering improvement support in national priority areas alongside performance support provided by NHS Executive partners and stakeholder organisations. The Improvement Cymru Academy will support programme teams and individuals to develop this capability, which will broaden beyond the current Improving Quality Together approach and develop rigorous skills including measurement and testing change, safety science, reliability, flow science, systems thinking, modelling and analytics for improvement.

Quality Improvement (QI) hubs will focus on developing their maturity matrix action plans supported by Improvement Cymru. Improvement Cymru will transfer to the new NHS Executive and, depending on the timeline for the transfer of the function, there is likely to be impact on plans for years 2 and 3 .

SO7.9- By 2022, we will have aligned the levers and drivers for good population health in Wales through the development and implementation of population health standards for key partners.

The development of new Population Health Standards for Wales will be of significant benefit in coherently aligning the levers and drivers for good population health in Wales. The Population Health Standards will provide a maturity matrix for organisations and sectors to assess and monitor themselves against and to be used for the purpose of external assurance and scrutiny. The key benefits will be to improve health and well-being in Wales by providing a guide in the development of national policy and developing and implementing good local planning. We will develop the relevant domains, test and refine and evaluate the standards and their impact on public health outcomes. Moving forward we will launch the Population Health Standards, commence the implementation, review and refine the Standards as necessary.

### 2.7.4. Key Deliverables: Building and mobilising knowledge and skills to improve health and well-being across Wales

| Objective | Milestones |
| :---: | :---: |
| SO7.1-By 2022 we will have developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally which will have measurable impacts at national and international levels | 2020-2021 (New) |
|  | - Building on the work of the Brexit HIA, research proposal to support a greater understanding of the impact of on health and wellbeing in Wales submitted <br> - Year 2 of the Research and Evaluation Strategy implemented <br> - Strategically aligned research programme supported and delivered <br> - Futures agenda further developed to support the long-term way of working across public bodies in Wales by identifying a Futures project for delivery in 21-22 (subject to funding) |
|  | 2021-2022 (New) |
|  | - Support or carry out a Futures project (depending on funding) <br> - Year 3 of the Research and Evaluation Strategy implemented <br> - Research on Brexit undertaken, as per any successful application for funding undertaken in 2020/21 <br> - Research proposals developed and submitted to explore housing and employment and health in Wales |
|  | 2022-2023 (New) |
|  | - Futures report produced, based on the learning from the project(s) carried out in 2021-22 <br> - Strategically aligned Research and Evaluation programme delivered <br> - Research and Evaluation Strategy progress reviewed |
| SO7.2-By 2022 we will have | 2020-2021 (New) |
| developed we will have increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches to health, health impact assessment and life course approaches to public health including addressing ACEs. | - Resources, such as a revised e-learning course, produced to support HIA capacity building within Wales <br> - HIA training and resources provided to support HIA capacity building within Wales and to WHO member states, as requested <br> - HIA of Climate Change delivered <br> - Sustainable Development toolkit disseminated to WHO member states and support provided in its adoption <br> - Extreme poverty report development commenced <br> - Understanding of efficacy of use of ACE approach in front line services generated <br> - Multi-agency approaches to violence prevention developed <br> - Report on resilience in fisheries sectors in Wales produced <br> - Farmers resilience research programme implemented (subject to external funding) <br> - Report on structural drivers for community resilience published <br> - Report on impact of precarious employment on health in Wales published |


| Objective | Milestones |
| :---: | :---: |
|  | - New Behavioural Change Unit established to deliver high quality advice, approaches and techniques to policy makers, practitioners and the public <br> - Two behavioural change pilot projects initiated |
|  | 2021-2022 (New) |
|  | - HIA training and resources provided to the WHO member states as requested <br> - Adapt further resources such as the HIA Training Strategy for WHO / international audience <br> - Develop and utilise Mental Well-being Impact Assessment to support a 'Mental Health in All Policies' agenda <br> - Uptake of the Sustainable Development toolkit supported and monitored. <br> - Impact Evaluation of key public health programmes and initiatives using linked data undertaken <br> - Behavioural Change Network established with other public, private, academic and third sector organisations <br> - Two behavioural change pilot projects with Welsh Government and Primary Care completed and evaluated <br> - Implementation plan developed for capacity building and system development |
|  | 2022-2023 (New) |
|  | - HIA training and resources provided to the WHO member states and their use evaluated <br> - HIA training strategy updated in light of review findings. <br> - Mental Well-being Impact Assessment session delivered to support a 'Mental Health in All Policies' agenda <br> - Continue to update the Sustainable Development toolkit, following feedback from WHO member states <br> - Strategic aligned, agile research and evaluation programme informing policy and practice established <br> - Progress of Impact Evaluation of key public health programmes and initiatives reviewed <br> - Behavioural Change Unit developed into a leading provider of specialist and highly valued behavioural change support <br> - Successfully build capacity in behavioural change across the public health workforce and achieved a high degree of system alignment |
| SO7.3 - By 2022 we will have increased our understanding of how new technologies can be adopted and exploited to better deliver our objectives, improve health and reduce health inequalities. | 2020-2021 (New) |
|  | - Scoping report on the feasibility of user generated data from digital technology to inform health systems completed <br> - Factors contributing to digital tech and inequalities (WHO CC) reported |
|  | 2021-2022 (New) |
|  | - Research and innovation undertaken to build on previous work to explore the use of technology to support health and tackle inequalities |
|  | 2022-2023 (New) |
|  | - Research programme further extended into application of Digital public health |
|  | Y1 2020-2021 (New) |


| Objective | Milestones |
| :---: | :---: |
| SO7.4 - We will have developed a new operating model for our health intelligence resources which adopts emerging data science techniques to understand and address the public health challenges we face today and will face in the next | - Future areas for investment identified and development in the data science arena |
|  | 2021-2022 (New) |
|  | - Different approaches and concepts identified from the Data Science Innovation Team evaluated |
|  | 2022-2023 (New) |
|  | - National Data Resource (NDR) pilot (subject to funding being agreed by Welsh Government) |
| SO7.5 - We will increase our use of health and economic measurement techniques, including social return on investment in order to provide evidence based advice to inform public health policy and practice and measure our own impact on population health | 2020-2021 (New) |
|  | - Interactive database developed and evidence capturing social value of our public health programmes <br> - Strategically aligned Impact Evaluation programme supported and delivered <br> - Quality assurance framework for evaluation launched |
|  | 2021-2022 (New) |
|  | - Continue capturing social value of our public health programmes <br> - SROI linking with the Impact Evaluation of Public Health Wales <br> - Continue Impact Evaluation programme exploring the application of linked data |
|  | 2022-2023 (New) |
|  | - Social value of public health work approach translated to an international context <br> - Learning from evaluations Impact Evaluation programme reviewed and extended to the application of linked data |
| SO7.6 - Through implementation of our International strategy we will develop, with the World Health Organization, a world-leading Centre for Investment in Health and Well-being, harness public health expertise developed abroad, and disseminate knowledge, innovation and learning developed in Wales. | 2020-2021 (New) |
|  | - Organisation supported to implement our International Health Strategy and strengthen our European and global impact <br> - Support Wales as an Influencer Nation, developing a Welsh Health Equity Status Report initiative <br> - IHCC supports Charter implementation and evaluation across the NHS <br> - Global Citizenship Training for health professionals (subject to funding) developed |
|  | 2021-2022 (New) |
|  | - International Health Strategy, European and global impact strengthened <br> - Wales' role as an Influencer Nation in the European Health Equity Alliance and Solutions Platform strengthened <br> - International Health Coordinating Centre (IHCC) supporting NHS offer to global health (subject to funding) |
|  | 2022-2023 (New) |
|  | - Our European and global health partnerships expanded(subject to funding) <br> - Wales' global health impact as an Influencer Nation consolidated |


| Objective | Milestones |
| :---: | :---: |
|  | - IHCC continues supporting international work across the NHS (subject to funding) |
| SO7.7-We will increase the capacity and capability of our own workforce and that of our stakeholders to access, understand and utilise public health knowledge by developing their skills and by using new technologies to provide smarter interfaces to access and interpret such knowledge. | 2020-2021 (New) |
|  | - Support organisational policy capacity and skills, to influence Welsh Government and partner organisations through policy analyses and commissioning training. <br> - Year 1 of the Knowledge Mobilisation Vision implementation plan completed <br> - Knowledge Mobilisation Vision monitoring and evaluation plan implemented <br> - Annual programme of CPD and masterclasses for public health workforce re-introduced, delivered and evaluated including pilot FPH practitioner programme <br> - First audit of My Contribution completed, capturing the value of the conversations being held (including skills and knowledge development and sharing) <br> - Pan-profession behavioural framework aligned to Public Health Wales launched <br> - Mechanism for aligning investment in strategic learning and development agreed and deployed |
|  | 2021-2022 (New) |
|  | - Support organisational policy capacity and skills through publications, policy analysis reports and provision of staff training <br> - Year 2 of the Knowledge Mobilisation Vision implementation plan completed <br> - Year 1 update report for PHW Knowledge Mobilisation implementation produced <br> - Updated employee value proposition developed underpinned by our organisational values and people strategy <br> - Agile working practices enabled, greater consistency in roles and a more deliberate generalist vs specialists skills mix |
|  | 2022-2023 (New) |
|  | - Support organisational policy capacity and skills through publications, policy analysis reports and provision of staff training <br> - Year 3 of the Knowledge Mobilisation Vision implementation plan completed <br> - Mid-term evaluation review undertaken for Knowledge Mobilisation implementation <br> - First three years of the people strategy reviewed and key learning points shared across the organisations have improved how skills and knowledge are developed and shared across the system |
| SO7.8 - Increased quality improvement capacity and capability within NHS Wales and its partner organisations | 2020-2021 (New) |
|  | Improvement Capability Training <br> - Foundation and Practice level training package developed for three Delivery Framework programmes <br> - First wave of advanced modules agreed with improvement network <br> Improvement networks and system level support <br> - Organisational readiness assessments completed by two organisations and linked to system-level support plans and Hub action plans |


| Objective | Milestones |
| :---: | :---: |
|  | - Areas identified within Hubs action plans for support in future work plans |
|  | 2021-2022 (New) |
|  | Improvement Capability Training <br> - An enhanced and robust suite of individual/team modules are embedded in the Delivery Framework \& Future Workforce support (QIST) <br> Improvement networks and system level support <br> - Improvement Executive Lead and strategy established in every organisation <br> - Hubs are part of organisational structures \& provide local improvement support connected to national programmes |
|  | 2022-2023 (New) |
|  | Improvement Capability Training <br> - Improvement Academy reviewed and evaluated to inform future development Improvement networks and system level support <br> - All leaders have enabled a culture of 'readiness' for Improvement |
| SO7.9 - Aligned the levers and drivers for good population health in Wales through the development and implementation of population health standards for key partners. | 2020-2021 (New) |
|  | - Domains and maturity levels developed <br> - Domains and standards tested and refined <br> - Evaluation of Population Standards and their impact on public health standards scoped |
|  | 2021-2022 (New) |
|  | - Population Health Standards launched <br> - Population Health Standards reviewed and implemented standards refined as necessary |
|  | 2022-2023 (New) |
|  | - Programme of work continues |

## Part 3

## How We Will Deliver the Next Three Years of Our Plan

### 3.1. How we will enable the delivery of our plan

Our enabling functions are the engine room of the organisation ensuring: good governance, financial stewardship; safety and quality; effective change management; corporate planning as well as supporting our people and developing our organisation. These supporting functions are critical to delivering our long-term strategy. However, we recognised that significant change is needed.

In the last year, we have prepared the way for transforming our enabling functions by developing new approaches, frameworks and strategies. These include collaborating and developing a new People strategy; setting out a comprehensive performance management framework; and investing in the tools, methodologies and personnel to deliver complex change programmes. Further, we have developed new approaches to our communications, innovation and engagement. Our new value and impact framework comprises: an evaluation and impact strategic, social return on investment project, outcomes development and value in finance. These are some of the building blocks on which to take forward our transformation of our enabling functions.

## Approach to Transforming Our Enabling Functions

We have identified eight areas where we intend to make improvements or take a more farreaching approach. These areas are identified in the diagram on page 75 and arrangements will be developed by the end of March 2020 to plan and govern these proposed changes. We recognise the key inputs to deliver our strategic objectives are underpinned by both Quality and Quality Improvement. Our Quality and Improvement strategy will reinforce our organisational approach to delivering quality through new ways of working and transforming our enablers. This will enable continuous improvement across all areas of the organisation to achieve improved outcomes and impact, which is key to delivering our Long Term Strategy.

Over and above these improvement processes, we have drawn out three inter-related themes that are transformational:

- adopting new ways of working
- smart delivery using information and knowledge
- prioritising our digital offer to improve outcomes

The scope of these areas is set out below.


- matrix working in an agile environment
- skilling our people for the future
- embedding quality improvement and seeking out opportunities for innovation
- devolved budgets, decision making and accountability
- securing purposeful partnerships through active engagement and building relationships
- outcome focused and benefits driven
- embedding the Wellbeing of Future Generations Act in everything we do
- embracing diversity
- managing change effectively
- maximising the use of the data within our existing systems and automating these to bring rapid new insights
- investing in data science
- effective use of evidence
- harnessing effectively our capacity and capability in research and evaluation
- communicating knowledge effectively
- establishing a performance oriented culture by implementing our performance management and measurement framework
- taking a long term view of our public facing services and developing a strategy that harnesses digital innovation including robotics and artificial intelligence
- securing the business change benefits of the investment in Microsoft Office 365
- digitalising our internal systems and processes to improve performance and help decision-making
- ensuring our approach is safe from cyber attack

Figure 3.1.1 below illustrates how our twin track approach of improvement and transformation fits together. A group of senior leaders will be using this material to develop an implementation plan by the end of March 2020.

## Working to Achieve a Healthier future for Wales



Below is a table of the annual milestones our enabling functions that will expedite the delivery of our long-term strategy.

| Enabling Function <br> Objective | Action |  |
| :--- | :--- | :--- |
| We will continue to <br> play a key role in <br> prudently providing <br> and promoting the | 2020-21 | - |
| Data Science Innovation Team established and <br> best available public <br> operational |  |  |
| health intelligence <br> (evidence, research, <br> evaluation and data <br> analyses) in a way that <br> inspires, informs and <br> maximises the impact <br> of public health <br> action. | 2021-22 | -Evidence of research funds being used to drive <br> research and evaluation |
| Identify how structured and unstructured data <br> across sectors and platforms (e.g. social <br> media) can potentially improve health and |  |  |

We will ensure that our work places are fit for purpose, namely, they are safe, improve well-being, are environmentally sustainable and are value for money.

We will ensure that where technology can support improvements to public health and wellbeing, we will be at the forefront of exploiting the benefits for the people of Wales. This will ensure we are delivering solutions driven by business need that support and enable delivery of our strategic priorities.

2020-21 • Microsoft 365 readiness assessment completed, implementation programme initiated and team in situ, user engagement phase one completed, benefits realisation plan agreed

- Information Management Technology (IMT) operating model developed and agreed
- New Cervical Screening Information Management System (CSIMS) operational
- cyber security capacity and capability developed and phase 1 user training programme completed
2021-22 - cyber security infrastructure improved and phase 2 user training completed
- Microsoft 365 roll out completed
- IMT future operating model in place
- Agreement on future development and prioritisation of screening information systems

| Enabling Function Objective |  | Action |
| :---: | :---: | :---: |
|  | 2022-23 | - Microsoft 365 benefits realised <br> - improved digital offer to citizens operational |
| We will maximise the capacity and capability of our people through creating a culture where everyone can thrive; building future focused skills and greater flexibility into work design and careers. We will work collaboratively to widen access, build relationships and work across boundaries with our partners | 2020-21 | - cultural narrative and employer brand developed <br> - agreed plans for attraction and recruitment for hard to fill and priority roles |
|  | 2021-22 | - succession plans in place throughout the organisation |
|  | 2022-23 | - wide ranging volunteer programme implemented |
| We will seek to become a high performing organisation with a focus on embedding continuous improvement, quality and safety. | 2020-21 | - Quality and Improvement Strategy agreed and Phase 1 implemented <br> - Integrated Governance Model designed and user engagement completed <br> - continued support to NHS to deliver a once for Wales approach to improving equality and human rights work <br> - Our Approach to Engagement implemented <br> - Once for Wales Concerns Management System adopted (Datix and Service User Experience) |
|  | 2021-22 | - Quality and Improvement Strategy and Integrated Governance model embedded |
|  | 2022-23 | - effectiveness of the Quality and Improvement Strategy and Integrated Governance model evaluated. |
| We consistently aim to build the reputation of Public Health Wales and its leadership with external stakeholders-media, | 2020-21 | - internal communications and engagement strategy refreshed and includes Social Media Strategy <br> - horizon scanning and reporting activities developed to understand and respond to public debate |


| Enabling Function <br> Objective | Action |  |
| :--- | :--- | :--- |
| government and <br> partner agencies-in <br> order to influence | 2021-22 | -culture change through a comprehensive <br> change programme, working with internal <br> partners |
| policy, health and care <br> providers, those <br> agencies and partners <br> involved in delivering <br> public health and the <br> public. | Embed clear, impactful tools, skills and <br> knowledge across the organisation to ensure a <br> consistent approach to communications and <br> engagement_ |  |

Our Board is
accountable for our organisation and collectively provides strategic leadership, helps to set the tone and culture of the organisation and plays a crucial role in setting strategy, overseeing performance and setting risk appetite.
We will work in collaboration with staff and the Board to create the cultural and organisational conditions for innovation. We will communicate and promote innovation and new ways of working aligned with our long-term strategy. to us and measure our progress against our aspirations

- Continue to review and refine our governance model ensuring the Board and its Committees remain fit for purpose and fulfil their full potential
2021-22 - Develop a comprehensive succession plan to ensure our Board reflects the Public Health requirements for the people of Wales
- Continue to ensure our risk appetite is appropriate to meet the needs of the longer term strategy balancing operational delivery and performance
2022-23 - progress against our high performing Board aspirations independently assessed
2020-21 • "Fire Starter" events held which are aligned to our strategic priorities
- Technology and Innovation in Health and Well-being Advisory Forum - support and advice provided on new thinking and new ways of doing things focused on innovation
2021-22 • Investment agreed for NHS Clinical Entrepreneurship Programme for Wales (or similar) to recognise clinicians with a passion for developing innovation
2022-23 - Innovation led approach embedded through skills and knowledge transfer.


### 3.2. Our Financial Plan

## Baseline Position 2019/20 (prior to cost pressures)

Table 3.1 shows our baseline expenditure of $£ 124.537 \mathrm{~m}$ by Directorate. This total is a combination of spend covered by core and non-core funding streams. The NHS Wales Collaborative for Health and the Finance Delivery Unit, which are hosted by the Trust, are not included in these figures.

Table 3.1: Baseline Expenditure by Directorate

| Directorate | Pay <br> $£ 000 \mathrm{~s}$ | Non Pay <br> $£ 000 \mathrm{~s}$ | Total <br> £000s |
| :--- | ---: | ---: | ---: |
| Board and Corporate | 1,805 | 158 | 1,963 |
| Central Budgets | 277 | 3,511 | 3,788 |
| Health and Wellbeing | 16,526 | 7,142 | 23,668 |
| Operations and Finance | 5,035 | 3,386 | 8,421 |
| Knowledge | 4,128 | 474 | 4,602 |
| Public Health Services (inc SpRs) | 44,258 | 26,671 | 70,929 |
| Improvement Cymru | 4,312 | 804 | 5,116 |
| Quality Nursing and Other Allied Profs | 2,272 | 196 | 2,468 |
| People and Organisational Development | 1,310 | 69 | 1,379 |
| WHO Collaborating Centre | 1,900 | 303 | 2,203 |
| Grand Total | 81,823 | 42,714 | $\mathbf{1 2 4 , 5 3 7}$ |

The following analysis allocates baseline expenditure across our strategic priorities.
Table 3.2: Baseline Expenditure by Strategic Priority

| Strategic Priority | 2019/20 <br> £000's |
| :--- | ---: |
| Influencing the wider determinants of health | 2,534 |
| Improving mental well-being and resilience | 8,367 |
| Promoting healthy behaviours | 2,755 |
| Securing a healthy future for the next generation | 40,297 |
| Protecting the public from infection and environmental threats to health | 59,171 |
| Supporting the development of a sustainable health and care system focused on <br> prevention and early intervention | $8,0,05$ |
| Building \& mobilising knowledge and skills to improve health and well-being across Wales | 8,025 |

## Total

## Financial planning approach

As part of the integrated approach to planning, we have once again ensured that our financial planning is aligned with the strategic and operational plans of the Trust. The process for developing both revenue and capital plans has been integrated into the preparation of the Integrated Medium Term Plan with no stand-alone budget setting process.

A number of assumptions have been communicated across the organisation and built into the financial planning approach:

- Welsh Government funding uplift will be sufficient to fund all agreed pay awards;
- we have identified material unavoidable cost pressures that are Trust wide and will be funded as far as resources permit;
- financial sustainability will require continuous improvement and efficiency in our processes and each Directorate will be expected to contribute a minimum 1.5\% efficiency reduction in expenditure or income generation, (through local and organisational efficiency schemes);
- capital investment plans are linked to programmes, which are in turn linked to agreed priorities or supporting enablers;
- recurrent funding will be made available, once a number of varaibles have been worked through, to allow the organisation to take forward the preferred model for optimising the national bowel screening programme, and
- the pressures associated with the change to employer's pension rates will be funded by Welsh Government

The plans to deliver on our strategic priorities have continued to form a key focus of the budget setting and workforce planning process for 2020/21. This also includes our ambitious plans to deliver a National Health Protection Service and to enhance our system leadership at national level and allow for upscaling of national prevention schemes.

## Our revenue plan

Table 3.3 demonstrates that financial plans are balanced, as part of a viable and sustainable plan. They are set within the resource allocation and planning parameters set out in the Public Health Wales Grant Allocation Letter received on 19 December 2019.

Table 3.3: Financial Plans

|  | £000's | £000's | £000's |
| :---: | :---: | :---: | :---: |
| Income 19/20: |  |  |  |
| Core | 96,504 |  |  |
| Non-Core | 28,033 |  |  |
|  |  | 124,537 |  |
| 2020/21 Uplift: |  |  |  |
| As per Funding Allocation: |  |  |  |
| 2\% Inflationary Uplift for Pay \& Prices | 2,063 |  |  |
| FYE of Pay Award for 20/21 (A4C \& DDRB) | 1,087 |  |  |
| National Health Protection Service | 4,928 |  |  |
| Pathogen Genomics | 508 |  |  |
| Stop Smoking Wales Transfer | -1,073 |  |  |
| Optometric Advisory Team Transfer | -72 |  |  |
| 1000 Lives | 2,337 |  |  |
|  |  | 9,778 |  |
| Assumed Welsh Government Funding: |  |  |  |
| DDRB \& VSM | 157 |  |  |
| A Healthier Wales/Prevention Monies (as per agreed funding) | 1,080 |  |  |
| Digital Strategy Funding (as per investment bid) | 1,000 |  |  |


|  | £000's | £000's | £000's |
| :---: | :---: | :---: | :---: |
|  |  | 2,237 |  |
| Total Income |  |  | 136,552 |
| Expenditure 19/20: |  |  |  |
| Pay | 81,824 |  |  |
| Non Pay | 42,713 |  |  |
|  |  | 124,537 |  |
| Changes: |  |  |  |
| Savings (1.5\%) | -1,350 |  |  |
| Pay Award \& Increments | 2,470 |  |  |
| Funded Cost Pressures | 680 |  |  |
| National Health Protection Service | 4,928 |  |  |
| Pathogen Genomics | 508 |  |  |
| Stop Smoking Wales Transfer | -1,073 |  |  |
| Optometric Advisory Team Transfer | -72 |  |  |
| 1000 Lives | 2,337 |  |  |
| DDRB \& VSM Non Recurring 19/20 funding | 157 |  |  |
| A Healthier Wales/Prevention Monies | 1,080 |  |  |
| Digital Strategy Funding | 1,000 |  |  |
| Investment Strategy | 1,350 |  |  |
|  |  | 12,015 |  |
| Total Expenditure |  |  | 136,552 |
| Net Position |  |  | 0 |

The net total cost pressure of $£ 12.015 \mathrm{~m}$ includes:-

- inflationary pay award;
- element relating to full year effect of 3rd year of agenda for change pay deal;
- incremental pressure relating to medical staff (DDRB);
- unavoidable cost pressures, such as rent, rates and service charge increases, Microsoft Office 365 licence fees, Welsh Language Translation, All Wales Oracle Upgrade and Public Health Wales contribution to the increase costs to the Welsh Risk Pool;
- investments in National Health Protection Service, Pathogen Genomics and 1000 Lives
- service transfers of Stop Smoking Wales and Optometric Advisory Team;
- expected future allocations associated with spending plans for the prevention monies and digital strategy,
- establishment of an investment fund to continue to support the requirements of the Strategy.

In addition, the above assumes receipt of non-core funding allocations including Healthy Working Wales

The NHS Wales Collaborative for Health and the Finance Delivery Unit, which are hosted by the Trust, are not included in these figures and it is assumed that they will manage within their approved allocations. In respect of the intra NHS income and expenditure assumptions within Appendix C8 adjustments have been made for the hosted organisations, the summary below in Table 3.4 outlines this impact:

Table 3.4: NHS Income Assumptions

| LHBs/Trusts | Other Organisations Expenditure £000s | PHW Income £000s | Hosted Organisations Income £000s |
| :---: | :---: | :---: | :---: |
| Swansea Bay |  |  |  |
| Aneurin Bevan |  |  |  |
| Betsi Cadwaladr |  |  |  |
| Cardiff and Vale | THIS IS A NEW TABLE AND |  |  |
| Cwm Taf Morgannwg |  |  |  |
| Hywel Dda | FIGURES WILL BE POPULATED |  |  |
| Powys | BY FRIDAY 24 JANUARY |  |  |
| Velindre |  |  |  |
| Welsh Ambulance |  |  |  |
| WHSSC |  |  |  |
| EASC |  |  |  |
| HEIW |  |  |  |
| NHS Wales Executive |  |  |  |
| Grand Total |  |  |  |

## Savings and investment strategy

In order to cover the net cost pressure, investment strategy and set a balanced budget, we have agreed and implemented a savings plan target of $£ 1.350 \mathrm{~m}$ ( $1.50 \%$ of relevant budgets), as shown in Table 3.5.

Table 3.5: Savings

| Type of Saving | Amount <br> £000s | \% |
| :--- | ---: | :---: |
| Directorate Saving Plans | -0.900 |  |
| General Cost Improvement Plans | -0.450 |  |
| Total | -1.350 | $-1.50 \%$ |

- The Directorate detailed savings plans are being finalised and will be fully risk assessed in terms of achievability and service impact;
- The general cost improvement plans are derived from organisational wide efficiency schemes;
- An investment fund has been generated as part of the agreed approach to the investment strategy, and
- Investment funds will progress on delivery of the savings plans further mitigating the risk of deviating against the proposed break-even plan.


## Reinvestment and realignment of our resources

An element of the pay and non-pay pressures are a direct result of ensuring our financial plan supports our Integrated Medium Term Plan and resources are targeted to our priorities. These include:

- formally reviewing existing programmes and services to ensure they are delivering real health benefits and value for money;
- undertaking a number of service-specific modernisations and developments;
- investing in our services and supporting infrastructure, and
- restructuring the organisation and reorganising our resources internally to better deliver our strategy.


## 2020-21 Revenue Plan by Directorate

Table 3.6: 2020/21 Revenue Plan by Directorate

| Directorate | Pay $£ 000$ s | Non Pay <br> £000s | Total |
| :--- | ---: | ---: | ---: |
| Board and Corporate | 1,813 | 158 | 1,971 |
| Central Budgets | 402 | 4,191 | 4,593 |
| Operations and Finance | 6,090 | 3,530 | 9,620 |
| Health \& Wellbeing | 17,495 | 7,596 | 25,091 |
| Knowledge | 4,286 | 474 | 4,760 |
| Quality Nursing \& Other Allied Profs | 2,370 | 196 | 2,566 |
| Public Health Services | 46,846 | 29,780 | 76,626 |
| Improvement Cymru | 5,875 | 1,738 | 7,613 |
| Workforce and organisational development | 1,369 | 69 | 1,438 |
| WHO Collaborating Centre | 1,970 | 303 | 2,273 |
|  | Grand Total |  | $\mathbf{8 8 , 5 1 6}$ |

1. Pay Uplift \& A4C Funding has been added to the various pay lines within Directorate
2. Directorate position include the full year effect of all assumed funding.

We manage our financial risk on a monthly basis. As part of the finalisation processes for the overall plan, further scrutiny of Directorate budget plans will take place to ensure expenditure programmes and savings schemes are realistic. These will be risk assessed and regularly reviewed as part of the ongoing governance and assurance framework.

## Our capital plan

Our recurrent discretionary capital funding is $£ 1.580 \mathrm{~m}$. Additional strategic capital of $£ 1.689 \mathrm{~m}$ was received during 2019-20 in respect of Digital Schemes and year 1 investment in Digital mammography replacement with $£ 1.278 \mathrm{~m}$ and $£ 0.411 \mathrm{~m}$ respectively. Meetings with Welsh Government are ongoing with regards to currently unapproved bids. Table 3.7 summarises the strategic capital requirements over the next three years.

Table 3.7: Strategic capital schemes 2020/21 to 2022/23

|  | FY20-21 <br> $£ 000 \mathrm{~s}$ | FY21-22 <br> $£ 000 \mathrm{~s}$ | FY22-23 <br> £000s |
| :--- | ---: | ---: | ---: |
| Screening Informatics Systems (unapproved) |  | 700 | 1,000 |
| Digital mammography replacement (unapproved) | 3,253 | 3,510 |  |
| Colposcopy \& Colonoscopy Imaging (unapproved) |  |  | 1,205 |
| Digital Schemes (Approval assumed) |  |  |  |
| Maldi-Tof Replacement (Unapproved) | $\mathbf{4 , 8 1 3}$ | $\mathbf{4 , 7 7 0}$ | $\mathbf{2 , 2 0 5}$ |
| Total Strategic Capital |  |  |  |

## Screening Informatics Management Systems

Following the completion of the Cervical Screening Information Management System in December 2020 there will need to be a replacement programme to update the remaining Informatics Management Systems in order to be able to continue the provision of population based screening programmes.

## Replacement of Digital Mammography

Between 2011 and 2014, the Trust received approximately $£ 10 m$ in strategic capital funding to enable the Breast Test Wales programme to move into digital mammography. The funding provided new mammography equipment, necessary enabling works, conversion of mobile units to include Disability Discrimination Act compliance and a Picture Archive Communication System to enable reading, reporting and transfer of images.

There is now an urgent need to replace this digital technology and in 2016/17, the Trust received strategic capital funding to begin the replacement programme. A further capital bid has been submitted requesting further Welsh Government funding until 2021-22 to fully replace the equipment to the total value of $£ 6.763 \mathrm{~m}$.

## Colposcopy \& Colonoscopy Imaging

Cervical cancer is the second most common cancer in women under the age of 40 and the Cervical Screening Wales programme reports that regular screening can cut the risk of getting cancer by $75 \%$. In 2014/15 Public Heath Wales funded the installation of Colposcopy and Colonoscopy Imaging facilities within Heath Boards to support the viewing of samples to detect abnormal cells more easily and quickly.

These Imaging facilities are due for replacement in 2022/23.

## Digital Schemes

A Healthier Wales identifies the development of digital services as key to delivering services fit for the future. A Healthier Wales commits to significantly increased investment in digital. A Digital Priorities Investment Fund will drive improvements across 5 themes:

- Transforming digital services for patients and Public
- Transforming digital services for professionals
- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

The funding of $£ 1.56 \mathrm{~m}$ in 2020/21 relates to the second year of the investment bid submitted as part of the Digital Priorities for Public Health Wales.

## Maldi-Tof Replacement

M.A.L.D.I-T.O.F (Matrix-Assisted Laser Desorption/Ionization-Time Of Flight) is a rapid identification system for same day identification of bacteria and yeasts and has replaced traditional methods of identification.

Fast rapid identification to species level is available within minutes. This level of identification is essential to guide accurate, targeted antibiotic and antifungal therapy. It also identifies the different varieties of organisms and their resistance mechanisms.

In order to maintain current service levels replacement assets will be required for 2021/22.

## Discretionary Capital

The draft plans for the discretionary capital are set out in table 3.8 below. There are assumptions made for a rolling IT replacement programme whilst replacement of equipment elsewhere is based upon the aged asset register.

The funding arrangement for the fit out of No 2 Capital Quarter ceases in 2019/20 resulting in our Discretionary Capital being re-instated to $£ 1.580 \mathrm{~m}$.

Table 3.8: Discretionary capital programme 2020/21 to 2022/23

|  | FY20-21 <br> $£ 000 s$ | FY21-22 <br> £000s | FY22-23 <br> £000s |
| :--- | :---: | :---: | :---: |
| IT Replacement Programme | 350 | 350 | 350 |
| Estates \& Statutory Compliance | 348 | 350 | 380 |
| Equipment Replacement | 100 |  | 385 |
| Abdominal Aortic Aneurysm (AAA) Ultrasound Equipment |  | 300 | 215 |
| Diabetic Eye Screening Wales (DESW) | 144 |  |  |
| Newborn Hearing Screening Wales (NBHSW) | 250 | 250 | 250 |
| Contingency | 1,580 | 1,580 | 1,580 |
| Grand Total | 1,580 | 1,580 | 1,580 |
| Discretionary Funding | 0 | 0 | 0 |
| Shortfall / (Surplus) |  |  |  |

### 3.3. Our People

Our workforce is at the heart of our ability to deliver our aims and to protect and improve the public's health. Our long-term strategy outlines expected achievements and each of the seven priorities requires talented people to deliver them. Our People Strategy provides direction and focus to shape our future workforce, the type of organisation we aspire to be, our culture, ways of working as well as optimising relationships and working in collaboration.

Understanding our workforce demographic is vital to effective planning and guiding the actions in the IMTP and our organisation workforce plan. In developing the people strategy and workforce plan we have analysed key trends and challenges that impact our workforce.

### 3.3.1. Our Longer Term People Approach

Our long-term people ambition is to develop a flexible, sustainable, diverse and thriving workforce with the capability and capacity to deliver our strategic priorities. We have developed nine themes, underpinned by a set of actions, which are outlined in our People Strategy.

The themes are:
Inspiring Culture and Compassionate Leadership - Ensure our culture and values are lived by our people. Our managers and leaders lead with compassion creating an environment in which teams and colleagues can thrive.

Employee Experience - Create an employee value proposition that works for all current and future staff, embracing flexibility, career satisfaction inclusivity and healthy lives

Designed to Deliver - Increase our ability and agility to deploy resources where needed, reducing silos and increasing collaboration and career opportunities

Workforce Shape and Planning - Actively plan and manage towards our agreed optimum workforce size and shape

Attraction and Recruitment - Improve our ability to widen access, identify, attract and recruit the best available talent, which more accurately reflects the communities we serve.

Harnessing Data - Increase our skills and access to expertise in harnessing and disseminating data to inform decision making

Exploiting Technology - Increased our peoples' confidence and capability to exploit technology opportunities in their work.

Optimising Relationships - Increase the knowledge and interpersonal skills necessary form meaningful and mutually beneficial relationships with our partners.

Skills for the Future - Create clear approaches and investment plans to develop or access the skills required to deliver our priorities. Ensuring a compassionate culture is established, role modelled by excellent leaders and management.

### 3.3.2. Our Workforce Plan

The 3 year Workforce Plan reflects these themes and identifies the key skills that we need, as well as determining whether we need to build capability, capacity or both. For the key skill areas we are able to plan our approach to either; investing in and developing the skills, through recruiting new staff, building strategic partnerships or integrating technology which will in part change the skill needs. In many cases it will require a combination of approaches to build our skills over the coming years.

Some of the key skills gaps are highlighted below:

- Behavioural science and behaviour change approaches
- Public Health skills associated with wider determinants e.g. economics, housing, employment and climate change
- research and evaluation skills
- bioinformatics
- data analysis
- diagnostic imaging
- evidence reviewing and evidence based decision making
- genomics
- digital literacy
- social media expertise
- community engagement
- leadership and management skills
- personal effectiveness (emotional intelligence, relationship building communication)
- Welsh language skills
- Improvement skills
- Policy
- Governance
- futures thinking

The actions in the workforce plan will ensure we have we have access to the right people, in the right place, with the right skills, at the right time.

### 3.3.3. Workforce Challenges and Opportunities

We will face challenges that will impact on the work we do and our workforce. The availability of staff, ways of working and expectations. The population include our workforce, so factors such as an ageing population, working to a later age, socio-economic challenges and Brexit will in some way impact on all of our staff.

We will need to be able to:

- have the capable workforce to harness and utilise advances in technology.
- Support learning agility and investment in continuous development and reskilling
- Support workforce in their choices and transitions so they can maximise their contribution throughout their working life
- Have the right culture and ways of working for a multigenerational workforce to work effectively together, valuing each other's skills and perspectives
- Recruit and develop a diverse workforce that reflects the communities we serve, and can provide insight into the needs and motivations of all our service users
- Support the development and promotion of the use of the Welsh language and bilingual careers as demand for Welsh language services increase
- Find, develop and retain the talent needed to execute our strategical priorities for emerging skills - particularly around digital, data and technology.
- Create and embed our culture and an employee value proposition that are inspirational and attractive to all current and prospective employees
- Support people's changing needs by increasing the opportunities for flexible working.
- Enable matrix working and increased agility through supporting new structures and ways of working.
- Develop and support our leaders and managers to lead with compassion and manage a diverse workforce and embed change effectively.
- Build strategic relationships with partners and suppliers to both deliver our services and strengthen access to capacity and talent


### 3.3.4. Diversity and Inclusion

We continue to develop an inclusive culture. Our diversity networks continue to grow and play an increasingly important role in shaping our thinking, for example in relation to addressing our gender pay gap, increasing BAME representation and developing our employee proposition. We continue to engage with young people in the community to promote diversity, particularly through work experience, apprenticeships and greater visibility within school environments.

Our Strategic Equality Objectives, which we will be publishing in March 2020, set out more detailed actions however they include (subject to Board approval):

- Develop our Staff Diversity Networks, ensuring staff feel valued and supported and able to progress within the organisation.
- Develop and deliver Diversity and Inclusion training for all staff.
- Ensure better use of work placements and Apprenticeships to enable us to develop a more diverse workforce that reflects the communities we serve.
- Continue to address and publish data on pay gaps through development of coaching, mentoring and development of our staff

Our Strategic Equality Plan will be monitored by a Stakeholder Reference Group, who represent the different protected characteristic groups and will monitor progress against our strategic equality objectives.

We undertake benchmarking exercises such as the Stonewall Workplace Equality Index to ensure continuous improvement towards a fully inclusive workplace. Our current strategic equality plan included in the long-term strategy is reviewed on a four yearly basis.

### 3.3.5. Key Workforce Issues

There are common shortage specialities affecting the organisation, namely in Radiology, Radiography and Microbiology (Medical and Scientific staff), where demand outweighs supply. We anticipate some future recruitment challenges may arise in areas of emerging skills such as data scientists including analysts and bioinformaticians.

Lack of capability and capacity is a risk but re-profiling of teams, use of advanced practice, and the introduction of technology including artificial intelligence and machine learning applications all offer partial solutions. The development of career pathways, talent management, succession plans and other practices to improve retention will also mitigate the risk. We have already seen some work to adjust structure and job design to make better use of resources. By reallocation of skills within the workforce and exploiting investment
opportunities to make use of new technology, we are using innovation to broach the current to reduce our reliance on shortage specialties.

### 3.3.6. Performance management

To enable us to monitor how we are performing as an organisation, we have formal performance management arrangements in place which are set out in our revised performance framework. The framework describes how we monitor performance against our strategic plan as well as the key services that we deliver to drive improvements in the health and well-being of the people of Wales. It sets out the Board's commitment to create an effective system of performance delivery and control, with clear lines of reporting and accountability. It also outlines our future plans to strengthen our performance management and reporting arrangements to support delivery of our long term strategy.

Our performance management arrangements are based on the following key principles:

- production and consideration of timely and robust performance information to enable effective decision making
- development and embedding of an improvement culture within the organisation
- a commitment to, and clear focus upon, outcomes, quality, and value and impact
- clear lines of accountability for delivery
- clear and agreed performance measures
- information is reported as part of an integrated approach to performance
- effective performance review arrangements are in place

This provides our Board with a comprehensive picture of our organisation's progress. , It also provides an early indication of emerging issues and risks that may require remedial action. During 2019/20, considerable progress has been made to improve the content and quality of performance reporting. This has included:

- alignment of performance measures to our strategic priorities
- developing our approach to reporting operational, people, quality and financial performance information
- strengthened reporting of progress made against our strategy
- enhanced performance information to inform our internal and external accountability reviews
- maturing our reporting against the requirements of the Well-being of Future Generations Act

To support the delivery of our long term strategy, strengthening performance management and reporting has been identified as a key strand of our internal transformation. A programme of work is being taken forward which will act as the vehicle to deliver our performance framework.

The vision of moving towards more timely and granular integrated performance information, subjected to robust analysis, is seen as key to enable us to make effective decisions. To achieve this, we will develop our corporate analytics through enhanced business intelligence solutions. We will also develop a number of organisational wide performance measures to monitor progress against achieving the outcomes that we set out. We will ensure that we have
governance arrangements that allow us to effectively monitor and manage performance, along with supporting the development of behaviours and culture that promote improving performance and delivering value and impact to our stakeholders and the public.

### 3.4. Innovation

Our purpose of "Working to achieve a healthier future for Wales" will need all of us to approach our work in an innovative way and overcome barriers to innovation. Our definition of innovation is as follows:

Taking an idea or invention and turning it into something that:

- Improves the health and well-being of the population by working in collaboration with NHS services across Wales
- By collaborating with Welsh Government we will aim to deliver more for the same or less resource
- By involving people with active interests we can offer new ways to accomplish our goals, makes people's lives easier and more enjoyable

In ensuring that our innovation activity is aligned with our long-term strategy, we have intentionally co-designed the approach with key stakeholders who share our vision. It encompasses three domains:

- Organisational culture: creating the conditions to support staff to innovate and fostering a culture that supports and learns from risk-taking and failure
- Internal and External expertise: strengthening how we work with industrial partners and experts within the innovation landscape in Wales and beyond
- Investment: Committing financial and human resource to support innovation and potential commercial opportunities

We will continue to refine these domains as we learn and will continue to ensure our approach to innovation is aligned with our long-term strategy. It is led through our Executive Director of NHS Quality Improvement and Patient Safety/ Director of 1000 Lives Improvement Service.

During 2020-23, we will continue to develop our approach to innovation. This will include:

- supporting innovation through an internal innovation group and a new programme lead for innovation
- Continuing to collaborate with Staff to design and deliver "Fire Starter" events which align with our 7 strategic priorities
- Establishing a Technology and Innovation in Health and Well-being Advisory Forum
- working in collaboration with staff and the Board to communicate and promote innovation. Promoting new ways of working both within Wales and worldwide in understanding what technology is available to enable innovation within Public Health Wales.
- Work in collaboration with 'Research, Innovation and Improvement Co-ordination' (RI\&IC) hubs and leads to promote Innovation, and supporting the Bevan Commission Exemplars process and individuals.
- Investing in the NHS Clinical Entrepreneurship Programme for Wales to recognise clinicians with a passion for developing within health care.
- Developing expertise in the principles of design thinking through Improvement Cymru's opportunity to build a Health Foundation Q Lab to support the directorate's new approach to scaling and spreading improvements.

Our aims for innovation are to:

- create an environment for innovation to permeate at all levels while embracing Prudent Healthcare and co-production principles to deliver improved patient outcomes and experience
- find and apply new and better ways of delivering health and care services
- grow our partnership approach to innovation, particularly with universities and industry
- maximise innovation to implement new technologies to enable service change
- work collaboratively with staff to develop and enhance the support within the organisation for innovative research
- work in collaboration with NHS Wales to identify and support innovations to transform quality improvement proposals in to action at local and national levels
- engage with our staff to widen their active participation in improvement, research and innovation.


[^0]:    ${ }^{1}$ The four themes of the Quadruple Aim in Wales are: improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.

[^1]:    ${ }^{2}$ https://phw.nhs.wales/news/new-national-report-examines-how-brexit-may-affect-health-and-well-being-of-people-across-wales/
    ${ }^{3}$ https://phw.nhs.wales/news/the-health-impacts-of-brexit-risks-of-harmful-impacts-increase-whilst-chances-of-positive-impacts-remain-unchanged/the-public-health-implications-of-brexit-in-wales-a-health-impact-assessment-approach-a-rapid-review-and-update/

[^2]:    SO 1.4 By 2023 we will support action for people to live in safe, secure homes with security of tenure and we will have developed an integrated approach to influencing planning to enhance our surroundings for better health and reduced inequalities

[^3]:    SO2.3 By 2023 will have facilitated a trauma/ACE informed Wales - improving the understanding of psychological approaches amongst professionals and the public to reduce the impact of trauma.

