

Embedding Value Based Health and Care

Organisation	Public Health Wales	Date of Report	April 2025	Report Prepared By	Neil Stoodley
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Value based health and care (VBHC) is the equitable and sustainable use of available resources to achieve better outcomes and experiences for every person.

The NHS Wales Planning Framework 2022/25 recognises our overarching system focus must be on safety, equality of access and improving outcomes, with VBHC as the basis on which services should be planned and delivered.

Three areas of focus are listed below, against which organisations should be able to demonstrate process in adopting a VBHC approach in their strategic decision-making, planning and allocation of resources. Organisations are welcome to submit their Value Based Health and Care Plan as additional supporting material.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to support the embedding of Value Based Health and Care

	Area Of Focus	Update	Issues and Corrective Actions
1.	Value Projects: Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.	<p>As a public health organisation our strategy and vision naturally align with the principles of Value Based Healthcare. This is evident through our six strategic priorities which form the basis of both our Long Term Strategy and Strategic Plan</p> <p>A selection of value projects and work across the organisation is included below:</p>	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> • Further development of the Social Value Toolkit including engagement sessions with stakeholders. • Tackling Diabetes Together Programme has been established working with partners across the system to mobilise support and take action around diabetes prevention and our ambitions to have more people living well with diabetes and to stop the prevalence of diabetes increasing. • Piloted an evidence-based assessment tool for the healthy weight pathway • Implemented Breast Screening select for Breast Screening Programme to ensure cohort selection when NHAIS is decommissioned by England • Implemented non-invasive prenatal testing for Fetal RhD genotype (cffDNA) for rhesus negative women with Welsh Blood Service. Identification of the RhD status of a fetus would remove the need for RhD negative women carrying a RhD negative fetus to have anti-D injections. • Bowel Screening <ul style="list-style-type: none"> ○ Implemented the final stage of bowel screening optimisation from 7 October 2024 	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> ○ Improved the sensitivity of the FIT tests by reducing the cut off from 120 to 80 ug/g ● The Improvement and Innovation (I&I) Hub has launched “Peers Ideas”, our new platform to share ideas for improvement and innovation to drive change and identify better ways of working and improve our efficiency and value. ● Public Health Wales have commenced work on a Value Proposition to outline our value offer to the population and identify future priorities and actions towards maximising the value we contribute to the system. ● Paper submitted to Welsh Government on Lung Cancer Screening Programme service model. Service will target population segment most at risk of lung cancer for screening and early detection for early diagnosis and treatment to improve lung cancer health outcomes. ● Business case development for a Digital Health Protection system to meet the future challenges of significant outbreaks or pandemic situations. The system would provide improved health protection outcomes linked to outbreak management for all who need to use it across the public sector in Wales, 	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>and across the border with UK partner organisations.</p> <ul style="list-style-type: none"> • Undertaken a costing review and improvement project to enhance the efficiency and outputs of our costing processes. This will give us better quality costing information for a wider range of services across the organisation providing better opportunities for effective benchmarking and improving technical value of PHW services. • Engaged key internal stakeholders to further develop vision and approach to our Value proposition. 	
2.	<p>Patient Outcomes and Experience Measures:</p> <p>List all the programmes of work that actively collect outcomes, including patient reported outcome measures (PROMs) and patient reported experience measures (PREMS). Describe how these outcomes are being used with patients and clinical teams.</p> <p>Provide detail on the number of PROMs and PREMS issued to date.</p>	<ul style="list-style-type: none"> • The nature of Public Health Wales’ services mean that there is limited capability to implement PROMS, however the rollout of People’s Experience has begun within Public Health Wales. Although not PREMS in a traditional sense. People’s experience can still provide valuable learning and data to support systems Quality Improvements. • To support people’s experience as a core consideration for quality assurance and improvement Public Health Wales will be looking to establish a People’s Experience 	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>Learning Group. This cross organisational group will lead the implementation of the forthcoming NHS Wales People's Experience Framework.</p> <ul style="list-style-type: none"> • To further support people's experience several Pathway specific National Screening surveys have been developed. These surveys will be used as part of the always on offer for feedback. • Standardisation of feedback web pages across National Screening programmes. This work is underway and started with Diabetic Eye Screening and Bowel screening. • The operational work has started to roll out a Quality Improvement Pilot SMS project to support the collection of people's experience within Diabetic Eye Screening. If successful, plans will be put in place to roll out SMS requests to other programmes. • Regular submissions on People's (service user) experience are already submitted as part of the NHS performance reporting. • People's Experience Group set up and meeting regularly • Undertook the "Time to Talk" public survey in November 2024 with 1,780 responses providing significant health intelligence on our 	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>population's views and experiences of their health.</p>	
3.	<p>Environmental Value: Outline the carbon reduction or environmental benefits arising out of a Value Based Health Care approach across the whole pathway of care.</p>	<ul style="list-style-type: none"> • Public Health Wales has a system lead role on climate change and as such leads a number of areas of work focused on delivering environmental value. • Climate change is one of our six strategic priorities and features as a core component of both our Long Term Strategy and our IMTP. • In addition Public Health Wales continues to deliver and monitor progress on the relevant actions in the NHS Wales Decarbonisation Strategic Delivery Plan and our own PHW Decarbonisation and Sustainability Action Plan 2024-2026. <p>Some examples of our Climate Change system lead activities are outlined below:</p> <ul style="list-style-type: none"> • Surveillance sub-group fully operational, with webinar delivered outlining organisational commitment • Significant work underway communicating with the public and partners on extreme weather events and their health impacts 	<ul style="list-style-type: none"> • Current focus on mitigating climate change impacts potentially at expense of adaptation strategies; mitigations are in place • Successful implementation of route map relies on partner organisations to engage at comparable pace and scale • Recruitment Challenges for Climate Change Researcher posts

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> • Final stages of developing research and development approach, building on insights from workshops and partner engagement • Continued engagement with broader UK Public Health Institutes around the development of climate change surveillance metrics and heat mortality methodology • BeSci work underway to look at extreme weather messaging • PHW hosted a session on the public health impacts of climate change at Wales Climate Week • Developed important links with ONS Climate and Global Health epidemiologists. Further partnership development underway to identify areas of collaboration • Biodiversity Action Plan 2024-2027 was approved at BET • Working to bring back the popular staff wellbeing programme 'veg on the ledge' at CQ2 • Strategic lead attending COP29 as a virtual participant on behalf of the Faculty of Public Health Colleagues from across PHW attended the NHS Wales Sustainability Conference in February, showcasing breadth of work underway within the organisation. 	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> • Commissioned work underway to understand behaviours and attitudes towards adverse weather messaging, supporting the development of resources. • Work begun with Bangor University to identify the economic benefits of investing in climate change adaptation and mitigation measures from a health perspective. • Attendance at a 4 Nations climate and health summit in Edinburgh to develop a joint action plan for Public Health approach to climate change • Secured a tender with a Cardiff-based organisation to advance and refine our messaging on adverse weather. • Established international collaboration with the Public Health Institute in India, fostering shared learning and paving the way for future joint initiatives. <p>2025 Strategic Priority Route Map Development</p> <ul style="list-style-type: none"> • Route map near completion, following pan-organisational input to identify the key milestones to achieve the outcomes set out in our Long Term Strategy 	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> • Developed an accompanying document, providing detail of the work and links to policy context • Climate Change Programme Board participated in a facilitated workshop to identify gaps and areas for development in the route map • Further meetings planned for November to finalise the route map • Climate Change Programme Board recently reviewed an updated version of the route map, on target to meet deadlines <p>Decarbonisation</p> <ul style="list-style-type: none"> • Developed a new dashboard to demonstrate progress to reduce carbon footprint. This will be going live in 2025/26. • Options and feasibility for electric bike charging for staff explored and funding application for solar bike shelters submitted to Targeted Estates Fund in Welsh Government. Subject to funding, implementation will be in 2025/26. • Travel Policy has been updated following cross organisational engagement and consultation. Subject to approval, the policy will have an 	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>evaluation plan to measure impact of the new policy.</p> <ul style="list-style-type: none"> • A Carbon footprint measure is included in the new Welsh Language translation Portal process to demonstrate the cumulative carbon saved following implementation of the new Welsh language process. • Community of Practice Group has been running for 12 months and findings from a review have been shared with the Climate Change Programme Board. • Green Lab Champions group established with representation from 7 microbiology laboratories to reduce single-use plastic usage, waste, and associated emissions. 	

Supporting Information

A VBHC approach requires consideration of the whole pathway of care, so that we make informed decisions regarding optimal utilisation of resources to achieve the best outcomes.

In order to do this, a data-driven health and care system is needed, where decision makers at every level have readily accessible information on patient outcomes, to support decisions on planning the allocation of resources and service design that meets true need across the whole pathway of care.

We achieve value for our population through the sum of all interventions across the pathway:



There are many ways to improve outcomes and sustainability of our healthcare system. In this planning cycle, we are focussing on **interventions that are likely to improve outcomes and optimise resource utilisation**. These are:

- Reducing **unwarranted variation** in care pathway delivery, to release capacity;
- Ensuring that the service listens to **patients' desired outcomes** through the collection and use of clinical data and PROMs and PREMs; and
- Ensuring that **environmental value** is considered in conjunction with patient and social value.

These vital foundation steps in embedding a VBHC approach are set out as **three areas of focus in the template above**. Providing information on progress against these three areas will allow for a consistent picture nationally of VBHC delivery, within an approach that recognises local priorities and population need.

The [Welsh Value in Health Centre](#) can provide support to organisations as they look to embed a VBHC approach, including advice on data collection and analysis, access to information tools, and examples of high-value interventions across a range of condition areas.

Health & Social Care Climate Emergency National Programme – NHS Wales Climate Response Plans Qualitative Report

In completing the qualitative review document and providing any additional evidence of your organisation’s progress and delivery of your Decarbonisation Action Plan (DAP) and Adaptation Plan the Climate Emergency National Programme Team will be able to make an accurate assessment of your organisations progress and delivery in 2024-25.

The Programme Team reports its assessment to the Climate Emergency Programme Board and shares this with the Cabinet Secretary for Health and Social Care and WG HSC Executive Directors Team. The assessment also feeds into the end of year WG HSC Joint Executive Team meetings held with every organisation and the Programme Team’s individual feedback to organisations.

1. General information

Organisation	Public Health Wales	Date of Report	April 2025	Report Prepared By Name, job title and email	Chris Orr, Head of Operations/ General Manager, Health and Wellbeing
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Senior Sponsor (previous title DAP Senior Sponsor) Name, job title and email	Sumina Azam, National Director of Policy and International Health Angela Williams, Interim Executive Director of Operations and Finance	Finance Allocated to Support Delivery (£s) Total figure of all funding allocated to support the delivery of your Decarbonisation Action Plan and development of your Adaptation Plan during 2024-25.	£51, 706 (Please note that this is dedicated resource appointed in 2023/24 to support delivery. In addition to this, actions are taken forward through existing resources in respective Directorates and Divisions)	FTE Resource allocated to support delivery Resource specifically allocated to delivery of Decarbonisation Action Plan and development of your Adaptation Plan during 2024-25.	1.0WTE
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Qualitative review agreed by/ to be agreed by Include name (of Board or individual), job title or Board title	Sumina Azam, National Director of Policy and International Health Angela Williams, Interim Executive Director of Operations and Finance	Date agreed	15 April 2024
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Executive Summary of Progress to date (This section is optional. If you wish to add a comment, please limit your words to 250 maximum).

Reporting schedule and requirements:

Progress is to be reported annually at end of year. This form is to be submitted **on 15 April 2025** (covering the period 1 April 2024 to 31 March 2025).

Please provide an update for the reporting period which should focus on providing evidence of your progress and key achievements.

Please attach a copy of or a link to your organisation’s climate plans for this review period e.g. Decarbonisation Action Plan, Adaptation Plan.

Completed form to be returned to: hss.performance@gov.wales

2. Decarbonisation

2.1 Decarbonisation Delivery Progress RAG

RAG Rating: The Programme Team in assessing your qualitative review will use the following RAG descriptors to measure and score the organisation's delivery progress against their Decarbonisation Action Plan.

Delivery Progress RAG Rating Guidance: Please use the following measures to assess the delivery progress of your Organisation's Decarbonisation Action Plan (DAP).

Red	Majority of the DAP activity/actions have stalled and are not being delivered. High level risks and issues need to be mitigated to restart progress.
Amber	Majority of the DAP activity/actions are being delivered in part. Progress is slow, and/or delays due to existing low-level issues that need to be mitigated.
Green	DAP activity/actions are being delivered in full, are on track and progressing well within set timescales, budget, and scope.

Provide the RAG status of delivery against Decarbonisation Action Plan.					
Current RAG Status	Amber	Previous RAG Status	Amber	Reason for current RAG delivery progress	49% (24 out of 49) of the milestones in Public Health Wales Decarbonisation and Sustainability 2024-26 have been completed . 40% remain on track for delivery within the agreed timescales and 11% (5 milestones) are behind schedule . Revised timescales for delivery of the actions that are behind schedule have been agreed.

2.2. Decarbonisation Delivery Confidence RAG

Confidence Progress RAG Rating Guidance: Please use the following measures to assess your organisation's overall confidence of contributing towards the NHS collective minimum 16% reduction in emissions by 2025.

Red	Successful delivery of the initiatives/actions appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable.
Amber	Successful delivery appears feasible but significant risks and issues already exist requiring management attention. These appear resolvable at this stage if addressed promptly.
Green	Successful delivery of the initiatives/actions to cost/quality appears highly likely and there are no major outstanding issues that at this stage that appear to threaten delivery.

Provide the RAG status of the organisations overall confidence of delivering a minimum of 16% reduction in emissions by 2025.					
Current RAG Status	Amber	Previous RAG Status	Amber	Reason for current RAG delivery confidence	<p>Whilst we have seen a continual year on year reduction in emissions for Public Health Wales since 2021/22, it is likely this trend may not continue in future years. Activity that increased our carbon footprint in 2021/22 was heavily influenced by the Covid-19 pandemic response. This is particularly evident by the increased spend resulting in higher supply chain emissions in comparison to 2022/23.</p> <p>In future years, our carbon emissions may increase as the organisation continues to grow, working practices return to pre-pandemic models and we also are more accurate in how we collate emission data. For example, the data also shows that business travel and fleet emissions increased by 55%. This is likely to be a</p>

				<p>result of more staff travelling for work purposes due to restrictions easing and our screening services recovering to pre pandemic activity levels.</p> <p>52.3% of our transport emissions result from travel completed by our Grey Fleet (vehicles owned by staff and driven for business purposes). Unlike our owned fleets where we can directly intervene to reduce emissions, reducing emissions from our Grey Fleet requires Public Health Wales to support our staff to adopt sustainable transport methods and enable flexibility to work in different ways.</p> <p>Supply chain is our most significant emissions source, accounting for over 90% of emissions, following the Welsh Government prescribed approach to calculating supply chain emissions. We are continuing to look at how we improve how we calculate and the frequency of reporting our emissions and are working with procurement and suppliers to identify actions with a focus on waste reduction.</p> <p>Whilst we continue as an organisation to take action to reduce our carbon footprint, it is yet to be seen whether the action we take will have the impact we need to meet the NHS Wales targets.</p>
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2.3. Decarbonisation Summary of Key Achievements

Summarise your key achievements	
<p>The NWSSP Decarbonisation Co-ordination Reporting (DCR) Team will provide the Programme Team with your Organisation's Q4 Progress Report. These reports will be considered as part of the annual review on each organisation's progress and delivery of their Decarbonisation Action Plan. Please provide any additional information below not submitted in Q4 report.</p>	
Procurement	<ul style="list-style-type: none"> Undertake an exercise with contract managers to develop action plans following review of the green credentials/foundational economy/living wage employer considerations of our five highest spend suppliers.
Buildings, estates, land use and planning	<ul style="list-style-type: none"> Published PHW's Biodiversity Action Plan 2024-27, Championing Nature for a Healthy Future in December 2024. Undertaken a review of current workplace processes to determine methods for directorates to reduce waste across all operations where feasible and incorporate the circular economy. Reviewed and investigated wider opportunities for carbon offsetting schemes that benefit the local environment and communities (e.g., tree planting programmes) across the Public Health Wales estate Solar panels installed on Matrix House, Swansea led by NWSSP project Work has commenced to review the utilisation of the PHW Administrative accommodation in North Wales to ensure the most effective use is being made of the space currently occupied and where possible accommodation will be released.
Transport	<ul style="list-style-type: none"> Delivered eight business travel focus groups with colleagues from Health Protection & Screening to gain an understanding of business travel requirements and identify interventions to help reduce business travel emissions. Developed a PHW Business Travel Policy, which will be launched in April 2025, to encourage sustainable travel and provide clear guidance to staff in regards mode of transport to be used for business travel. This involved learning from other organisations and engagement and consultation with staff Delivered Cycle training sessions in partnership with Sustrans for 12 staff members to help increase confidence, also supported bike maintenance sessions and active travel events. Delivered the Sustrans Bike Library Scheme to staff, allowing 10 people to borrow a bike for two weeks, to try before they buy. The scheme includes a range of electric and analogue bikes. Reviewed options and feasibility for electric bike charging for staff at PHW sites and bid successful for funding through Welsh Government Capital TEF Fund. Process developed and rolled out across PHW to capture emission data from all forms of business travel, including public transport, ferry, air and car (single occupancy and sharing). 12 Electric Vehicle charge points installed at Matrix House (total of 20 chargers on site) to support use of electric vehicles. Funding secured from Welsh Government to commence a phased replacement of the DESW Fleet following completion of feasibility study to procure battery/ electric vehicle or ULEV replacements
Approach to health care	<ul style="list-style-type: none"> Published the 'Addressing single-use plastic and waste in Public Health Wales' Microbiology Labs' in April 2024, to provide a focus to reduce emissions from our labs. Our Green Lab Champions continue to build on this work and learning has been shared across NHS Wales to support other organisations. Power Usage Reduction with UPS- by turning off non-essential machines at night, UPS power usage has been reduced by 25% Utilising a recycling service of pipette tip boxes. Historically these were thrown away resulting in a huge amount of plastic waste every week. Significant reduction in waste through this initiative, which is being rolled out to other labs. Reducing unnecessary printing of paper reports in Swansea Laboratory following change from automatic printing administered by DHCW, resulting in a saving of approximately 156,000 sheets of paper annually. Currently rolling this out to other labs, which could have a significant paper saving impact. Completed an internal review across Screening Programmes to identify areas where reductions in paper can be achieved through digitalisation and LIMS system. This will be picked up over the next few years through implementation of our digital programme of work. Addressing the waste plastic issue in our workstream with DOSH Clinic – Cardiff lab reusing specimen bags to reduce the number of bags used from 33,280 bags per year to 3,328 bags, saving 0.04 tonnes of carbon annually and 96Kg of plastic. Established a Green Lab Champions network linking labs across the organisation for continued sustainability efforts following work to address single use plastics and reduce emissions from labs. Lab Habitat e-newsletter produced quarterly to showcase staff achievements.

	<ul style="list-style-type: none"> • Established an NHS Wales “Waste in labs” collaboration group to work towards a once for Wales approach for this work. The group has been well received with 22 members from 9 health boards. • Undertaken a review of current service delivery operations to identify where procedures and process can be changed or optimised to make these more sustainable. • Transitioned to reusable PPE for screening and microbiology services, where appropriate.
Additional information	<ul style="list-style-type: none"> • Decarbonisation and Sustainability Action Plan 2024-26 launched in April 2024 following Board approval and also includes actions on circular and foundational economy and biodiversity. • Developed performance dashboards that provide more up to date reporting on carbon emissions and automated data collection and entry processes. This will provide more up to date information on progress towards net zero and support targeted action in the future. • Incorporated carbon emission savings into dashboards such as Welsh Language Translation Request dashboard to demonstrate the carbon savings through reduction in paper and emails and to raise awareness for staff supporting behaviour change • Initiated discussions to integrate consideration of carbon footprint and the environment into decision and business case development process, working with our Programme Management Office. • We have supported a range of staff engagement on decarbonisation and climate change including: <ul style="list-style-type: none"> ➤ Developed a ‘How to reduce our digital carbon footprint’ resource, to provide simple but impactful tips to help staff reduce digital carbon emissions when using both work and personal devices. ➤ Green Up your Act sustainability calendar developed to encourage sustainable behaviours both inside and outside the workplace, with a different theme promoted each month. ➤ The Green Advocates staff network, which brings staff together with a shared interest in sustainability to encourage action, has grown to over 187 members. The past year saw 88 attendees at workshops and meetings covering a range of topics including energy saving, making space for nature, fast fashion to repair and repurpose clothes and climate anxiety. ➤ Developing a route map setting out PHW’s vision and priorities for delivering our strategic priority “Tackling the public health effects of climate change”, to be published in quarter 2. ➤ Supporting teams to use the Health and Sustainability Hub’s Healthy Environment workshop to reduce their impact on the environment. Over the past year, 80 staff from 22 teams across 7 directorates have participated, with 45 staff trained to facilitate the workshop, and 11 Action Plans developed. ➤ In 2024 we supported Welsh Government to deliver a health focused day for the annual Wales Climate Week, bringing people together across Wales to learn and explore innovative solutions for tackling and adapting to climate change. The Health Day included 6 sessions and featured 6 PHW staff from 3 Directorates presenting work on the health impacts of climate change, surveillance, co-benefits of climate action, reaching 400 viewers. ➤ 10 staff members attended sustainability courses delivered by the Centre for Sustainable Healthcare, to support continued learning and PHW’s priority to ‘tackle the public health effects of climate change’. ➤ Climate Smart Education project undertaken with support from the Centre for Sustainable Healthcare to find out about current staff awareness and understanding of climate change and develop proposals to support an on-going training programme to empower staff at all levels to become climate and sustainability literate. • Greener Primary Care Award - The Greener Primary Care Wales Framework and Award Scheme won the ‘A Healthier Wales’ award category at the first national NHS Welsh Sustainability Awards on Thursday 13 June 2024. • Completed Public Health Wales annual emission return on 2nd September 2024 as part of the public sector emission reporting process.

2.4. Decarbonisation Risks

The NWSSP Decarbonisation Co-ordination Reporting (DCR) Team will provide the Programme Team with your Organisation’s high-level risks and mitigation measures, reported alongside Q4 progress report so decarbonisation risks information no longer needs to be submitted within this qualitative reporting template.

3. Adaptation (new for 2024-25)

This is a new section for 2024/25 and reflects the need for organisations to undertake adaptation planning that identifies and responds to the risks and opportunities to health, and health service delivery, from more extreme weather and in particular heat, storms and flooding. The Programme Team appreciate that this work is likely to be at an early stage across all organisations.

Welsh Government’s [Climate Adaptation Strategy for Wales 2024](#) contains a specific chapter focused on health and well-being. The [Health and Social Care Climate Adaptation Toolkit](#) supports organisations undertake climate risk and opportunity assessments and initiate adaptation planning.

3.1. Adaptation Delivery Progress RAG

RAG Rating: The Programme Team in assessing your qualitative review will use the following RAG descriptors to measure and score the organisation’s progress on the development of your Adaptation Plan in readiness for your Board’s approval and implementation and monitoring from 1 January 2026.

Delivery Progress RAG Rating Guidance: Please use the following measures to assess the progress on the development of your Adaptation Plan.

Red	Work has not commenced and/or the organisation has not agreed the timescales, budget, and scope to deliver the Adaptation Plan by the end of December 2025.
Amber	Development of the Adaptation Plan has commenced but progress is slow. Low-level issues that need to be mitigated to deliver the Plan by December 2025.
Green	Development of the Adaptation Plan is on track and progressing well within set timescales (by December 2025), budget, and scope.

Provide the RAG status on the development, delivery and implementation of your Adaptation Plan.			
Current RAG Status		Reason for current RAG delivery progress	Adaptation Plan on track to be delivered by 31 December 2025.

3.2. Summary of Progress on Adaptation Planning

<p>Please include any additional achievements, detail on progress or risks to delivery that are not covered under your Adaptation Plan RAG reason with a particular focus on:</p> <ul style="list-style-type: none"> • Actions to undertake climate risk and opportunities assessments in line with the Health and Social Care climate Adaptation Toolkit • Actions to make existing buildings more resilient to climate change impacts, particularly heat, storms and flooding, and ensure that new buildings are designed to meet future climate challenges. • Working in collaboration across the health system and wider public sector (including through Public Services Boards) to share best practice, skills and experience with a focus on protecting the most vulnerable and actively addressing inequalities in the communities served. <ul style="list-style-type: none"> • Adaptation Plan for Public Health Wales to be developed by 31 December 2025 as set out in the Public Health Wales remit letter. • Public Health Wales has developed a draft route map that connect our ambitions for Wales set out in our strategy, ‘Working Together for a Healthier Wales’, to the actions that we will deliver through our three-year Strategic Plan. This route map outlines our commitment to advancing our long-term strategic priority: tackling the public health effects of climate change. It encapsulates the ongoing initiatives within our organisation, focusing on pivotal areas including adaptation, mitigation, and surveillance. These will be finalised in early 2025/26. • Wales Climate Week PHW session (14 November) presented on the health impacts of climate change and included examples of action including PHW’s surveillance work, Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board’s work on climate adaptation and work by Denbighshire council to consider climate impacts on social care.
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4. Background information

The [Health and Social Care Climate Emergency National Programme](#) web page sets out the background and key information on how the programme will help the health and social care sector respond to the climate emergency.

Relevant Strategies and Guidance

- [Net Zero Wales](#) sets out the actions needed to meet Wales's second carbon budget (2021-2025).
- [NHS Wales Decarbonisation Strategic Delivery Plan](#) sets out initiatives to reduce emissions in the NHS
- [Adaptation Strategy for Wales](#) sets out the actions being taken now and in the future to respond to climate change.
- The requirement for NHS organisations to ensure that the role as Anchor Institutions is fully exploited, demonstrating their contributions to the climate change agenda and the partnership and collaboration opportunities across sectors that comes with this responsibility is referenced in the [NHS Wales Planning Framework 2024-2027](#).
- Details of how NHS Wales will measure and report performance in health care are referenced in the [NHS Wales performance framework 2024 - 2025](#).
- Best practice and case studies from NHS Organisations can be found on the [NHS Confederation website](#).

Learning Disabilities Strategic Action Plan

Organisation	Public Health Wales	Date of Report	April 2025	Report Prepared By	Dr Bethan Bowden/Helen Jessop (Screening Division)
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The Welsh Government's [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) (the successor to the Improving Lives Programme) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to deliver the Learning Disability Strategic Action Plan 2022-2026 priorities (legacy actions from the Learning Disabilities Improving Lives Programme).

Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.		
Key Actions:		
1. Increase the use of nonpharmacological interventions for people in specialist hospital care whose behaviour is of concern.		
2. Improve timely access to community based prevention, early intervention and crisis care support.		
3. Increase the number of people, who are clinically optimised, with an agreed pathway of care into the community.		
4. Reduce the number of people who are experiencing pathway of care delay.		
Achievements	Risk to Delivery	Corrective Actions

Implementation of the Welsh Governments' "Reducing Restrictive Practise Framework".

Key Action:

1. Increase the use of evidence based therapeutic interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is lawful i.e. proportionate, compliant with the framework and is monitored, recorded, reviewed and evaluated appropriately.

Achievements	Risk to Delivery	Corrective Actions

Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.

Key Action:

1. As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Regional Integrated Fund.
2. Demonstrate how integrated service provision and joint commissioning contribute to the reduction in the number of people with a learning disability housed in hospital accommodation.

Achievements	Risk to Delivery	Corrective Actions

Primary Health Care: Improve access to, take up and quality of annual health checks to identify and address health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).

Key Actions:

1. Ensure every person with a diagnosed learning disability is recorded and appropriately coded on a GP practice register.
2. Increase the number of people on the GP learning disability register who receive a Learning Disability (Annual) Health Check with an appropriate, accompanying health action plan where required.
3. Community learning disability teams will support delivery of the annual health checks (primary care cluster level).
4. There is a community learning disability link nurse or primary care liaison nurse for every primary care cluster.

Achievements	Risk to Delivery	Corrective Actions

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
A breast screening video has been developed. The short video details the pathway from invitation to results and highlights the support that is available. The video aims to break down barriers to attendance and desensitise the screening process. The video features a participant with a learning disability attending with her carer for		

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>support. Once launched, this video will be shared with key LD stakeholders across Wales.</p> <p>Screening Division aims to produce its public information in a range of accessible formats, including Easy Read. Easy Read resources are designed for people with a communication and/or language barrier and can empower people with a learning disability to make informed decisions about their health. Engagement is integral to the Easy Read development process, this helps ensure information is accessible and easy for people with a learning disability to understand. Further work is underway to reduce any information gaps in accessible formats in-line with the screening pathway. This will ensure there is an equitable information offer to support people through screening.</p> <p>During this reporting period the following resources have been developed or are in progress:</p> <ul style="list-style-type: none">❖ Breast, cervical and AAA Easy Read screening resources for people who are		

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>transgender or non-binary have been developed and launched</p> <ul style="list-style-type: none"> ❖ An inclusive breast screening image bank has been developed. The images show the breast screening pathway and are representative of diverse communities, including people with a learning disability. These images will be used in a range of screening resources, including Easy Read leaflets. ❖ Bowel Screening About your bowel test kit and 'What happens next' leaflets have been reviewed and updated. ❖ An internal guide for developing public information in Easy Read has been developed for Screening Division. <p>Engagement has been carried out to support the scoping of lung cancer screening. This has included a Health Impact Assessment (HIA) workshop, focus groups and survey. Learning disability organisations participated in the HIA workshop and two focus groups were held with learning disability service users and supporting professionals.</p>		

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>The Screening Engagement Team delivered a workshop for Learning Disability Nurse Liaison team. The workshop focused on highlighting reasonable adjustments that can be made within screening to support people with a learning disability to make informed decisions and to support people to take part when invited.</p> <p>Bowel Screening Wales have finalised the Bowel Screening Wales Good Practice Guide: Supporting Information for managing participants with Learning Disabilities and Difficulties. This has been developed in collaboration with Improvement Cymru and has now been shared and disseminated with staff within BSW. This has been shared at the Screening Equity Group with consideration for adoption of similar approach across other screening programmes</p> <p>Bowel Screening Wales have developed a training presentation to deliver at open sessions for care providers in response to queries received from carers of PwLD with the aim of increasing awareness and understanding of the bowel screening process. A revised capacity and consent SOP has been developed to support the</p>		

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>BSW helpdesk appropriately answer queries from carers</p> <p>BSW held an Equity Day on 10 March 2025 as an opportunity for BSW staff and stakeholders to discuss best practice, explore themes and ideas relating to screening inequities and enable collaboration and co-production to inform the future BSW equity strategy and plan. Organisations representing people with learning disabilities attended and focus group discussions identified barriers and recommendations that may affect people with LD.</p>		

Improve outcomes through appropriate monitoring and reporting.

Key Actions:

1. Review and evaluate what outcome measures you are using to inform and improve service delivery and future planning. Please briefly describe these measures below.

Achievements	Risk to Delivery	Corrective Actions
<p>There are currently no specific outcome measures available for screening for people with learning disabilities due to lack of inter-connectivity between IT systems. In collaboration with Improvement Cymru and BCUHB LD Liaison</p>		

Improve outcomes through appropriate monitoring and reporting.

Key Actions:

1. Review and evaluate what outcome measures you are using to inform and improve service delivery and future planning. Please briefly describe these measures below.

Achievements	Risk to Delivery	Corrective Actions
Nursing Team, the Screening Division is scoping the feasibility of data linkage between primary care learning disability annual health check register and screening uptake data. This has potential to determine uptake of screening for people with learning disabilities to inform and improve service delivery and future planning.		

Strategic Equality Plan – Equality Objectives: a) Identify objectives, b) Review and assess progress against objectives prioritised in SEP during the reporting period

Organisation	Public Health Wales	Date of Report	March 2025	Report Prepared By	Sarah Brewer
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The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. As a listed body in Wales under the Public Sector Equality Duty (Equality Act 2010), NHS organisations are required to draw up a Strategic Equality Plan (SEP) at least every 4 years which describe and document the steps being taken to tackle inequality and barriers to access to improve the health outcomes and experience of patients, their families, and carers.

The SEP should include equality objectives to meet the General Duty covering the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origin, colour or nationality), religion or belief (including lack of belief), marriage and civil partnership, sex, sexual orientation.

Distinct action plans for several Protected Characteristics (PCs) have been published since 2022, these currently include the Anti-Racist Wales Action Plan (ARWAP 2022) and the LGBTQ+ Action Plan (2023). Each NHS organisation's SEP should act as a support platform for current and future plans, linking the distinct plans which have their own actions, and not override them.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

Completed form to be returned to: hss.performance@gov.wales.

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery.

Please attach a copy of your organisation's SEP and Annual Equality Report.

Measure	Evidence	Risks to delivery
The steps taken to fulfil your equality objectives in the SEP this period.	We have a programme of work in place to meet our SEP objectives and the following activity was undertaken in the reporting period:	<ul style="list-style-type: none"> • There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the Strategic Equality Plan actions.

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> • We increased our offer of EDI learning through Vinci Works and awareness events. There has been an increase in the numbers of attending awareness raising talks (typically 50-80 attendees). • We completed this year’s Strategic Workforce Planning cycle. The risks and priorities identified will enable us to diversify our workforce. • We held a “Future Careers” event in February 2025, reaching out to minoritised groups to help them understand more about Public Health Wales as an employer. 61 young people attended, with approx. 67% of the attendees from minority ethnic communities. Feedback was very positive with most evaluation forms confirming that attendees had learned a lot about careers in PHW. • Developed ‘Our Approach to Health Inequalities’ and ran a ‘Simply Do’ challenge to understand how to make health inequalities everybody’s responsibility • Work is ongoing with screening services to improve accessibility and implement recommendations from access audits – being led on by the Screening Business Leads • Carried out a baseline assessment for Equalities, which considered Equality for colleagues within the organisation, for service users and people and communities more broadly. 	<ul style="list-style-type: none"> • Risks to delivery include people not engaging with the program of activity and therefore not learning and changing behaviours. • There is a risk we will not attract sufficient talent from minoritised groups to ensure we are representative of the communities we serve. • Risk of low uptake so engagement with schools and youth groups will be vital • To deliver upon the opportunities and recommendations as set out within the assessment, investment will be required and will need to be considered.

Measure	Evidence	Risks to delivery
	<p>Recommendations to be presented and considered in Q1 of 2025-2026</p> <ul style="list-style-type: none"> • Bowel Screening Wales ran an event in March 2025 for screening staff and stakeholders to discuss best practice, explore themes and ideas relating to screening inequalities and enable collaboration and co-production to inform the future Bowel Screening Wales equity strategy and associated three-year plan 	
<p>Eliminating discrimination and promoting equality of opportunity.</p>	<ul style="list-style-type: none"> • Launched our Diverse Interview Panel programme. 23 people from underrepresented groups were trained to participate in Recruitment and Selection panels • Our Network Chairs presented to our Board and make 3 requests to them. These requests have been incorporated into our SEP Action Plan for 2024-28. This ensures voices are heard and we target interventions where they are needed. • We are refreshing our 'Young Ambassadors Programme' - comprehensive evaluation took place over the Autumn 2024 and a workshop with partners was held in February 2025 Plans to work together to develop a young person's advisory group in the new financial year and carry out widespread engagement with young people, representative of protected characteristics, over the Autumn of 2025 • Equality Impact Assessment templates have been updated in February 2025, and a process 	<ul style="list-style-type: none"> • There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the Strategic Equality Plan actions. The requests that our Network Chairs have made to our Board are monitored through quarterly meetings with the Exec Sponsor, Network Co Chairs, Deputy Director for POD and Head of Employee Experience. • There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver • Subject matter expertise within Equality is required to support the organisation

Measure	Evidence	Risks to delivery
	<p>designed to support their completion for colleagues. Improved use of impact assessments will seek to support service users and members of the community, in how we develop services and make decisions.</p>	<p>to consistently ensure that EIAs are being completed to a high standard, alongside a number of representatives across our Acts, Duties and Standards Panel. There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver</p>
<p>Progress made against national action plans (e.g. Anti-racist Wales Action Plan, LGBTQ+ Action Plan etc.).</p> <p><i>Welsh Government may request feedback on progress made against the EDI standards within the reporting period, such as:</i></p> <ul style="list-style-type: none"> • <i>The All Wales Standards for Accessible Communication for People with Sensory Loss</i> • <i>The Workforce Race Equality Standard</i> 	<p>Anti-racist Wales Action Plan</p> <ul style="list-style-type: none"> • We monitored the protected characteristics of nominees for our Leadership and Management academy to ensure minoritised colleagues benefit from this development and to develop diverse talent pipelines. • We have promoted the WG Anti-Racism training and 14.5% of our staff have completed the training. <p>Workforce Race Equality Standard</p> <ul style="list-style-type: none"> • We developed proposals to take to the executive team about actions in response to the WRES and other workforce analyses in 2025-26. <p>LGBTQ+ Action Plan</p> <ul style="list-style-type: none"> • Our LGBTQ+ Enfys Staff Network have held several intersectional awareness raising sessions throughout the year to strengthen 	<ul style="list-style-type: none"> • There is a risk that our actions will not have the intended impact so we will monitor progress through our WRES returns. • Risks to delivery include people not engaging with the program of activity and therefore not learning and changing behaviours.

Measure	Evidence	Risks to delivery
	<p>our employees understanding of LGBTQ+ experiences.</p> <ul style="list-style-type: none"> • We held an LGBTQ+ Leadership Panel for our staff to understand the experiences of career development to leadership level for LGBTQ+ people. • Accessible Information Standards An organisational web transformation board and project team have been progressing and prioritising ongoing work to ensure that our digital and web estate will be fully accessible. An accessibility audit was carried out in late April 2025 with an excellent response and work underway to amend the accessibility statement ahead of launch of the new public site • A new piece of work is underway (in its exploration and discovery phase) to review digital accessibility for people with Learning Disabilities on an organisational level • We are partners in a UK Research Innovation Fund to improve deaf people’s health and wellbeing in Wales. This is in partnership with deaf individuals, Bangor University, Swansea University, Bristol University, the Centre for Sign, Sight and Sound, the British Deaf Association, Swansea Bay University Health Board and Betsi Cadwalier University Health 	<ul style="list-style-type: none"> • There is a risk that the organisation may not identify the resource necessary to effectively deliver. This risk is still current

Measure	Evidence	Risks to delivery																				
	<p>Board. Work is currently underway to create a BSL friendly route to Help Me Quit, the smoking cessation service.</p>																					
<p>Information obtained that demonstrates achieving the equality objectives in the SEP and what does it indicate.</p>	<p>Our Diversity Statistics have increased as follows in the past 3 years:</p> <table border="1" data-bbox="495 475 1099 655"> <thead> <tr> <th></th> <th>LGBTQ+</th> <th>Disability</th> <th>Ethnicity</th> </tr> </thead> <tbody> <tr> <td>2021/22</td> <td>5%</td> <td>6%</td> <td>5.4%</td> </tr> <tr> <td>2022/23</td> <td>5.3%</td> <td>6%</td> <td>8.2%</td> </tr> <tr> <td>2023/24</td> <td>5.4%</td> <td>7.2%</td> <td>8.8%</td> </tr> <tr> <td>2024/25</td> <td>5%</td> <td>8%</td> <td>10%</td> </tr> </tbody> </table> <p>Declaration rates are at an all-time high of 88% for disability, 85% for LGBTQ+ and 90% for ethnic minority.</p> <p>Our workforce is becoming more diverse, and these figures suggest the inclusive work we have undertaken over the past year has enabled our employees to feel more comfortable in disclosing their diversity data. We continue to take action to address the number of colleagues who declare but prefer not to share their data.</p> <p>Our gender pay gap has increased from 13.8% to 14.5%.</p> <p>Our ethnicity pay gap reduced from -8.5% to -2.5%</p> <p>Our disability pay gap has increased from 1.5% to 5.4%.</p>		LGBTQ+	Disability	Ethnicity	2021/22	5%	6%	5.4%	2022/23	5.3%	6%	8.2%	2023/24	5.4%	7.2%	8.8%	2024/25	5%	8%	10%	<ul style="list-style-type: none"> • Our latest pay gap analysis indicates an increase in disparities across gender, and disability. There is a risk that this may impact employee morale and retention particularly among underrepresented groups. An additional risk is that it may impact our reputation
	LGBTQ+	Disability	Ethnicity																			
2021/22	5%	6%	5.4%																			
2022/23	5.3%	6%	8.2%																			
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2024/25	5%	8%	10%																			

Measure	Evidence	Risks to delivery
	<p>Monitoring and measuring the data each year, enables us to create initiatives and put actions in place to address the findings.</p>	<p>as an inclusive employer, affecting talent attraction. Pay disparities may hinder progress toward a more diverse and equitable workforce, impacting long-term inclusivity efforts.</p>
<p>Action to be taken as a result of the information gathered.</p>	<ul style="list-style-type: none"> • We will monitor nominations for our Leadership and Management Development Programmes to ensure we develop diverse talent pipelines. • Between November 2024 and January 2025, we launched an EDI Survey with specific questions on disability, caring responsibilities and neurodiversity so we could understand the experiences of our staff and develop initiatives to support them in the workplace. We attracted 96 responses from the survey and are currently identifying actions to take forward from the feedback received, including a possible Reasonable Adjustments Policy. 	<ul style="list-style-type: none"> • There is a risk we will not bring about meaningful change and demonstrate to those who have completed the survey that we are acting on what they have told us.

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> • We have ringfenced funding for 2025-2026 to bring online entry level apprenticeships targeted at minority ethnic people. • We have developed a strategic relationship with EYST (Ethnic Minorities and Youth Support Team Wales) which will begin in April 2025. The partnership will include 3 face-to-face events in Newport, Cardiff and Swansea and Public Health Wales will support individuals with information on how to complete applications, how shortlisting works and interview support. • During this reporting period we piloted an LGBTQ+ Reverse Mentoring Programme for senior leaders to understand more about the experiences of our staff. This was launched with only 2 people expressing an interest in taking part. 	<ul style="list-style-type: none"> • There is a risk that managers will not support the intake of future apprenticeships. • There is a risk that we will have low attendees at the face-to-face events which will result in the programme having minimal impact on diverse communities in Wales. • There is a risk that low uptake means there will be limited impact and the programme's influence on cultural change will be minimal.
<p>Feedback from stakeholders of the progress made.</p>	<ul style="list-style-type: none"> • We have worked closely with our Staff Diversity Networks to ensure our actions are meaningful and will address the barriers they experience. The requests made by our Network Chairs to our Board 	<ul style="list-style-type: none"> • There is a risk that if sufficient resources are not allocated, that the work cannot be implemented.

Measure	Evidence	Risks to delivery
	<p>will also ensure we tackle the right things that will make a difference.</p>	
<p>Equality objectives prioritised during the next reporting period.</p>	<ul style="list-style-type: none"> • Taking forward the baseline equalities assessment to ensure we have the model we need in place to deliver our duties and ambitions • Progress the development of an organisational framework for engagement, based on the findings as set out in the baseline assessment which has been underway since October 2024 • Refreshing our model of engagement with children and young people • Agreeing actions we will take in 2025-26 to address the GPG, WRES and other workforce analyses with the Executive team and starting to implement these. • Developing entry level apprenticeships that will be targeted at minority ethnic people. 	