Ein Cynllun Strategol

Our Strategic Plan

2018 – 2021

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

About Us

Health improvement
Providing information, advice and taking action, across sectors, to promote health, prevent disease and reduce health inequalities

Health protection
Providing information and advice and taking action to protect people from infectious diseases and environmental hazards

Microbiology
Providing a network of microbiology services which support diagnosis and management of infectious diseases

Health intelligence
Providing public health data analysis, evidence finding and knowledge management

Public Health Wales
What we do
We exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally with our partners and communities in the following areas.

Screening
Providing screening programmes which assist the early detection, prevention and treatment of disease

Safeguarding
Provide expertise and advice to help protect children and vulnerable adults

Policy, research and international development
influencing policy, supporting research and contributing to international health development

Primary, community and integrated care
Strengthening public health impact through policy, commissioning, planning and service delivery

NHS quality improvement and patient safety
Providing the NHS with information, advice and support to improve patient outcomes

Contents

Executive Summary

Our strategic plan

This strategic plan is the first three-year plan to deliver our new Long Term Strategy, which spans from 2018 to 2030. It details the actions we will take over the next three years to work towards the delivery of our new Long Term Strategy 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, on making the maximum difference to the health and well-being of our present and future generations.

The focus of our work will be on the delivery of our strategic priorities, which we consider to be our well-being objectives as outlined in the Well-being of Future Generations (Wales) Act. These are set out below:

Our Strategic Priorities/ well-being objectives
1. **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.
2. **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.
3. **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 arising from long term conditions such as obesity, cancers, heart conditions, stroke, respiratory disease and dementia.

4.	**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. Early years are defined in policy in Wales 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.
5.	**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.
6.	**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.
7.	**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.

The challenges we face

We have made great strides in improving the health of the population in recent years. Our population is living longer than ever before. Like many other countries, we face increasing challenges about how to stay healthy as we get older. We also continue to have intractable 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.

Our recently refreshed Health and its determinants in Wales report, similar to other developed countries, shows improvements in some conditions such as

cardiovascular disease. However, we have an increase in avoidable diseases such as some cancers and diabetes. There is also a steady increase in poor mental well-being and mental illness.

Despite this, we have a significant opportunity to meet these challenges head on by working together across all parts of society and sectors. This must be done in a way that builds enablement and trust and focuses on what we know will bring about the best health and well-being for our people. In this context, we have taken time to understand what works best in the long term. This will help us to focus and prioritise our collective efforts to improve the health and well-being of the people of Wales.

This picture of health in Wales will only become more complex in coming years if what we do in the future is the same as we have done in the past.

Our opportunities to make a difference

We do not underestimate these challenges, but we believe that we have significant opportunities to deliver tangible improvements for the people of Wales at a pace and scale not previously seen. We must look to utilise and maximise our collective assets, develop and nurture close collaborations between Public Health Wales, academia and partners across the wider research infrastructure in Wales and embrace the principles of sustainability and prudent healthcare and the unique opportunities presented by the Well-being of Future Generations Act (Wales) Act 2015.

The Well-being of Future Generations Act gives us exciting opportunities to work across boundaries and with people and partners that we have not previously worked closely with and continue to enable us to introduce a fundamental shift in the way we work.

We will do this by continuing to embrace the five ways of working set out in the Act. These are:

Long term   *Prevention*   *Integration*   *Collaboration*   *Involvement*

Examples of how we are embedding the five ways of working are detailed within our plan and further case studies and examples can be found in our refreshed Well-being Statement. We have also set out in the detail of the plan how each strategic priority/ well-being objective aligns to the goals and five ways of working in the Act and what we will be doing to deliver them over the next few years.

Our Priorities 2018-2030

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

Influencing the wider determinants of health

Improving mental well-being and resilience

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

Working to Achieve a Healthier Future for Wales

Promoting healthy behaviours

Protecting the public from infection and environmental threats to health

Securing a **healthy future** for the next generation

Our Values:

*Working together with trust and respect to make a difference*

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Part 1

Helping create a healthier future for Wales
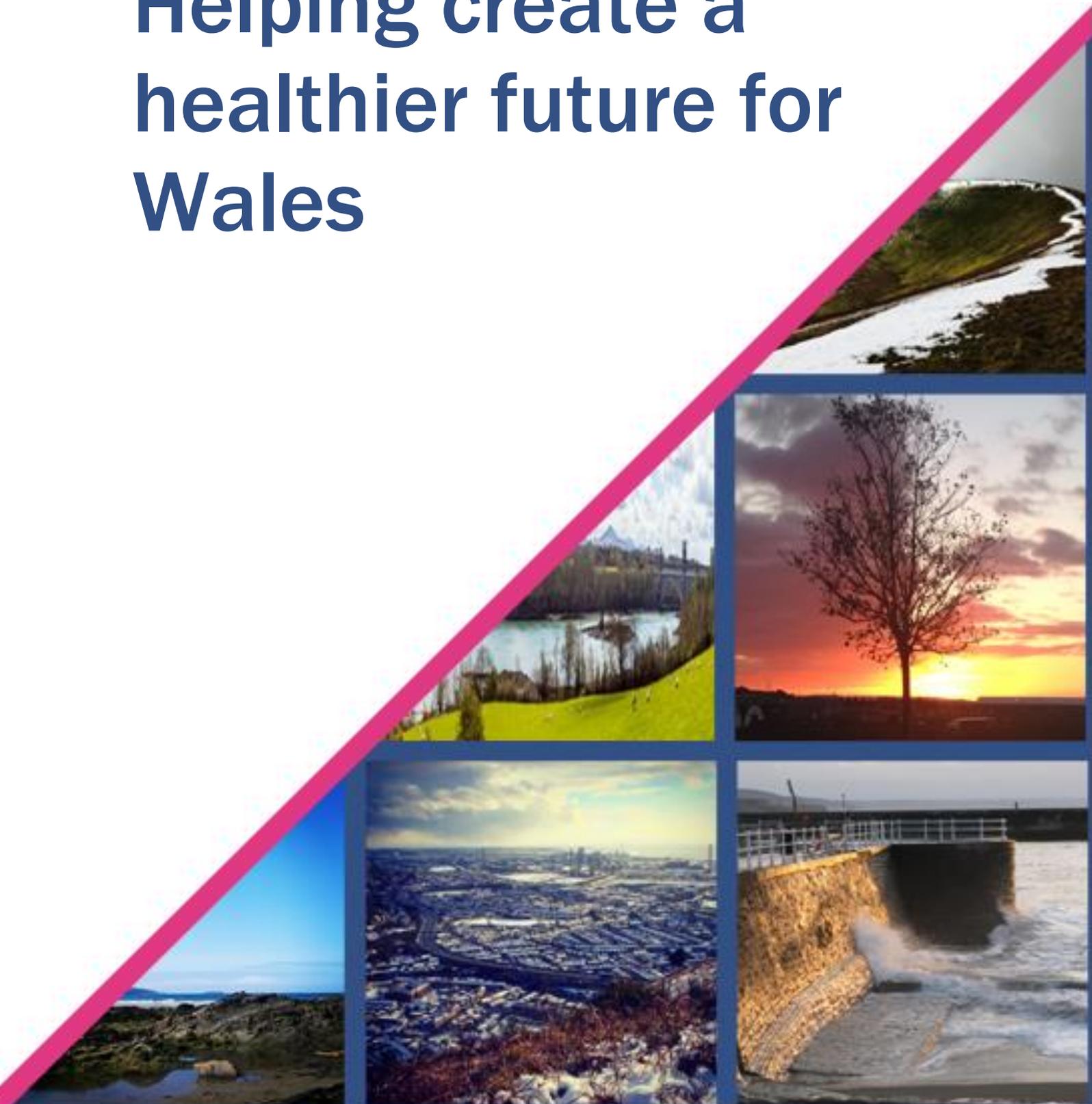
1 Introduction

Throughout 2017, we have been working on a new Long Term Strategy to help us:

- deliver the most we can for the **people of Wales**
- **meet** and exceed the requirements of Well-being of Future Generations (Wales) Act 2015 (hereafter, the WFG Act)
- **collaborate** with our partners in the areas of most need
- **understand** the challenges facing us as we advance towards an ageing population with greater and more complex health challenges

The duration of the Long Term Strategy is 2018 to 2030 which aligns to the global aspiration of achieving the United Nations sustainable development goals.

This document is our Strategic Plan, which sets out the steps we will take in the next three years to implement our Long Term Strategy.

1.1 Profile of Public Health Wales

1.1.1 Where we have come from

For the first time, the establishment of Public Health Wales, the National Public Health Institute for Wales, in 2009 created an independent NHS body with a clear and specific public health focus, and a remit to act across all the domains of public health practice.

This is key to the effective delivery of comprehensive public health services at the scale and pace necessary in Wales. The value of such an approach is demonstrated through a number of benefits that include the:

- ability to adopt an integrated approach to public health issues in Wales
- effective, efficient and flexible deployment of specialist public health skills and resources
- deployment of resources locally, nationally, operationally and strategically
- facilitation and sharing of knowledge and expertise with the wider United Kingdom (UK) and international bodies
- close working with, and support to, NHS Wales coordination and ongoing support for public health professionals in line with UK guidelines

Since 2009, we have grown and developed considerably, taking on new functions and services. The addition of new skills, expertise and ways of working has made us stronger.

From this stronger base we have been working to align all our functions and services to the key public health challenges. This has involved significant redesign of our organisation to better support us in delivering our priorities. The section below details our achievements over the last three years.

We have also invested in strengthening and developing the organisation including:

- 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
- restructuring the organisation and reorganising our resources internally to better deliver our strategy

1.1.2   Key Achievements in the last three years (2015 – 2018)

As we commence our new Long Term Strategy, we felt it was important to summarise the key achievements that have taken place over the course of our last three year Strategic Plan from 2015 – 2018.

Over this time, our very talented, professional and committed people have achieved significant progress in developing what we do, how we do it and continuing to provide high quality services every day. Similar to many organisations, we still have some challenges across a number of our services. However, the progress and development of the organisation over the last three years has built a strong platform to create a step change in our impact as we begin our new Long Term Strategy. The following provides a summary of some of the high-level achievements of the organisation over this time.

Building purposeful collaborations

We have continued to build purposeful collaborations with a range of partners across Wales in order to galvanise focused action to achieve a collective high impact in improving health and well-being in Wales. These include:

Establishing Cymru Well Wales

This is a movement of motivated organisations that are committed to working together today to secure better health for the people of Wales tomorrow by harnessing activity and resources to tackle the issues which contribute most towards poor health in Wales. This was established by us and the Welsh Local Government Association and comprises 60 members from across a wide range of sectors. It has three main priorities:

- Improving the outcomes for children in their first 1000 days through a Frist 1000 Days National Collaborative
- Supporting the prevention and mitigation of adverse childhood experiences (ACE) through the establishment of an all Wales ACE Support Hub
- Improving employability across the life course

Establishing a Health, Social Care and Housing Partnership with Community Housing Cymru (CHC)

Which has included a Memorandum of Understanding (MoU) with CHC and the appointment of a joint Public Health and Housing post. This comprises membership from across health, housing, local government, emergency services, third sector, Welsh Government. A number of public health priority areas have been progressed including falls prevention, preventing homelessness, preventing and mitigating ACEs. In addition, key advice to Welsh Government has been provided in relation to taking a health focus to investment in housing.

Establishing a MoU with South Wales Police and Crime Commissioner and South Wales Police Force and the appointment of a joint Public Health and Policing post.

The focus of this partnership was on embedding and evaluating a trauma and ACE informed approach to policing to prevent the generational cycle of crime. This secured funding from the UK Police Transformation Fund. In March 2018, building on the success of this relationship, Public Health Wales and the police and criminal justice system in Wales approved a national Partnership Agreement – Working Together to Build Resilience through a Public health Approach to Policing and criminal Justice in Wales.

Supporting and enabling others

A key aspect of our work is supporting and enabling others to focus on what will achieve the greatest impact to improve health and well-being. Some of the key achievements are as follows:

1000 Lives Improvement Service

- Establishment of OBSCymru, the Obstetric Bleeding Strategy for Wales which is an all-Wales collaborative quality improvement project to reduce harm from postpartum haemorrhage

- Launch and implementation of Safer Pregnancy Wales which is a yearlong campaign developed by the Wales Maternity Network

- Established the Wales Healthcare Associated Infections Improvement Collaborative

- Hosted and delivering Making Choices Together by providing shared decision making training for clinical leads and providing a national patient leadership programme

- Establishment and management of the National Falls Prevention Task Force across Wales – a multi-agency approach to preventing people falling in their home, in the community and in other settings

- Leading the delivering of the National Improvement Advisors training for the NHS with the Institute for Healthcare Improvement (IHI)

Establishment of the Health and Sustainability Hub

In 2016, through internal investment within the organisation, we established the *Health and Sustainability Hub* within our Policy, Research and Development directorate. The purpose of the Hub is to support us internally to effectively embed the five ways of working and the goals within the Well-being of Future Generations Act. Externally, it also provides support for our partners in implementing the Act and informing and supporting sustainable policy development and cross sector working.

Establishment of the Adverse Childhood Experience Support Hub

Following the our research and subsequent reports of adverse childhood experiences in Wales and their impact on health and life, through Cymru Well Wales, the then three Cabinet Secretaries for Health and Social Services, Education and Communities and Children jointly resourced the establishment of the all Wales ACE Support Hub. This is hosted by us and provides support across all sectors to help prevent ACEs, reduce the impact of harm and inform good policy.

Establishment of the Primary and Community Care Development and Innovation Hub

When developing the strategic priorities in our last strategic plan, our NHS colleagues requested additional support in the area of primary and community care to help the development of the services and to assist in embedding a more prevention focus in the community. As a result, we established the Primary and Community Care Development and Innovation Hub on behalf of the NHS. This is jointly led with Health Board colleagues and has implemented a jointly owned programme of work.

Preparing for and responding to key events

A number of major events have taken place in Wales over the last three years. As a Category 1 responder (as defined in the UK Civil Contingencies Act, 2004), we are required to provide high quality preparation, planning, response and management of events and incidents. Consequently, as the National Public Health Institute in Wales and in conjunction with partners, we are a key player in the effective and safe organisation and running of such events. The two most significant events during this time were the:

- 2014 North Atlantic Treaty Organization (NATO) Summit held in Newport. This is a meeting of the heads of state and heads of government of NATO members.
- 2017 Union of European Football Associations (UEFA) Champions League Finals held in Cardiff.

Both of these events required significant and complex preparation, planning and management by us to ensure that public health was maintained prior to, during and following the events.

Protecting the public from threats to their health

One of our key statutory functions is preparing for, responding to and effectively managing existing and new infectious and environmental threats to health. Our health protection and microbiology teams have had an exceptionally busy three years responding to outbreaks and incidents as part of their core operational business whilst adopting new technologies to better respond to such threats. Two key activities in the last three years are the:

- response and management of the Ebola Virus Disease outbreak. This required our teams to work closely with UK and international partners in rapidly developing guidance, preparedness training programmes across the NHS and other sectors in order to protect our public

- adoption of new genomic technologies and the establishment of the new Pathogen Genomics Unit (PenGU) for Wales in partnership with Cardiff and Swansea Universities. PenGU supports the rapid diagnosis of pathogens to prevent the occurrence, and better manage the treatment, of certain infectious diseases in Wales

Producing high impact research and evidence

Over the last three years we have invested in the development of our Policy Research and International Development directorate. As a result, the team, in conjunction with our parts of the organisation and external partners, have undertaken pivotal research and produced transformational evidence to better understand and improve health and well-being in Wales. Some of the key products have been:

- Undertaking research into adverse childhood experiences (ACEs) in the Welsh population and the production of three associated reports. As a result, this research has:

  - ➢ substantially influenced the thinking and priorities across different sectors,
  - ➢ led to the establishment of the all Wales ACE Support Hub
  - ➢ successfully secured £6.87m of the UK Police Transformation Fund to transform policing vulnerability in Wales to a multi-agency approach which enables early intervention and root cause prevention. This followed a collaborative bid be Public Health Wales, all four Police Forces and Police and Crime Commissioners in Wales, the National Society for the Prevention of Cruelty to Children (NSPCC) and Barnardos.

- The production of the Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales report, 2016. This outlines ten high impact prevention interventions that have the greatest impact on health and well-being and yield the largest return on investment as a result. Following the production of this report, at the request of the World Health Organization (WHO) European Regional Office (WHO/Euro), we expanded this evidence across the WHO/Euro region and jointly produced the Health

Evidence Network Synthesis Report on Investment in health and Well-being in 2017.

- Undertaking a comprehensive review of *Health and its Determinants in Wales, 2017* to inform the development of the new Strategy 2030, and support Health planning across Wales
- In order to inform the development of our new Long Term Strategy, we undertook our first research with our public to ascertain their views on health and well-being. We published the first of a series of reports of this research in 2018, *Stay Well in Wales.*

Working with children, young people and their families

Working with children, young people and their families and carers is pivotal to creating our healthy future generations. Over the last three years we have increasingly worked with children and young people and the following provides examples of this work:

- Delivering our *JustB* schools-based young people's smoking prevention programme
- Developing and publishing our *Ten Steps to a Healthy Weight* guidance and programme for children to tackle childhood obesity
- Establishing the *First 1000 Days Collaborative* as part of Cymru Well Wales
- Launching the *Daily Mile* for schools
- Actively engaging with children and young people across the breadth of our functions including our first *Youth Summit* in 2017, the *Young People's Annual Quality Statement* of our work, 2017 (this won the 'Championing the Public' award in the recent Patient Experience Network (PEN) National Awards) and involving young people on the appointment panel for our Non-Executive Directors

Working internationally and being globally responsible

We have become increasingly globally responsible over the last few years by further developing our engagement and involvement with international partners, sharing the innovation in Wales and learning from other countries. The key achievements are:

- In March 2018, the World Health Organization (WHO) designated our Public Policy, Research and International Development Directorate as the

first *WHO Collaborating Centre on Investment for Health and Wellbeing.* This is a significant achievement for the organisation and for Wales

- Developing our first *International Health Strategy*
- Becoming a full member of the *International Association of National Public Health Institutes* (IANPHI) and, at our request, subjecting ourselves to an international peer review by IANPHI in 2017
- Working closely with the Commonwealth Secretariat and producing an *International Health Protection Toolkit* with them that we trailed in Sierra Leone and was approved by all Commonwealth Health Ministers, and the *Preventing Violence, Promoting peace: Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence*
- Active members of, and hosting meetings for, the WHO Regions for Health Network.

Continuously improving what we do and how we do it

Significant developments have taken place over the last three years including taking on additional functions in a number of our areas, building resilience on our corporate functions and undertaking a number of strategic reviews to continually improve what we do and how we do it. Some of the key activities include the following:

- Transforming Health Improvement in Wales: the implementation of our review of our health improvement activities undertaken by us
- Strategic Review of our Screening Service undertaken by colleagues in Public Health England at our request
- Strategic Review of Health Intelligence: undertaken by colleagues in Public Health England at our request
- Strategic Review of Emergency Planning and Business Continuity: undertaken by us
- Strategic Review of Dental Public Health undertaken by us
- Review of the National Safeguarding Team undertaken by us
- Successful ISO 15189 (2012) Accreditation of all Public Health Wales Microbiology Laboratories, 2017
- Development and implementation of our Quality and Impact Framework
- Stocktake of the Relationship between Public Health Wales and Welsh Government, undertaken by Welsh Government, 2017
- Review of the Management of Local Public Health Resources (involving Public Health Wales, NHS Health Boards, Welsh Government: Undertaken by the Wales Audit Office, 2017.

In addition to these strategic reviews, new developments have taken place within our screening service to continue to develop national population-based screening programmes and adopt new technology these include:

- Diabetic Eye Screening Wales – transferred into us from Cardiff and Vale University Health Board in 2016
- Concluding the completion of the national digital breast mammography roll-out.

Building a collaborative and sustainable working environment

A key focus for us over the last three years is to endeavour to embed the five ways of working from the Well-being of Future Generations Act in everything we do and the decisions we make. As a result, and as part of our 'Our Space' estates strategy, we moved over 500 of our people into premises in Cardiff and over 100 more of our people into premises in Swansea and Mamhilad. We focused on developing a collaborative and sustainable working environment that, through the procurement and expenditure, we could also stimulate the circular economy and employability. As an example, in our new Cardiff premises, 41 tonnes of waste to landfill was avoided, 133 tonnes of CO_2 were saved and nearly 90% of the 2,600 items used in the refit were re-used. We also worked with social enterprises in South Wales and employed six people specifically for the work who were previously unemployed. This approach has won a number of awards for the organisation in Wales, the UK and in Europe.

Achieving our Statutory Duties

It is important to recognise that we have met all of our statutory duties in the last three years. These include a breakeven position each year, an approved Integrated Medium Term Plan and, in addition, we have managed to create an internal investment fund for the purpose of new developments and to continue to build resilience across our functions.

1.1.3 Our statutory functions

We have four statutory functions. These are to:

- provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases

- develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters

- undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies

- provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters

1.1.4   Our organisational structure

If we are to succeed in delivering new Long Term Strategy (2018 to 2030), we need a fit for purpose organisational structure that facilitates our culture and execution of our purpose. In 2015, following development of the original three year plan, we successfully aligned our organisational structure to our strategy, which enabled more effective delivery and implementation of our work. As we work towards delivering our new Long Term Strategy, we will continue to review our structure and how we work to ensure we can deliver both our long and shorter-term aspirations.

An overview of our current Directorates and their respective functions is provided below:

Directorate	Key Functions
Health and Well-being	Health improvement
	Multi agency engagement
	Primary, community and integrated care
	Health intelligence and knowledge management
	Local public health teams
Public Health Services	Microbiology
	Screening
	Health protection
	Professional oversight and leadership for all medical staff
	Professional oversight and leadership for non-medical public health registered professionals
Policy, Research and International Development	Policy development
	Research and development
	Academic liaison

Directorate	Key Functions
NHS Quality Improvement and Patient Safety	International development
	NHS strategic leadership for quality
	1000 Lives Improvement
	Improvement methodologies
Quality, Nursing and Allied Health Professionals	Quality and standards
	Professional Leadership and Oversight for all Nursing and all non-medical regulated healthcare professionals and Health Care Support Workers (or equivalent roles)[1]
	Clinical governance (joint with Public Health Services)
	Information Governance
	Risk management
	Complaints and claims
	Service-user engagement
	Corporate Infection Prevention and Control
	Safeguarding (National Safeguarding Team and Corporate)
	Centre for Equality and Human Rights
Operations and Finance	Finance
	Communications and stakeholder engagement
	Estates and health and safety
	Strategic Planning and Performance
	Informatics
People and Organisational Development	Human resources
	Organisational development and change management
	Staff engagement
	Welsh language Equality
Board Secretary/ Corporate Governance	Board and Committee Governance
	Organisational Corporate Governance Development
	Raising concerns (Whistleblowing)
	Board Assurance Framework

1.2 The difference we can make

In our Long Term Strategy, we have set out our ambition for the improved health and well-being of the people of Wales by 2030. There are seven strategic priorities and these will serve as our compass. The strategy also sets out what we

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[1] Exception of public health registered professionals

will need to achieve by 2030 and how we will direct our resources for maximum impact.

To achieve this, we will need to work differently: maximising the opportunities for collaboration; involving the public and our partners in what and how we do things; working in more integrated ways and focusing on delivering preventative action that leads to long-term improvements. To do this, we will work across boundaries and we will do this in a more dynamic and flexible way.

Through our system leadership, we have a vital role to play in tackling and addressing the key public health challenges facing Wales. Through the delivery of our Long Term Strategy, we will lead action, mobilising and working with partners, to achieve measurable improvements to public health.

This also includes continuing to develop our skills within the organisation to ensure we deliver our longer-term aspirations. We will need to challenge our internal ways of working and, in some cases, redesign 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'.

We aim to ensure that all of the work taken forward through our strategic priorities is underpinned by the prudent principles, which have been key drivers in the development of our strategic priorities, and underpin the implementation of this plan.

1.3   Burden of disease

Our population is living longer than ever before. However, today, like many other countries, we face increasing challenges in relation to how healthy we are as we get older. We also continue to have intractable levels of health inequalities across different parts of Wales. This means that we are not as healthy as we could be as we get older, some of us requiring significant care and support from health and care services which reflect where we have come from, not where we need to be. This contributes to serious challenges in the sustainability of health and care services in Wales.

Our recently refreshed analysis of the burden of disease in Wales: Health and its determinants in Wales, shows that, similar to other developed countries, there have been improvements in some conditions – such as cardiovascular disease. However, we have an increase in avoidable diseases such as some cancers and diabetes. There is also a steady increase in poor mental well-being and mental illness.

Infection including healthcare associated infection (HCAI) remains a key population and patient safety issue and results in a significant burden of disease and financial cost to Wales. Anti- microbial resistance (AMR) is one of the greatest threats to human and animal health. AMR already imposes a significant burden of morbidity and mortality on the population of Wales. Globally, it is estimated that by 2050, 10 million or more deaths may attributable to AMR if no action is taken (overshadowing other causes of death such as cancer and road traffic accidents

Despite this, we have a significant opportunity to meet these challenges head on by working together across all parts of society and sectors. This must be done in a way that creates an atmosphere of enablement and trust and focuses on what we know will bring about the best health and well-being for our people. In this context, we have taken time to understand what works best in the long-term. This will help us to focus and prioritise our collective efforts to improve 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 (see illustrations on figures 1.1 and 1.2) which show the current situation and future drivers, respectively). Updated in 2017, it outlines the main causes of death, disability and illness in Wales. While demonstrating the gains made, it highlights the significant challenges now and in the future. This intelligence has helped to shape our Long Term Strategy and the strategic priorities we have identified. These are described in section 1.4, together with our three-year strategic objectives that support the implementation of our strategic priorities.

Figure 1.1 – Health and its Determinants Infographic

Health and its determinants
Current situation

Life expectancy has been rising but is now beginning to plateau

Years
81
79
77
75

1990 — 2004 — 2016

Iceland
Sweden
England
Wales
Scotland

Typically, about 20 years of life are lived with disability

78.4
60.0
Disability-free life expectancy [1]
Life expectancy

82.3
59.6

Approximately half of all disability-adjusted life years are made up of three health conditions

Disability-adjusted life years [2]
Cancers 19%
Cardiovascular diseases 18%
Musculoskeletal disorders 11%
Other conditions 52%

Cancers 2%
Cardiovascular diseases -42%
Musculoskeletal disorders 16%

Change to burden of disease 1990 - 2016

A large proportion of these health conditions are caused by known risk factors

Cancers 49%
Cardiovascular diseases 82%
Musculoskeletal disorders 15%

Many of these risk factors are linked to adjustable behaviours

Smoking — 108,966 Disability-adjusted life years [2]
High blood pressure — 90,497
High BMI — 72,128
Alcohol use — 44,097
High cholesterol — 43,626

Cancers
Smoking 43% — Other risk factors
Cardiovascular diseases
Diet 23%
Musculoskeletal disorders
High BMI 45%

1. Disability-free life expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability.
2. The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death

Health and its determinants
Future drivers

The rising number of older people is likely to result in a rise in age-related disease in the future

Changes by 2039

7,200 — Under 15
-91,300 — 15 - 64
149,000 — 65 - 84
102,100 — 85+

Percentage who have 2+ longstanding illnesses

Age (years): 16 - 24, 45 - 54, 75+
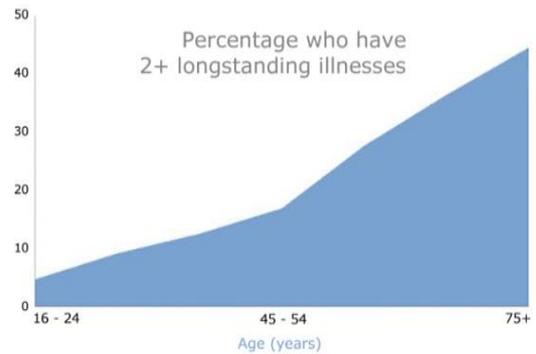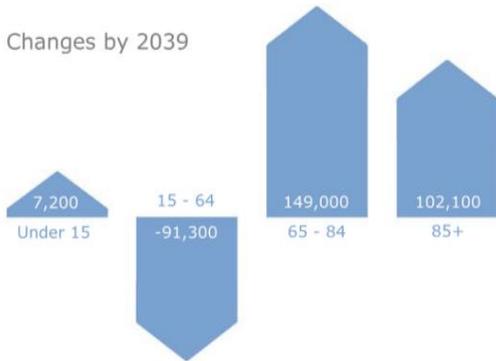
The lives of adults today include high levels of risk factors for developing future health conditions

Health behaviours that are moving in the wrong direction

Obese/overweight — 58 → 60
Eating fruit and vegetables — 36 → 32

2008 — 2015

Health behaviours that are moving in the right direction

Drinking above guidelines — 44 → 40
Smoking — 23 → 19

2008 — 2015
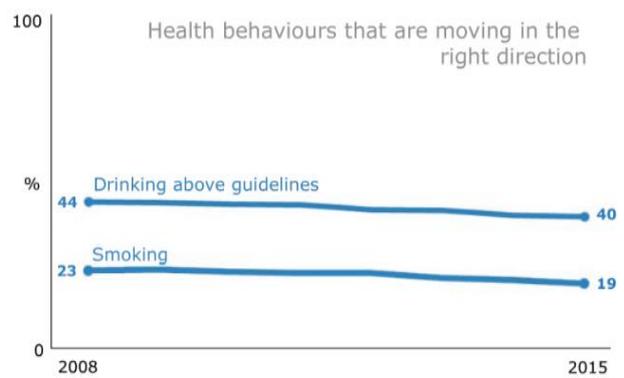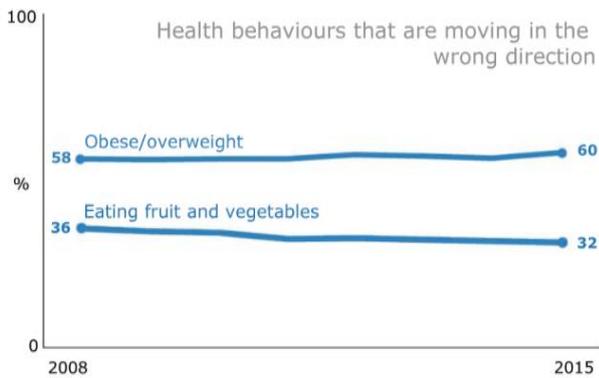
Behaviour in children will also impact on health into the next generation

	Male		Female
Eating any vegetables	28 %		28 %
Overweight or obese	27		18
Physically active	16		8
Alcohol	14		12
Smoking	7		9
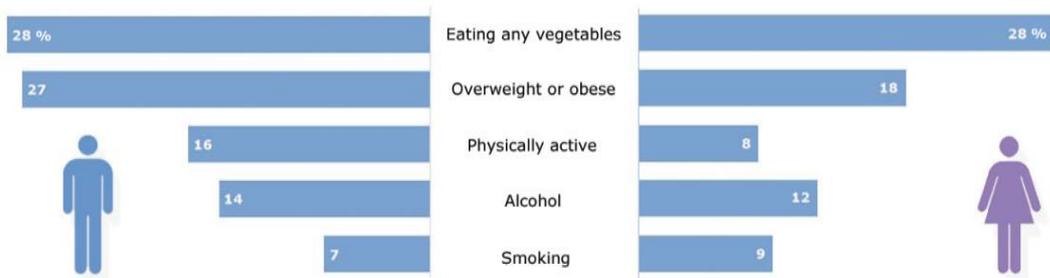
Health and behaviours are driven by unequal access and opportunities

School leavers who obtained 5 GCSE's (A* - C)

Least deprived fifth — 75%
Most deprived fifth — 38%

Not in education, employement or training

Aged 16 - 18 — 11%
Aged 19 - 24 — 19%

For the full story visit: http://www.publichealthwalesobservatory.wales.nhs.uk/healthanddeterminants
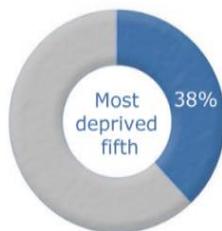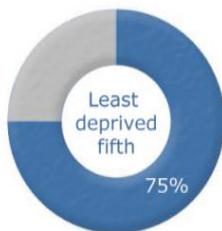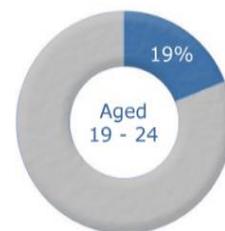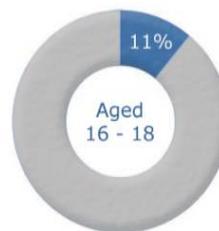
1.4 Our strategic priorities and underpinning strategic objectives

In developing our Long Term Strategy, we have considered:

- the burden of disease in Wales – as updated in Health and Its determinants in Wales
- the extensive engagement with stakeholders including our staff and the public (Stay Well in Wales)
- an assessment of the global and national emerging threats and opportunities
- the legislation and policy environment (see section 1.4.1)
- the NHS Delivery plans (see appendix 4)

This has led us to formulate seven strategic priorities which we feel can have most impact in achieving maximum improvements to health and well-being.

Each strategic priority includes a summary of the underpinning three-year strategic objectives that will be delivered for its implementation in this first three-year plan. For more detail of the priority, its scope and what we want to achieve for the people of Wales – please see Part 3.

1.4.1 Legislative and policy drivers

Our Long Term Strategy has taken account of the legislative and policy context in Wales.

The **Well-being of Future Generations (Wales) Act 2015** is pivotal legislation that aims to improve the social, economic, environmental and cultural well-being of Wales. It has provided us with a framework for adopting a more radical and transformational approach to the way we work.

The WFG Act also provides a key 'link' to other legislation in Wales, including the:

- *Public Health (Wales) Act - below*
- *Active Travel (Wales) Act*

- *Equality Act*
- *Social Services and Well-being (Wales) Act*

- *Planning (Wales) Act*
- *Housing (Wales) Act*

- *Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act*

The WFG Act has enabled us to introduce a fundamental shift in approach and ensure that we have an increased focus on: long-term thinking, taking an integrated approach, preventative action, collaboration and engagement.

As part of the development of our long-term strategy (which has informed this first three year plan for its implementation), we have assessed ourselves against the goals and governance principles set out in the WFG Act. This will guide our planning and future delivery.

The **Public Health (Wales) Act** will help to ensure that the health and well-being of the population is considered and underpins the shared responsibility that all public bodies in Wales have for the health of the nation. This Act adds to the legislation for improving health and well-being, protecting health and reducing inequalities in Wales.

It places a statutory duty for public bodies in Wales to undertake health impact assessment in specific circumstances, which provides an opportunity to strengthen the commitment to health in all policies demonstrated within the WFG Act.
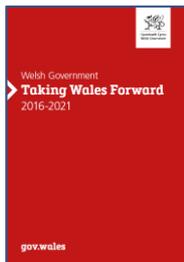
Taking Wales Forward (2016-2021) sets out the priority areas for the Welsh Government over the next five years. It outlines how the Government will deliver more and better jobs through a stronger and fairer economy, improve and reform public services; and build a united, connected and sustainable Wales. Key public health priority areas include: giving children the best start in life (including reducing adverse childhood experiences); improving mental health and well-being; strengthening community assets; the environment and improving our healthcare services.
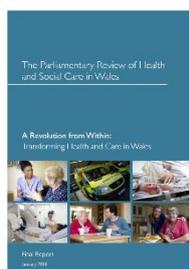
The **Parliamentary Review of Health and Social Care in Wales** identifies important challenges facing our health and care services including: funding, workforce and recruitment, as well as rising demand and public expectations. It makes recommendations about what future health and care services

will look like. This is a key driver in the development of our new strategy and priorities for 2018 onwards.

Prosperity for All, published in September 2017, is the national strategy to deliver Welsh Governments key priorities and has four key themes: *healthy and active, prosperous and secure, ambitious and learning, united and connected*. We have a cross-cutting role in all themes, helping the Welsh Government achieve its ambition of prosperity for all, taking significant steps to shift our approach from treatment to prevention. The Strategy specifically references Public Health Wales and will help shape our long-term approach and this plan as they are further developed and refined.

Prudent healthcare is central to good public health practice and what we aim to deliver, with our partners, over the next three years. The prudent healthcare principles were embedded as key drivers in the development of our priorities and underpin the specific strategic objectives detailed within this three-year plan.
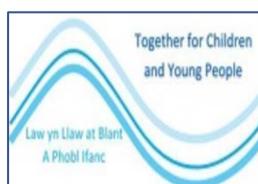
Together for Children and Young People is a Welsh Government programme to address the mental health and mental well-being of all children and young people in Wales. The scope of this work is to give all children the opportunity to have optimum mental health, as well as targeting those who need treatment at the right time, from the right service. This programme fits seamlessly with our strategic ambitions and priorities, particularly our multi- agency systems approach and aim of achieving significant improvements in the health of our children in their early years.

The **NHS Wales Delivery Plans** set out nationally agreed action with defined performance measures and outcomes aimed at improving services, with particular attention to prevention and early diagnosis; integrated and efficient care; better information; and more targeted research. These national plans have been developed for specific areas, including liver disease and antimicrobial resistance, and our plans include these – with a summary in appendix 4.

Our Plan for a Primary Care Service in Wales (2014) sets out how we will develop a more 'social' model of health, promoting physical, mental and social well-being. It aims to draw in all relevant organisations, services and people to ensure the root causes of poor health are addressed. Five priority areas helped shape our approach to primary care: planning care locally, improving access and quality, equitable access, a skilled local workforce and strong leadership.
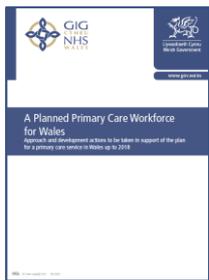
A **Planned Primary Care Workforce for Wales** (2018) describes the actions needed to develop the primary care workforce in order for them to take the plan forward. This includes specific actions for Public Health Wales.
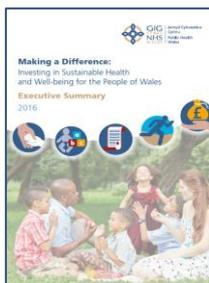
Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales sets out research evidence and expert opinion to support preventing ill health and reducing inequalities in order to achieve a sustainable economy, thriving society and optimum health and well-being for the present and future generations in Wales. We developed this report to shape our long-term strategy and is a key driver in the development of this new three-year plan.

In developing our long-term thinking to 2030, and also the detailed plans to deliver the first three years, we have taken account of national work that has an impact on our Plan. The Parliamentary Review of Health and Social Care in Wales was published in January 2018 and, while there is synergy with our long-term proposals, we are mindful that a Health and Care System strategy will be published later this year and we will need to review our intentions at that time.

1.4.2   Our strategic priorities

Following extensive engagement with stakeholders, as part of the development of the Long Term Strategy, seven strategic priorities have emerged that will help us achieve our purpose. The strategic priorities and a summary of what we will do over the next three years is outlined overleaf.

Strategic Priority 1: Influencing the wider determinants of health

We will collaborate with others to understand and improve factors that impact on everyone's health

Over the next three years, working with our partners, we will have:

- demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice

- renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health

- built on the success of the Welsh Network of Healthy Schools Scheme and will work with others to increase both the action relating to the wider determinants of health and to support better educational attainment

- stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales

- embedded evidence based Health Impact Assessment as a key influence on ours and others' decision-making

Strategic Priority 2: Improving mental well-being and building resilience

We will help everybody realise their full potential and be better able to cope with challenges that life throws at us

Over the next three years, working with our partners, we will have:

- increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme reflecting public and partner priorities

- developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs

- developed and disseminated best practice guidance and tools on promoting wellbeing through work

- worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations

Strategic Priority 3: Promoting healthy behaviours

We will understand the drivers of unhealthy behaviour and make healthy choices easier for people

Over the next three years, working with our partners, we will have:

- worked with others to reduce the proportion of the population who smoke
- supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy
- worked with others to increase the proportion of children who are a healthy weight when they start school
- worked with others to achieve demonstrable increases in the proportion of children who walk or cycle to school
- agreed and implemented with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales
- developed a new comprehensive programme of prevention of alcohol related harm
- developed a programme to reduce the use and harm from drugs
- increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales
- increased understanding of the effective methods of behaviour change across staff working in public health
- worked with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.

Strategic Priority 4: 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

Over the next three years, working with our partners, 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

- undertaken research to inform policy around early years

- worked with others to improve outcomes in the first 1000 days and to reduce exposure to adversity in the early years

- revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years

- worked with partners to improve oral health of the children in Wales

Strategic Priority 5: Protecting the public from infection and environmental threats to health

We will apply our expertise to protect the public from infection and threats from environmental factors, working in collaboration with others to mitigate these risks to human health

Over the next three years, working with our partners, we will have:

- agreed a service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation.

- provided effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases

- ffective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change

Strategic Priority 6: 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

Over the next three years, working with our partners, we will have:

- enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care

- used patient safety as a driver to reduce variation, inequality and harm in care delivery

- supported organisations to improve the quality of mental health and learning disability services across the life course

- supported the NHS in Wales to implement the Safeguarding maturity matrix

- delivered and developed evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations

- developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease

- delivered the public health contribution to the national programme for transformation of primary care

- worked with partners to develop and implement the General Dental Service Reform Programme to increase prevention and maximise value of dental healthcare

Strategic Priority 7: 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

Over the next three years, working with our partners, 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

- increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs.

- increased our understanding of how new technologies can be adopted and exploited to better deliver our objectives, improve health and reduce health inequalities.

- 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.

- increased 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.

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

- increased 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.

- increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care.

- aligned the levers and drivers for good population health in Wales through the development of implementation of population health standards for key partners.

1.4.3   Our three-year strategic objectives

For each of our long-term strategic priorities we have set out what we consider to be the outcomes to be achieved by 2030 together with what we will do to achieve these. To ensure a firm foundation, the first three years of the Long Term Strategy, captured in this plan, each strategic priority is underpinned by a range of strategic objectives, showing what we need to achieve by 2021.

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. See part 3.

1.4.4   Enabling the future

In developing further our three-year strategic objectives, we recognise the important contribution of our enabling functions:

- **Finance and Resources**- our aim is to ensure that we maximise the impact of our funding through prudent investment, effective stewardship, and innovative financial management. This will be demonstrated through our proposed work on value and impact (see section 4.2 and 4.4.4).

- **People and Organisational Development** – our aim is to maximise the capacity and capability of our people through building skills and working with partners across the system; through embedding our values; and through driving forward a culture of development and delivery (see section 4.3)

- **Informatics and Digital Developments** – our aim is to ensure that where technology can support improvements to public health and well-being, we will be at the forefront of exploiting the benefits for the people of Wales and ensuring data is safe and secure (see section 4.7)

- **Strategic Planning and Performance** – our aim is to support the delivery of our long-term strategy through investment in strategic planning expertise aligned with a robust outcomes based performance management system. We will also strengthen portfolio, programme, and project management to ensure effective delivery, using the *Future Generations framework for projects.*

- **Estates and Health and Safety** – our aim is to 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 our staff follow safe systems of work to ensure their health and safety and of others. Our estates strategy will provide an important enabling contribution to the strategy.

- **Communications and Engagement** – we seek to enable individuals to take greater responsibility for their health and well-being, and our communications and engagement activities will aim to deliver the information in ways that are specific and appropriate to intended audiences. Social marketing will be a feature of our work going forward. (See section 4.1)

- **Effective Governance** – our aim is to continue to embed a coherent integrated governance culture and framework and across the organisation that recognises our collaborative partnerships and enables us to demonstrate that we are a high performing organisation (see section 4.4)

- **Quality and Impact** – Our aim is to create a culture where all our staff have the will, knowledge and support to ensure that we can demonstrate the quality and impact of our work which impacts positively on the health and wellbeing of the people of Wales. (See section 4.5)

1.5 Embedding the Well-being of Future Generations Act

We view the Well-being of Future Generations Act, and its requirement for a focus on the long-term, as a game-changer for public services in Wales. We have included within this plan our revised well-being objectives (see section 1.6) which are the same as our strategic priorities. We have come to the decision that they are one and the same because of the distinctive role that we play and the ambition that we have – namely, that everything we do is pivotal to driving improvements in health, well-being and sustainability. Our well-being objectives are so important to us that they have become the strategic priorities for the organisation. We firmly believe that this approach will provide clarity of purpose at all levels and in relation to the organisational contribution to the well-being goals, help to further embed the Well-being of Future Generations Act across the organisation.

The 'five ways of working' drive how we operate across a wider public health system and our strategic priorities have been shaped by embedding a future generations approach into 'what we do and how we do it'.

This is reflected in the strategic objectives we have developed to deliver each of our priorities. We have assessed the contribution that each of our strategic objectives makes to each of the seven well-being goals. This is reflected both in the mapping in appendix 1 and also through the presentation of our strategic priorities in Part 3. This shows that in many areas the action we are undertaking will deliver real and tangible benefits, such as our work on adverse childhood experiences and the first 1000 days.

1.5.1 Sustainable Development Principle

The Well-being of Future Generations (Wales) Act 2015 provides the foundations on which underpins our Long Term Strategy and work over the next three years.

As part of the development of our Long Term Strategy, we have started the journey to implement a new approach to planning within Public Health Wales. 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:

	Long term	Identifying where we can add value through action that supports positive outcomes in the long term, both for current and future generations. Our Long Term Strategy outlines our priorities up to 2030.
	Prevention	Prevention is a pivotal focus of our Long Term Strategy and an underlying theme within all our priorities
	Integration	Identifying how the strategic priorities and objectives will contribute to multiple well-being goals and where our well-being objectives align with partner organisations
	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. This approach is a feature of our new approach to planning and how we want to work.
	Involvement	Involving staff from across the organisation and involving stakeholders in everything we do. We have used this approach to inform the development of our long-term strategic priorities and held priority workshops to help develop the plans that underpin the priorities. We have also undertaken a public survey that obtained the views of over 3000 residents of Wales on a range of public health issues in order to inform the development and implementation of our Long Term Strategy.

1.6 Our well-being statement and well-being objectives

During 2016/17, we identified areas of our work which exemplify the sustainable development principles within the Act. We also considered where we could maximise our contribution towards the well-being goals within the Act. Our original well-being statement and well-being objectives reflected where we were as an organisation at that point in time. We recognised that we were only at the beginning of the journey to embrace the Act fully.

We are aware that translating these aspirational goals of the Well-being of Future Generations Act into everyday normal practice is heavily reliant on the way we as an organisation develop our strategies and plans, how we create the right structures, policies and processes and how we lead, communicate and involve our staff and partners so that we work together towards a common purpose. To this end, we have decided that our well-being objectives must drive everything we do and become one and the same with our strategic priorities.

This stronger alignment will enable the monitoring and reporting of the well-being objectives to show a clear link to how the organisation will reflect its unique contribution to the seven well-being goals. The strong alignment of our strategic priorities and objectives and the well-being goals can be seen in appendix 1.

Our new strategic priorities / well-being objectives have been developed over the last 12 months. They represent our statement of intent of how we as an organisation are responding to the public health challenges and opportunities that we face, whilst reflecting our contribution to the seven well-being goals.

We have also established the Health and Sustainability Hub in Public Health Wales to help us, the wider NHS and other partners, implement and exemplify the Well-being of Future Generations Act. They are currently exploring ways we can support and engage with each and every individual to see how they can 'Be the Change' which Wales' well-being goals require, through individual job aspirations, personal values and the link to the delivery of the goals through clear deliverables.

We have several examples of where we have applied a future generations 'lens' to identify areas of our work which exemplify the sustainable development principle and where we can maximise our contribution towards the well-being goals. These can be found in our Well-being Statement.

We will measure our progress in delivering our strategic priorities/ well-being objectives by building on established organisational processes and this will be further developed through our new performance management framework (see section 4.4.2). We will also look to better understand our impact through case studies and identifying innovative approaches. In addition, we will publish an annual report, as required by section 13 (part 2) of the Act.

We will also use the Public Health Outcomes Framework[2] to understand the impact our work is having on health and well-being in Wales. The National Indicators[3], along with the more detailed measures on the wider determinants of health and well-being in the Public Health Outcomes Framework, will help us measure whether our collective efforts are having an impact on outcomes for the Welsh population (see appendix 3 for examples of how these measures will help us understand our progress).

1.7   Developing our new strategy for 2030

1.7.1   Our starting point

To develop our Long Term Strategy we have drawn upon various sources of information. Over 1000 hours of staff and stakeholder feedback has informed and produced compelling intelligence. Our thinking has also taken account of key legislation, research and reports to influence our approach – see section 1.4.1.

In the summer of 2017, we commissioned a survey - *Stay Well in Wales*, to find out what the Welsh public thought about health and well-being. Over 3000 responses were received and the findings of this has helped shape the Strategy. The report of the survey was published in early 2018.

Broadly, our challenges fall into three main areas, which are the:

- implications of the burden of disease in Wales, for example, as we advance towards an ageing population with greater and more complex health challenges
- need to protect our population from threats to human health, for example, the implications of the growing resistance to antimicrobials

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[2] Public Health Outcomes Framework: http://gov.wales/topics/health/publications/health/reports/public-health-framework
[3] National indicators: http://gov.wales/topics/people-and-communities/people/future-generations-act/national-indicators

- implications of climate change on the environment and how this might impact on health, for example, warmer temperatures and poorer air quality.

In considering the information we have collected, seven priorities emerged. They provide the long-term context and rationale for our Strategic Plan. Further work is underway to develop detailed delivery planning and also the re-design of the performance management system. To deliver our Long Term Strategy we will need to change how we deliver our services, therefore, year one of this Strategic Plan will be a 'transition year' to enable us to align ourselves to this new direction of travel for the new aspects of our 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 these long-term challenges (see section 1.1.2)

1.7.2 New and emerging work

We have set ourselves an ambitious Strategy 2030, and also an ambitious first three-year plan to implement the Strategy. This will be captured year-on-year in our Annual Operational Plan. Consistent with good strategic planning, every year we will undertake a look-back of the progress made in implementing the Plan and also a look forward to consider whether there have been any significant changes in our environment that may require us to make changes to our priorities and objectives for the coming year(s). However, we do recognise that from time to time during any given year we may be requested by the Welsh Government, or by our own informed decision, to take on additional work that may require us to reconsider what we have outlined in our Plan. This may result in stopping doing other work within the Plan or amending the timescales for delivering activities.

In recognition of this, the report of the Stocktake of Public Health Wales, which was undertaken by Welsh Government and finalised in 2018, identified that there needs to be a clear process for agreeing changes to the Strategic Plan between WG and Public Health Wales, and one which involves appropriate Executive Team, Board or Ministerial approval. This will be applied where in-year requests for significant new work are made.

1.7.3 Transition year

The new Strategy will involve significant change to the way we work, what we do and how we allocate resources. It is important that this change is managed and that the nature of the transition is carefully planned and understood.

There will be a number planned components to this transitional process, which will enable a smooth and effective improvement to the way we work.

Organisational development- It is agreed that in order to share the accountability for planning and delivery of our priorities across the organisation, we must develop forms of matrix working which are effective but not overly burdensome.

Colleague development- New skills will be needed to ensure that colleagues across the organisation have the engagement, planning and delivery skills needed to deliver this plan. Each division has completed workforce plans which are being consolidated to produce a training plan which reflects the new ways of working.

Evaluation- Work will continue to develop methodologies to evaluate the outcomes of our work, to measure the impact and to ascertain the value. This will be brought together and will inform future decision-making.

Best use of our resources- With many resources committed over the short term, the shift of such resources to reflect our new priorities and commitments will be effected over a number of years. In the first "transitional" year, the focus will be on the reinvestment of cost improvement savings and the investment pot in areas prioritised in this new Strategy. In this transitional year much of the funding will be of a pump priming nature and will be used to non-recurrently facilitate the change and support many of the areas described above.

We will continue to work to improve across all our functions. It should be recognised however that this plan assumes that core services such as delivery of our Screening services, Health Protection service, Safeguarding and Microbiology services and our duties as a Category 1 responder required under the *Civil Contingencies Act* 2004 will continue alongside developments highlighted within this plan.

It is important to note that a number of our new strategic priorities, and underpinning strategic objectives, represent new developments, actions, stakeholders and skills for us. Consequently, in the context of these new areas, it will be essential for us to build our knowledge and learning during the first year, and beyond, in order to best understand the most effective way of achieving these priorities over the course of this Plan. We will continue to review the actions in this area and, where appropriate, make informed changes if required.

1.7.4 NHS Delivery Plans

This plan describes the strategic approach and action we will take over the next three years to achieve our Long Term Strategy. In developing it, our contribution

to specific delivery plans has been taken into account and detail of the strategic objectives that relate to the delivery plans is included in appendix 4.

We are also working with the NHS Delivery Plan Implementation Groups to gauge their interest in working collaboratively on prevention. There has been growing recognition, amongst implementation group members, of the commonality of risk factors between the diseases covered by the implementation groups. Overweight is recognised as a risk factor in the delivery plans of all five of the implementation groups and smoking appears in all but the diabetes plan. Implementation group members have begun to recognise that there would be advantages in working collectively on the risk factors to maximise impact, to reduce duplication and to proceed on the basis of the best available evidence.

Part 2

How we will achieve our purpose
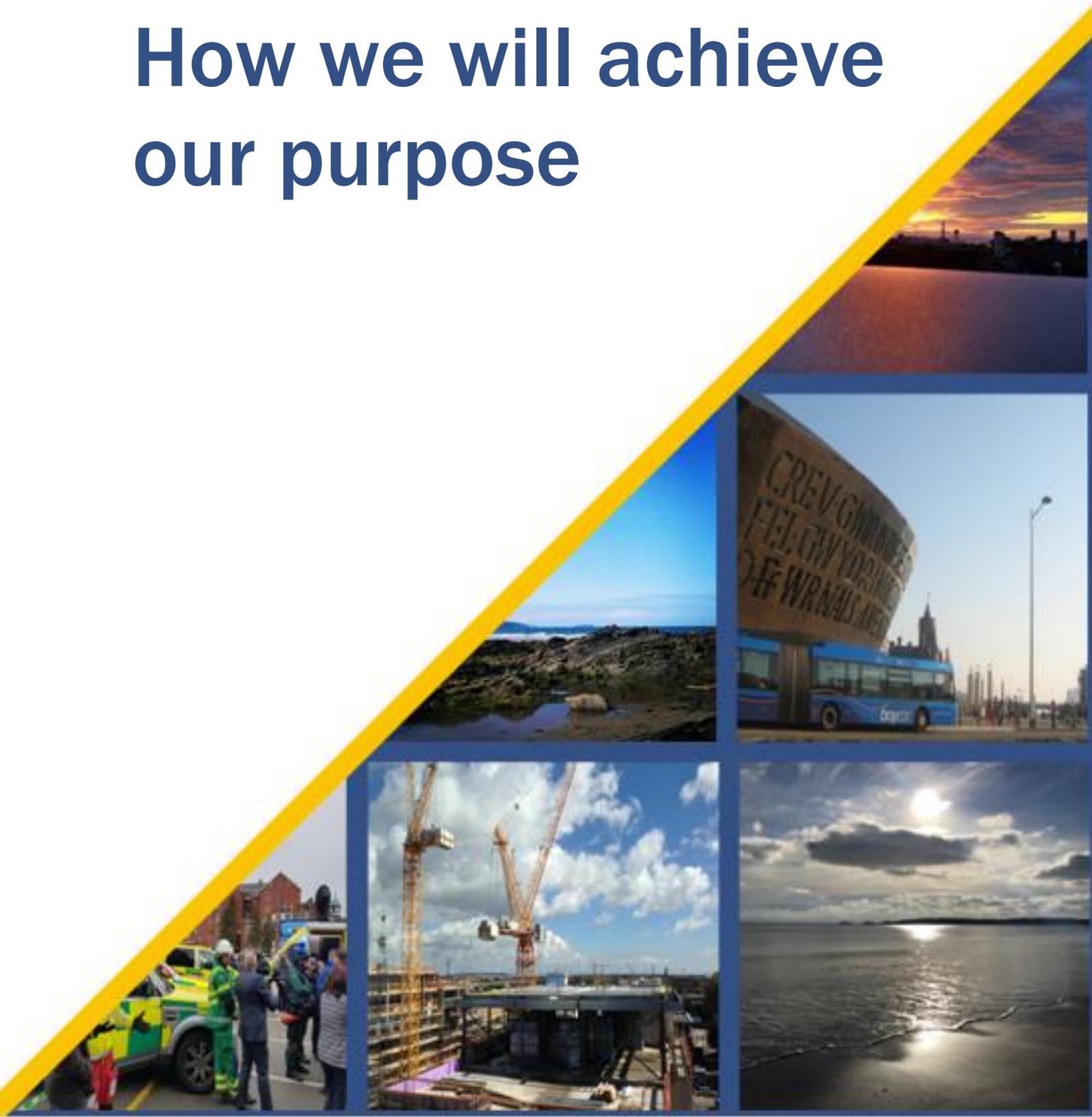
2.1 Our Purpose and Values

Following a review of our vision and mission, a new organisation purpose has been developed. In 2016, staff in Public Health Wales also developed our values. These values reflect our collective beliefs and expectations around how we should behave in pursuit of our purpose.

Taken together, this describes a clear view of what we aspire to do and how we want to do it. Our purpose is:

> **Gweithio i wireddu dyfodol iachach i Gymru**
>
> **Working To Achieve a Healthier Future**
>
> **for Wales**

Our values are:

We hold these values as being critical to how we work together within Public Health Wales and also how we approach working with our partners and the public. Examples of what these values mean in practice are shown below:

Working Together	Trust and Respect	Make a Difference
• Building our networks • Developing our people • Growing our reputation	• Taking responsibility • Treating everyone with dignity and valuing diversity • Giving/receiving through recognition and feedback	• Embracing change and innovation • Using all evidence available • Setting high standards in all we do

2.1.1   Our Long-Term Outcomes

In developing our long-term thinking, we developed a range of outcomes for 2030, namely, that we want:

- the people of Wales to have a more equal chance of living a fulfilling life, free from preventable ill health
- Wales to have a population that know how to support their and their families' mental well-being, that supports everyone to be mentally healthy, citizens with greater resilience and a greater level of mental well-being
- an environment and society in Wales in which healthy choices are the easy choices
- more children to have achieved their potential.

In addition, we also want a Wales:

- with reduced infections and which is prepared for and able to deal with the expected effects of climate change
- where we have shifted the balance from hospital to community based care and reduced the burden of disease from long-term conditions, with reduced incidence, improved early detection and survival outcomes
- where population health services and interventions are based on world class intelligence and analysis, giving maximum return on investment

2.1.2   Our ways of working

Our ability to deliver our Long Term Strategy will depend on the capability and capacity of our most important asset, our people.

Some of the capabilities that we need for the future, we have now. Some of these skills though will need to be built internally and some in collaboration with our various partners and stakeholders across the system.

We believe that a track-record of high performance and efficiency and reputation for excellence should be our aspiration and that the culture and values of the organisation should reflect this.

We will achieve this through having the right blend by promoting and attracting people based on experience and aptitude and enabling our people to be the best that they can be. This will help ensure that we have the right people with the right skills for the future to ensure the secure delivery of our Long Term Strategy.

2.1.3   The structure of our plan

Part 3 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 each of our strategic objectives makes to each of the well-being goals. You will see this reflected both in the mapping in appendix 1 and also on the colored tabs for each priority.

What the Burden of Disease and public told us - We have included some of the key 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.

Product Map- This presents the information in terms of products in a tabular form for each strategic objective detailed in the section above.

Part 3

Our Strategic Priorities

3.1   Strategic Priority 1

Influencing the wider determinants of health

3.1.1   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.

Key determinants of health and well-being are our family, our friends and communities, the quality and security of our housing, our level of education and skills, availability of good work, money and resources and also our surroundings. Increasing our support from family, friends and communities is addressed in other sections of this plan. The determinants of health and well-being that we will focus on within this priority are our education and skills; good work; money and resources, housing and our surroundings.

Education and skills - Education and skills are important for health. Participation in education and higher education attainment 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

Good work – There are strong relationships between good quality employment and health. In addition to providing economic resources for material wellbeing and participating in community life work contributes to psychosocial needs, including individual identity, social role and status. 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.

Prosperous

Resilient

Healthier

More Equal

Cohesive communities

Vibrant culture and thriving Welsh language

Globally responsible

People who have inadequate economic resources are more likely to live in areas that have health-damaging characteristics. This can include poor-quality housing, obesogenic environments (encouraging people to eat unhealthily and do insufficient exercise), lack of good quality green and natural spaces, poor air quality and lack of affordable transport, higher levels of crime, or fear of crime and a lack of recreational and community facilities and opportunities for community participation. However, multiple interventions can be used to encourage good place-making and place attachment that promotes improved health outcomes

Housing — Good quality, secure homes reduce the risk of poor physical and mental health and premature mortality, 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 extra winter deaths.

Our surroundings — health-promoting surroundings are important for retaining people in an area, people feeling attached to an area, encouraging community engagement, and for thriving communities with improved health outcomes.

3.1.2 What the Burden of Disease and Welsh public tell us

Our Burden of Disease work identifies one quarter of children in Wales live in poverty.

- Over 1 in 4 households in the most deprived fifth of Wales report being unable to afford everyday goods and activities.

- Around one in five 19-24 year olds and one in ten 16-18 year olds are not in education, employment or training. This has increased slightly in the past 10 years.

As part of our nationally representative survey undertaken between September and October 2017, we asked people in Wales for their views on public health. Most people responding to the survey said that we need to do more to address the lack of good quality and secure employment, poor quality housing and people being unable to afford healthy choices.

Figure 3.1 – What do we need to do more to address?
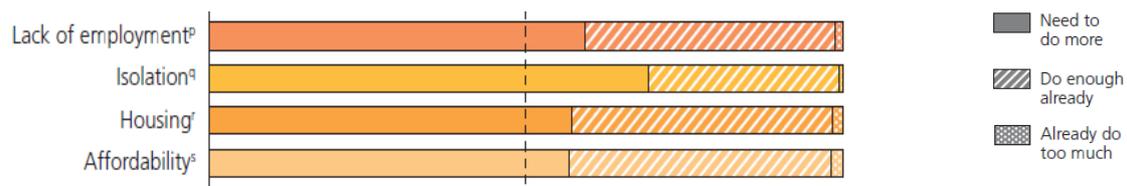
p Lack of good quality and secure employment q Social isolation and loneliness r Poor quality housing s People being unable to afford healthy choices

3.1.3 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:

- helping children learn and young people achieve their potential
- supporting policy development that minimises income inequality
- supporting employers to create environments that support well-being
- supporting the NHS 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

3.1.4 What we will achieve in the next three years?

Aligned to each long-term success, we have identified the progress we expect to have made in the first three years. Achieving these strategic objectives will be major milestones on our long-term journey to improve health.

> SO1.1- By 2021 we will have demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice

We will continue to work with our partners in Cymru Well Wales to address the causes of poor health and health inequalities. Cymru Well Wales partnership is a voluntary group of motivated organisations that are committed to:

- Acting today to prevent poor health tomorrow

- Improving wellbeing by harnessing activity and resources to amplify our collective impact
- Thinking and working differently to tackle health inequalities
- Empowering our communities in all that we do
- Learning from others to design innovative action for the future

The members of the partnership cross all sectors and by working together we can maximise the impact of knowledge, evidence and innovation to shape policy and practice in Wales.

We will have designed and delivered a project to assess the impact of evidence and advice on policy and practice.

We want to assess the impact that our evidence and advice have on our partners within the NHS and across the public sector.

- In Year 1, we will create a statement of intent and a business case for the project. We will explore the tools and methods for assessing use of evidence, knowledge and advice in policy and practice. We will also learn from previous assessment of policy impact of Public Health Wales, international partners, behaviour change theory and key stakeholder views.
- In Year 2, we will create evidence review and analysis packages and undertake prototype development and user testing.
- In Year 3, we will work with partners to disseminate, promote and support the use of new products and assess the impact of the policy and practice for use of knowledge, evidence and advice.

We will have built on current relationships, working collaboratively with partners and policy makers to inform and support sustainable policy development and cross-sectoral working.

We will achieve this through delivering on the following milestones:

- created a suite of briefings on addressing the wider determinants of health, including the impact of BREXIT to support policy makers and stakeholders.
- identifying research opportunities and undertaking research related to the impact of BREXIT (subject to identifying funding), we will develop an integrated approach to the way in which we respond to land use planning consultations and applications in Wales.

We have a key role in influencing decisions to optimise public health impacts from proposed policy, service and land-use planning developments. Over the next three years we will seek to enhance integrated working across the organisation and with our partners to maximise our influence on decision making processes on these issues at local, regional and national level. Building on our routine consideration of impacts from an environmental health protection and planning perspective we will refine and improve the way we work to ensure that the broader determinants of health are considered and that coherent responses are provided to others to minimise health impacts and inequalities.

Working with partners (such as Welsh Government and local planning authorities) and through extensive engagement with stakeholders:

- in Year 1, we will have developed a draft pathway protocol and a draft proposal for a new planning portal.

- in Year 2, we will continue our work to test, refine and consult on the draft pathway protocol to be launched early in Year 3.

Subject to the approval of a business case for a new planning portal in Year 2, we will work to scope, plan, design and test the planning portal through an expert Advisory Group, culminating in the launch of the new planning portal at the end of Year 3.

> **SO1.2- By 2021 we will have renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health**

The Healthy Working Wales Programme is an effective source of support to employers as it enables them to develop a work environment that is supportive of well-being; increases action relating to the wider determinants of health; and supports employers in creating good work.

Over the next three years we want employers to be able to demonstrate a growing awareness and understanding of the positive and negative impacts of the quality of work and the work environment on health and wellbeing and how poor health and wellbeing can impact on their economic outcomes and productivity.

We will do this through delivering on the following milestones:

- improving understanding among employers of the relationship between the nature of work and health

- developing strategic partnerships to enable effective delivery and reach of Healthy Working Wales

- delivering Healthy Working Wales thereby meeting agreed targets and performance measures (see appendix 2)

We will establish a partnership between primary healthcare and employers to help prevent people falling out of work as a result of ill health by increasing the adoption of effective approaches to the management of sickness absence. Over the next three years we will:

- work with key partners to establish opportunities for improvement in joint working to increase the effectiveness of sickness absence management,

- agree priorities for action based on an understanding of the evidence base and current practice

- consider options for the use of the Secure Anonymised Information Linkage (SAIL) database to explore the relationship between sickness absence management and other outcomes.

> **SO1.3- By 2021 we will have built on the success of the Welsh Network of Healthy Schools Scheme and will work with others to increase both the action relating to the wider determinants of health and to support better educational attainment**

Over the next three years we will support the development of a whole-school approach to health and well-being in line with strategic priorities increasing the focus on the wider determinants. We will continue to support the implementation of the Education Reform Programme in Wales working with others to ensure that poor health and wellbeing are not a barrier to learning and educational attainment.

In Year 1, we will continue to provide specialist support to the Health and Wellbeing Area of Learning and Experience and in Year 2 we will implement revised benchmarks and frameworks for action to include a greater focus on the wider determinants of health and inequalities. Our plan for Year 3 is to review our progress and develop improvement goals for the future. Over the course of the three years we will deliver:

- Support to the Health and Wellbeing Area of Learning and Experience and the wider Education Reform Programme

- A revised health and well-being framework for schools

- Mechanisms to increase the impact of the Healthy School Scheme on Educational attainment

> **SO1.4- By 2021 we will have stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales**

The impact of the wider determinants of health can be reduced or made worse by a range of other factors. The extent to which people feel in control of their lives; the experience of childhood trauma and adversity (ACEs) and our level of health literacy can all have an effect.

Empowering Communities

We will continue our work to understand and share best practice in empowering individuals and communities. The principles of engagement for community empowerment have been developed in partnership with experts in the field and rigorously tested with communities. Through this work we will support community and public sector organisations to recognise and understand the importance of individual and community empowerment for health and well-being and work to encourage organisations across Wales to adopt the principles in their work with communities.

Over the next three years we will:

- refine and agree a set of principles for community engagement and empowerment
- synthesise and disseminate evidence of the role of power and empowerment in mediating the impact of the wider determinants of health
- test their application across the public health system
- develop a programme of work to promote, adopt and implement the principles, and
- measure the extent of adoption of the principles and their impact.

ACEs and Housing

We have a strong track record in demonstrating the links between ACEs and deep rooted inequalities in health and well-being and are looking to further understand the link between ACEs and homelessness; recognising that homelessness is more likely in those who have experienced childhood adversity and trauma.

In Year 1, we will lead a research project in collaboration with housing partners on ACEs and homelessness. In Years 2 and 3 we will look to extend our research into housing and health, including ACEs and public health housing policy (dependent on funding).

This work will be linked to the Public Health and Housing Multi-agency Partnership Group and informed by engagement with our partners in Cardiff University, Homelessness organisations and groups.

Over the next three years, we will continue to build on our health and housing partnership work, with a focus on:

- supporting priority areas of homelessness, fall prevention and ACEs, with potential future work across housing tenures

- exploring the available evidence on Return on Investment for Health and Housing activity

- working with Welsh Government to support the development and implementation of the Housing Conditions Evidence programme.

SO1.5- By 2021 we will have embedded evidence based Health Impact Assessment as a key influence on ours and others' decision-making

Health Impact Assessment (HIA) is a means of assessing the impact of policies and programmes on the health of the population. The Public Health (Wales) Act places specific obligations on public bodies in Wales to undertake HIAs to demonstrate they are taking account of the impact their policies and decisions have on health in the short and longer-term. Building on our experience and success working in the field of HIA, over the next three years (subject to additional funding) we will deliver on our statutory requirements around HIA and develop guidance and training resources to assist public bodies to deliver effective health impact assessment. We do recognise that this has the potential to be a significant increase in the work of a small team and we look forward to working closely with Welsh Government colleagues as the function develops further.

HIA Training Strategy

Over the next three years we will develop and deliver a HIA Training Strategy, skills and knowledge pathway and delivered a programme of HIA training that assists public bodies to embed HIA into their programme planning and decision-making processes.

- During year 1, we will work with stakeholders to develop new training courses for HIA-based on a training needs analysis of Public Services Boards and public bodies.   In parallel we will develop and publish new HIA guidance for Wales and begin work with Cardiff Metropolitan University to review the content and format of the e-learning module.
- In year 2, we will explore the establishment of a HIA Practitioner Network; develop a proposal for income generation, and update our HIA resources and training materials to meet the needs of WHO member states in line with our remit as a WHO Collaborating Centre.
- Year 3 will see us providing support to public bodies.   This will be supplemented by the launch of the revised e-learning course and the ongoing delivery of our HIA training.

Product Map: Wider Determinants of Health

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes Framework we are seeking to influence
By 2021 we will have built on the success of the Welsh Network of Healthy Schools Scheme and work with others to increase both the action relating to the wider determinants of health and to support educational attainment	• Support to the Health and Wellbeing Area of Learning and Experience and the wider Education Reform Programme • Opportunities to strengthen whole school approaches to the wider determinants of health identified	• Revised benchmarks and frameworks for action implemented • Healthy Schools Programme strengthened, including new health and wellbeing framework	• Progress reviews • Improvement goals developed and agreed	• School leavers with skills and qualifications (level 2) (PHOF 9) • School leavers with essential literacy and numeracy skills (PHOF 10)
By 2021 we will have refreshed the Corporate Health Standard and Small Workplace Award in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health	• Revised delivery model for Healthy Working Wales • Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing • Established a strategic partnership with primary healthcare	• Engagement, promotion and marketing strategy developed • Monitoring and evaluation framework • Agreed a programme of work to support the ambitions of this partnership	• Reviewed our progress and made recommendations for the future	• People not in education, employment or training (PHOF 12) • Gap in employment rate for those with long term health conditions (PHOF 13)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes Framework we are seeking to influence
	professionals and employers to promote effective approaches to the management of sickness absence			
By 2021 we will have demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice	Assessing Use of Evidence, Knowledge and Advice in Policy and Practice • Statement of intent and business case • Project Initiation Document • Stage 1 – tools, baseline and approaches Land Use Planning – new pathway protocol and planning portal • Draft pathway protocol • Proposal or a planning portal • Surveys for key stakeholders and engagement workshops	• Stage 2 – product development • Consultation on the draft pathway protocol • Business case submitted for decision • Scope, plan and design the new planning portal • Further briefings on wider determinants of health • Disseminate learning and undertake further Brexit policy work • Undertaken research project related to BREXIT (subject to funding)	• Stage 3 - Implementation • Stage 4 – Assessment of impact • Pathway protocol agreed • Develop, test and refine portal • Planning portal launched • Further briefings on wider determinants of health • Disseminate learning e.g. through training • Research report (subject to funding)	• People able to afford everyday goods and activities (PHOF 11) • People not in education, employment or training (PHOF 12) • Quality of Housing (PHOF 17)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes Framework we are seeking to influence
	Informing sustainable policy development and cross sectoral working • Briefings on the implications of wider determinants of health e.g. economic factors (taxation and income) • Map of BREXIT implications on public health in Wales			
By 2021 we will have stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales	Empowering Communities • Agreed a set of principles for community engagement for empowerment Improving understanding of housing, homelessness and health including ACEs • Project Steering Group established • Research, data collection and analysis • Report 1 published	• Examples of good practice across Public Health Wales and beyond identified • Evidence disseminated on role of power and empowerment on health and wellbeing • Business case for planning portal submitted to Executive Team for decision • Report 1 launched and disseminated	• Best practice guidance disseminated • Pathway protocol agreed • Develop, test and refine portal • Second round of research • Report 2 to be launched and disseminated	• Children in Poverty (PHOF 7) • People able to afford everyday goods and activities (PHOF 11) • A sense of community (PHOF 14) • Quality of housing (PHOF 17)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes Framework we are seeking to influence
	• Agreement on whether project extends into Years 2 and 3	• Research bid developed and submitted for approval		
By 2021 we will have embedded evidence based Health Impact Assessment as a key influence on ours and others decision making	HIA Training Strategy (business case dependent) • Stakeholder training needs assessment • HIA course development • 2 HIA courses delivered and evaluated • Review of e-learning content and format	• Ongoing course delivery cycle • Scope potential HIA Practitioner Network with partners • Changes agreed on e-learning content and format • Develop potential income generation plan for WHIASU • Identify HIA training opportunities in UK	• Continued delivery of HIA training • HIA Practitioner Network meeting held and evaluated • Revised e-learning course launched • HIA training accreditation applied for • Income generation model submitted to Executive Team/Board	• Children in Poverty (PHOF 7) • People able to afford everyday goods and activities (PHOF 11) • People not in education, employment and training (PHOF 12) • Gap in employment rate for those with long term health conditions (PHOF 13) • A sense of community (PHOF 14)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes Framework we are seeking to influence
By 2021 we will have embedded evidence based Health Impact Assessment as a key influence on ours and others decision making (cont.)				• Quality of housing (PHOF 17)
	Resources to support HIA (subject to business case) • An Advisory Group established to inform the development of new HIA guidelines for Wales • New HIA guidelines for Wales launched • Establish training and support needs of WHO Member states	• Final HIA/WIA resource for Public Service Boards produced and launched • Ongoing WHO Collaborating Centre activity cycle on the provision of training and resources		

3.2 Strategic Priority 2

Improving mental well-being and building resilience

3.2.1 Why is this a priority?

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. Resilience is a key component of mental wellbeing.

Research on the effects of Adverse Childhood Experiences conducted by Public Health Wales has demonstrated that almost half the population have experienced at least one adversity that could impact on their mental and physical health and wellbeing. In response to this two key developments have been initiated with partners; the Cymru Well Wales ACEs Support Hub and the Public Health, Criminal Justice and Policing Programme funded by the Home Office Police Transformation Fund. Prevention of ACEs has a key linkage with Priority 4, and mitigation of the effects of ACEs is being taken forwards by these two major programmes.

Family - family life is important for health. Social and economic inequalities impact on the level of resources available to support family life and increase the risk of poor health and developmental outcomes for children as well as educational and employment outcomes.

Friends and communities - strong friendship networks and participation in community, political, religious and social groups have a positive impact on physical and mental health. A lack of good quality social relationships and resulting social isolation affect physiological and psychological functioning, health behaviours, and the risk of ill health and mortality.

Mental well-being is more than just the absence of disease; it is a positive state of mind and body, underpinned by social and psychological well-being and resilience. It enables and supports good relationships, improved health, meaning, purpose and control. Mental well-being is an important aspect of well-being and highlights the importance of positive mental health in people's overall well-being. Through our research into resilience we know that factors such as

Prosperous

Healthier

More Equal

Cohesive communities

unemployment, adversity in childhood, participation and community cohesion have an impact on health.

Poor mental health is also a driver of physical inequalities in health. It is important that policies and initiatives aimed at reducing inequalities in health focus on mental as well as physical health.

3.2.2   What the Welsh public told us

As part of our nationally representative survey undertaken between September and October 2017, we asked people in Wales for their views on public health. We asked people in Wales to tell us whether they thought public services already do too much, do enough already or need to do more on 26 different issues that contributed to poor health and wellbeing.

Most people who responded felt that public services should do more to address social isolation and loneliness, in fact it had the highest ranking out of the 26 issues.

Figure 3.2 – Social isolation and loneliness
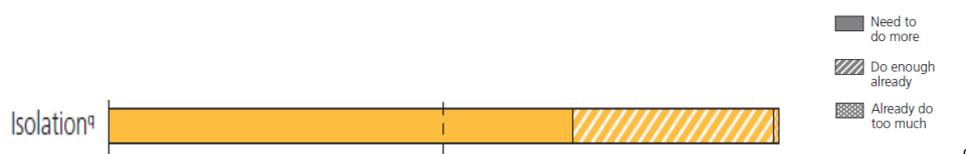
By contrast 16% of individuals agreed that they often feel isolated in their local community.

3.2.3   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 are 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

- have facilitated a trauma and resilience informed Wales – aiming to break generational cycles of poor mental and physical health outcomes

3.2.4   What we will achieve in the next three years?

The first three year Strategic Objectives to deliver this strategic priority are as follows:

> **SO2.2- By 2021 we will have increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme reflecting public and partner priorities**

A cross organisational programme will be established and in Year 1 will focus on agreeing mechanisms for identifying priority areas for action; understanding partners' and stakeholders' views on opportunities for prevention; and also to identify effective interventions. We will build on our emerging work with partners in Cymru Well Wales to increase recognition of the importance of brain development in adolescence and in supporting young people to be psychologically well and resilient. By the end of Year 1, a milestone for the programme will be recommendations on priorities for action.

We envisage that elements of the work programme will need to be funded and a business case will be developed in Year 2. We will be working together with our partners to identify existing capability and capacity. Subject to an approved business case investment in this cross-organisational programme, we will develop a delivery plan collaboratively. The plan will set out clearly what is expected and how results will be measured. We estimate that, as this is a new area of work, the development of the plan will take up most of Year 2 with implementation beginning in Year 3.

Alongside this work, we will produce the case for collective action on mental well-being in Year 1 and build a coalition with key partners to begin a national conversation on what it means to be mentally well. We hope that this will be the start of an ongoing dialogue changing the way we talk about mental well-being.

> **SO2.3- By 2021 we will have developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs**

We will continue our work to promote good mental health and wellbeing for children and young people, including our support to the Together for Children and Young People Programme and the work of the ACEs Hub in developing ACE

informed education. We will build on our existing programmes of work in pre-schools; schools and further and higher education.

Key milestones for meeting this objective are that:

- by the end of Year 1, we will have described a whole school approach to improving mental well-being and resilience together with how we will measure success

- by the end of Year 2, we will have disseminated a whole school approach together with supporting guidance and tools. We will do this through the Wales Network of Health Schools Scheme and broader engagement with partners

- by the end of Year 3, we will have reviewed progress and made recommendations for future actions.

SO2.4- By 2021 we will have developed and disseminated best practice guidance and tools on promoting wellbeing through work

Increasingly we recognise the impact of work on our mental well-being. Good work can increase our sense of purpose and fulfilment and help build and maintain social networks which promote our mental well-being. Work can also be a cause of additional stress and anxiety and poor working environments can seriously impact on our mental well-being.

We will work through our Healthy Working Wales programme to develop guidance and tools for employers to help them to promote the mental well-being of their employees and we will strengthen the Corporate Health Standard and Small Workplace Health Award to increase the focus and priority given to mental well-being (see priority 1).

SO2.5- By 2021 we will have worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations

To support our partners to develop trauma-informed services for prevention and mitigation of ACES, through the Cymru Well Wales ACE Support Hub we will over the next three years:

By the end of year 1 we will have:

- published a knowledge and skills 'framework'. The 'framework' will set out levels of knowledge of ACEs and skills needed to underpin ACE

informed services and organisations. Where appropriate this information will be embedded in existing competency frameworks.

- further developed and expanded outputs from the Policing Vulnerability Early Intervention and Prevention Project, we will have piloted ACE informed learning in secondary schools in Wales, and we will have made ACE informed learning available to all schools in Wales.

- expanded the approach to ACE informed organisations into other sectors, building on work in the housing and education sectors.

- reviewed progress and confirm plans for 2019/2020, its final operational year.

By the end of year 2 we will have:

- expanded their work to raise awareness of ACEs beyond professional sectors to communities and society

During year 1 and 2, the ACE support Hub will work in conjunction with partners to support Public Service Boards in delivering their ACE focused Wellbeing Objectives

Through the Public Health, Criminal Justice and Policing Programme, funded by the Police Transformation Fund (PTF) we will transform the approach to policing and vulnerability, working closely with the sector over the next three years.

By the end of year 1 we will have:

- formally committed to working with policing and criminal justice in Wales supporting them to build resilience through a public health approach to policing and criminal justice.

- established local public health criminal justice and policing partnership Steering Groups in the four Police Force/ Police and Crime Commissioner areas in Wales.

By the end of year 2 we will have:

- supported the development of a competent and confident workforce to respond more effectively to vulnerability using an ACE informed approach in both fast and slow time policing.

- assisted with a review of the organisational capacity and capability within the wider collaborative partnership to proactively meet the changing demands on front line services.

- explored the feasibility of a 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.

- a clear plan in place to move towards a whole system response to vulnerability by implementing ACE informed approaches for operational policing and key partners.

Subject to extensions of funding, further actions will be taken forward during year 3.

Product Map: Improving mental wellbeing and building resilience

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme reflecting public and partner priorities	• Programme inaugurated. Outputs: o recommendations for priorities o understanding of partner /stakeholder views on opportunities for prevention • effective interventions identified	• Business case to support programme of work • Delivery plan developed collaboratively • Monitoring and evaluation arrangements	• Outputs: • interventions delivered • monitoring reports produced • risk assessments developed	• Mental well-being among adults (PHOF 3b) • The gap in mental well-being between the most and least deprived among adults (PHOF 6b) • A sense of community (PHOF 14) • People feeling lonely (PHOF 16)
	• Case developed for collective action on mental well-being • Coalition of key partners established to develop 'national conversation'	• Agreed delivery plan for national conversation • National conversation started and initial feedback considered	• National conversation continued. Further areas developed. • Programme of work agreed to support the public to support friends, family, others with mental well-being.	• Mental well-being among adults (PHOF 3b) • The gap in mental well-being between the most and least deprived among adults (PHOF 6b) • A sense of community (PHOF 14) • People feeling lonely (PHOF 16)

By 2021 we will have developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs [2D2]	• Revised criteria for educational settings programmes agreed	• Supporting guidance and tools disseminated • Plan developed to review of effectiveness of approach	• Further dissemination of guidance and tools. • Approach reviewed recommendations for next phase agreed	• The gap in mental well-being between the most and least deprived among adults (PHOF 6b)
By 2021 we will have developed and disseminated best practice guidance and tools on promoting wellbeing through work	• Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing	• Engagement, promotion and marketing strategy developed • Monitoring and evaluation framework	• Reviewed our progress and made recommendations for the future	• Mental well-being among adults (PHOF 3b)
By 2021 we will have worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations	• Knowledge and Skills Framework • ACE Informed Schools Pilot • ACE informed organization rolled out across other sectors • Local Public Health, Criminal Justice and Policing partnership Steering Groups established	• Supported Public Service Boards in the delivery of ACE focused well-being objectives • Training delivered to Policing and Criminal Justice	• Scoped the feasibility of a single integrated front door to services supporting vulnerability in and out of hours.	• Mental well-being among adults (PHOF 3b)

3.3   Strategic Priority 3

Promoting healthy behaviours

3.3.1   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 life long addiction that is difficult to overcome. Helping young people to remain smoke free is therefore as important as helping adults to quit smoking.

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.

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 health, quality of life and 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[4] 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 (including liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attacks), 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 (drugs and alcohol) and ACEs. The findings of our public survey showed that people tend to overestimate the impact of drug misuse on health and well-being.

Understanding Behaviour and Behaviour Change

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's not the job of public services. While individual responsibility and capability will always play a part, public services and 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.

We recognise that changing the behaviour of the public will require us to fully understand and grow behaviour change skills and capabilities in our staff members and across the wider public and third sectors. Therefore we will work to qualify these skills and nurture them through formal training and work based development, as well as collaborating with academia, partners across the wider

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[4] This includes use of illicit drugs, performance enhancing drugs and other psychoactive substances and misuse of prescribed medications

research infrastructure and the public and third sectors to ensure that capacity and capability to change health related behaviour exists across the wider system.

What does the Burden of Disease and the Welsh public tell us

Our Burden of Disease works has identified that the top 5 risk factors that contribute to years of life lived with poor health are smoking, high blood pressure, high body mass index (overweight and obesity), alcohol use and high cholesterol. These are all risk factors that can be reduced.

Figure 3.3 – Top 5 risk factors
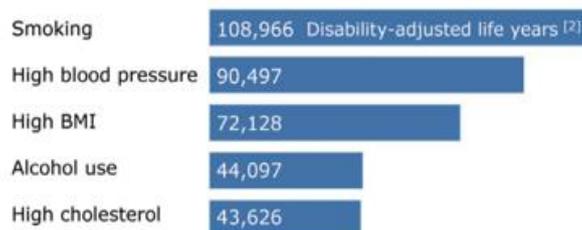
Smoking	108,966 Disability-adjusted life years [2]
High blood pressure	90,497
High BMI	72,128
Alcohol use	44,097
High cholesterol	43,626

As part of our nationally representative survey undertaken between September and October 2017, we asked people in Wales for their views on public health. We asked people in Wales to tell us what issues contributed to poor health and wellbeing. Thirteen issues were considered to be important contributors by more than half of the people. Smoking was also recognised by the public survey as the main contributor to poor health. The public also identified drug abuse, alcohol misuse, physical activity and unhealthy eating habits.

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

We asked participants how much they agreed or disagreed with a range of public health priority statements:

Nearly half (47%) agreed that advertising of alcohol should be banned to reduce alcohol problems. Only 26% disagreed.

Over two thirds (70%) agreed that advertising of unhealthy foods to children should be banned to reduce childhood obesity. Only 13% disagreed.

Over 8 in 10 (82%) agreed that healthy foods should cost a bit less and unhealthy foods a bit more. Only 6% disagreed.

3.3.2   What will success look like in 2030?

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 co-ordinated 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.

3.3.3   What we will achieve in the next three years?

Aligned to each long-term success, we have identified the progress we expect to have made in the first three years. Achieving these **strategic objectives** will be major milestones on our long term journey to improve health.

Smoking

> **SO3.1- By 2021 we will have worked with others to reduce the proportion of the population who smoke**

Over the next three years we will fully implement the existing *Help Me Quit* programme. This will include the development of a wider range of support options, including those which maximize the use of technology. We will take action to increase the proportion of smokers who are aware that quitting with NHS help provides the best chance of success and help health professionals support smokers to access the best help for them.

Specifically in Year 1 we will review evidence and insight around motivation to quit and review the international evidence of mass media approaches to motivation. We will develop a business case to deliver an evidence-based social marketing programme to motivate smokers to quit. Also in Year 1, we will deliver the agreed actions within the national Tobacco Control Delivery Plan and in Year 2 work with Welsh Government on a long term strategy for a smoke-free Wales. In Year 2, we will work with Welsh Government to review international approaches to delivering the tobacco free ambition of 5% prevalence or below. We will also deliver *Stop Smoking Wales* meeting agreed standards and targets.

We will continue to deliver the JUSTB programme targeted at those schools where young people are at highest risk of becoming smokers.

Healthy Weight

SO3.2- By 2021 we will have supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy

In supporting the Welsh Government's national obesity prevention and reduction strategy, we will be focusing in Year 1 on gathering and interpreting relevant data and evidence to support the strategy development process. This will also include synthesising evidence and learning from international experience with a view to its application in Wales. By the end of Year 2, we will have developed longer term implementation plans and begun work in priority areas. Year 3 will see the strategy well established with the routine reporting embedded and an evaluation planned.

SO3.3- By 2021 we will have worked with others to increase the proportion of children who are a healthy weight when they start school

Our aim is to implement fully the current *10 Steps to a Healthy Weight* programme. By 2021, we would expect that the ten steps are being used as a basis for system wide action to increase the proportion of children who start school at a healthy weight.

Three areas will have been addressed during 2018-19: actions in the first year of life including infant feeding; playing outdoors and avoiding sugary drinks. By the end of Year 2, we will have taken action to address the normalisation of obesity and by Year 3, we will have started implementing agreed actions in relation to pregnancy, fruit and vegetable consumption, sleep and screen time.

An Active Wales

Active travel, including walking and cycling to school, is an easy way to build more physical activity into children's lives and also supports environmental sustainability by reducing car emissions. Our aim is to improve understanding and recognition of the importance of active travel among schools, parents, children and professionals.

Features of this work will include:

- schools being able to understand and monitor the travel behaviours of their pupils and have plans in place to improve active travel using best available evidence
- organisations working on active travel will be working together to maximise their collective impact, making the most of their unique contributions.

Three strands of work will focus on: agreeing with partners the all-Wales priorities for co-ordinated action to increase active travel to school; and also identifying and sharing evidence on the factors that support or prevent active travel to school and use this to inform action. Work will also be undertaken to support schools to understand and monitor pupils' travel behaviour and use this to inform improvement.

SO3.5- By 2021 we will have agreed and implemented with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales

Together with Sport Wales and Natural Resources Wales and other agencies, we will have united activity under a common brand to engage the public and motivate change in physical activity across the life stages. A pre-requisite will be a shared vision for improved levels of physical activity based on a shared understanding of the problem and the best available evidence of what works.

Three strands of work will be undertaken:

- agreeing, designing and implementing the joint work programme

- developing the national indicators and mechanisms to monitor change in the population and inform decision-making

- exploring innovative funding approaches with Sport Wales such as an approach to the Well-being Bond and Challenge Fund for Sport

By the end of Year 1, we plan to have agreed the joint programme and started its implementation building on existing work to accelerate the pace of change. By the end of Year 2, we will have a detailed longer term plan with measureable goals and monitoring and evaluation will begin. By 2021, we will have reviewed progress to date and made any necessary changes to plans.

Alcohol and Drug Misuse

SO3.6- By 2021 we will have developed a new comprehensive programme of prevention of alcohol related harm

In Year 1, we will establish a cross-sector partnership that will agree mechanisms for identifying priority areas for action; make recommendations for action; seek to understand partner and stakeholder views on opportunities for prevention; and also identify effective interventions. Agreed priorities for action will be the key milestone for year 1.

In Year 2, a business case will be developed for the delivery of the cross-organisational programme, a pre-requisite will be to identify existing capability across partners, on the assumption that the business case is approved in mid 2019, Year 2 will see the collaborative development a delivery plan as well as the design of the monitoring and evaluation approach. The decision to proceed will be the key milestone in Year 2 and implementation will begin in Year 3.

SO3.7- By 2021 we will have developed a programme to reduce the use and harm from drugs

To achieve this we are planning to establish a cross-organisational programme board for substance misuse. Its remit will be to agree mechanisms for identifying priority areas for action and make recommendations. It will also seek to understand partner/stakeholder views on opportunities for prevention and identify effective interventions. By the end of Year 1, this programme board will have agreed priority areas for action.

In Year 2, a business case will be developed for delivering a cross-organisational programme of work and, subject to approval of the business case, a delivery plan - with monitoring and evaluation arrangements – will be developed collaboratively. The programme will be launched early in Year 3.

Understanding behaviour and behaviour change

> **SO3.8- By 2021, we will have increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales**

Our understanding of patterns of behaviour is essential if we are to take the right actions to influence these behaviours in Wales. We have good information on key health behaviours, particularly through national surveys. We have built on this describing our understanding of the impact of behaviours through the burden of disease study. We will undertake a programme of work to enhance and improve this. In year one we will undertake more in-depth analysis of the data available to help to gain a better picture of the distribution of behaviours across different groups and their current and potential future impacts on health.

In Year 2, we will develop a report examining opportunities of 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. We will look to develop these approaches and gaining further insights in Year 3.

> **SO3.9- By 2021, we will have increased understanding of the effective methods of behaviour change across staff working in public health**

Behaviour change is at the core of everything we do and we want to ensure that our work draws on the latest behaviour change science and approaches so that we can maximise our impact. We will build on the work of our newly established Behaviour Change team, increasing the use of social marketing approaches and a range of other tools. The key milestones are that by the end of:

- Year 1, we will understand the extent to which behavioural change theory is currently used in programmes to change people's behaviours, and identify where knowledge and skills need developing across the public health workforce.

- Year 2, we will have started to address the knowledge and skills gaps, and would expect to see increasing use of behaviour change techniques in planning and delivering interventions.

- Year 3, we will have completed a review of progress to date and made recommendations for future work where appropriate.

> **SO3.10- By 2021, Work with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.**

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 for themselves, their families and people they care for.

To achieve this, organisations providing health information at both national and local levels need to work together more closely - sharing content, avoiding duplication, ensuring consistency and ultimately providing better access for the people of Wales. The key milestones are that by the end of:

- Year 1, key stakeholders will have committed to a shared approach for the provision of health promotion information for the public

- Year 2, we will have implemented a shared approach with agreed quality standards for the provision of health promotion information for the public.

- Year 3, we will have completed a review of progress to date and made recommendations for future work where appropriate.

Product Map: Promoting Health Behaviours

A summary of the major products within this strategic priority and their delivery timetable is set out below:

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
Work with others to reduce the proportion of the population who smoke	**Help Me Quit** • Existing Help Me Quit programme fully implemented • National minimum standards and common data set • Decision aid produced • Professional awareness increased • Motivating Smokers to QuitEvidence reviews on motivation to quit, including effectiveness of mass media approaches internationally • Business case developed for an evidence-based social marketing programme **Stop Smoking Wales** • Evidence of meeting targets and standards for the programme delivered **Tobacco Control Delivery Plan** • Evidence-based inputs provided to the national	• Wider range of support options developed which maximise the use of technology • Continued implementation of social marketing programme • Social Marketing programme for motivating smokers to quit (business case dependent) • Review of international approaches to delivering on the tobacco free ambition of 5% prevalence or below. • Review programme targeting	• Continuous improvements in smoking cessation services across Wales • Continued implementation of social marketing programme • Impact evaluated • Recommendations made	• Adults who smoke (PHOF25) • Adolescents who smoke (PHOF20)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
	Tobacco Control Delivery Plan. JUSTB - Deliver programme to agreed targeted schools to agreed quality standards			
By 2021 we will have supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy	• Evidence synthesis produced • Data and intelligence products • International Evidence Review	• Strategic goals (and where appropriate indicators and measures) developed • Implementation plans developed	• Strategy implementation mechanisms established • Mechanisms for routine reporting and evaluation	• Adolescents of healthy weight (PHOF33) • Working age adults of healthy weight (38a) • Older people of healthy weight (38b)
By 2021 we will have worked with others to increase the proportion of children who are a healthy weight when they start school	• Delivery Plan for 10 Steps to a healthy Weight • Action plan for reducing early childhood sugary drinks consumption • Infant feeding action plan • Joint work with Play Wales on importance of outdoor play • Opportunities for health professionals to support families to adopt 10 steps • System for measurement and monitoring	• Action to raise awareness of normalization of obesity commenced • Social Marketing Campaign	• Implementation of agreed actions started in relation to pregnancy, fruit and vegetable consumption, sleep and screen time.	• Children at age 5 of healthy weight or underweight (PHOF32)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have agreed and implemented with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales	• Agreement on scope and design of joint programme • Joint programme of work developed, implementation commenced • Agreed set of indicators and a common evaluation framework developed	• Phase 1 of the programme fully implemented • Common brand agreed. • Longer term delivery plan agreed	• Review of progress to date	• Physical activity in adolescents [PHOF19] • Adults meeting physical activity guidelines [PHOF24]
By 2021 we will have worked with others to achieve demonstrable increases in the proportion of children who walk or cycle to school	• Active Travel to School Survey • Joint priorities for action	• Identification and dissemination of evidence on barriers and facilitators	• Agreed action to promote active travel to schools being implemented	•
By 2021 we will have developed a new comprehensive programme of prevention of alcohol related harm	• Collaborative programme established • Priorities for action agreed	• Business case for delivery approved • Monitoring and evaluation arrangements agreed	• Programme launched	• Adolescents using alcohol [PHOF21] • Adults drinking above guidelines [PHOF26]
By 2021 we will have developed a programme to reduce the use and harm from drugs	• Collaborative programme established • Priorities for action agreed	• Business case for delivery approved • Monitoring and evaluation arrangements agreed	• Programme launched	•

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021, we will have increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales	• Profiling distributions of key health behaviours from existing data sources.	• Report on opportunities of new data sources and technology to add value to our understanding of behaviours in Wales, and business case, if appropriate.	• Development of new sources and implementation of technological opportunities, depending on business case.	•
By 2021, we will have increased understanding of the effective methods of behaviour change across staff working in public health	• Knowledge and skills framework • Training needs analysis. • Assessed how behavioural change theory is currently being applied	• Knowledge and skills development plan • Tools to support practical use of behavioral change science	• Progress reports.	•
Work with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.	• Secure commitment from partners to provide information to the public that is consistent, relevant, up to date.	• Shared approach agreed • Quality standards agreed	• Review of progress • Recommendations for future	

3.4 Strategic Priority 4

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

3.4.1 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 in early childhood and before birth. The early years are a critical part of childhood development as youngsters when they grow, develop, play and learn. This phase is a key factor in determining future health and well-being.

Adverse Childhood Experiences (ACEs) are an international concern and there is a growing body of evidence that our experiences during childhood can affect health throughout the life course. Children who experience stressful and poor quality childhoods are more likely to adopt health harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart diseases and diabetes later in life.

3.4.2 What the Welsh public told us

Our national survey provided valuable insight into the public's preferences for additional investment.

16%

9%

55%

20%

Children (0-15 years)

Young people (16-24 years)

Adults (25-64 years)

Older people (65+ years)

The Welsh public would prefer extra money was spent in the following order: **children** (1st), **young people** (2nd), **older people** (3rd) and **adults** (4th). Males were more likely than females to choose **children**; 16-29 year olds, 50-69 year olds and 70+ year olds were all most likely (than other age groups) to opt for their respective age categories.

Around half (51%) agreed that parents should be given professional advice on how to raise their children well. Only 23% disagreed.

### 3.4.3   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

3.4.4   What we will achieve in the first three years?

We will establish a cross-organisational programme board to co-ordinate action across the following areas:

Figure 3.4 – Early Years Programme Board
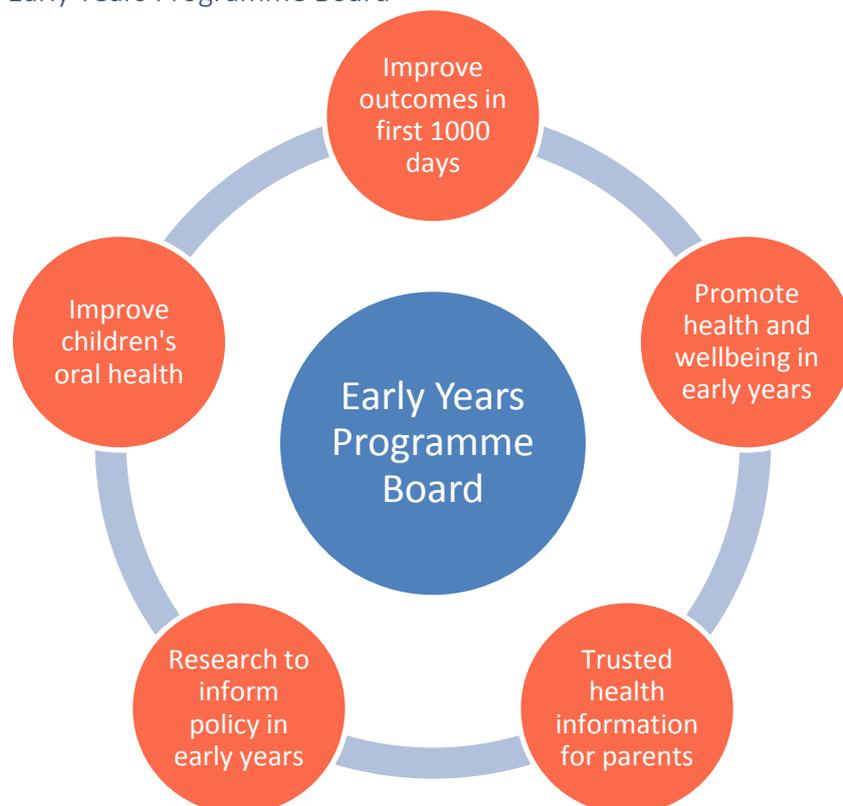
These strategic objectives for the next three years are described overleaf.

SO4.1- By 2021 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. The evidence base for the benefits of parent support and intervention is well established but can be challenging to put into practice.

We will work with others to describe a parenting offer 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.

We will also 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. Information will be in a format that is accessible and appropriate to their child's needs and development. Parents will be confident that the information is accurate; is from a trusted source and updated as knowledge changes; and the most important issues are given the greatest priority

Further, we will work with others to ensure that organisations providing information are working together, sharing content and avoiding duplication. We will ensure that information is available to support health professionals in their routine contacts with families through the Healthy Child Wales programme.

Several key activities flow from this strategic objectives as follows:

- work with partners to agree and prioritise support relevant to developmental age and consistent with the Healthy Child Wales Programme
- make recommendations for a mix of information formats and platforms to meet the needs of parents and carers
- ensure that the parents and partner organisations are involved in a co-produced new delivery model
- ensure robust quality assurance and governance underpins the *Health Information for Parents* project.

In summary, the key milestones would be that in Year 1 we will focus on developing our plans and, using a phased implementation, will have started Phase 1. By the end of Year 2, we expect to have implemented this new model and in Year 3 we will have completed a review of progress and have secured agreement on recommendations for the future.

SO4.2- By 2021 we will have undertaken research to inform policy around early years

We are establishing a new research agenda and associated processes (see strategic priority 7) which will be informed by the need for research within the context of improving health and well-being in early years of life.

Aligned with the new research agenda and the priorities identified by the Early Years Programme Board, a range of research will be undertaken which will, in turn, inform future policy. It is intended that Research Development Groups will be needed to commission and/or undertake research.

- In Year 1, this work will focus on co-produced approaches to ACE informed advice and support to new parents and lead to wider work on ACE informed approaches in the early years in Years 2 and 3.

SO4.3- By 2021 we will have worked with others to improve outcomes in the first 1000 days and to reduce exposure to adversity in the early years

We will seek to identify and communicate the priority risk and protective factors for the first 1000 days and we will develop and test new approaches to the identification of risk in early childhood to prevent children being exposed to multiple adverse experiences and trauma in their early life. More specifically, we will develop a framework to promote infant mental health and support the workforce in the First 1000 Days in taking preventive action.

- In Year 1, we will increase participation by local partnerships in the First 1000 Days Collaborative, identify the priority risk and protective factors and worked with partners to begin the development of an infant mental health framework for Wales.

- In Year 2, subject to funding being agreed, we will begin to test new approaches to the identification of risk and early intervention to reduce exposure to adversity in early childhood.

- In Year 3, we will be using agreed tools to support evaluation of the programme and demonstrate the impact.

SO4.4- By 2021 we will have revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years

The aim of the current Healthy Pre-School Scheme is to support and acknowledge the work of early years settings in actively promoting and protecting health and wellbeing. The programme considers all aspects of health: physical, social, emotional and mental. We will work with our partners in the first year to complete a review of the current scheme and ensure that it remains fit for purpose in the future, complementing the work of other bodies. We will develop options for future delivery to be agreed by Welsh Government that more effectively meet the needs of a range of early years settings from Child Minders to Nursery Schools. We will embrace technology to increase the reach of the programme across Wales.

SO4.5- By 2021 we will have worked with partners to improve oral health of the children in Wales

In Wales we have high levels of dental disease in children which impacts of children's lives now and into their future. To address this, in Year 1, at the population level, we are planning to:

- provide strategic public health leadership for the national child oral health improvement programme – *Designed to Smile*
- pilot prevention in practice e-learning with dental foundation trainees.

In Year 2, through a SLA with the Welsh Oral Information Health Unit at Cardiff University, we will monitor children's dental health and propose any changes required.

Product Map: Securing a healthy future for the next generation

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are trying to influence
By 2021 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	**Parent Information Programme** • Effective programme arrangements • Implementation Plan • Priorities agreed collectively • New co-designed delivery model specified **Parent Support Model** • Make the case for action on parent support • Engage with health and other workers identifying opportunities for improvement	• Procurement of provider • New co-designed delivery model in operation • Quality assurance processes • Evidence synthesis on parent support options • Report on the views and needs of parents • Recommended delivery model	• Review of programme • Agreement on future action	• Young children developing the right skills (PHOF 8) • Smoking in pregnancy (PHOF 28) • Breastfeeding at 10 days (PHOF 29) • Low birth weight (PHOF 31) • Children age 5 of healthy weight)
By 2021 we will have undertaken research to inform policy around early years	• Agreed priorities • Research Development Groups • New research commissioned	• Research undertaken • Recommendations for policy and practice	• Recommendations for policy and practice	• Young children developing the right skills (PHOF 8) • Smoking in pregnancy (PHOF 28) • Breastfeeding at 10 days (PHOF 29)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are trying to influence
				• Low birth weight (PHOF 31) • Children age 5 of healthy weight)
Worked with others to improve outcomes in the First 1000 Days	• Plans to increase participation • Priority risk and protective factors identified • Framework for promotion of infant mental health framework	• Communication plan for risk and protective factors • Development projects for new approaches to risk identification in First 1000 Days	• Evaluation Framework for local partnerships • Evaluation Report produced	• Young children developing the right skills (PHOF 8) • Smoking in pregnancy (PHOF 28) • Breastfeeding at 10 days (PHOF 29) • Low birth weight (PHOF 31)
By 2021 we will have revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years	• Review report – current programme • Options for future delivery • Agreement secured • Implementation plan agreed • Monitoring, evaluation mechanisms agreed	• New programme • Implementation started	• Evaluation of impact	• Young children developing the right skills (PHOF 8) • Smoking in pregnancy (PHOF 28) • Breastfeeding at 10 days (PHOF 29) • Low birth weight (PHOF 31) • Children age 5 of healthy weight)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are trying to influence
By 2021 we will have worked with partners to improve oral health of the children in Wales	• *Designed to Smile* National Steering Group • Website • 'How to …' guides updated annually • National products updated • Reports on GS2 and dental GA produced for Welsh Government • Pilot project – e-learning with dental foundation trainees	• Monitoring information • Evidence based updated • Dental surveys • Pilot evaluation and roll out	• Monitoring information • Evidence based updated • Dental surveys • evaluation	• Tooth decay among 5 year olds (PHOF 34)

3.5   Strategic Priority 5

Protecting the public from infection and environmental threats to health

3.5.1   Why this is 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. In the context of the ever-changing realities of an interconnected world, health security has become a public health priority and this extends to the anticipated effects of climate change. To prepare for and respond to these challenges Public Health Wales provides health protection services including communicable disease control, environmental public health services and emergency preparedness and response, together with laboratory, clinical and public health microbiology services to the whole population in Wales. An effective health protection response also requires knowledge systems for identifying and risk assessing potential health hazards (surveillance), a skilled workforce, prevention programmes including vaccination and immunisation, promotion strategies involving cross-sector collaboration to address the social, economic and environmental determinants of health and enablers including communications, organised and delivered within a governance structure based on legislation and regulation.

Within Wales, Public Health Wales has provided strategic leadership to the NHS in response to the challenges of health care associated infections (HCAIs). Key drivers of HCAIs are failures in prevention of infection and transmission when providing health care, wherever that care is delivered (including community settings), and antimicrobial usage. The importance of HCAIs is confirmed by what the Welsh public told us: 35% of respondents in our recent national public survey, were worried that they might pick up an infection when they visit hospital. It featured in the top five issues people suggested more action was needed on, alongside: social isolation and loneliness; difficulty accessing health care services; drug abuse; and not enough screening of adults for illness that could be detected early.

Other key facts about infections and their impact on the health and care system confirm that public concern is justified. There are more than 3 million prescriptions for antibiotics each year in Wales (approximately 1 prescription for every member of the population) but only 5% of infections in the community lead to consultation with primary care services; and 20% of admissions to secondary

care are due to infection, such that at any one time, 33% of the 8500 in-patients in Wales are receiving antibiotics.

Last year the 1000 Lives and Health Protection services at Public Health Wales launched a national programme of action based on the Institute for Health Care Improvement's (IHI) 'Breakthrough Collaborative' model. All health boards and trusts in Wales are participating in the HCAI National Collaborative and the aim is to extend participation to include health care providers from the private and third sectors. This approach has a proven record in achieving the necessary system-wide improvement by combining evidence based care interventions, engaged and effective clinical teams at the 'front line' and robust quality improvement methods.

In May 2016, Jim O'Neill published a report commissioned by the UK Government, Tackling Drug-Resistant Infections Globally, which estimated that "by 2050, 10 million lives a year and a cumulative 100 trillion USD of economic output are at risk due to drug resistant infections if we do not find...solutions now to slow down the rise of drug resistance." Key drivers of antimicrobial resistance (AMR) are antimicrobial usage, burden of disease and transmission of resistance. Public Health Wales has provided strategic leadership to the NHS in Wales in response to the threat from AMR. Working with the Office of the Chief Medical Officer for Wales the current action plan has been revised and new governance arrangements established. Public Health Wales is also advising the Welsh Government in its discussions at the United Kingdom level during the preparation of a new UK Strategy for AMR. In September 2017, Public Health Wales participated, by invitation, at a meeting of the Public Health and Veterinary Public Health Institutes of the G20 held to discuss AMR in the context of a 'One Health' approach, linking human and animal health.

Since the start of 2018, Public Health Wales has provided extensive support to the NHS in Wales in response to the recent increase in influenza. This has highlighted the role of immunisation as an important method of disease prevention, in this case flu vaccination. As well as reducing the likelihood of an individual developing an infection, immunisation can also reduce the spread of the disease in the population. More recently an outbreak in South Wales of a highly infectious disease, measles, reminds us of the importance of the need to maintain high levels of vaccine uptake – in this case MMR (Measles-Mumps-Rubella) – but also the importance of rapid and effective management and control of infection. Outbreak management is a core component of our work in protecting public health in Wales.

3.5.2   What will success look like by 2030?

Our long-term strategy outlines what we want to achieve for this strategic priority, namely that by 2030, Public Health Wales will:

- have contributed significantly to reductions in morbidity and mortality linked to infections

- be collating and utilising health data - sourced across the health and care system - to direct prevention activities and identify earlier opportunities for intervention (timely diagnosis and appropriate treatment)

- have established strengthened capacity in Wales for early warning, risk reduction and management of national and global health risks

- be recognised as system leaders for healthcare associated infections and antimicrobial resistance

- have worked with partners to reduce mortality and morbidity attributed to factors such as the impact of climate change and air pollution.

To achieve these outcomes we need to ensure that we are able to deliver our core responsibilities effectively, contributing to reductions in morbidity and mortality linked to infections and environmental hazards, and this will require us to achieve some medium term objectives including:

- establishing an integrated Infection Service that will deliver a more efficient and effective response to public health threats and will evidence a reduction in the burden of infection

- developing, introducing, and assessing the impact of new diagnostic and treatment capabilities to assist the timely diagnosis and early treatment of infection both for individual cases and population health

- establishing capacity and capability to coordinate and deliver innovation in areas such as bioinformatics and meta-genomics

- working with partners to enhance our ability to use health data from the health and care system to direct prevention activities and identify earlier opportunities for intervention

- continuing to work collaboratively with health partners to deliver system-wide change, to reduce healthcare associated infections and also provide support to ensure the appropriate use of antibiotics

- embedding infection awareness and understanding of antimicrobial resistance within wider public health and health improvement programmes

- system leadership to enhance our ability to reduce morbidity and mortality from vaccine preventable diseases and

- supporting Wales to better prevent, mitigate and be able to deal with immediate health threats from the environment including poor air quality, the expected effects of climate change and through strengthened international collaboration on bio-security.

We believe that there are three key themes running through our future actions, namely the need for:

- an integrated, whole system approach to the five key components of an effective infection 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 healthcare associated infections (HCAI) and antimicrobial resistance (AMR) and strengthen our response to other risks including vaccine preventable diseases

- an effective approach to the risks to health from environmental hazards and, working with others, support Wales to better prepare for and deal with the expected effects of climate change.

This will require us to address some immediate challenges to our services including workforce – numbers, profile, training and development – in both Health Protection and Microbiology (see Our People section on page 152), whilst building on some important recent achievements including securing ISO 15189 accreditation of our microbiology laboratory network, the launch of a Pathogen Genomics Unit and the introduction of a new health protection case management system.

3.5.3   What we will achieve in the next three years?

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

SO.5.1- By 2021, 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.

Public Health Wales provides a 24 hour, 365 day a year service to respond to infectious disease threats to the population of Wales. This requires a close working relationship between our Health Protection and Microbiology services. The need for this is most obvious when we respond to outbreaks, whether in the community or in a health care setting, an upsurge in infections that impact on NHS delivery, as occurred earlier this year with influenza and influenza-like illnesses, and when it is necessary to look back and identify people who may have been exposed to a specific infection.

Our ability to respond to these expectations depends on us recruiting and retaining, and educating and training, the right staff, having the right environment from which to deliver our services and effective relationships with our key stakeholders, especially health boards and local government. In each of these areas we have significant challenges now. For example, in common with the rest of the UK we have vacancies in our medical workforce that are impacting on service delivery and the current estate, which is owned by the health boards, has suboptimal layout, space and fabric in some parts of Wales to deliver a modern laboratory service.

Public Health Wales has recognised for some time that it both needs to modernise and transform its infection service. Having established new senior management structures and internal governance systems in 2017, we now need to redefine the model of a National Infection Service in Wales.

Our plan is to establish an over-arching Transformation Programme to support the development of the proposed service. Its scope will be worked up during Year 1. This is a major change initiative and, together with essential immediate action to stabilise the current service, will need to call on additional resources not presently included in the current operational functions. An indicative timeline has been developed and indicates that the implementation of the new service could begin in 2023. This estimate is based on current planning assumptions for the modernisation of our Microbiology service, which would be a key component of a new National Infection Service.

The key deliverable in Year 1 will be a report setting out the scope and shape of the Transformation Programme. This will be supported by a report on the future business model (requiring further work on cost-demand modelling) and the start of work to draft a new service specification. Both will require stakeholder engagement, especially from the health boards. We will also report on a scoping of workforce and development training needs. An important linked deliverable will be a report with recommendations on technological developments applied to health protection services. These products will provide us with the intelligence that will inform the future design of the

Infection Service but their delivery will require project support and filling a vacant change management post. During this initial phase of transformation it will also be necessary to deliver actions to stabilise the current service (a requirement that will likely extend throughout the term of our Strategic Plan) in response to immediate challenges.

In Year 2, the established Programme Board will produce a service model outline, a statement of expected benefits and an outline business case. These will be informed by completion and sign-off of the service specification. In Year 3, we will conclude the options appraisal and submit a business case for the new service.

SO5.2- By 2021 we will be providing effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases

A new UK strategy for AMR is expected in 2018 and we are prepared to support Welsh Government in the development of a new national action plan for Wales. In the meantime we will continue in Year 1 to support the current national delivery plan and the implementation of the HCAI National Collaborative. In addition we will work with Welsh Government to review the immunisation offer in Wales and continue to provide system leadership to the NHS through direct support and advice, training and education and intelligence for action.

In Year 1 we will continue to support the National HCAI Collaborative, organising regular events for health boards and trusts to report on the progress they are making. We will also continue to support and evaluate the current AMR Delivery Plan and when the new UK Strategy is published (expected 2018) we will support Welsh Government in its assessment of the implications for Wales. At this stage it is not possible to be more specific on the deliverables that will be requested of Public Health Wales. During Year 1, we will further enhance our health protection intelligence capability (including building on our achievements over the last year overseeing the implementation of ICNet, which is due to complete in July 2018) through the development of a wide range of intelligence products. Through a recently established governance structure agreed with Welsh Government we will also develop a suite of agreed products as key outputs of our Vaccine Preventable Disease Programme. Further to the publication in January 2018 of the final report of the Sexual Health Review we will establish, in Year 1, a project to implement the recommendations for Public Health Wales. In Years 2 and 3 key product deliverables will be linked to our ongoing activities in all three risk domains, HCAIs, AMR and vaccine preventable diseases.

SO5.3- By 2021 we will have effective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change

Public Health Wales also provides a 24 hour, 365 day a year service to respond to threats from environmental hazards as well as expert advice and support to health boards in response to environmental permitting and local environmental health issues including poor air quality. Recent legal challenge has led to increased UK action to address the issue of poor air quality. Public Health Wales has already produced guidance for the NHS and will support the Welsh Government in its response to the need for a new Air Quality Strategy and the development of a Clean Air Plan for Wales.

Climate change is widely acknowledged as one of the greatest public health threats of this century. As evidenced by the Well-being of Future Generations (Wales) Act 2015, Wales is already taking a long-term approach to securing the health security of its people using a sustainable development approach. Public Health Wales has worked with partners across Wales to develop a 'model' or 'pathfinder' that can be used to drive long-term sustainable development for health in response to global health threats including from climate change. This will be supported by our recent success in achieving World Health Organization recognition as a WHO Collaborating Centre in Investment for Health and Wellbeing.

The focus in Year 1 will be outputs (products) arising out of our support to Welsh Government including scoping the components of a new Air Quality Strategy. As part of the modernisation programme for health protection we will also review and report on changes necessary to strengthen our environmental public health response. In Years 2 and 3 we expect to develop and support an Air Quality Delivery Plan and support Welsh Government (with others) on other deliverables linked to this. Public Health Wales will also reach out and seek to engage stakeholders across Wales in a debate on the long-term health impacts of, and the response in Wales to, climate change. The approach to this requires further discussion and will be developed over the term of our Strategic Plan but the forthcoming publication of a paper jointly authored between Public Health Wales and the WHO European Office for Investment for Health and Development on a Wales' 'pathfinder' provides a basis for taking this work forward.

Product Map: Protecting the public from infection and environmental threats to health

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21
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	• Scoping Transformation Programme arrangements, staffing and funding including: • Implement immediate and medium term stabilisation plan • Sustainable microbiology laboratory model • Sustainable All Wales Acute Response Service (AWaRE) • Enhanced integrated surveillance systems • Technological systems maximizing advances in molecular and genomic methods • Undertake a costing exercise of the current services and develop a service specification involving staff and stakeholder engagement to agree a vision, and informed by a needs assessment and SWOT analysis • Produce recommendations for molecular and genomic laboratory technological advances applied to health protection services • Scope workforce development and educational needs – this will inform the work of the Transformation Programme	• Transformation Board inaugurated. • High level service model including: • Options for laboratory models • integrated with AWaRE • Options for sustainable integrated surveillance systems • Review of initial implementation of molecular and genomics programme • Outline Business Case produced with stakeholder involvement • Completion and sign-off of the service specification with stakeholder involvement • Implement actions for workforce development	• Options appraisal and Business Case • Supported by an agreed vision and service model, • stakeholder involvement • Produce a report on implementation arrangements

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21
System leadership on key infection risks (including HCAI and AMR) and Vaccine Preventable Diseases	• Provide expert advice and professional support to the Chief Medical Officer for Wales' new Health Protection Committee • Intelligence products to include: • Antimicrobial usage and HCAI data and reports • Expert advice reports to Welsh Government and Health Boards • Cymru ESPAUR new • surveillance tool • *Start Smart and Focus* audit tool • Develop a web portal • Produce annual burden of infection report, raise profile with stakeholders, and implement actions • Infection Prevention Control Forum • HCAI Collaborative events and support • Evaluate the current AMR delivery plan • Develop antimicrobial guidance for primary and secondary care • Issue details on the improvement goals for HCAI and AMR by Health Board to relevant NHS organisations • Ensure the collection and reporting of antimicrobial usage data through the point prevalence survey • Delivery HCAI surveillance and transfer to ICNet platform	• HCAI Collaborative events and support • Deliver implementation plan • Monitoring reports • Campaigns • Review and improve the collection of antimicrobial usage data through the point prevalence survey and collation and analysis of pharmacy data. • Review and improve ICNet platform. • Implement Sexual Health Review recommendations (including IT system) • Hold annual outbreak exercises in prisons where an outbreak has not been experienced. • Work with health boards to help them engage with individuals with historic diagnoses of hepatitis C who have not cleared the virus • Support materials to HBs – evaluation and implementation • Plan design, deliver and facilitate annual beat flu awards • Evaluate the implementation of national minimum standards for immunisation training for registered staff	• HCAI Collaborative events and support • Monitoring reports • Campaigns • Review implementation of Sexual Health Review recommendations (including IT system)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21
System leadership on key infection risks (including HCAI and AMR) and Vaccine Preventable Diseases (cont.)	• Work with partners to develop a hepatitis elimination programme • Establish project to Implement Sexual Health Review recommendations (including IT system) • Initiate PrEP monitoring group • Undertake project to deliver options report for long acting reversible contraceptive provision in Substance Misuse Services • Produce an evaluation of Infectious disease outbreak response • Provide, maintain, monitor, support and evaluate flu campaign communications in Wales • Manage the transition of the provision of public information materials from Welsh Government to Public Health Wales • Scope and report on the vaccine preventable disease Public Information Service with the involvement of stakeholders • Scope and report on expansion of immunization programmes • Lead on the elimination of measles infection in Wales through establishment of a measles elimination task and finish group • Develop and implement routine surveillance of socioeconomic inequalities		

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21
	in uptake and timeliness of childhood vaccinations • Implement the blood borne virus module of the harm reduction database across Wales and provide annual reports on progress towards WHO elimination targets for Hepatitis C		

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21
Supporting the health and care system on preparing for the impact of environmental health hazards and climate change on health	• Provide expert advice reports to Welsh Government for new Air Quality Strategy (Clean Air Plans/Zones) • Scope implications of new Air Quality Strategy • Support Welsh Government by helping inform development of a Clean Air Plan for Wales, the specification and establishment of the all-Wales Air Quality Centre, and building cross-sector, multi-disciplinary collaboration e.g. across environment, health, transport and planning • Support the Welsh Government radon project work programme • Develop and deliver teaching and training in environmental public health • Develop an effective acute incident and chronic environmental health concern response • Scope the development of an organisational wide environmental public health planning and permit consultation response	• Develop and support the Air Quality Delivery Plan (including providing support for Welsh Government developments such as Clean Air Plans, Clean Air Zones, research, LAQM policy and practice, awareness/behaviour change campaigns, national risk assessment management and evaluation unit) • Support Welsh Government by working with others to undertake action as specified in the Clean Air Plan for Wales and through the all-Wales Air Quality Centre (e.g. communicating risks, changing behaviours, research, impact evaluation) • Deliver activities to influence transport policy (for example, environmental sustainability, air quality, noise, injuries, active travel) • Implement an organisational wide environmental public health planning and permit consultation response	• Support Welsh Government to continue to act to reduce air pollution and linked risks and develop evidence-based policy and practice.

3.6   Strategic Priority 6

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

3.6.1   Why is this a priority?

The Parliamentary Review outlines the vision for one high-quality, seamless NHS and Social Care system underpinned by the "Quadruple Aim" to improve health and wellbeing, improve experience and quality of care, enrich the wellbeing, capability and engagement of the workforce, and increase the value achieved from health and care funding.

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. We want to collaborate to support the development of sustainable and accessible models of care that focus on prevention, population based screening, timely intervention, and continuous improvement in order to maximize population benefit across the life course and to reduce the impact of long-term conditions.

The sustainable development principle of the Well-being of Future Generations Act will also drive us to involve service users and collaborate with service providers to focus on what is important to them. We will adopt this approach and support the redesign and transformation of health and care system to reduce harm and improve the quality and experience of care in Wales, contributing to a healthier Wales.

Maximising opportunities for prevention through clinical settings - Our Burden of Disease work demonstrates that many of the most common long term conditions (such as cancers, heart disease, stroke, respiratory disease and diabetes) have risk factors in common. These risk factors include smoking, high blood pressure, high body mass index, alcohol use and high cholesterol. Much of our work in priority area 3 will address these. In addition to the work in this area we will work with the main chronic disease implementation groups to galvanise collective

action to address these risk factors. In addition, health service interactions with patients provide opportunities to engage with our population and to reduce risk for long term conditions, we will work with the health service to make every contact count (MECC) and ensure that people access effective interventions such as smoking cessation and the National Exercise Referral Scheme, to reduce their risk.

Primary care plays a pivotal role in prevention, early identification and risk reduction of disease. We will support primary care in maximising its role in prevention including preventing mental ill health.

Clinical prevention and early intervention are also part of the work of 1000Lives to avoid harm and reduce variation in care delivery, including programmes of work addressing medicines safety, the improved quality of care in care homes and responding to the big five demands on Unscheduled Care services.

Primary Care Transformation - Ensuring the sustainability of primary care is an essential requirement upon which to build public health activities and, therefore, the implementation of a new model for primary, community and social care 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.

1000 Lives Improvement - Public Health Wales supports NHS Wales and its 90,000 staff to improve outcomes for people using our services through the work of 1000 Lives Improvement. It is supporting NHS Wales to become one seamless system of health and care underpinned by the "Quadruple Aim" as outlined in The Parliamentary Review of Health and Social Care in Wales. 1000 Lives Improvement's role is to 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.

It delivers national improvement programmes through a standardised approach to improvement and underpinned by the philosophy of Prudent Healthcare. The programmes are data-driven and span physical and mental health, from the home to tertiary care, from prevention to end of life care. 1000 Lives Improvement is expanding out of its traditional area of healthcare improvement to support health improvement and population health.

The work is responsive to the Wellbeing of Future Generations (Wales) Act (2015), the Social Services and Wellbeing (Wales) Act (2014), Prosperity for All (2017) and investigations into patient safety in Wales which continue to highlight

the need to further develop the culture of patient safety, improvement, learning and innovation.

Our work programmes reflect the priorities for 1000 Lives Improvement, based on wide engagement with Welsh Government, health boards and trusts via executive leads for quality and patient safety, multi-professional and operational staff, clinical networks and other key stakeholders. They are also responsive to the international quality and patient safety landscape and the developing NHS Wales Health and Care Plan.

Population Based Screening Programmes - We deliver seven national screening programmes, and coordinate the All-Wales managed clinical network for antenatal screening. Each programme is informed by evidence considered against robust criteria and in line with recommendations from the UK National Screening Committee and Welsh Government policy. The programmes are either primary prevention with the aim of reducing incidence of disease (e.g. Cervical Screening) or secondary prevention with the aim of early diagnosis to reduce the impact of the disease (e.g. Breast Screening). The programmes are delivered in ways consistent with the five ways of working in the Well-being of Future Generations (Wales) Act 2015. Continual improvement and development underpins the programme delivery in Wales and is in line with the quadruple aim detailed in the Parliamentary Review of Health and Social Care in Wales.

There is continued work within the Screening division to develop engagement with service users and implement a systems approach aimed at enabling informed choice and uptake, with a particular focus on reduction in health inequalities. For example, in response to concerns about uptake in the bowel screening programme among males in areas of higher social deprivation we have worked with Cancer Research UK. We will continue to learn from our experience with this and other programmes to address known inequalities in uptake across all the programmes.

The introduction of Human Papilloma Virus primary testing within the cervical programme will provide a more sensitive test and will allow us to identify women requiring treatment more effectively. These changes will increase quality and effectiveness (including cost effectiveness) and improved service user experience, in line with the principles of prudent healthcare.

The introduction of Faecal Immunochemical Testing in the bowel screening programme will offer a more sensitive test that is more acceptable to participants and has potential to reduce the burden of bowel cancer in the population. However achieving successful implementation will result in increasing demand

for diagnostic colonoscopy throughout Wales, and we will need to continue to work in partnership with health boards to develop this capacity across the whole system.

Work on introducing antenatal screening for Patau's and Edwards' syndrome in Wales, delivered by the health boards, is well advanced. This includes the introduction of non-invasive prenatal testing (NIPT) for women with a higher chance screening result for Patau's, Edwards' and Down's syndrome. The improved pathway offered will result in fewer unnecessary diagnostic amniocenteses, with reduction in the risk of miscarriage as a result.

Diabetic Eye Screening Wales is concluding its work to establish the necessary fail-safes and informatics infrastructure to enable the safe introduction of risk based screening intervals within the programme. This will ensure that resources are targeted appropriately at those at greatest risk without reducing the effectiveness of the programme. The service will then continue to focus on developing in line with the best practice to meet patient needs.

In line with the Parliamentary Review of Health and Social Care in Wales' recommendation of one seamless system in Wales, there is a continual focus on timeliness of pathways for several programmes. This is especially at the point that the participant is referred to their health board for investigation or treatment. Of immediate concern is the capacity in our health boards for delivery of services, for example, colonoscopy in the bowel screening programme. We are working with Welsh Government to support national action to address colonoscopy as an NHS service wide issue including both symptomatic and screening requirements. There are also points of stress in the system related to scarcity of specialist workforce, for example radiology to support the breast screening programme. This requires reconsideration of the workforce profile including developing the advanced practitioner role and other roles specific to particular programmes such as breast physicians. Similarly, there is a need to consider and where necessary reconfigure services.

There are points of stress in the system related to scarcity of specialist workforce, lack of development of a multidisciplinary approach and configuration of services (see Our People section on page 152).

Further technological developments across the full range of programmes will act as a key driver to the way screening services are both delivered and managed over the coming years. This will include the development of a common informatics platform for all programmes to improve effectiveness and increase efficiencies.

3.6.2   What the Burden of Disease and the Welsh People tell us

Our Burden of Disease work shows that many of our long term conditions have risk factors in common.

Global Burden of Disease identified risks for the three causes with the largest number of attributable disability-adjusted life years (DALYs), percentage, all persons, all ages, Wales, 2016
Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

Cardiovascular diseases	Diet 32%	High blood pressure 24%	High cholesterol 12%	High BMI 9%	Smoking 6%	Other attributable risks 17%
Neoplasms	Smoking 43%	Occupational risks 13%	Alcohol use 13%	Diet 12%	High BMI 9%	Other attributable risks 9%
Chronic respiratory diseases	Smoking 66%		Occupational risks 12%	Air pollution 11%	High BMI 9%	Other attributable risks 1%
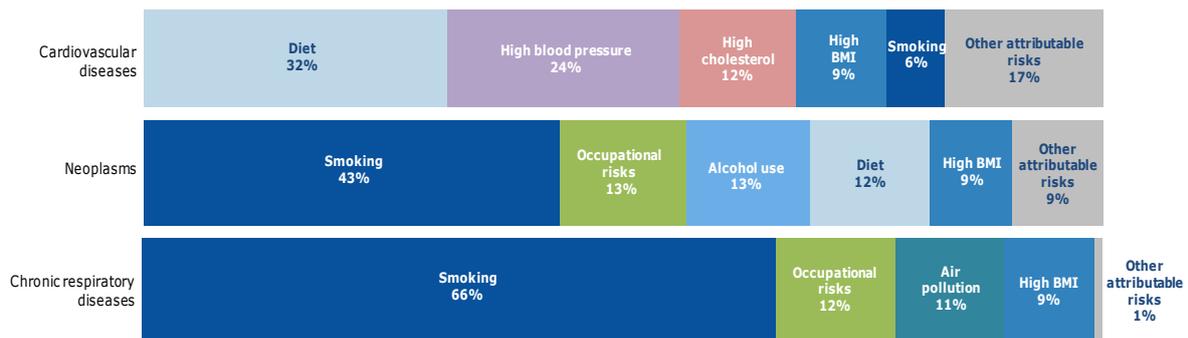
3.6.3   What will success look like by 2030?

Our proposed Long Term Strategy outlines the outcomes we would like to achieve for this strategic priority, namely that by 2030, 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

3.6.4   What we will achieve in the next three years?

Aligned to each outcome in the Long Term Strategy, we have identified the progress we expect to have made in the first three years. Achieving these strategic objectives will be major milestones on our long-term journey to improve health.

SO6.1- By 2021, we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care

Our 1000 Lives Improvement Service will continue to deliver a range of programmes to meet key health system challenges.

- unscheduled care support to health boards and trusts, agreed on an annual basis by the Unscheduled Care Board, focusing on the big 5 demands on unscheduled care, particularly falls and frequent attenders

- planned care support to health boards and trusts, agreed on an annual basis by the Planned Care Programme Board

- a new National Frequent Attenders Programme which aims to ensure that all emergency departments have a multi-agency service for frequent users of unscheduled care services

SO6.2- By 2021, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery

The following shows the breadth and scope of 1000 Lives Improvement's contribution to patient safety:

- continued delivery of a national programme of work to develop common concepts, methods and tools that will enable NHS organisations to meet the requirements of the Nurse Staffing Act. Using data from regular audits, health boards will be supported in determining nurse staffing levels

- an Emergency Laparotomy Collaborative will be launched and throughout Year 1 there will be national events and improvement support to health boards and trusts. This will continue through year 2 and in Year 3 there will be a final collaborative event and review of the programme will be undertaken

- six health boards and one NHS trust with acute services will take part in the Rapid Response for Acute Illness Learning Set (RRAILS) peer review process which has a rolling schedule between April 2018 and October 2020

- improvement support to health and social care providers in the non-acute setting will be through the Out of Hospital Acute Deterioration Patient Safety Collaborative Programme

- a two-year developmental programme on medicines safety

- the completion and evaluation of a collaborative quality improvement project to reduce the morbidity and mortality associated with post-partum haemorrhage

- undertaking new work within the Single Cancer Pathway Programme providing improvement support to health boards, underpinned by IQT training and shared learning across Wales

- developing new work to increase the quality of care provided to care home residents in Wales by 2021, with a focus on safety and reliability, person centred care, and leadership and team working (subject to scope and funding being agreed).

SO6.3- By 2021, we will have supported organisations to improve the quality of mental health and learning disability services across the life course

Using a common framework for quality improvement programmes within the mental health and learning disability portfolio, 1000 Lives Improvement works with national steering groups to review research, co-produce standards, develop an agreed data set and implement improvement plans. We work with multidisciplinary professionals, third sector partners and people with lived experience with a focus on the following areas:

- support delivery by NHS and partners of an integrated diagnostic/assessment care pathway for neurodevelopmental conditions

- support health boards to increase the provision of NICE compliant psychological therapies and interventions for people with early or a first episode psychosis and ensure local pathways are in place for those suspected of psychosis reduce health inequalities experienced by people with learning disabilities

- improve experiences and outcomes for people with learning disabilities when they access general hospital services

- improve the availability, consistency and quality of care for those with perinatal mental health problems

SO6.4- By 2021, 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 Safeguarding Maturity Matrix, which will include data gathering, synthesis of information, with further refining over years 2 and 3 with direct input from Nurse Directors and the Safeguarding Network. At the end of year 3, the approach will be formally evaluated with a view to it becoming embedded. At the end of each year an annual report will be produced. National pieces of work may be required if gaps are identified.

SO6.5- By 2021 we will deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations

One of our statutory functions is to provide population-based screening programmes (section 1.1.2). These are governed by recommendations from the UK National Screening Committee and Welsh Government. Key improvements over the lifecycle of our Strategic Plan are:

Year 1, we will have:

- started a review of the information we provide to the public with a view to enabling informed choice and improving uptake

- started to implement recommendations arising from engagement with service users with learning disabilities

- implemented Human Papilloma Virus primary testing in Cervical Screening

- supported health boards to implement screening for Patau's and Edwards' and introduced non-invasive pre-natal testing as a contingency test

- started phased implementation of faecal immunochemical test as screening test for Bowel Screening

- established a robust failsafe for Diabetic Eye Screening Wales

Year 2 we will have:

- implemented new engagement processes for engagement with service users

- completed the implementation of recommendations from engagement with service users with learning disabilities

- implemented Faecal Immunochemical Testing in Bowel Screening

- scoped and working towards reduction of FIT threshold and explored age expansion
- implemented risk-based diabetic eye screening intervals
- completed the Screening for the Future implementation project

Year 3 we will have

- completed a cycle of improvements to our public information across all the programmes

SO6.6- By 2021 we will have developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease

Many of the major chronic diseases have common risk factors and there is a need to work on these challenges together – through Implementation Groups – to maximise opportunities for prevention. Our aim in Year 1 is to secure agreement to a collective approach to chronic disease prevention and to commence delivery in Year 2.

SO6.7- By 2021 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 public health and quality improvement activities and a new model for primary and community care is essential. In contributing to this transformation programme, we will be broadening the scope to include a population approach; looking at the wider role of multi-disciplinary teams and professions; focusing on prevention as well as social prescribing. We will seek to deliver assigned actions for transforming primary and community care within a whole system approach.

In Year 1, we will see the start of the implementation of the new model and scaling up of good practice which will be published. Development of GP clusters will be supported by a new governance framework, leadership and skills programmes and national learning events. A cluster leads network will be established and learning from the pacesetter programme will be supported. Years 2 and 3 will continue the implementation, monitoring and review of the transformation programme.

SO6.8- By 2021 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 and shared decision-making within the dental care system, we will be working with partners to develop and implement a three-year reform programme that has annual objectives; seeks to increase participation from dental practices; produces practice profiles; and monitors the effect of changes in key indicators, for example, the delivery of prevention items.

In Year 1, the programme will be established and the first GDS Handbook produced. Engagement events will be held as well as the production of 'Risks and Needs Profiles' for participating practices. Baseline data will also be established.

In years 2 and 3, the Handbook will be updated, participation extended and changes to the baseline monitored.

Product Map: Strategic priority 6: Supporting the development of a sustainable health and care system focused on prevention and early intervention

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care	Unscheduled Care: • Improvement support to Health Boards monitored by the Unscheduled Care Programme Board responding to the big 5 demands on unscheduled care particularly falls and frequent attenders • Agreed work programme for Year 2 Frequent Attenders Programme: • National workshops x3 • Develop a baseline analysis of the scale, scope and impact of frequent attenders on ED • Second baseline audit • Develop work programme supporting each Emergency Department Planned Care: • Improvement products and support for five specialties monitored by the Planned Care Programme Board • Agreed work programme for Year 2	• Delivery of work programmes for Unscheduled Care Board responding to the big 5 demands on unscheduled care • Deliver work programme supporting each Emergency Department • Delivery of work programmes for Planned Care Programme Board	• Delivery and evaluation of work programmes for Unscheduled Care Board responding to the big 5 demands on unscheduled care • Deliver work programme supporting each Emergency Department • Delivery of work programmes for Planned Care Programme Board	• Premature death from key non communicable diseases (PHOF 40)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery	Nurse Staffing: • Bi-annual audits to inform Health Board Nurse staffing levels Emergency Laparotomy: • Emergency Laparotomy Collaborative launched • Emergency Laparotomy Collaborative events held x2 • Improvement support products to Health Boards and Trusts Acute Deterioration: • RRAILS review process completed for 2 Health Boards • Out of Hospital Patient Safety Steering Group and Framework established • Out of Hospital Acute Deterioration metric • Out of Hospital Acute Deterioration Dashboard • Data handling pathways and reports	• Nurse staffing levels project closure and handover report • Emergency Laparotomy events x2 • Improvement support products to Health Boards and Trusts • RRAILS review process completed for 3 Health Boards • Implementation of NEWS, sepsis screening / treatment, AKI escalation systems • Reliable data generated	• Improvement support products to Health Boards and Trusts • Final national event • Project evaluation and close down report • RRAILS review process completed for 2 Health Boards • Improved outcomes in all health and social care settings • Integration of hospital and social care data	• Life expectancy at birth (PHOF 1) • Healthy life expectancy at birth (PHOF 2) • Premature death from key non communicable diseases (PHOF 40)
	Medicines Safety: • Prioritisation of medicines safety issues • High-level driver diagram • Measurement and evaluation framework • Training sessions	• Collaborative programme delivered and completed • Programme closure report		

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery (cont.)	• Medicines Management Collaborative established			
	OBS Cymru: • Various audits required by Obstetric Bleeding Strategy	• Evaluation • Project closure report • Agreement on next steps		
	Single Cancer Pathway: • Discovery products: baseline data, national workshops x4, pathway tools etc • Improvement support for each Health Board	• Improvement support for each Health Board	• Improvement support for each Health Board	
	Care Homes Programme: • Scoping and development of an improvement programme for care home residents in Wales • Training sessions • (Programme dependent on scope and funding)	• Improvement support for care homes is spread	• Improvement support for care homes is spread	
By 2021 we will have supported the NHS in Wales to implement the Safeguarding maturity matrix	• A Safeguarding maturity matrix for children and vulnerable adults, developed collaboratively based on previous standards produced by the All Wales Safeguarding Network • Synthesis of evidence, guidance and legislation	• Report produced based on data gathered from Health Boards and Trusts to establish national assurance benchmarks. Shared with NHS Wales and Welsh Government.	• Evaluation of Safeguarding maturity matrix.	

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	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
		• Dependent on any gaps identified national pieces of work may be required.		
By 2021 we will have supported organisations to improve the quality of mental health and learning disability services across the life course	Mental Health Programmes: • Evidence reviewed • Co-produced standards and outcome measures • Co-produced data set • Baseline established	• Audit conducted • Improvement plan delivered	• Continued delivery of improvement plan • Evaluation	
By 2021 we will have delivered and developed evidence based national population screening programmes [6A2]in line with UK National Screening Committee and Welsh Government Recommendations	Improved service user experience • Service user experience report re-developed • Started screening service user experience processes development	• Completed Screening service user experience processes development • Implemented Screening service user experience processes	• Continued delivery of improvement plan • Evaluation	
	• Enabled Informed Consent and improved uptake	• Completed implementation of learning disability outcomes	• Continued delivery of improvement plan	

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have delivered and developed evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government Recommendations (cont.)	• Initiated a rolling programme review and standardise public information • Conducted multiple learning disability engagement exercises • Produced learning disability recommendations report • Initiated implementation of learning disability outcomes	• Evaluated uptake according to inequity • Evaluated implementation to improve informed consent	• Evaluation	
	Screening for the Future Programme Delivery • Programme formally established • Developed engagement and communication plan • Started review of management structures to ensure sustainability for future developments. • Completed review of Diabetic Eye Screening Wales management structure • Plan and started implementation of Workforce plan. • Review Quality Assurance clinical input for each programme	• Ongoing development of modernisation plan • Scoping of use of technology to improve service user uptake • Completed review of management structures to ensure sustainability for future developments. • Ongoing implementation of Workforce plan	• Ongoing development of modernisation plan	• Premature death from non communicable diseases (PHOF 40) • Life expectancy at birth (PHOF 1)
	• Breast Test Wales / Wales Abdominal Aortic Aneurysm Screening Programme			

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have delivered and developed evidence based national population screening programmes [6A2]in line with UK National Screening Committee and Welsh Government Recommendations (cont.)	• *Picture archiving and communication system* • Implementation completed for both Breast Test Wales and Wales Abdominal Aortic Aneurysm Screening Programes			
	Cervical Screening Wales *Cervical Screening Wales Informatics solution (CSIMS)* • CSIMS Core System Development and testing • CSIMS Go Live *Human Papilloma Virus screening (HPV)* • Confirmed service contract arrangements • Active management of timeliness of results with reducing cytology staff across Wales until full implementation of HPV screening • Share learning of implementation with other countries in UK • Undertake confirmed changes to the Laboratory • Undertaken confirmed changes to systems configuration • Published Evaluation Report • Produced new Long Term Agreements	• CSIMS Non-Core Functionality Review, Development and Implementation • CSIMS post project evaluation • Evaluation of HPV implementation		• Premature death from non communicable diseases (PHOF 40) • Life expectancy at birth (PHOF 1)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have delivered and developed evidence based national population screening programmes [6A2]in line with UK National Screening Committee and Welsh Government Recommendations (cont.)	• Designed and delivered required Training to Smear takers • HPV Primary Screening Go Live			
	Bowel Screening Wales *Faecal Immunochemical Testing (FIT)* • Analyser and Consumable procurement completed • Informatics Solution (BSIMS) developed and tested • Develop local plans with Health Boards to manage capacity in Colonsocopy, Pathology, Radiology & Surgery for implementation of FIT • BSW preparation complete • Agree kit packaging, processing and posting procedures • Arranged development, printing and distribution of service user literature / leaflets • Laboratory Preparation completed • Started phased Introduction of FIT	• • FIT Full go live • Project Closure Report • Benefits Realisation Document • Evaluation • Futures project established	• Continued delivery of improvement plan • Evaluation	• Premature death from non communicable diseases (PHOF 40) • Life expectancy at birth (PHOF 1)
	Antenatal Screening *Support Health Board implementation of non-invasive prenatal testing (NIPT)*	• Project evaluation report for second year completed	• Project evaluation report for third year completed	• Life expectancy at birth (PHOF 1)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
By 2021 we will have delivered and developed evidence based national population screening programmes [6A2]in line with UK National Screening Committee and Welsh Government Recommendations (cont.)	• Production of written information to enable women to make a personalised informed choice • Provision of video on website (Welsh and English) to enable women to make a personalise informed choice • Development of information for health care professionals so that they are informed to support women's decision-making process including cascade training from voluntary groups on conditions. • Development of Equality Impact Assessment for implementation • Evaluation data to be collected defined • Project evaluation report for first year completed			
	Diabetic Eye Screening Wales *Establish a robust failsafe for Diabetic Eye Screening Wales* • Standard operating processes for failsafe identified, developed and embedded in delivery • Quality manual with SOPs agreed and signed off *Implement risk-based diabetic eye screening intervals*	• Post implementation review of operations conducted • Continued stakeholder engagement • Development of Informatics infrastructure completed	• Post-implementation review	• Healthy life expectancy at birth (PHOF 2)

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
	• Developed scope and implementation plan • Initiated stakeholder engagement • Initiated development of Informatics infrastructure • Started development of robust management systems	• Implemented robust management systems • Risk based screening initiated		
By 2021 we will have delivered the public health contribution to the national programme for transformation of primary care	• New model implemented • Cluster Governance Framework • Leadership and skills programme • National learning events • Cluster Leads Network established • Learning from Pacesetter programme	• Good practice published on PCOne Wales	• Improvements evidenced through Health Board IMTPs	• Working age adults in good health (PHOF 35a) • Working age adults free from limiting long term illness (PHOF 36a) • Older people in good health (PHOF 35b) • Older people free from limiting long term illness (PHOF 36b) • Premature death from key non communicable disease (PHOF 40)
By 2021 we will have developed a co-ordinated approach to	• Agreement on collective working • Chronic disease prevention approach agreed	• Prioritised actions delivered	• Approach reviewed	• Working age adults in good

	Year 1: 2018-19	Year 2: 2019-20	Year 3: 2020-21	Public Health Outcomes we are seeking to influence
prevention in clinical settings including primary care to reduce the avoidable burden of disease	• All Wales Integrated Primary Care Needs Assessment • Prioritised actions			health (PHOF 35a) • Working age adults free from limiting long term illness (PHOF 36a) • Older people in good health (PHOF 35b) • Older people free from limiting long term illness (PHOF 36b) • Premature death from key non communicable disease (PHOF 40)
By 2021 we will have worked with partners to develop and implement the General Dental Service (GDS) reform programme [	• GDS reform programme plan 2018/2021 • GDS programme handbook produced • Risks and needs practice profiles and baseline for key indicators • Engagement events	• GDS programme handbook update • Variation against baseline	• GDS programme handbook update • Variation against baseline	• Tooth decay amongst 5 year olds (PHOF 34)

3.7 Strategic Priority 7

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

3.7.1 Why is this a priority?

Public Health Wales plays a key role in supporting evidence informed policy and practice. We can add value to the development, implementation and evaluation of joined up policy, at a local, national and international level, that supports the protection, improvement and promotion of health and well-being and reduces health inequalities across Wales. In order to achieve this we will enable the timely generation, review and communication of local, national and international evidence 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.

This will include:

- New public health research and development agenda
- Work with academia to develop public health research capacity and educational provision
- Informing policy and taking action
- Exploiting new technology
- A new health intelligence system
- Developments in health economics and metrics
- International engagement
- Skills

3.7.2 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.

3.7.3   What we will achieve in the first three years?

Our three year strategic objectives are summarised below:

> SO7.1- By 2021, 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

We have built a good track record for research achieving positive impact for the population of Wales. We want to develop this further and strengthen our collaboration to inform and deliver research to improve the health of Wales. We will engage with internal and external stakeholders including *Health and Care Research Wales*, health boards, academic leaders in public health research, funding organisations and the research infrastructure in Wales in inform our new Research and Development Strategy (to be launched in 2019) for Public Health Wales. This will influence, support and deliver a leading edge public health research agenda for Wales which will inform and support the work we do.

In line with our strategic long term priorities, we envisage some early work on developing knowledge on building resilience at individual and community level, supporting strategic priority 2. This will be set within the World Health Organization Collaboration Centre programme and would start with early work on summarizing best practice and the social return on investment of building individual and community resilience. In Year 1 we would expect to have held a flagship workshop on resilience and produced a summary report. Subject to agreement, work would follow on identifying partners for scaling up funded research in this area. Ensuing research will link to the World Health Organization Collaboration Centre programme and extend beyond the lifecycle of our Strategic Plan.

In developing our Long Term Strategy through extensive engagement with stakeholders, it is clear that we need to develop our ability to consider key public health questions by building capacity in futures thinking using research, intelligence and knowledge systems and driving this approach through academia. In Year 1, we will hold a national conference on Futures and Foresight approaches. Subject to funding, we will establish a development group and Foresight project in Year 2. This will lead to the publication of a Foresight report, aimed at supporting organisational 'long-term thinking'.

SO7.2- By 2021, we will have increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs.

Public Health Wales have a strong track record of influencing partners locally and nationally with public health knowledge, informed by evidence and intelligence. We believe there is now an opportunity to increase our influence and impact for greater use of public health knowledge in policy and practice. The Wellbeing of Future Generations (Wales) Act and the Public Health Act provide levers and opportunities unique to Wales. By 2019-20 we expect to have completed our thinking on a new operating model for knowledge dissemination and by the end of Year 2 we will have produced a business case to support investment. Implementing the preferred model – for example a centre for knowledge dissemination, is dependent on funding and would be piloted and assessed in Year 3.

SO7.3- By 2021 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.

In Year 1 we will examine the use of the internet/technology to support health in Wales with a view to establishing a collaborative Technology and Health Working Group and work plan. In Year 2 we are planning to develop a case series on understanding the impact of globalisation and new technologies on health and well-being (as part of the World Health Organization Collaborating Centre programme). Through research and evidence we will increase our understanding on the impact of technology on health e.g. social media as well as the wider determinants of health e.g. employment, with a view to looking

longer term at how we can harness technology to provide cost effective solutions for improving health and well-being.

SO7.4- By 2021, 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 health intelligence functions support our actions through all priority areas of this plan. A strategic review of intelligence functions across Public Health Wales identified opportunities relating to governance, resource demand mismatch, use of efficient, modern and consistent methods and stakeholder understanding of the organisation's unique role. We are now in a position to develop an operating model informed by this strategic review.

During Year 1, current health intelligence functions across Public Health Wales will be baselined and a new operating model will be designed, following a business case process. We will engage staff and external stakeholders in an agile design process to accelerate implementation of the model and benefits realisation. The model will incorporate leading practice and be fully connected to the wider health intelligence community across Wales. By the end of Year 1, key elements of the model will have been implemented.

Through Years 2 and 3, the new model will be largely embedded, with user value and operational performance being measured, and continuous improvement activity underway. More complex areas of the model will also continue to be implemented. Benefits will be continually tracked through years 2 and 3.

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.

To achieve this, we will undertake a range of reviews including learning from other countries. Following a needs assessment and consideration of how social and economic evaluation can be embedded in all our work, we will develop an option appraisal for completion early in Year 2. Subject to funding, implementation can begin in Year 3.

Alongside this, in Year 1, we will be completing an appraisal of how we currently evaluate the impact of our actions on the health of the population in Wales. This will inform capability and capacity development in evaluation skills and the

development of tools and web based resources to strengthen our approach to evaluation. We will also improve on the dissemination of learning from evaluations across Wales and further afield.

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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 research, knowledge, innovation and learning developed in Wales.

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There are three components in our workplan:

- to continue to support the implementation of our International Health Strategy which features in Year 1 cross-organisational and external engagement; an international roadshow in 2019 and support to campaigns such as *Nursing Now*

- to manage and support the implementation of the newly designated World Health Organzation Collaboration Centre on 'investment for Health and Well-being' across Policy, Research and International Development and the organisation. The development of an Expert Knowledge Platform is a key element of this plan

- to continue to support the implementation of the Charter for International Health Partnerships in Wales across the NHS, including publishing an all-Wales implementation toolkit in Year 1; progressing a training resource on Global Citizenship; and evaluating the impact of the Charter in Years 2 and 3

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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.

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We will work with our staff and partners to help them access consistent, up to date and relevant information to inform decisions for the best health outcomes for our communities in Wales. We will work with other organisations providing health information for decision making to share content, avoid duplication, ensure consistency and provide better access.

We have successfully developed a range of tools and mechanisms to help local and national stakeholders meet their information needs, including the Public Health Outcomes Framework reporting tool and evidence summaries. Building on our findings on the use of intelligence in local wellbeing assessments we will work with partners to identify and support local service needs for knowledge

and skills. We will continue the development of official statistics to ensure they are trustworthy, of high quality and provide value, working with the users and developing our use of technology to this end.

An important element of this is supporting Directors of Public Health and their teams with intelligence to maximise population health outcomes through health services.

The key milestones are that by the end of:

- Year 1, we will have worked with local partners to agree priorities for a Public Health Wales offer to support local health services and public services boards.

- Year 2, we will have implemented the agreed approach

- Year 3, we will have completed a review of progress and will have made recommendations on future work.

Taking forward our Knowledge Mobilisation Strategy we have been working on a programme of ensuring knowledge is effectively accessed, used and shared to inform decisions within Public Health Wales. During year 1, we will develop a capital bid for an organisation wide corporate repository to enable sharing of corporate knowledge and learning and we will also review progress with the strategy to date prioritising opportunities for future years. In year 2, we will progress development of the repository, subject to funding and refine our plans for seeing the implementation of our Knowledge Mobilisation Strategy through to the end of the term of the strategy in year 3.

In terms of our staff, we have designed a framework to provide access to public health knowledge using a range of mechanisms such as podcasts, bulletins, events, lectures, on line learning, online talks, Massive Open Online Courses (MOOCs). This ongoing programme will be monitored regularly and reviewed in Year 3.

SO7.8- By 2021, 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.

Communications for Improvement aims to ensure that strategic communication is recognized as a key component of quality improvement work. Informed by international partners, we intend to build the *Six Steps for Communications with Impact* framework into the 1000 Lives Improvement activity. In Year 1 we will provide support to two NHS Wales quality improvement hubs; develop a research programme with Swansea University on

the role of communications in improvement; and develop a work plan for 2019-20.

We will roll out *Improving Quality Together* (IQT) and In Year 1 we will deliver training including as part of 1000 Lives Improvement programmes. We will support the Wales Deanery to deliver IQT training and support a third sector and social care organisation through the methodology. In Year 2, we would develop this further, including a pilot IQT website and training for third sector and social care partners. In year 3, we will scope a revised pilot of Board level quality improvement training working with *Academi Wales.*

As part of the *Making Choices Together* movement, in Year 1 we will design and deliver a Patient Leadership Programme. This aims to develop effective patient and community leaders able to influence and contribute to the decision-making process and support the shaping of local healthcare services. The first cohort will focus on cancer and involve patients and carers. Following evaluation, the programme will become aligned to ongoing 1000 Lives Improvement for Years 2 and 3. Also as part of *Making Choices Together* we will design and deliver in Year 1 a shared decision making to be piloted with clinical teams in oncology services. In Years 2 and 3 we envisage developing and evaluating this approach across all Health Boards and Trusts and within primary care.

In addition, annual programmes include:

- the preparation, shortlisting, scrutiny and delivery of the NHS Wales Awards. This is an important mechanism for sharing good practice
- facilitating the ongoing series of *Q Network* events in partnership with the UK nations. This forms a national community aligned to the Health Foundation's: *Habits of an Improver*
- Education Programme for Patients – self management courses for a range of conditions.

SO7.9- By 2021, 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 comprise of a series of best practice 'domains', each of which will have a number of

'standards' which, in turn, will be supported by the 'features' of what successful implementation of each standard will be. It is envisaged that the features will outline what would be expected in the implementation of the standard as *core*, what *good* would look like and how *excellence* would be demonstrated – thereby providing 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 development of the *Population Health Standards* brings an opportunity to bring key partners together as part of the continued change process to embed good population health in Wales. The key benefits of the Population Health Standards will be to improve health and well-being in Wales by providing a guide in the development of good policy nationally and in the development and implementation of good planning locally. We will be developing these standards jointly with the Welsh Government, and wider partners, and it will be important to share our collective assets in developing what will be transformational Standards to improve health and well-being in Wales.

- Year 1, we will commission research of international literature for existing tools on population health standards, establish a steering group and engage with stakeholders. We will develop detailed proposals for an assessment process drawing from the evidence base and stakeholder engagement.

- Year 2, we will develop the relevant domains and maturity levels, test and refine the domains and standards and scope a process of evaluation for the Standards and their impact on public health outcomes.
- Year 3, we will launch the Population Health Standards, commence the implementation, review and refine the Standards as necessary.

Product Map: Building and mobilising knowledge and skills to improve health and well-being across Wales

Strategic Objective	Y1:2018-2019	Y2: 2019-2020	Y3 : 2020-2021
By 2021 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	• Internal and external engagement on development of Research strategy • New Research strategy launched • R&D Annual report	• Implementation plan • Delivery of Public Health research agenda aligned to strategic priorities. • R&D Annual report	• Implementation plan • Delivery of Public Health research agenda aligned to strategic priorities. • Impact review • R&D Annual report
	• Summary report and flagship event: resilience	• Resilience Working Group • Resilience Research bid • WHO CC workshops / summary reports	• Resilience research commenced (depending on funding) • WHO CC Workshops
	Research governance • Implementation of the Four Nations Research Compatibility Programme completed		• Internal processes reviewed
	• National conference on Futures and Foresight approaches.	• Foresight development group and project (subject to funding)	• Published reports.
By 2021 we will have developed we will have increased the dissemination and use of public health knowledge with a particular focus on,	• Preparation and engagement on a preferred model for knowledge dissemination	• Development of new operating model for knowledge dissemination • and business case	• Implementation of model (for example – a Centre for Knowledge Dissemination)

Strategic Objective	Y1:2018-2019	Y2: 2019-2020	Y3 : 2020-2021
sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs.			
By 2021 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.	• Technology and Health report • Technology and Health Working group established	• WHO CC Case series on globalization and health • Technology on health Working group programme developed (subject to support) • Engagement events • Report published	• Evaluations of health technologies on health
By 2021 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	• Baseline of current health intelligence operating model • Development of target operating model, based on leading practice in data science • Further design, build and implementation of model •	• Continuing implementation of target operating model • Transition to full operating state • Benefits monitoring	• Continuous improvement of new model • Benefits monitoring
We will increase our use of health and economic	Social Return on Investment	• Option appraisal completed	• Implementation • Review of programme

Strategic Objective	Y1:2018-2019	Y2: 2019-2020	Y3 : 2020-2021
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.	• Reviews e.g. mapping policies, university resources, expert tools, learning • Needs assessment Impact Evaluation • Baseline map of Public Health Wales evaluations • Evaluation Quality Assurance framework defined • Tools and intranet resources collated	• Funding bid • Evaluation Capacity and Capability development options appraisal • Evaluation & Impact programme continues	
Through implementation of our International strategy we will develop, with the World Health Organisation, 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.	• Three-year work plan • *Nursing Now* campaign support • WHO CC launch • WHO CC Advocacy pack • Charter implementation toolkit • Asylum seeker and refugee research	• Charter evaluation and celebration event • Expert Knowledge Platform • Launch and dissemination of findings • Progressing Global Citizenship training	• Impact and evaluation report • Support provided • Assessment of Impact
We will increase the capacity and capability of our own	• Agreed priorities for a Public Health Wales offer for public health knowledge development and support	• Programme of support in train	

Strategic Objective	Y1:2018-2019	Y2: 2019-2020	Y3 : 2020-2021
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.	• Develop bid for corporate repository and seek funding • Review progress of knowledge mobilisation strategy through an evaluation plan	• Progress corporate repository subject to funding • Knowledge mobilisation programme future plan	• Final review of Knowledge mobilisation strategy
	• Range of public health topics delivered through a variety of means	• TED talk and feedback	• MOOC pilot • Evaluation
Increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care.	**Communications for Improvement** • #QiComms Charter launched • Workplan for #QiComms international work group • Support products for two NHS Wales quality improvement hubs • Joint work with Swansea University • Workplan for 2019-20	• Implement workplan for building Six Steps for Communications with Impact framework into 1000 Lives Improvement activity	•
	Improving Quality Together • Baseline data and measures for change (Public Health Wales cohorts) • IQT training delivered • Third sector / social care organisation identified and supported through methodology • Improvement projects tracked	• Pilot IQT website • IQT training for third sector and social care partners	• IQT training for 2x Public Health Wales cohorts completed • Continuing IQT training • Suite of associate modules for QI training identified • 2020-2021 work plan agreed

Strategic Objective	Y1:2018-2019	Y2: 2019-2020	Y3 : 2020-2021
Increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care.(cont.)	**Making Choices Together** • Shared Decision Making approach developed for clinical teams • Pilot delivered • Feedback / evaluation	• Approach developed across all Health Boards and Trusts and within Primary Care	• Approach developed across all Health Boards and Trusts and within Primary Care
	Making Choices Together • Patient Leadership programme developed and one cohort held • Evaluation • Workplan for 2011-21	• Effective patient and community leaders shaping local healthcare services	• Patient Leadership programme
	Other activity • NHS Awards business case and implementation plan • Q Network national events and site visits • Education Programme for Patients • Education for patients self-management courses: tutors, chronic pain, cancer, COPD		• NHS Awards announced [September]
Aligned the levers and drivers for good population health in Wales through the development of implementation of population health standards for key partners.	• Commission research of international literature for existing tools on population health standards • Establishment of steering group • Engagement with stakeholders • Develop detailed proposals for assessment process drawing from the evidence base and stakeholder engagement	• Development of domains and maturity levels • Test and refine domains and standards • Scope evaluation of Population Standards and their impact on public health standards	• Launch of Population Health Standards • Implementation and review of Standards • Refinement of Standards as necessary

Part 4

How we will deliver the first three years of our plan

4.1   How we will enable the delivery of our plan

We are supported by a number of internal enabling functions whose work is critical to delivering our seven strategic priorities. The Well-being of Future Generations (Wales) Act 2015 underpins the basis for how enabling functions support the wider organisation, with particular focus on the Sustainable Development Principle and the five ways of working. The enabling functions support the organisation through:

1. Providing **expertise to support delivery of a specific strategic objective**, like a campaign or a programme, in addition to our **daily organisational activity**.

2. Delivering work that **builds on the organisation's capability** and performance, for example providing cyber security, undertaking planning and monitoring impact and performance

3. Delivering services that are **essential to the organisation's operation**, this includes finance management and facilities management

The enabling functions have played an integral role in the development of our priorities. As part of our planning process, our enabling functions have been **involved** from the outset and have played an active role in supporting the development of our priorities and understanding the specific support requirements required to deliver each of our priorities. Seven priority workshops have been held which had representation from our enabling functions and across the organisation, working **collaboratively** to develop our plans for each of the strategic objectives. There have also been three enabler workshops to help further shape and provide intelligence to support enabler planning.

The section below outlines, for each function, the high level areas of focus that our enabling functions will deliver over the course of the next three years. Further detail will be provided within our Operational Plan 2018/19.

Supporting the Implementation of the Wellbeing of Future Generations Act
The Health and Sustainability Hub supports the organisation with its contribution towards each of the wellbeing goals, and in applying the sustainable development principle, to become an exemplar, championing and sustainable organisation. Over the next 3 years the Hub will: • support the public health system in its role on the Public Services Boards to enhance the potential to improve health and wellbeing.

Supporting the Implementation of the Wellbeing of Future Generations Act

- work with and supporting other public bodies and cross-sector stakeholder organisations to strengthen the impact of the Act on public health, including environmental sustainability.

- develop the framework which helps to embed the Well-being of Future Generations Act ways of working throughout the organisation, including using the SIFT approach (Sustainable Implementation For Teams).

- enable our internal colleagues so that they can implement the Act in their work and principles.

Promoting Knowledge and Intelligence

Through our Health intelligence services and teams we will play a key role in prudently providing and promoting the best available public health intelligence (evidence and data analyses) in a way that inspires, informs and maximises the impact of public health action. Over the next three years:

- we will develop a new operating model for our health intelligence resources, adopting data science techniques to understand and address the public health challenges we face now and in the future (see Priority 7)

- we will develop cross-organisational consistent methodology for evidence review and explore opportunities to increase capacity through automation of method.

Developing our Digital and Information Systems

Through our Informatics Division, we will ensure that where technology can support improvements to public health and well-being, we will be at the forefront of exploiting the benefits for the people of Wales and ensuring data is safe and secure. This will ensure we are delivering solutions driven by business need that support and enable delivery our Strategy and priorities. Over the next three years this will include:

- the transition of current systems to new infrastructure such as systems within our Screening services.

- agreeing an approach to business intelligence across the organisation with access to modern tools and training. We will also assess the scope

Developing our Digital and Information Systems

for artificial intelligence (AI) and robotics to contribute to the effectiveness and efficiency of our processes

- developing services for citizens to view and update the information we hold about them, including utilising new and innovative communication techniques and development of our internal and external web presence.

- supporting delivery of data science techniques to promote knowledge and intelligence

Further detail is included in the Digital approach section (section 4.7) of the plan.

Ensuring that we have a safe and appropriate working environment

Through the Estates and Health and Safety Division 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. Over the next three years we will:

- ensure our staff follow safe systems of work to protect their health and safety and of others.

- implement our Estates Strategy to ensure the organisation has an infrastructure that is safe, fit for purpose and supports delivery of our Long Term Strategy

Developing Our People and Organisation

Led by our People and Organisational Development Directorate we aim to maximise the capacity and capability of our people through building skills and working with partners across the system; through embedding our values; and through driving forward a culture of development and delivery. Over the next three years we will:

- work across the organisation to focus People and OD and managers' time on people management activities that deliver organisational value.

- work with the organisation to become an internally and externally recognised employer of choice

- work with the organisation to adopt modern working practices in respect of the culture and climate within our organising (how it feels to

Developing Our People and Organisation

work here) and to enable agility in how we design our organisation around our strategic priorities.

- enable our organisation and staff to invest in and maximise the skills and talents we have already, as well as those we will need to achieve our strategic priorities

- increase our focus on delivering an organisation that is a great place to work, where inclusivity and wellbeing run throughout everything we do and where we strive to reflect the diversity of the communities we serve.

- work with others to ensure that all professionally regulated staff are appropriately registered and have access to an appropriate development framework to enhance their professional career pathways.

Further detail can be found in Our People section (see page 4.3)

Supporting the Planning and Implementation of Change

The Strategic Planning and Performance Division will support the delivery of our long-term strategy including development and management of a robust outcomes based performance management system. We will also strengthen portfolio, programme, and project management to ensure effective delivery, using the *Future Generations framework for projects.* Over the next three years we will:

- work with others to bring together a change management methodology to support the implementation of our Strategic Plan. This will include improving capacity and capability on business cases / benefits realisation.

- design and implement in Year 1 a new performance framework to support decision-making to enable the Long Term Strategy and Strategic Plan to deliver our purpose

- support the delivery of large scale change management programmes and build the capacity and skills of our staff

- deliver on our environmental sustainability plans aligned to our commitment to sustainable development

Delivering Quality and Measuring Our Impact

The Quality, Nursing and Allied Health Professionals Directorate supports the organisation through the implementation of the Quality and Impact Framework to be a quality and impact focused organisation. This includes robust measures to assure us that the work we are doing is of high quality, has a positive impact on the health, well-being and the protection of the people of Wales and is safe and reliable. Over the next three years we will:

- engage with stakeholders, including young people, to gain feedback to ensure our decisions and approaches are informed by being transparent, working with and through others

- share knowledge, from research evidence, evaluation, innovation and experience via the Quality and Impact Hub

- continue to refine the Quality and Impact indicators, to enable us to monitor progress as part of the wider organisational performance management process

- produce an Annual Quality Statement, including a Young Persons version

- We will work together to develop robust integrated impact assessment across the organisation and implement this in a seamless way.

In conjunction with the Corporate Governance Team, we will also jointly enable the organisation to embed a more integrated approach to governance (including risk management, clinical, information and corporate governance) through a culture of further developing our people and our systems. This will be particularly important as we further develop our collaborative governance arrangements with our partners in order to achieve our strategic priorities.

Ensuring our financial behaviours encourage, incentivise and add value

The Finance function provides financial control and supports each of the Directorates in managing its resources. We do this by providing dedicated finance and accounting professionals to each Directorate. We also work alongside the Directorate to provide a strategic finance role which enables us to identify value streams, reinvesting our income to where it delivers most impact. Over the next three years we will:

- use business intelligence to facilitate a shift of resources into value added outputs to ensure that they are aligned to our priorities

Ensuring our financial behaviours encourage, incentivise and add value

- lead the organisational efficiency framework to ensure continuous cost improvements, which along with ensuring sustainability of the break-even plan will contribute to the organisation investment strategy

- develop and maximise income potential for the organisation. This will include scoping the development of a Commercial Unit and other income generation options

- ensure that the five ways of working are embedded within the finance work programme, specifically exploring participatory budgeting, sustainability and procurement value

Communicating effectively with our people, partners and the public

The purpose of the communications team is to promote and protect the reputation of Public Health Wales as the expert and authoritative national public health institution. We consistently aim to build the reputation of Public Health Wales and its leadership with external stakeholders—media, government and partner agencies—in order to influence policy, health and care providers, those agencies and partners involved in delivering public health and the public. Our work will be shaped within the organisation's Communications and Engagement Strategy. Over the next three years we will:

- provide a digital public information platform which is agile an continuously evolves to meet the needs of our audiences.

- help colleagues and others to understand the vital role they play in the public health system through provision of a professional and trusted internal communications function.

- support social marketing efforts, working alongside the Health Improvement division, to improve population health through behaviour modification.

- through public campaigns deliver the right information, in ways that are specific and appropriate to intended audiences, to enable individuals to take greater and more effective accountability for their health and well-being.

4.2 Our financial plan

4.2.1 2018/19 Baseline Position (prior to cost pressures)

Figures 4.1 and 4.2 show the baseline expenditure of £117.343m by Public Health Wales Directorate and by type of expenditure. This total expenditure is a combination of spend covered by core and non-core funding streams. The NHS Wales Collaborative for Health, which is hosted by us, is not included in these figures.

Fig 4.1: 2017-18 Expenditure Budget by Directorate

- Board and Corporate
- Central Budgets Directorate
- Health & Wellbeing Directorate
- NHS Quality Imp Division
- Operations and Finance Directorate
- Policy Research & International Directorate
- Public Health Services Directorate
- Quality Nursing & Other Allied Profs Directorate
- Workforce & Org Develop Directorate

Values: £1,713; £1,833; £2,298; £4,483; £27,703; £4,311; £7,307; £3,741; £63,953

Fig 4.2: 2017-18 Expenditure Budget by Type

- Admin and Clerical
- Other
- S&S General
- Establishment
- Premises
- Consultancy
- Healthcare Scientists
- Clinical Servs
- Losses
- Medical and Dental
- Maintencance
- Nursing
- Depreciation
- Allied Hlth Profs
- Scientific Ther and Tech
- Add Clinical Servs

Values: £321; £1,865; £3,350; £6,865; £3,189; £25; £12,936; £7; £7,960; £10,327; £309; £4,254; £5,537; £1,243; £20,675; £38,478
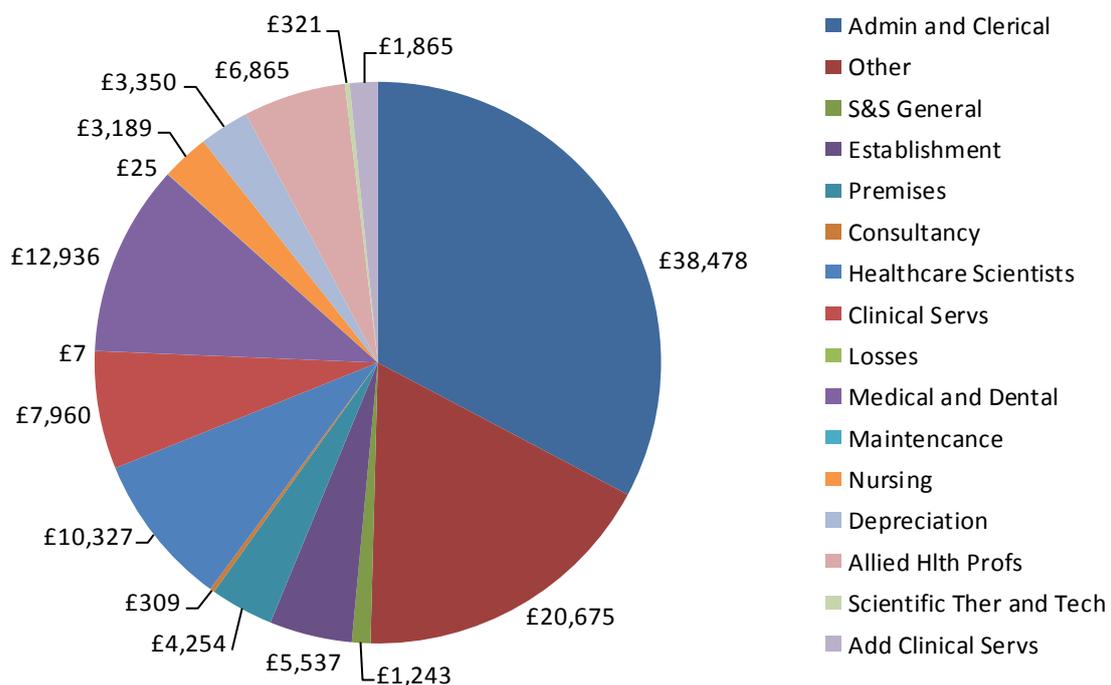
The table below details the split of core and non-core funding for the four Directorates with significant non-core funding:

Directorate	Core Funding £000	Core Funding %	Non-Core Funding £000	Non-Core Funding %
Public Health Services	44,958	70.30%	18,995	29.70%
Policy Research and International Development	2,133	57.04%	1,607	42.96%
Health and Well Being	25,313	91.37%	2,390	8.63%
Quality Improvement	3,616	83.88%	695	16.12%

Note: Core funding- Baseline Welsh Government Core allocation of funding

4.2.2 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 clear assumptions have been communicated across the organisation and built into the financial planning approach:

- pay awards set at 1% per annum;

- additional funding will be required to fully implement the plans for Health Impact Assessment and the Falls programme

- the financial plans considered the principles of Prudent Healthcare at all times;

- our long-term strategic priorities guide our actions and the deployment of resources, and we continue to direct more resources and more effort to those areas that have been prioritised;

- cost pressures identified to be funded from the full range of resources available;

- any internal investments or resource realignments support strategic priorities and are aligned with the Well being of Future Generations act. They have also been assessed against the potential to generate future savings or income;

- financial sustainability will require continuous improvement and efficiency in our processes and each Directorate was expected to demonstrate 1% efficiency reduction in expenditure or income generation, and

- capital investment plans are linked to programmes, which are in turn linked to agreed priorities or supporting enablers.

The plans to deliver on our priorities have formed a key focus of the budget setting and workforce planning process for 2018/19 and will continue to do so in subsequent years.

4.2.3 Our revenue plan

Table 4.3 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 21 December 2017.

Table 4.3: Financial Plans

	2018/19 £000s	2019/20 £000s	2020/21 £000s
Baseline budget			
Expenditure	117,343	119,110	120,003
Income	-117,343	-119,110	-120,003
Net budget	0	0	0
Cost pressures			
Pay	2,362	3,162	3,162
Non pay and Income changes	1,603	1,603	1,603
Total inflationary cost pressures	3,965	4,765	4,765
Welsh Government funding for pay award and prices	-1,767	-1,767	-1,767
Savings Plans	-2,198	-2,998	-2,998
Net position	0	0	0

4.2.4 Cost pressures

Our overall cost pressure in 2018/19 is 3.38% or £3.965m. The individual elements of this are shown in table 4.4.

Table 4.4: Cost Pressures

	Cost Pressure £000s	Cost Pressure %
Pay inflation		
Increments	639	
Pay Award	742	
Other Pay pressures	982	

Non pay cost pressures	2,059	
Income Changes	-456	
Total cost pressures	3,965	*3.38%*
Less Welsh Government funding for pay award and prices	-1,767	
Total Net cost pressure	2,198	*1.87%*

The total cost pressure of £3.965m includes inflationary cost pressures and the following specific service pressures:-

- Additional recurrent costs of the Breast Test Wales Picture Archive System;

- Establishment of a transitional investment fund to facilitate the change required by the Strategy, and

- Ensuring accommodation across all locations is fit for purpose, including addressing health and safety requirements

4.2.5 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 £2.198m (1.87%), as shown in table 4.5.

Table 4.5: Savings

Type of Saving	Amount £000s	%
Budget holders consuming cost pressures	-1,108	
General Cost Improvement Plans	-1,090	
Total	-2,198	-1.87%

- The savings plans are a combination of pay and non-pay, and have been fully risk assessed in terms of achievability and service impact;

- A corporate transitional investment fund along with re-investment of individual directorate 1% efficiency plans are part of the agreed approach to the investment strategy;

- However, investment funds will not be granted until savings plans are delivered further mitigating the risk of deviating against the proposed break-even plan,

- Pay incremental pressure has been funded in Directorate draft financial plans

4.2.6   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, ensuring that 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.

4.2.7   2018-19 Revenue Plan by Directorate

Fig 4.6: 2018/19 Revenue Plan by Directorate

Draft Public Health Wales Integrated Medium Term Plan 2018-21 **V1**
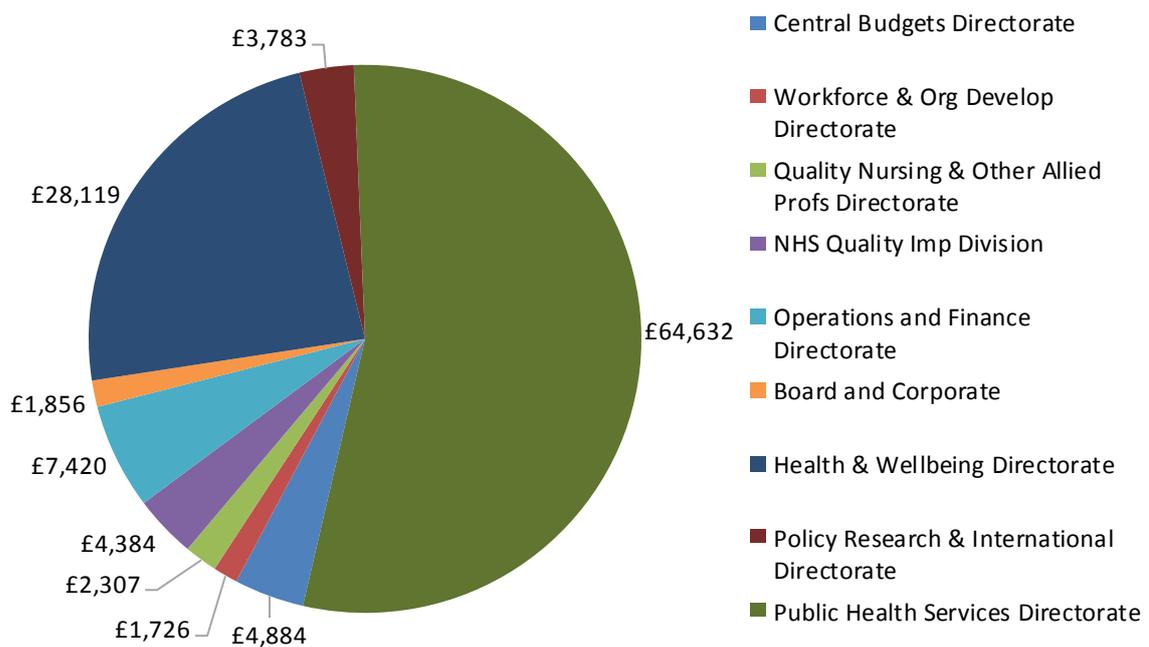
Figure 4.7: Revenue by Directorate

Directorate	Pay	Non Pay £000s	Total
Board and Corporate (inc SpRs)	1,739	117	1,856
Central Budgets	513	4,371	4,884
Health and Wellbeing	19,612	8,507	28,119
Operations and Finance	4,262	3,158	7,420
Public Health Services	39,221	25,411	64,632
Policy, Research & International Development	3,095	688	3,783
Quality Improvement and Patient Safety	3,510	873	4,384
Quality Nursing and Other Allied Profs	2,145	162	2,307
People and Organisational Development	1,278	448	1,726
Grand Total	75,376	43,734	119,110

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.

4.2.8   Police Transformation Fund

A grant, from the Police Transformation Fund, has been awarded to Public Health Wales (Policy, Research and International Development Directorate) and partners in Policing, Criminal Justice and Police and Crime Commissioners for an all Wales Programme, for £6.87 million over three years (of which Public Health Wales has £2.28million share). Work has commenced on programme set up with recruitment of key roles to the National Programme Team. Budget profiling with all the partners is in progress, as final grant terms and conditions are awaited from the Home Office.

Public Health Wales will manage the National Programme Team with the existing lead for Public Health and Policing acting as Programme Director. Our Strategic Plan includes the agreed financial flows for the Public Health Wales element of this programme.

4.2.9   Our capital plan

Our recurrent discretionary capital funding is £1.58m. We have also benefitted from strategic capital funding for the development of a Cervical Information Management System with £0.762m being funded over a three year period 1 April

2016 – 31 March 2019. Table 4.8 summarises the strategic capital requirements over the next four years.

Table 4.8: Strategic capital schemes 2018/19 to 2020/21

	FY18-19 £000s	FY19-20 £000s	FY20-21 £000s	FY21-22 £000s
Cervical information system National Health Applications and Infrastructure Services (NHAIS) replacement (approved)	322			
Digital mammography replacement (unapproved)		1,974	3,030	2,160
Total Strategic Capital	**322**	**1,974**	**3,030**	**2,160**

Replacement of Digital Mammography

Between 2011 and 2014, the Trust received approximately £10m 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 a need to replace this digital technology and in 2016/17 the Trust received strategic capital funding to begin the replacement programme. Further funding until 2021-22 will be required to fully replace the equipment to the total value of £7.164m.

Cervical Screening Information Management System

The Cervical Screening Information Management System project is the development of a new informatics system to support the continued delivery of the cervical screening programme in Wales, following the decommissioning of the existing shared Wales and England IT system. The benefits of the new system include the ability to implement HPV Primary Screening in line with expected UK strategy, an increased capability to address capacity shortfall and improved timeliness of results to women.

Discretionary Capital

The draft plans for the discretionary capital are set out in table 4.9 below. There are assumptions made for a rolling IT replacement programme whilst replacement of equipment elsewhere is based upon the aged asset register.

The discretionary funding has been reduced for 2018/19 and 2019/20 as part of the funding arrangement for the fit out of No 2 Capital Quarter. We have continued to address issues with our estate since the move in 2016/17 to Capital Quarter and the further move in 2017/18 to Matrix House. Further rationalisation will ensure accommodation is fit for purpose. It has been assumed that this expenditure will be contained within our discretionary funding for 2018/19 to 2021/22, however, work is ongoing to finalise estimates and strategic funding will be sought should expenditure be higher than anticipated.

With the sale of the Temple of Peace on 30 November 2017, opportunities to utilise sale proceeds to improve services provided across the Trust.

In 2016/17, we commenced our Diabetic Eye Screening Wales planned vehicle replacement programme. This will continue in 2018/19 with the purchase of further vans, along with associated equipment from discretionary funds.

Table 4.9: Discretionary capital programme 2018/19 to 2021/22

	FY18-19 £000s	FY19-20 £000s	FY20-21 £000s	FY21-22 £000s
IT Replacement Programme	350	350	350	350
Estates	350	100	100	100
Equipment Replacement	327	327	515	515
Statutory Compliance				
Microbiology Maldi-Tof Replacement			365	365
Abdominal Aortic Aneurysm (AAA) Ultrasound Equipment		265		
Diabetic Eye Screening Wales Van Replacement Programme	240			
Contingency	25	250	250	250
Grand Total	1,292	1,292	1,580	1,580
Discretionary Funding	1,580	1,580	1,580	1,580
less Capital loan payback	-288	-288		
Discretionary Capital Available	1,292	1,292	1,580	1,580
Shortfall / (Surplus)	0	0	0	0

Note:
- *Microbiology Maldi-Tof replacement to be reviewed in light of Genomics developments*
- *A prudent estates contingency to be held following financial year 2018/19*

4.3   Our People

4.3.1   People and Organisational Development

We continue to evolve and modernise how we conduct and execute our business in ways that will profoundly impact on us as an organisation, our people and the work we do. This will require a focus on excellent Organisational Development (OD) and People Management practice and approaches.

In support of this, we restructured our team during 2017 to provide a greater focus on Business Partnering support to our Directorates. This helped create space and capacity to centrally design (and then deliver through Business Partner teams) key Organisational Development (OD) interventions and products to respond to the challenges described above, whilst also striving make Public Health Wales a great place to work.

Since then the People and OD teams have collectively worked to shape our 'People' approach around five key areas of focus, which we have evolved into five key objectives. This enables us to group our activity in a way that is easily understood across the organisation, as well as allowing us to clearly demonstrate what our successes have been and what our plans are for the future.

Our approach means we will work to meet a number of workforce challenges and opportunities as articulated below:

- All staff to understand the organisation strategy and the People approach, as well as being clear on how their contribution fits in;

- A need to review our key processes, ensuring these are fit for purpose and where possible take advantage of technologies, creating efficiencies and reducing the likelihood of errors

- Working with our colleagues in the finance team, to deliver robust financial performance, while creating space for investing in the future

- Continuing to improve the confidence and capability of our leadership population through our management and leadership development programmes

- Working with the organisation to identify and grow skills in support of our Strategic Plan including, for example, behaviour change, analytical and customer /service user relationship management skills

- Delivering high levels of engagement in support of improved organisation performance. We will continue to address feedback from staff surveys and do more to give employees a voice in what they do and how they do it

- Helping our staff become role models and advocates of good health behaviour and Public Health offerings and services. This will include doing more to reduce preventable sickness absence and the length of absences

- Supporting a number of major change programmes, whilst equipping our managers with necessary change leadership skills and tools

- Focussing on attracting and selecting talent with both the professional and technical skills and the best fit for our organisation, aligned to our values

- Refining our use of data and analytics to underpin our work and using it to inform effective decision making, including developing the team to understand, analyse and report on workforce information

- Optimising our workforce planning process, building on the launch of a revised toolkit in 2017

- Building on work to establish an organisational culture that is committed to employee wellbeing (as signified through our achievement of Corporate Health Bronze and our commitment to Time to Change Wales in 2017/18).

4.3.2 Our Longer Term Workforce Approach

In support of our Long Term Strategy, we have commenced discussions across our organisation around how we will need to continue our workforce planning in support of our Strategic Plan, but also evolve to support our longer-term ambitions and respond to the challenges and opportunities they afford us.

Initial discussions have covered the impact of technology and the use of data on how we work, as well as the need to concurrently run our operations and influence and support the system to grow new skills for tomorrow, now; this in itself requires us to consider how we need to work differently at an organisational level.

Whilst it is clear that we will need to continue to modernise and reshape our workforce to keep pace with the external environment, we also need to create the conditions inside Public Health Wales that allow this to happen, within existing resources.

Our initial research in this area has covered areas as diverse as how we resource our strategic priorities/objectives versus running our day to day operations;

whether a different type of organisational working is so required (such as matrix working); how we will prioritise competing pressures for resources and how we will grow and then align consistently identified skills and expertise across our priorities.

For example, we know from the planning process that areas such as programme/project management, service user engagement/customer relationship management, analytical, evaluation and behaviour change skills are internally in demand, but also that to support the demand we will need to think differently around how we share such skills and resources. This will likely include consideration of flexible resourcing and allocation models, as well as a discussion around what the appropriate balance of specialist versus generalist skillsets is across our organisation, following the principles of Prudent Healthcare.

Of equal importance in the longer term is continuing our work on our organisational culture to ensure that we create an environment where collaboration, support and respectful challenge are the norm. Therefore our plan is to build on our organisational values (Working Together, With Trust and Respect, to Make a Difference) to deliver a culture where people are encouraged to grow and be at their best, where what constitutes good performance is transparent, meritocratic and celebrated and where people feel respected, supported and stretched in their roles.

4.3.3 Current workforce issues and priorities

We have a considerable number of our staff over the age of 55, which makes some aspects of workforce planning more complicated. We are considering a number of solutions including succession planning and role redesign, as well as looking at how we can widen access to more diverse populations with an aspiration to be better representative of the communities we serve I our internal makeup.

In October 2017, we introduced a new and smarter Workforce Planning toolkit which encourages senior leaders to look beyond immediate staff data and create a workforce vision. Clear outputs from this process will be an ongoing plan of activity to deliver local workforce vision, development and recruitment / resourcing plans; in particular Directorate workforce plans are monitored and progressed via ongoing People Business Partner and Directorate / Divisional leadership team discussions to ensure identified needs are followed up and actioned.

In addition, all workforce planning data is centrally reviewed on a pan-organisational basis and used to identify recurrent themes around areas such as workforce design and skills development. For example, 2017/18 learning needs analysis were collated from all Workforce plans and used to drive a 'Colleague Development Programme'. This provided a series of 'soft skills' development courses and materials across all organisational levels and locations around areas such as facilitation and influencing skills, change planning and communication, coaching, project management and business case writing skills.

Through workforce planning, a number of areas have been identified where services are reliant on a small number of experts, many of whom are approaching potential retirement age, and where some difficulty is anticipated in recruitment of successors. In some cases, we only employ one or two of these specialist individuals so there is limited opportunity to create a critical mass and deliver robust succession plans.

In some areas, we are reliant on health boards to provide services under service level agreements and, while this offsets some of the risk to us, there is a possibility that Health Boards are also at risk of experiencing a skills gaps where those skill sets are scarce in the local population and/or the market for recruitment is particularly competitive.

There are several areas where we are already experiencing workforce challenges; these are summarised below along with action we are taking in response.

Breast Radiologists and Radiographers and Breast Clinicians; in order to address the shortage of these skills internally and in the wider market we are considering how we can use flexible recruitment and retention tools, increasing our Mammography workforce, providing in house training of our Radiographers (up to Consultant level) and becoming increasingly involved with the National Imaging Taskforce and National Imaging Academy.

Medical Microbiologists; in order to address a lack of such individuals in the external market we are continuing to develop Clinical Healthcare Scientists to enable a transfer of Clinical duties as far as safe and practical, as well as seeking to proactively address known long term training challenges that exist within this population at a UK level.

Public Health Consultants in Health Intelligence and Public Health Intelligence Analysts are a source of concern owing to their specialisms. As such we are planning to proactively develop our own staff into these roles through structured succession and development plans and opportunities.

Public Health Researchers and Policy Advisors are scarce in the wider system and as such we are working to develop these skills internally and developing relationships with academic centres to influence areas of research and supporting skills development.

Consultants in Communicable Disease Control / Health Protection represent a known skills shortage in external market. Whilst it is not expected that this will impact our current staff profile we remain aware of this as a potential risk when workforce planning over the longer term.

Field Epidemiologists represent a current workforce risk due a lack of availability of these skills in market, compounded by the potential impact of Brexit. Training for these staff is partially fulfilled by the European Centre of Disease Control, (which may not be available post Brexit) and as such we are currently reviewing alternate training pathways.

There are further known skills shortages across the system, including Endoscopist and Colonoscopist shortages in Health Boards, owing to insufficient numbers coming through the training schemes to fulfil the demand for future roles and an inability to meet levels of demand respectively.

Increasing the number of Nurse Endoscopists is one potential solution under exploration, and we are working with partners in the Health Boards to understand and mitigate these risks.

Other areas of scarcity include Evidence and Knowledge Analysts, where development plans for the function and post-holders are now in place and Public Health Academics, Researchers and Policy Advisors where relationships are being developed with academic centres to influence areas of research (see priority 7).

We will need to consider alternative options alongside any recruitment solutions, such as skill-mix diversity, and new ways of working; however there is also a need to ensure that we maximise our employer brand and offer to attract high calibre candidates to these posts. For example, with Consultant Microbiologist roles there is an opportunity to establish a biomedical scientist interface around infection management. Specialist technical advice needs to be fully explored and the Modernising Scientific Careers (MSC) programme could be utilised to produce a new model for developing the healthcare science workforce. This work will continue in 2018 and beyond, intrinsically linked to Workforce Plans, and service developments in key areas, such as Genomics.

4.3.4   Key Performance Indicators

During 2017/18, we refined our approach to managing key people performance data across our organisation, which is reported as part of the monthly integrated performance reporting arrangements (see section 4.4.2). This includes performance indicators on sickness, statutory and mandatory training, turnover and appraisals. This is also supplemented by more detailed performance information such as long-term vacancies, gender diversity, staff turnover / attrition during throughout the year. We have also developed a number of performance trajectories (included in appendix 2) which will be monitored as part of the performance management arrangements throughout 2018/19.

4.3.5   Organisational Development

The Public Health Wales approach to OD was first published in 2017 and connects seven separate, but interlocking levels as shown in the diagram below.

Fig 4.10: Organisational Development Strategic Approach
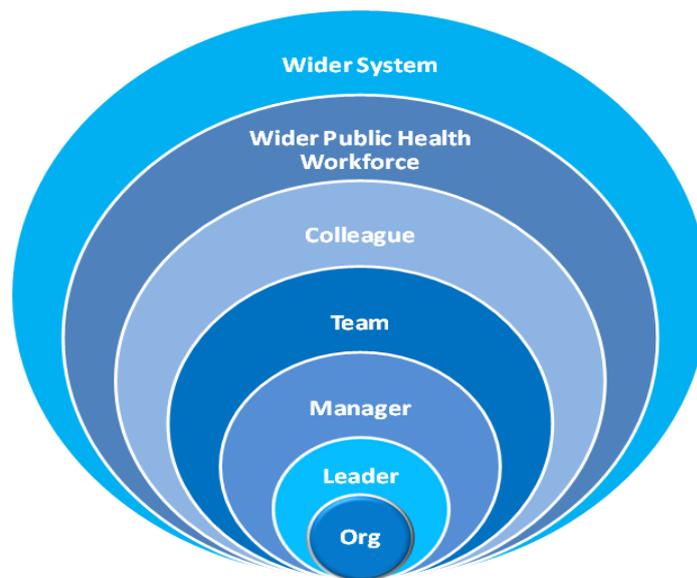
Our approach covers how we function as an organisation (how we are structured and deliver work in support of our Strategic Priorities), our organisational culture (as expressed in our Values and Behaviours), how we develop and support our colleagues and leaders to be at their best in working together and performing their roles and how we develop and grow Public Health skills and capacity across the NHS and Wales generally.

Perhaps more importantly our strategic approach to organisational development is woven throughout our strategic objectives and is defined and delivered by both our People and Organisational Development teams.

4.3.6   Our Key Objectives

In support of our wider organisational planning processes and in developing our key objectives, we have taken the opportunity to cover how we improve our service and operations internally (within our own Directorate), how we respond to identified needs from the wider organisational planning process and how we continue to push leading edge thinking in People and Organisational Development practice into the products and services we offer (see tables 4.12 and 4.13).

Table 4.12 - By 2021 (delivery year signified by a 1, 2 or 3 in brackets after each action)

GETTING THE BASICS RIGHT

We will:
- Continue to maximise the benefits of ESR usage (1)
- Expand statutory and mandatory training
- Continue to develop policies and practices that people need and want to use (1)
- compliance reporting to include non-CSTF courses (1)
- Ensure appraisal compliance can be reported through ESR and monitored locally using developed guidance for all staff (1)
- Implement a pan P&OD Directorate Business Support Centre to improve efficiencies and user experience, including an online resource for routine People and OD queries and advice (1)
- Develop quality assurance and audit processes to ensure My Contribution conversations are happening in line with guidance (2)
- Further develop robust and effective management of sickness absence (2)
- Review Occupational Health Services to ensure they are robust and fit for purpose (2)
- Have workforce plans for 3 and 10 years that form a central tenet of business planning (3)

ATTRACTING GREAT PEOPLE

We will:
- Further develop our recruitment practice, using assessment centres and psychometrics for evidence based recruitment (1)
- Deliver proactive approaches to better manage skill shortages and hard to fill posts (2)
- Work with our business areas to investigate how to resource priorities using a range of resourcing opportunities (such as increased sharing of internal resource across organisational boundaries and priorities, joint working / collaboration with third parties and a mix of permanent and specific contract staff to balance stability and reflexivity) (3)
- Continue to developed our employer brand to ensure a compelling offer to attract new talent (3)

CREATING A MODERN WORKPLACE

We will:
- Continue to work in partnership and further develop constructive relationships with our staff and staff organisation partners (1)
- Provide excellent support in response to service change and modernisation (1)
- Launch a formal staff awards programme at our employee conference (1)
- Introduce a recognition programme that spans the organisation and ensures colleagues feel empowered to acknowledge peer efforts and achievements and have a route by which these achievements can be recognised more widely (1)
- Continue responding to current and future staff surveys to ensure actions are aligned to what staff tell us are priorities (1)
- Implement a change management toolkit and approach to ensure excellence in practice across the organisation (1)
- Further embed values-based recognition practices to drive the culture we want to see (2)
- Work with the organisation to ensure good Organisational Design practices and tools are used to create a more efficient and engaged organisation (2)
- Work on further developing a vision and 10 year strategy for both the organisation and the P&OD function within PHW (3)

GROWING OUR SKILLS AND TALENT

We will:
- Introduce an approach to coaching and mentoring (1)
- Further develop the workforce planning process to identify and develop cross-directorate professions and 'Heads of Profession' (1)
- Implement an organisational approach to Talent and Succession Management (1)
- Implement a 'Widening Access' programme covering Work Placements, Apprenticeships and Graduate Schemes (1)
- Design and introduce a Public Health Wales competency framework which describes competences across different colleague groups to support recruitment, development and progression planning and processes (2)
- Expand workforce planning to include strategic commissioning of education and development programmes (2)
- Audit, quality assure and continue to improve My Contribution (3)

A DIVERSE, INCLUSIVE AND HEALTHY WORKFORCE

We will:
- Continue to fund Welsh Language classes for staff who wish to learn or improve their welsh Language skills (1)
- Taking forward our commitment under the Time to Change Wales pledge (1)
- Implement the Welsh Language Standards (1)
- Further enhanced our web-based material for promoting wellbeing (1)
- Ensure we continue to develop family friendly policies (1)
- Further improve our performance as an inclusive employer by taking part in the Stonewall Workplace Equality Index benchmarking exercise(1)
- Continue to target mental wellbeing issues through the development and pilot of a programme of resilience and mindfulness training for staff (2)
- Implement the Accessibility Standards (2)
- Establish an in-house Mediation Network (2)
- Define and implement our approach to Corporate Social Responsibility, including connecting as an employer with the communities we serve (2)
- Undertake an assessment under the disability confident scheme (2)
- Achieve the Platinum Corporate Health Standard (by 2021) (3)

Table 4.13 – Key Achievements

GETTING THE BASICS RIGHT

We have:
- Rolled out self-service across Public Health Wales
- Fully implemented Oracle Learning Management (OLM)
- Switched off automatic paper payslips
- Developed Business Intelligence (BI) Reporting and introduced a People Dashboard and Performance Report
- Improved statutory and mandatory training compliance to 84% with monitoring via ESR and BI
- Concluded an initial data gathering exercise to record appraisal compliance and monitoring in ESR
- Established Policy Review and Development workshops with key stakeholders to ensure we have up to date and fit for purpose HR policies
- Developed, in partnership with our trade unions, an action plan to address sickness absence

ATTRACTING GREAT PEOPLE

We have:
- Improved workforce planning to ensure early attention is paid to recruitment needs
- Brought in house a one-day recruitment and selection course as a central part of the management development programme which is also available and delivered as a stand-alone module
- Further developed the 'Welcome, Engage, Network and Develop' day to introduce all colleagues to Public Health Wales' work
- Fully implemented the TRAC recruitment system and reduced time to hire by 16 days

CREATING A MODERN WORKPLACE

We have:
- Implemented Pay Progression linking incremental pay increases to performance
- Implemented a Staff Survey Action Plan across key areas of change, engagement and recognition, staff development, health and wellbeing and senior management visibility
- Launched a Values intranet page which includes guidance on values-based recruitment and aligning My Contribution to Values
- Launched an approach to staff recognition and staff awards to recognise the work going on across the organisation
- Introduced a new, smarter Workforce Planning toolkit, which encourages our leaders to look beyond immediate staff data and create a workforce vision
- Developed a Partnership Working Charter in partnership with our Trade Unions and updated terms of reference for our Local Partnership Forum
- Established a working group in partnership with medical colleagues to work through agreed priorities and areas of focus following The Medical Engagement Scale (MES)

GROWING OUR SKILLS AND TALENT

We have:
- Re-designed our management and leadership development programmes to develop aspiring managers, support and up-skill existing managers and grow future leaders, all of which has been implemented on a cohort basis to increase connectivity across the organisation
- Improved workforce planning to ensure early attention is paid to learning needs
- Introduced a Colleague Development Programme based on collective skills requirements across the organisation
- Launched an approach to apprenticeships to increase current skills, offer development to staff groups and maximise the opportunities afforded by the Apprenticeship Levy

A DIVERSE, INCLUSIVE AND HEALTHY WORKFORCE

We have:
- Achieved Bronze Corporate Health Standard
- Implemented a Strategic Equality Plan
- Started to create a bi-lingual organisation, with thriving Welsh language culture in readiness for the Welsh Language Standards, including establishing a network of departmental Welsh Language champions
- Improved attendance levels through a well-being approach
- Strengthened our network of employee wellbeing links to support and drive our focus on the wellbeing of our people across the organisation
- Launched a new Employee Assistance Programme with Care first
- Signed up as Stonewall Diversity Champions
- Been recognised as a Disability Confident Employer as part of the Disability Confident scheme run by the Department for Work and Pensions
- Set up staff network groups for LGBT+, Disabled and BAME staff
- Funded Welsh Language classes across Wales

4.3.7   Workforce Profile

At 1 January 2018, our workforce consists of 1,739 people equal to 1,545 full time equivalent (FTE). This represents an increase of 42.26 WTE over the preceding 12 months.

Although headcount has fluctuated slightly in the past 12 months, we are expecting this to stabilise during the course of the next three years.

Fig 4.14 – Headcount
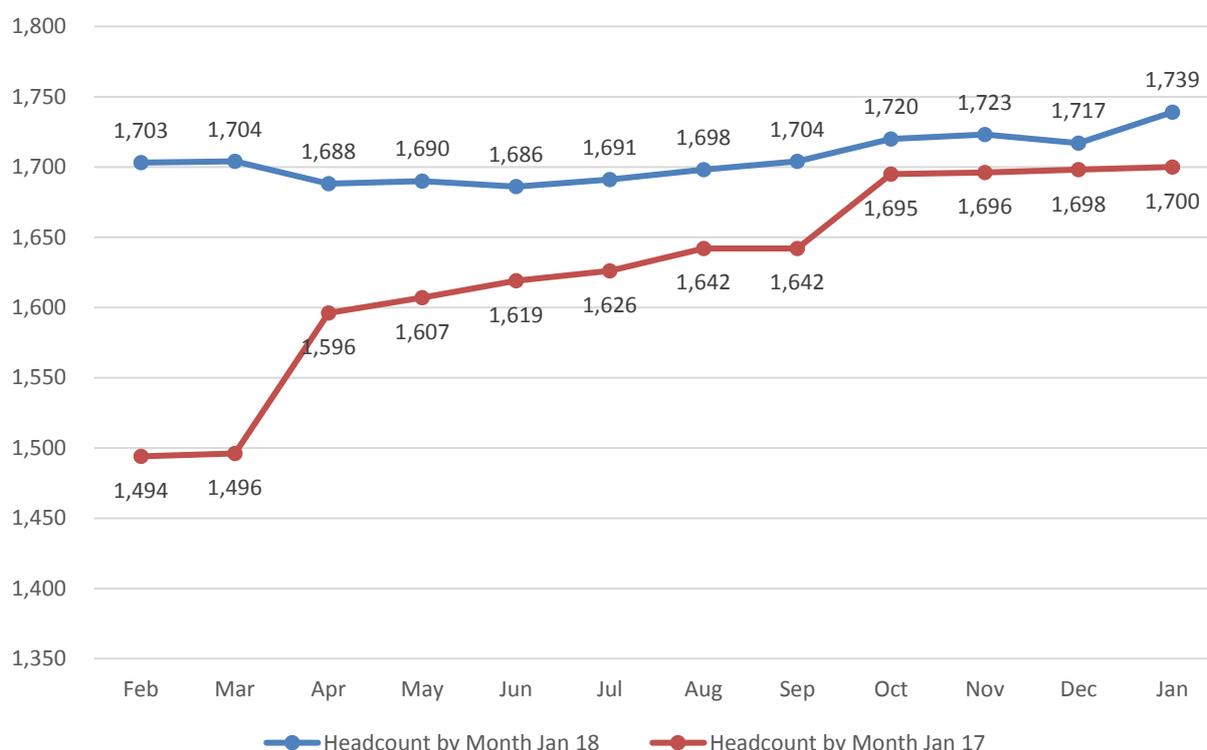
Our people are deployed throughout the organisation as follows:

Directorate/Division	Headcount	FTE	%
ACE Support Hub	2	2.00	0.12
Corporate Directorate (Board Members, Corporate Governance Team and Executive Assistants)	21	20.33	1.21
Health and Wellbeing Directorate	420	367.29	24.15
Hosted Directorate	72	64.61	4.14
NHS Quality Improvement Directorate	55	49.90	3.16
Operations and Finance Directorate	99	93.17	5.69
People and OD Directorate	29	26.26	1.67

Directorate/Division	Headcount	FTE	%
Policy Research and International Directorate	47	45.15	2.70
Public Health Services Directorate - broken down by division:	940	826.21	54.1
Health Protection Division	75	70.37	4.31
Microbiology Division	368	339.74	21.16
Public Health Corporate Division	10	10.00	0.58
Screening Services Division	487	406.10	28.00
Quality Nursing and Allied Profs Directorate	35	33.05	2.01
SPRs Cost Centre	19	17.00	1.09
Grand Total	1,739	1,544.96	

4.3.8   Grade Mix

We are a 'professionally rich' organisation, with a large proportion of our roles at Agenda for Change Band 6 and above. This can be expected given our role in providing expert-led and strategic Public Health services.

Further work will be undertaken this year to review our spans and layers of management, along with consistency of banding and job titles/descriptions across the organisation with a view to undertsand whether we have a structure that facilitates rapid communication and decision making in support of our strategic priorities.

Fig 15 – Paygrades

Draft Public Health Wales Integrated Medium Term Plan 2018-21 **V1**
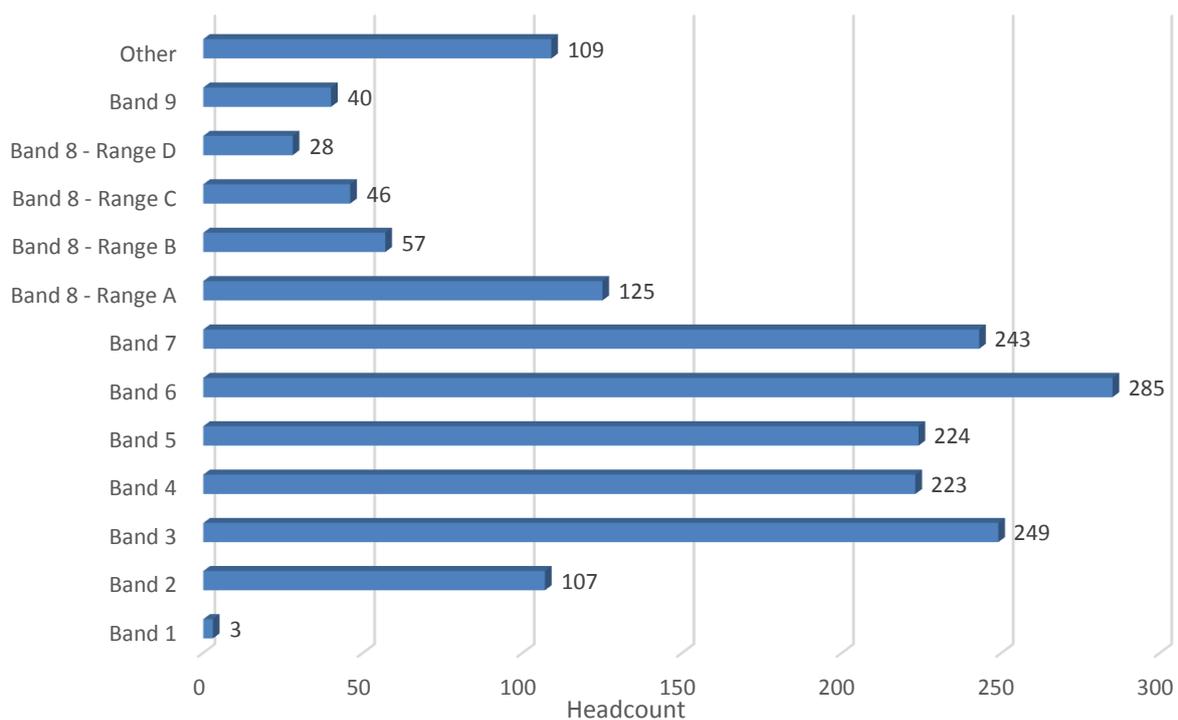
4.3.9   Age Profile

We have an aging staff profile with 32.7% of our staff over 51; an increase of 1% compared to last year. However, the percentage of staff who are below age 30 has shown a slight increase from 13.1% last year to 13.8% this year. Potentially over the next five plus years, a third or more of our staff could retire.

During the next three years we are developing and reviewing several interventions to address this. Our current approach to workforce planning has evolved to ensure we have a workforce of the right size, with the right skills and diversity, organised in the right way within an affordable budget delivering the services needed to provide services to required quality standards. We are reviewing our uptake to the Retire and Return to ensure it provides an option for staff who are eligible to access their pension to consider.

In addition, a key deliverable in our Strategic Plan is around widening access, opening up multiple routes for aspiring staff to join us, including apprenticeships, community based work experience and placements and graduate training. We are doing so to balance our age profile, plan for known future retirements and become more representative of the communities we serve.

Table 4.16 – Age profile
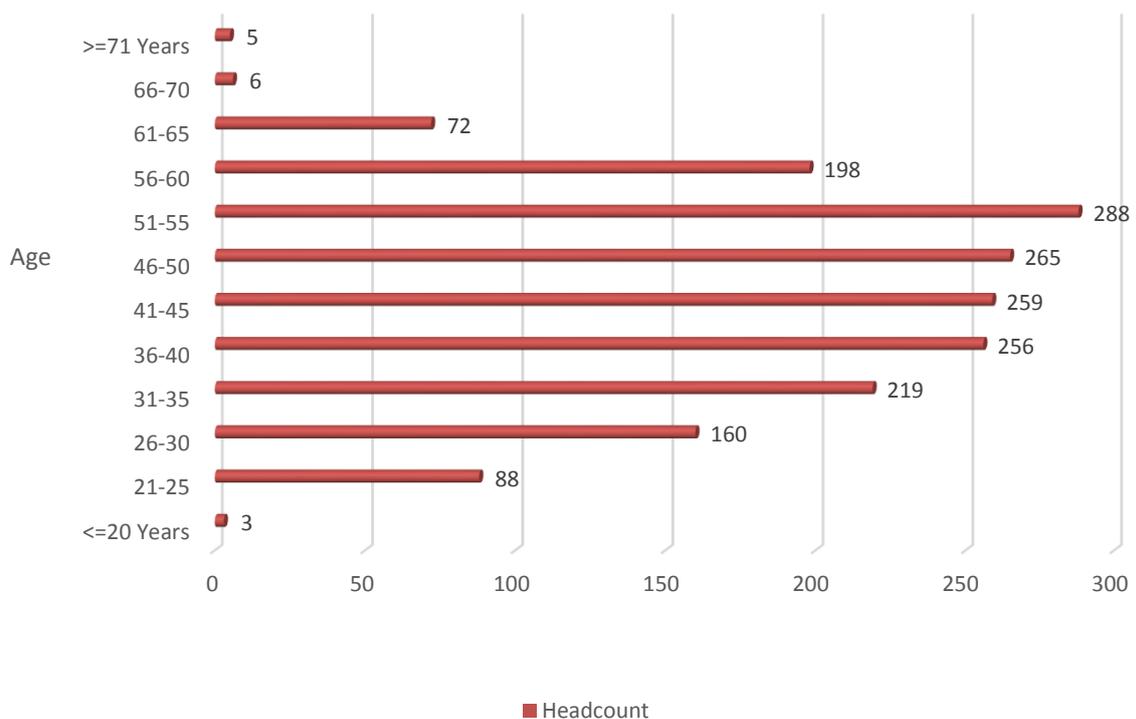
4.3.10　Flexible Working

Flexible working is an increasing feature of our workforce, with a significant percentage of staff working part-time in all bands except 8b. We intend to further understand what makeup of our workforce are using flexible working, whether there are any areas for concern and, if so, what action we may take to address this.

Plans are already in place to set up a Women's Network in 2018, which will look at the issues around career progression, flexible working and Gender Pay issues, exploring the experiences of women within the organisation and learning from them.

We have signed the "Working Forward" Pledge, which is our organisation's commitment to supporting pregnant women in the workplace, and those returning from maternity leave. This will clearly set out what can be expected from the organisation, and demonstrate our commitment to enabling women to balance their careers with family life.

4.3.11　Sickness Absence

The monthly sickness rate has improved very slightly over the course of 2017 from 4.67% to 4.36% (as at January 2018). However our general performance on sickness absence was not as strong as the year before and over a three year period there has been relatively little variation in the organisation's monthly sickness rate.

There is ongoing work relating to managing stress at work and mental wellbeing as the main cause of sickness absence for the 12 months to 31 January 2018 was Anxiety, Stress and Depression; this work includes the provision of mental health workshops and development for managers via Mind as well as our continued organisational commitment to Time to Change Wales. More generally we are progressing sickness absence management plans across the organisation, lending support where it is needed including, for instance, buddying up with managers where short term absence is a concern in their teams.

In addition, under our staff survey action plan we are reviewing and seeking to better understand why there are instances of presenteeism in our workforce (that is individuals coming to work despite not feeling well enough to do so, not least as evidence indicates that presenteeism is liked with reduced productivity and overall wellbeing).

Table 4.17 – Sickness Absence (% Absence FTE)

Sickness Jan 18 — Sickness Jan 17 — Sickness Jan 16
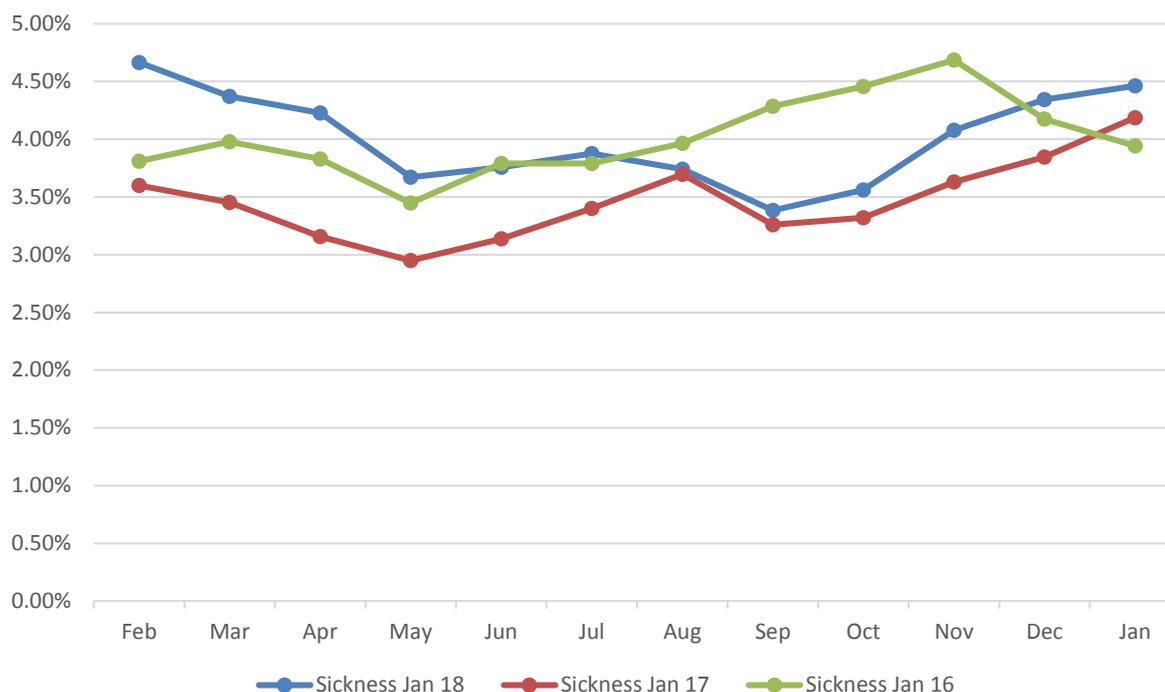
4.3.12 Turnover

Turnover for the 12 months to 1 January 2018 has remained above the 10% Welsh Government target, ranging between 11.4% and 12.3%. Over the rolling 12 month period the main reason for leaving is resignation due to promotion, with a large proportion of staff leaving us to work for other NHS Organisations.

The People and OD team have been undertaking work to understand attrition levels (voluntary resignation accounts for 60% of leavers in the last twelve months and just under 50% of our leavers in the same period had less than two years' service) to understand whether recruitment practices, career paths, team and organisational structures and levels of staff engagement may have an impact on voluntary and short service attrition.

The workforce plans currently in development also provide an opportunity to interrogate how we provide development opportunities within teams, as well as how we design entry roles and develop associated career pathways.

Table 4.18 – Percentage Turnover

Legend: Turnover Rate (12m), Target

Data labels: 11.56%, 11.92%, 11.93%, 11.82%, 12.37%, 12.45%, 11.89%, 11.79%, 11.84%, 12.00%, 11.87%, 11.96%

X-axis: 2017/02, 2017/03, 2017/04, 2017/05, 2017/06, 2017/07, 2017/08, 2017/09, 2017/10, 2017/11, 2017/12, 2018/01
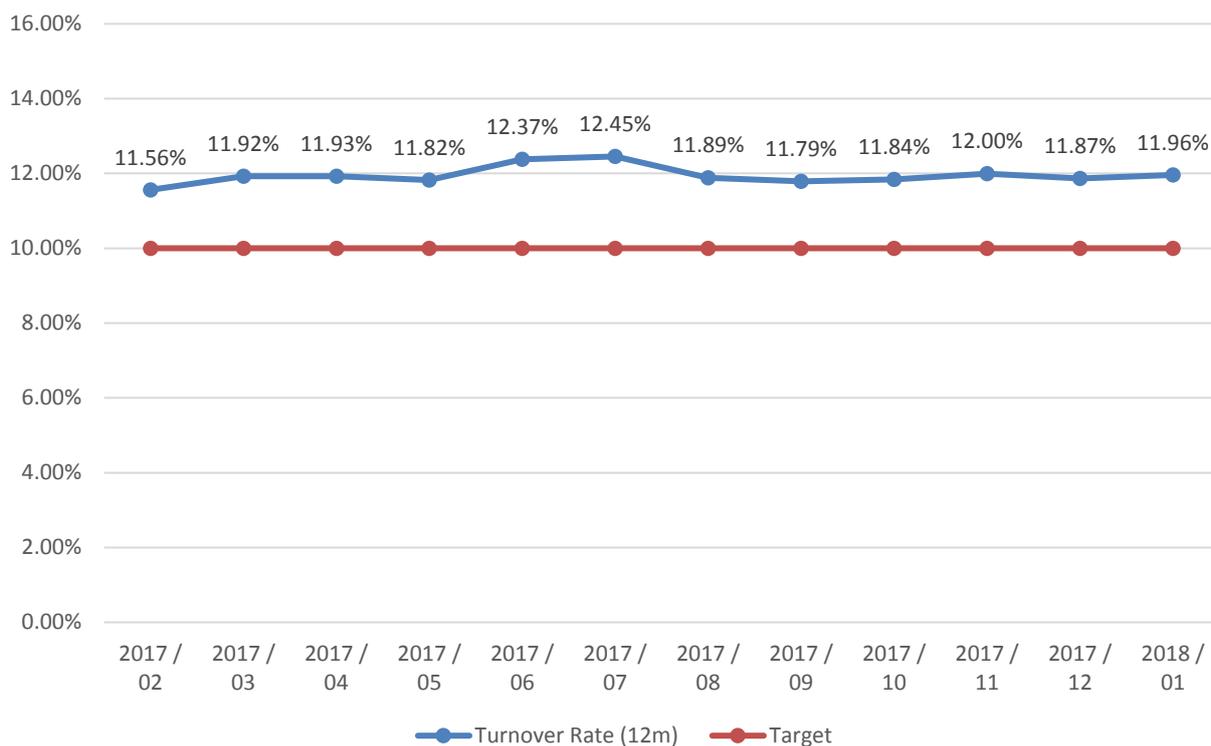
4.3.13 Workforce Assumptions

The key workforce assumptions for us for the next three years are as follows:
- An assumed overall wage award of 1% per annum for each of the three years 2018/19 to 2020/21 and incremental drift equating to a £0.64m increase. These figures include:
  - Agenda for Change incremental drift projected as to £0.45m per year.
  - Commitment awards for consultants projected at £0.19m per year.
- The turnover rate as of January 2018 was 11.96% including retirement, resignation and end of fixed term contracts.
- The predicted turnover rate for 2018/2019 is 11.5% (including retirements).

4.4   Governance

Our Board is accountable for setting our strategic direction, ensuring robust systems of governance and internal controls are in place and overseeing the delivery of our strategy by holding the executive to account.

As the Accountable Officer, the Chief Executive has responsibility for ensuring the implementation of the strategy. Together, the Chief Executive and Board ensure a sound system of internal control which supports, facilitates and ensures the achievements of our strategy, aims and objectives.

4.4.1   Board Assurance Framework

We use an assurance framework to monitor our long-term strategy. The Board and its committees will scrutinise progress as set out below

Fig 4.19: Assurance Framework
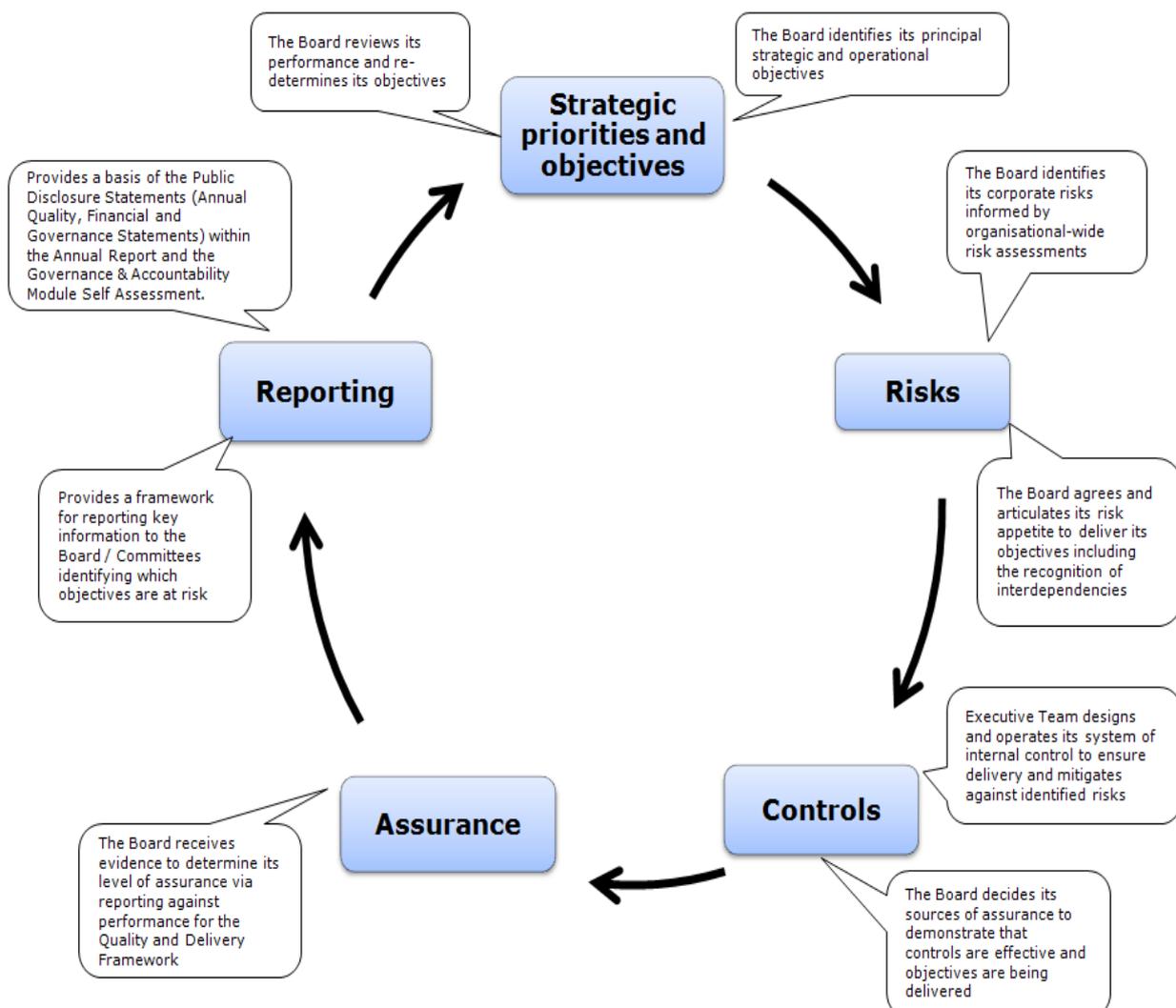
The assurance framework is underpinned by a range of mechanisms including:

- receiving and scrutinising service, workforce and financial performance reports

- seeking assurance that the provisions of relevant statutory requirements have been taken into account

- engaging with service users, stakeholders and staff

- receiving reports from internal and external audits informed by agreed risk based annual work plans

- reporting on governance in line with NHS Wales guidance.

The Board has ultimate responsibility for the delivery of the Long Term Strategy and this Plan. Implementation is the responsibility of the Executive Team. This responsibility is both a collective corporate responsibility and individual delegated responsibility through the respective executive portfolio areas. (see section 1.1.3) The Board may act where directed by Welsh Government, must appoint Committees either to undertake specific responsibilities on its behalf or provide advice and assurance to the Board. The diagram below shows the current Board and Committee arrangements.

Fig 4.20: Board and Committee arrangements

Draft Public Health Wales Integrated Medium Term Plan 2018-21 **V1**
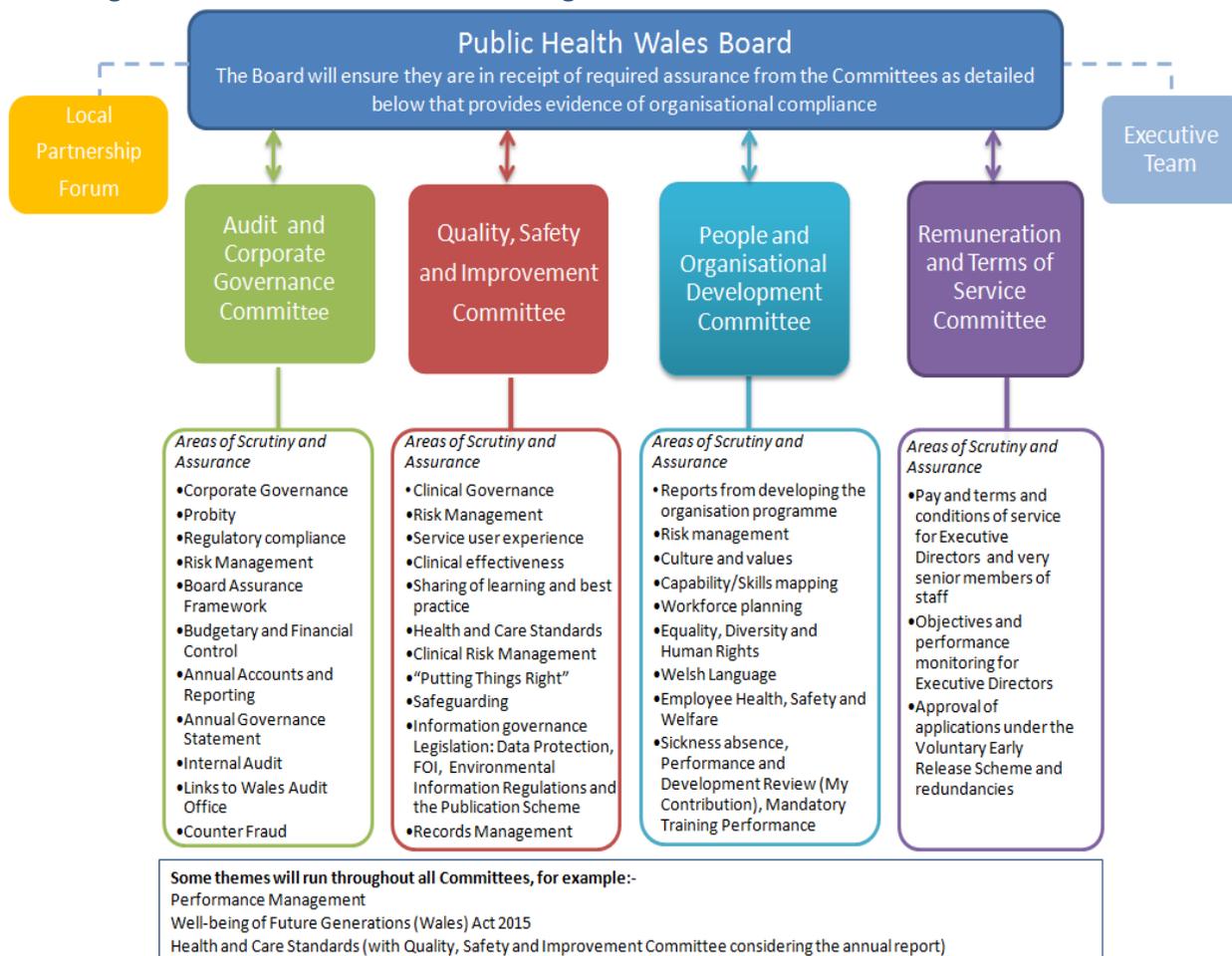
During 2018/19 an additional Committee will be established which will focus on *Knowledge, Research and Information*.

Reporting to members of the Executive Team, operational responsibility for delivery of our Strategic Plan rests with our divisional directors and other senior managers. They are held to account for delivery through regular performance review meetings. These focus on performance against the plan, managing our risks and developing our staff to enable effective delivery and achievement of our outcomes.

Arising from the Strategic Plan will be an annual operational plan. Other relevant delivery arrangements include projects and programmes which support change initiatives. Services between Public Health Wales and other bodies are underpinned by Memoranda of Understanding.

4.4.2 Performance Management and Reporting Framework

In order to monitor how we are performing as an organisation against achieving our strategic priorities, we have formal performance management arrangements in place which are set out in our Performance Management Framework. Our current performance management and reporting arrangements are based on the following key principles:

- production and consideration of timely and robust performance information

- development and embedding of an improvement culture within the organisation

- a commitment to, and clear focus upon, outcomes, value, quality and impact

- clear lines of accountability for delivery

- clear and agreed performance metrics

- clear performance review arrangements

- rewards and sanctions.

In order to implement effective performance management arrangements to help support the delivery of our strategic plan, we will further develop and strengthen our performance management framework in 2018/19 to ensure alignment with our strategic priorities within our Long Term Strategy. This will also reflect our

journey towards an integrated approach to performance reporting, utilising technological advances, our increased focus on demonstrating the value of our work, and our commitment to embedding the Wellbeing for Future Generations Act. See appendix 2 for our performance indicators and trajectories.

4.4.3 Performance management

The performance framework aims to support the ongoing active management of performance, based on clear plans and actions, and continual improvement of our programmes and services. During 2017/18, we have built on the work undertaken during the previous year to further develop our performance reporting arrangements. The aims and purpose of our performance arrangements are to ensure that:

- clear lines of accountability are in place as part of our governance and assurance framework
- information is provided that promotes and informs action to address areas of underperformance
- relevant information on our key services and functions is provided to support decision making
- information is provided as part of an integrated approach to provide a comprehensive overview of the organisation's performance
- significant risks to delivery of agreed targets are identified and managed proactively and effectively
- resources are allocated effectively in line with our strategy and priorities.

We have committed to developing an integrated performance report which ensures that the Executive Team and Board Members have robust and relevant performance information to facilitate decision making, as well as providing a balanced overview of our progress across the organisation.

Our monthly integrated performance report consists of:

- overview of operational, financial, people and quality performance, including against key public health targets
- summary of key performance issues and the actions that will be undertaken to address these
- summary of progress against our Operational Plan (quarterly)
- performance dashboards that provides a summary of overall progress against our key performance indicators

- specific detail on service performance, including current performance and trajectories
- exception reports, where required, providing the reasons for underperformance and action that will be taken to improve.

There will be further integration of the reporting of information in 2018/19. There is also work being undertaken to develop more performance, quality, outcome and impact indicators, to enable the organisation to better describe how we are meeting our strategic priorities. A summary of our performance reporting arrangements is detailed below.

Figure 4.21 – Performance reporting arrangements

Reported to	Reporting	Frequency
Welsh Government	• Latest monthly integrated performance report (including Operational, People and Organisational Development, Finance and Quality data) • Service/programme specific information (as required)	Monthly
Board	• Latest monthly integrated performance report	Bi-monthly (report circulated via email in alternative months)
Executive Team	• Latest monthly integrated performance report • Recovery Plans	Monthly Business Executive Team meeting
Directorate/ Divisional Performance review and management team meetings	• Latest monthly integrated performance report • Finance Report • Operational Plan progress updates • Division/programme specific detail (as required) • Key workforce information	Monthly / Quarterly

4.4.4   Value and Impact

Over the last decade, there has been an increased focus on value across all sectors, including health. This includes:

- increasing need to ensure limited public funds are allocated effectively
- ensuring we are clear what public money is paying for in terms of outcomes rather than output

We recognise the importance of an increased focus on measurement and evaluation and to ensure we are delivering maximum value and impact within our current resource constraints. As a result of this, during 2017/18, we invested in a project to take forward this work.

The Value and Impact project aims to provide a full understanding of how resources are used to create value and impact, and to explore how we can start to adopt a values approach to both planning and decision making. The project will include the production of a baseline assessment that will provide a full understanding of how our resources are currently used to create value and impact, and develop a better understanding of the key methodologies and tools used to measure and evaluate impact and outcome. This links with the work we are undertaking to implement the Quality and Impact Framework.

4.4.5 Managing risk

Managing risk is fundamental to running a successful and high performing organisation. It should be at the heart of decision-making processes and resource allocation at both an operational and strategic level. It should seek to identify opportunities to innovate and invest, alongside the need to mitigate risks.

We continue to develop and strengthen our risk management arrangements at both a strategic and operational level. During 2018/19 we will publish our first Annual Statement of Risk Appetite. Further development will be undertaken to embed risk management at all levels of the organisation, which will include the training of all risk owners.

This will enable the organisation to measure key strategic risk performance, establish its risk profile and instigate thematic analysis through the use of the Board Assurance Framework, Corporate Risk Register and local risk registers.

Strategic risks

As part of the development of our new Long Term Strategy and our Strategic Plan, our Board has identified the strategic risks that it faces in working to deliver on its strategic priorities. This has included exploring the threats to delivery of our strategic objectives and the risk appetite of the organisation.

We recognise that risk is both a dynamic and evolving -process, it is therefore our expectation that strategic risk will continually need to be reviewed over the lifetime of the plan. The strengthened systems and processes of risk management

within Public Health Wales will ensure that these risks are actively managed and mitigated accordingly.

At the time of writing the plan, the following strategic risks, detailed in the table below, have been identified for the delivery of this plan. These risks will form part of the Board Assurance Framework, with each risk having an assigned Executive Director lead. Each risk will have controls identified and where required a risk action plan which will be reviewed on an ongoing basis and reported regularly to the Board. A process to ensure operational risks align with our Strategic risks will also be undertaken and these will be managed at a Directorate and Divisional level.

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
5	Fail to effectively influence stakeholders and support others to deliver the population health gains required to achieve its purpose
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

4.4.6 Information Governance

We rely heavily on information and data to deliver our key products and services. We take seriously our responsibility to safeguard information and, accordingly, have a Risk and Information Governance team, led by the Chief Risk Officer. The team works to ensure that the organisation is prepared for the implementation of the General Data Protection Regulations in May 2018, which will not only

ensure that we are compliant with legislation, but will provide assurance to our stakeholders on the effectiveness of our arrangements.

In addition to legal requirements, we self-assess our Information Governance arrangements against two national standards, and our assessment receives external expert outside scrutiny from the NHS Wales Informatics Service. At the end of 2017, our verified assessment score was 94% across the organisation. This is an improvement on previous years and demonstrates our commitment to ensuring that personal information is safe in our hands. We have also developed an action plan to close the remaining gap.

We are also investing in greater training, both operationally and at Board level particularly in the emerging discipline of cyber-security to ensure that our staff are well are well prepared to deal with the information security needs of current times.

4.4.7 Financial controls, reporting and audit arrangements

Our financial control framework is set out in the Standing Financial Instructions (SFI) which set out the regulation of financial proceedings and business. Approved by our Board, our SFIs are designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business. They translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders and Reservation and Delegation of Power, they provide the regulatory framework for our business conduct.

Internal Audit provides the Board, through the Audit and Corporate Governance Committee, with assurance on our system of internal control. An annual programme of audit work is commissioned and delivered in accordance with public sector internal audit standards. The scope of this work is agreed with the Audit and Corporate Governance Committee, and is focused on significant risk areas and local improvement priorities approved by the Board.

The overall opinion by the Head of Internal Audit, NHS Wales Shared Services Partnership, on governance, risk management and control is a function of this risk based audit programme. It contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office undertakes the external auditor role for Public Health Wales on behalf of the Auditor General.

Monthly financial reporting to the Welsh Government is by the fifth working day following the end of the month, with a full monitoring return submitted on the eighth working day. A financial performance report is produced on a monthly basis as part of our integrated performance reporting process and presented to each Board meeting.

4.4.8 Stakeholder engagement and support

Following an external review in 2016, and further work in 2017, an over-arching new approach to engagement has been produced and was agreed by the Public Health Wales Board in November 2017. This will strengthen further our engagement practices, ensuring consistency across the organisation.

The framing for this approach was The World Health Organization (2011) statement that 'policy can no longer just be delivered: success requires co-production and the involvement and co-operation of citizens'. To enable us to do this we accept we need to extend where appropriate the degree to which we engage with and involve the public in planning and delivering our services.

This helps us to understand their perspective and optimise our role in supporting them to improve their health and wellbeing. We are committed to listening to people, ensuring that they have control and are seen as an equal partner in decisions that affect their lives. Our organisational values reflect this approach (see 2.1.2).

Our agreed approach to engagement also seeks to embed evidence of evaluation and impact measures into the activities being undertaken. We also emphasise the importance of transparency for stakeholders and the public on our approach. Additional work will be needed to roll out this approach and its underpinning tools and techniques. We envisage this being completed in 2018/19.

Purposeful Engagement

We have framed our approach around six main reasons for engagement and these are illustrated in figure 4.22.

Fig 4.22 – Engagement

Example of Information to Empower:
• Training changed for Abdominal Aortic Aneurysm screeners following a complaint/ feedback received

Example of Service awareness
• Communication promoting Public Health Wales work (social media/ internet)

Well-being of Future Generations (Wales) Act

Information to Empower

Service Awareness

General Consultation

Citizen/ Person

Issue Specific Participation

Co-Production

Community Empowerment

Example of general consultation:
• Focus groups set up to obtain views on the new 10 year strategy

Example of issue specific participation:
• Development of videos to encourage the Trans community to attend for Cervical Screening

Example of co-production:
• Self Care (EPP Model)

Example of community empowerment:
• Healthy and Well Communities Programme working with and through 3rd sector and communities

4.4.9   Nurse Staffing Levels (Wales) Act 2016

The National Assembly for Wales passed the Nurse Staffing Levels (Wales) Bill in February 2016 and it received Royal Assent in March 2016. The Act inserts new sections (Section 25A-E) into the National Health Service (Wales) Act 2006. The first of the statutory duties (Section 25A) took effect on 06 April 2017 and currently this is the only part of the Act that affects Public Health Wales. This Section places a responsibility on us to have an overarching responsibility when considering how many nurses are necessary to meet 'all reasonable requirements and to have regard to providing sufficient nurses to care for patients sensitively'. This duty includes a requirement to undertake workforce planning, including the recruitment, retention, education and training of nurses. Public Health Wales has workforce plans in place with professional support and relevant training available to all registered nurses. Any nursing staffing issues would be escalated via lead nurses to the Executive Director of Quality Nursing and Allied Health Professionals.

Section 25B, 25C and 25E of the Act currently only applies to adult acute surgical and medical inpatients wards however the Act makes provision (within Section 25B -3C) that this can be extended to other areas.'

4.4.10   Welsh language

Our long-term goal is to ensure that anyone who engages with us can do so as easily in Welsh as in English. This includes service users, the public, our staff, and colleagues in the wider public health workforce. Since we came into being in 2009 we have implemented various statutory and government requirements which have contributed to the achievement of our goal. While much good work has been done, we acknowledge that our progress has not been as substantial as we had planned. We need to refresh our approach and work differently if we are to achieve our goal in relation to the Welsh language.

Welsh Language Standards

In 2018, we will be subject to new Welsh Government Welsh Language Standards (Health Sector) Regulations in relation to delivering our public facing services. Alongside the regulations, we are required to implement actions arising from the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care: More Than Just Words, with the aim of planning, actively offering and delivering quality health services in Welsh.

To meet this, we are changing our thinking and starting to work in a different way. We are broadening our action plan to include comprehensive Welsh language planning at directorate / division level across our organisation.

Welsh Language Skills

We will publish our Welsh Language Skills Strategy in 2018, which will provide the framework for bilingual workforce planning across the organisation. The implementation of the strategy will improve our organisation's capacity to deliver Welsh-medium face to face and telephone service in line with service user needs and preferences. We will review internal systems and arrangements to support directorates to plan and deliver consistently good quality linguistically appropriate services to the public.

By 2019, we will develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language. We will put in place arrangements to ensure that our staff may exercise their statutory rights to use the Welsh language in work. We will also ensure that when we have dealings with the wider public health workforce, we will promote and meet language preference.

The Well-being of Future Generations Act has a well-being goal relating to the protection and promotion of the Welsh language. We have a duty to set objectives which to contribute to the achievement of that goal.

In 2017, Welsh Government published its Welsh language strategy *Cymraeg 2050: A Million Welsh speakers*. Its aims include increasing the use of Welsh in the workplace across all sectors, the range of Welsh-medium services offered to Welsh speakers, and Welsh speakers' use of Welsh-medium services. In implementing the various statutory and Welsh Government strategic requirements, we will make a positive contribution to the achievement of that aim.

Welsh Language skill requirements of Public Health Wales posts

A tool has been created, which links to the Welsh Language Strategy, to assist managers in assessing Welsh language skill requirements during recruitment. The tool will be applied in accordance with the local requirements and level of the local population that are Welsh speaking.

Currently very few posts are advertised as Welsh language essential and the assessment tool is designed to review the content of the job before going to advert. The guide has been produced by the People and Organisational Development Team and Welsh Language Group. A workshop is planned in April 2018 to highlight any issues, concerns that may arise. Screening and the Health and Wellbeing Directorate have agreed to pilot the tool which will go live in May 2018.

4.4.11 Equality

We have continued to advance the work set out in the Strategic Equality Plan to meet our equality objectives. Equality Champions have been identified for each department, and they monitor progress at a local level.

Our governance framework in relation to equality will ensure that Public Health Wales considers, promotes and challenges equality practice. We have a role in monitoring our progress against our Strategic Equality Plan and objectives to ensure legal compliance. We will report our progress annually to the Board and fulfil our statutory duty by publishing an annual equality report.

In terms of our equality objectives, we will:

- engage with communities and individuals of all ages, including those who represent groups with protected characteristics and actively use their insights to inform and direct our work

- communicate our messages in ways that are accessible to all members of the community including people with protected characteristics

- make sure all our policies and decisions reflect all groups of people fairly and are relevant to everyone

- build a closer working relationship between Public Health Wales and other partners to enhance information gathering and analysis that better identifies the needs of people with protected characteristics

- be recognised as a fair, inclusive and innovative employer.

Inclusivity and accessibility

We will continue to work towards being a fully inclusive organisation both in terms of the people who use our services and the workforce it supports. Engaging with people who have experienced discrimination and prejudice as a result of having a protected characteristic is essential if we are to understand the different needs of our communities in Wales. In support of this work the Centre for Equality and Human Rights, which is a strategic resource, will identify and, where

appropriate, commission the evidence, including lived experience, to better understand potential population level health gain through the lens of people with protected characteristics.

Moreover, the Centre for Equality and Human Rights will support us in engaging with diverse communities by ensuring public health messages are culturally appropriate and accessible to everyone.

Equality impact assessment is a key process for the organisation as it considers equality-related impacts, both positive and negative, at the beginning of a planning process and not at the end. The meaningful involvement of communities through effective engagement is important to us as it helps to build strong relationships and demonstrates transparency and accountability in policy and decision making. We will continue to improve our internal process for Equality Impact Assessments. Where appropriate we will work across Directorates to minimise potential risk of our staff having to undertake multiple impact assessments where appropriate these will be streamlined.

We are working to promote participation and access to our services by ensuring our communications are accessible and our services are inclusive. We will actively work to implement the All Wales Standards for Accessible Communications and Information for People with Sensory Loss, and ensure that reasonable adjustments are made to deliver equality of access to our services and events for disabled people.

In line with legal requirements, and as a responsible employer, we have identified a gender pay objective and will formalise a plan to analyse our pay and workforce structure through the lens of gender equality. Equality aspects will also continue to be considered when commissioning and procuring services so that the goods and services meet the need of the different users.

4.4.12 Health and Safety

Following a review of arrangements, a Health and Safety Group has been established to advise on whether effective arrangements are in place to ensure organisational-wide compliance with the our Health and Safety Policy, approve and monitor delivery against the Health and Safety action plan and advise on the strengthening and development of existing arrangements. The group is chaired by Executive Director of Operations and Finance and includes representation across the organisation and reports to the People and Organisational Development Committee which seeks assurance on behalf of the Board.

4.5　　　Achieving Value, Quality and Impact

We continue to implement our Quality and Impact Framework which will play an integral part in delivering our new strategic priorities. Our vision is to be a quality and impact focused organisation which has robust measures in place to assure us that the work we are doing is of high quality, has a positive impact on the health, well-being and the protection of the people of Wales and is safe and reliable. In order to achieve this vision we need to continually improve what we do through engaging with stakeholders to gain feedback, using knowledge, from research evidence, evaluation, innovation and experience. We need to demonstrate how we reach decisions regarding our priorities and how our planned approaches are informed by being transparent and involving and working with and through others.

A pictorial representation of the Quality and Impact Framework (a house) enables us to visually see the elements which contribute the quality and impact of the work we do.

Fig 4.23 – Quality and Impact Framework
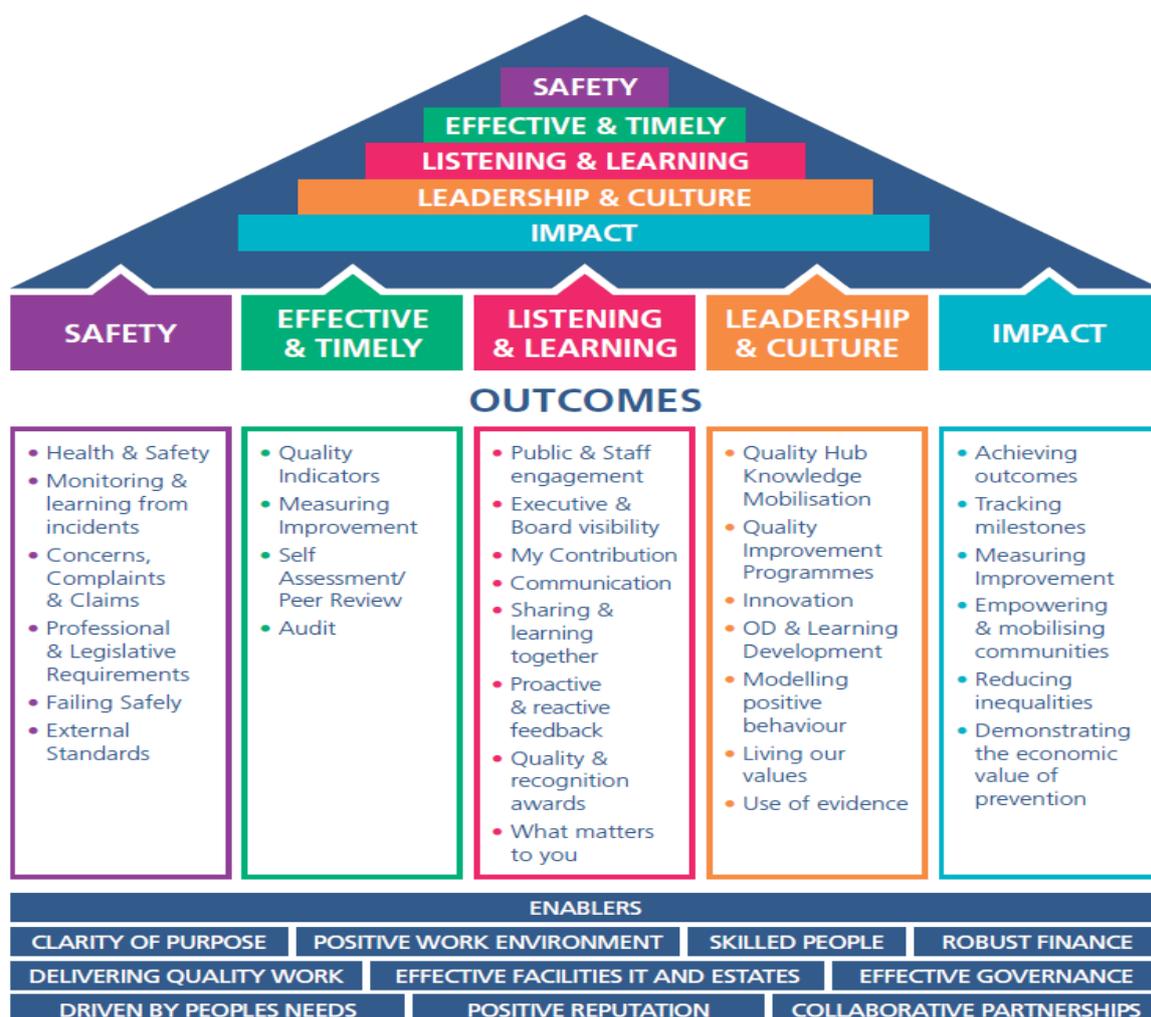
We have an overarching implementation plan for the Quality and Impact Framework which sets out the strategic objectives, and associated deliverables, to achieve these goals which will be defined within the operational plan for the relevant year. Implementation of the Framework will be a truly cross-organisational, integrated, collaborative endeavour.

How we work

Quality and impact indicators, covering the five domains of quality and impact, have been developed in partnership with teams to enable us to monitor progress. These will continue to be refined during 2018/19 as will the reporting mechanism to the Board and its Committees, as part of the wider organisational performance management process. The indicators will be reviewed annually, as they are important building block for the organisation in changing the culture and increasing the focus on quality and impact.

The Quality Management Group continues to monitor and support the implementation of the Quality and Impact Framework, including cross-organisational initiatives to build capacity and capability so that we can improve quality and achieve impact. These include a workforce training and development programme covering research, evidence, evaluation and improvement methodologies and the development of an evaluation framework. In addition "Deep Dives" are undertaken with a focus and scrutiny on specific areas/ topics, e.g. inspection regulatory reports, clinical and quality audit plan, Health and Care Standards and Directorate level indicators. The Quality Management Group, reports via the Executive Team on appropriate matters to the Quality, Safety and Improvement Committee or to the Board.

In developing our Annual Quality Statement (AQS) we focus on informing the public and users of our services, programmes and functions, the challenges we face and how we have tried to address these. Over the past five years we have developed our approach to publishing the AQS by involving members of the public.

For the first time a children and young person's version of the AQS was produced for 2016/17. This acted as a spring board for a youth summit which took place in November 2017, and was attended by over 70 individuals. The involvement of these young people will continue to help inform the work we do linked to the well-being objectives and the five ways of working. The Executive Team has committed to replicating this event on an annual basis which will increase opportunities for the voice of children and young people to be heard to help us improve the health of the future generation.

Effective service user engagement and public involvement is an important aspect of our governance arrangements, and as such, helps the us to improve the quality and safeguard the high standards of the our services, functions and programmes. In November 2017 the Board approved the Public Health Wales overarching approach to engagement (Section 4.3). Further work will be undertaken to implement this approach across the organisation to identify appropriate tools, knowledge and skills for each type of engagement reflecting the five ways of working as set out in the WFG Act.

4.6 Research and Development

4.6.1 Research in Public Health Wales

Our research is essential to helping us better understand which factors influence health and inequalities in our societies, and inform policy and practice to improve health across Wales. Research ensures that the work we do is based on the best evidence.

Supported by Welsh Government funding, Public Health Wales has made great progress over the last two years in developing research within the organisation. Following the launch of our research strategy we have promoted and enhanced the understanding of public health research in Wales, developing closer collaborations between Public Health Wales, academia and partners across the wider research infrastructure in Wales. Our research strategy highlights four areas for action:

1. Building research capability
2. Facilitating the generation of new knowledge
3. Strengthening public engagement and collaboration with others
4. Communicating the findings from research

Our research is shaping the health agenda for Wales, achieving international recognition for its impact, leading to a strong academic publication record, and securing funding from competitive grant giving organisations. Recent successes include;

- Welsh Adverse Childhood Experiences (ACEs)– Policy, Research and International Development Directorate

- Development of new methods and whole genome sequencing to support international surveillance and outbreak investigations of *Cryptosporidium* – Public Health Services

- understanding the police response to vulnerability and risk – Policy, Research and International Development Directorate

- evaluating the potential of using an observation tool for parent child interaction in the first two weeks of life - Quality, Nursing and Allied Health Professionals Directorate

- Life after Prostate Cancer Diagnosis - Health and Wellbeing Directorate

- Developing a public health approach to responding to mass unemployment events – Policy, Research and International Development Directorate.

Further information can be found in our highlights report.

The Hot House

In 2016/17, the Public Health Research, Evaluation and Development 'Hot House' was established to provide a dedicated research resource for Public Health Wales. The Hot House is currently working on a number of high profile work streams including Public Health and Gambling (in conjunction with the Chief Medical Officer), Resilience and ACEs (in partnership with Welsh Government) and Stay Well in Wales informing the development of the strategy.

Research Governance and Support

The Research and Development Office ensures all research across Public Health Wales is carried out in line with appropriate research governance and ethical requirements.

The Research and Development Office also supports research across the organisation through provision of a Pump-Priming Fund to encourage the generation of new knowledge; facilitating links across wider research networks in Wales; and sharing successes through our annual Research in Wales Conference.

A look to the future

Research and development underpin the work we do. As we renew our long term strategy for research, Public Health Wales will seek to shape the research agenda for population health in Wales, and build on recent successes working in partnership with others to grow research within our organisation, with demonstrable impact on the health and well-being of the population of Wales and for future generations.

4.7   Our digital approach

In 2017, Public Health Wales developed its Digital Strategy that sets the direction of travel for Public Health Wales in its interactions with an accelerating digital world and covers all aspects of Informatics service delivery within the organisation, the wider NHS and beyond. As we continue to develop and refine our Long Term Strategy, we recognise the need to ensure alignment with the digital approach and this will be refreshed during 2018/19.

In section 4.1 we have identified a number of areas that will be taken forward as part of our digital approach. This will be led by the Executive Director of Operations and Finance and we will continue to work closely with NWIS, health boards and other NHS Trusts to ensure our digital approach aligns and supports delivery of the national Informed Health and Care Strategy.

Some of this key areas include:

- Supporting the development, modernisation and sustainability of channels through which the public and stakeholders can fully engage with the organisation including a revised website

- Transitioning current systems to our new integrated informatics infrastructure which will increase effectiveness and efficiency, streamline development and maintenance (through 'agile' methodologies) and reduce costs. All new informatics systems and services will be developed within this framework.

- Developing a consistent approach to Business Intelligence including how we hold our data and assessing the scope for artificial intelligence and robotics to contribute to the effectiveness and efficiency of our processes

- Implementing more modern ways of collaborating, storing, retrieving and discovery of all content and information including the use of cloud based services

- Ensuring we have both the technical and human resources to address the challenges of cyber threats

4.8   Innovation

Innovation means a purposeful approach to finding and applying new and better ways of doing things. Our proposed Innovation Strategy will focus on a number of dimensions as illustrated below. This approach must also be complementary to the direction of travel outlined in our proposed long-term Strategy and as we continue to refine our long term strategy we will need to ensure our approach to innovation is aligned. This will be lead through our Executive Director of NHS Quality Improvement and Patient Safety/ Director of 1000 Lives Improvement Service.

Fig 4.24– Innovation
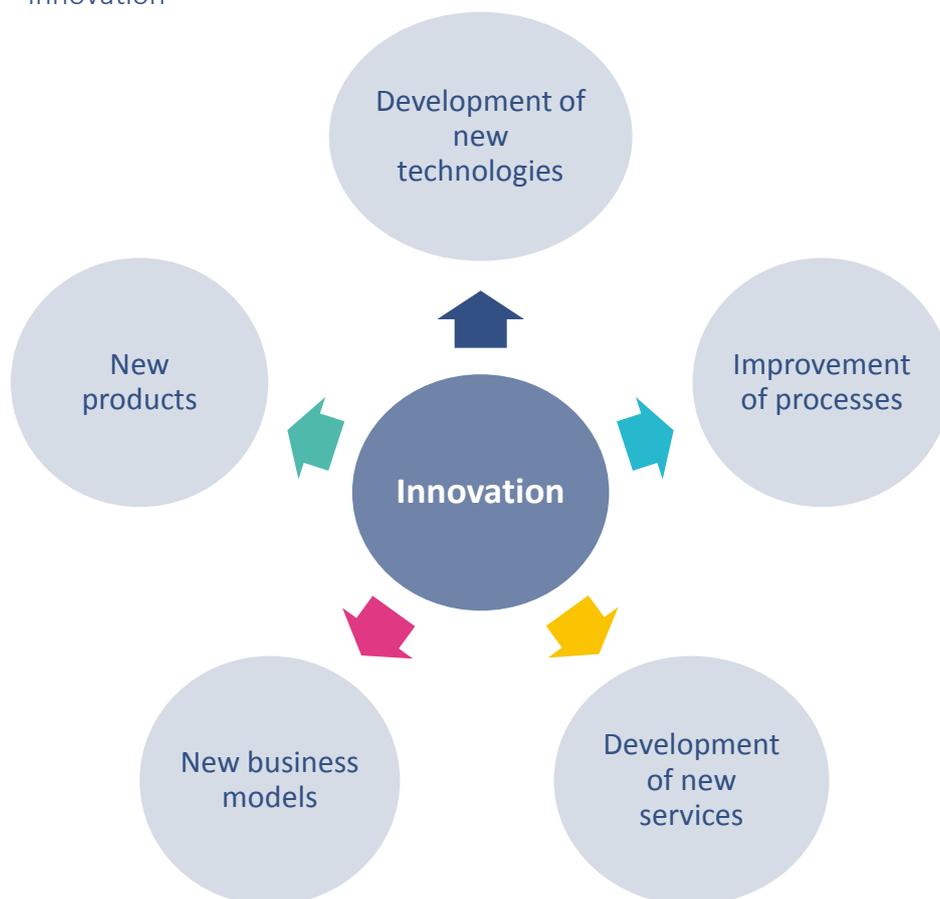
Our aims for innovation are to:

- 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 service change

- develop and support innovative research

- support NHS Wales with innovations that can transform quality improvement ideas into action at a local and national level

- widen the active participation in improvement, research and innovation.

The dimensions of our approach are set out in table 4.26.

Fig 4.25– Our Innovation approach

Dimension	Aim	What success looks like
Resources	Show our commitment to innovation with dedicated resources.	Staff are confident they have the authority to act and have access to protected resources (e.g. time, support, skills). With the aim of building into the 'My Contribution' process.
Goals	Communicate 'calls to innovate' to encourage staff to engage in our Strategic Plan formation and clearly link to organisational priorities.	Staff want to be involved in tackling challenges. Positive staff morale is evident and improvements in quality.
Knowledge	Endeavour to make it easy to find and share knowledge about innovation by brokering between partners and staff, whilst continuing to encourage the generation of knowledge and innovation. Interface with the Public Health Wales strategy for knowledge mobilisation as an enabler to innovation.	Knowledge is the fuel for innovation: organisational information is communicated rapidly and honestly, and demonstrates value between partners.
Rewards	Identify a range of ways to recognise and reward individual contribution to innovation.	Contributions to innovation are valued by the organisation and linked to an individual's personal motivations, values, and 'My Contribution'.
Methods & Tools	Provide training opportunities to put the right tools in the hands of innovators and have processes in place to support them.	Individuals, teams and directorates have access to tools and resources to enable and realise innovation opportunities and will develop sustainability in helping others.
Relationships	Nurture relationships to boost innovation capability, seed ideas and develop the spread of innovation.	Innovative ideas are rarely the product of a lone genius: people are encouraged to work collaboratively across teams, directorates and boundaries. Resulting in an organisation where innovation flourishes and long-term relationships can provide new opportunities.
Risk taking	Create an environment where staff feel safe and supported to try out new ideas.	A healthy environment for innovation is interested in learning from experience and failure. Staff feel supported in being innovative. We become known for our creativity and challenging risk aversion.

Part 5

Appendices
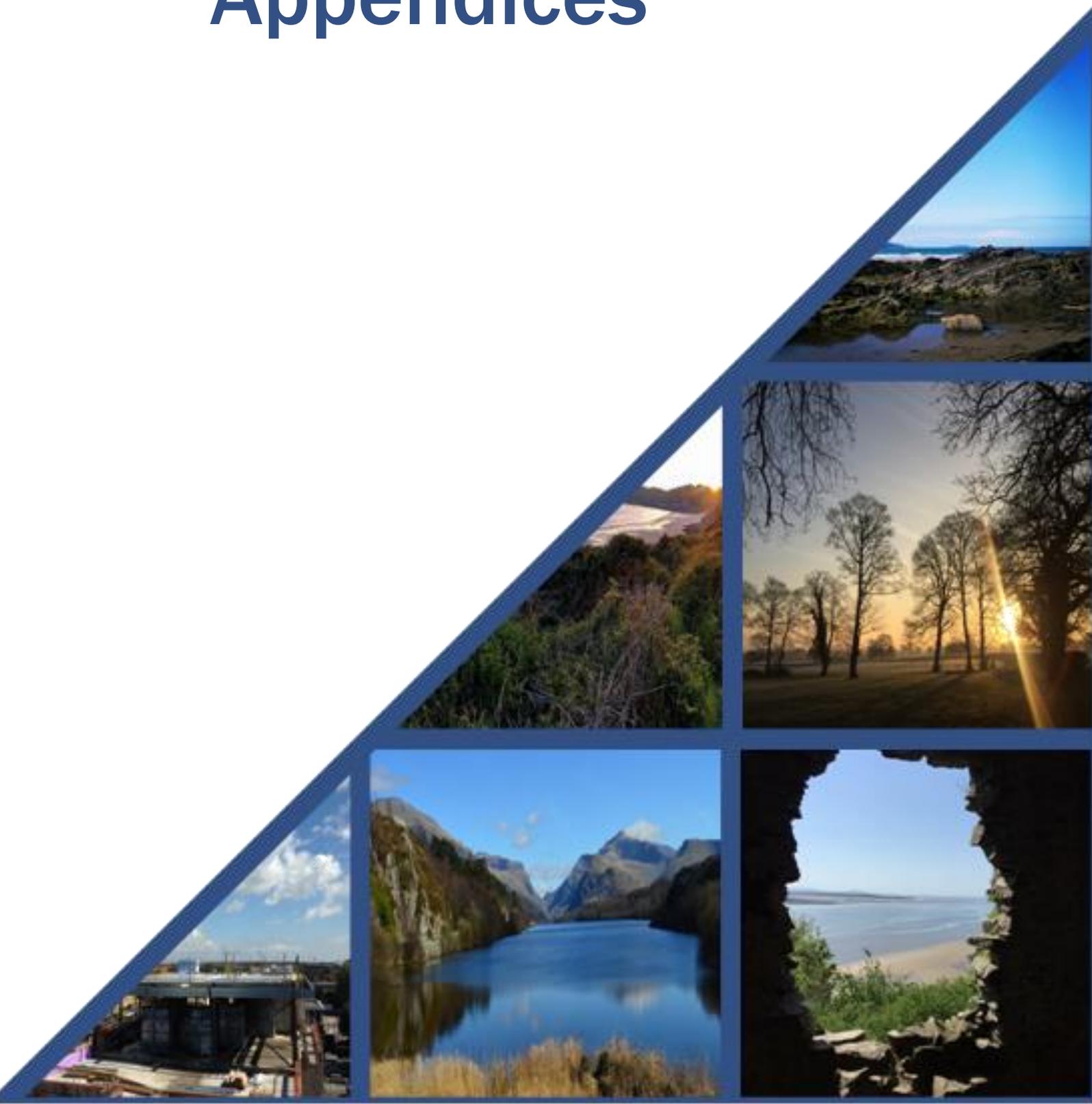
5.1   Appendix 1 Alignment of Well-being Goals and our Priorities

As set out in section 1.5, we have assessed our priorities and strategic objectives against the well-being goals. This shows that in many areas the action we will undertake over the next three years will deliver real and tangible benefits within these areas. The relevant coloured tabs for each strategic priority are included in section 3.

The seven Well-being Goals for Wales

A Prosperous Wales (1)	A Resilient Wales (2)	A Healthier Wales (3)	A More Equal Wales (4)	A Wales of Cohesive Communities (5)	A Wales of Vibrant Culture and Thriving Welsh Language (6)	A Globally-responsible Wales (7)

	1	2	3	4	5	6	7
Influencing the wider determinants of health	X	X	X	X	X	X	X
Built on the success of the Welsh Network of Healthy Schools Scheme and work with others to increase both the action relating to the wider determinants of health and to support educational attainment	X		X			X	
Renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health	X		X	X			
Demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice	X	X	X	X	X	X	X
Embedded evidence based Health Impact Assessment as a key influence on ours and others decision making	X		X	X	X		X
Stimulate action to better understand and address the mechanisms through which wider determinants impact on health and well- being in Wales	X		X	X	X	X	
Improving mental well-being and building resilience	X		X	X	X		
Increased the visibility and priority of work to promote mental wellbeing through increased investment in a co-ordinated cross organisational programme reflecting public and partner priorities			X	X			
Developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs			X		X		
Developed and disseminated best practice guidance and tools on promoting wellbeing through work	X		X	X			

	1	2	3	4	5	6	7
Worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations			■	■			
Promoting healthy behaviours			■	■	■	■	
Work with others to reduce the proportion of the population who smoke			■	■			
Support Welsh Government to develop and implement a new national obesity prevention and reduction strategy			■	■		■	
Work with others to increase the proportion of children who are a healthy weight when they start school			■	■		■	
Agree and implement with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales			■	■		■	
Work with others to achieve demonstrable increases in the proportion of children who walk or cycle to school			■	■		■	
Developed a new comprehensive programme of prevention of alcohol related harm			■	■			
Developed a programme to reduce the use and harm from drugs			■	■	■		
Increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales			■	■	■	■	
Increased understanding of the effective methods of behaviour change across staff working in public health			■	■			
Work with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.			■	■			
Securing a healthy future for the next generation through a focus on early years			■	■	■	■	
Worked with partners to develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years			■	■	■	■	
Undertaken research to inform policy around early years			■	■	■	■	
Worked with others to improve outcomes in the first 1000 days and to reduce exposure to adversity in the early years			■	■	■	■	
Revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years			■	■	■	■	
Worked with partners to improve oral health of the children in Wales			■	■	■	■	
Protecting the public from infection and environmental threats to health	■	■	■		■		■
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.	■		■		■		
We will be providing effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases		■	■				

	1	2	3	4	5	6	7
We will have effective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change	●	●	●		●		●
Supporting the development of a sustainable healthcare system focused on prevention and early intervention			●	●	●		
Enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care			●	●			
Used patient safety as a driver to reduce variation, inequality and harm in care delivery			●	●			
Supported organisations to improve the quality of mental health and learning disability services across the life course			●	●			
Deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations			●	●			
Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease			●	●			
Delivered the public health contribution to the national programme for transformation of primary care			●	●			
Worked with partners to develop and implement the General Dental Service (GDS) reform programme to increase prevention and maximise value of dental healthcare			●	●			
Supported the NHS in Wales to implement the Safeguarding maturity matrix			●	●	●		
Building and mobilising knowledge and skills to improve health and well-being across Wales	●		●	●			●
We will develop and deliver 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.	●		●				●
We will increase dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs.	●		●	●			
We will increase our understanding of how new technologies can be adopted and exploited to better utilise population data and improve health and diagnostic systems in order to reduce health inequalities.	●		●	●			
We will develop 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.	●		●				
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.	●		●	●			
Though implementation of our International strategy we will develop, with the World Health Organization, a world-leading Centre for Investment in Health and Well, harness public health expertise developed abroad, and disseminate knowledge, innovation and learning developed in Wales.	●		●				●
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.	●		●				

	1	2	3	4	5	6	7
Increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care.	■		■				
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.	■		■	■			

5.2 Appendix 2- Delivery Framework and Performance Trajectories

This section of our plan details Public Health Wales' delivery framework for 2018/19. The delivery framework details the key service, quality and resource indicators we will use to monitor our internal performance. Accompanying these key indicators are the expected trajectories for service performance over the next year. Indicators and respective targets will be updated in line with the newly published NHS Delivery Framework 2018/19

5.2.1 Health improvement

Health Improvement	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Help Me Quit					
The percentage of adult smokers who make a quit attempt via smoking cessation services[1]	5% annual target	1.5%	1.0%	1.0%	1.5%
The percentage of smokers treated who are CO-validated as successful at 4 weeks[1]	40% annual target	40%	40%	40%	40%
Stop Smoking Wales					
Percentage of treated smokers who have a CO reading at 4 weeks	80%	80%	80%	80%	80%
Average waiting time for an appointment in this month (days)	14 days	14	14	14	14
Percentage of treated smokers who Quit smoking at 4 weeks (Self reported)	50%	50%	50%	50%	50%
Smoking Prevention Programme					
Number of schools targeted*	60	60			
Welsh Network of Healthy School Scheme					
Schools achieving level 1 – 5 award*	180	180			

Health Improvement	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Schools achieving the National Quality Award (NQA)*	50	50			
Healthy Working Wales[2]					
Organisations completing a CHS mock assessment		Discussions currently taking place with Welsh Government in relation to the funding for this programme for 2018/19 onwards. The development of performance trajectories are subject to the successful conclusion of these discussions. Following confirmation of funding, performance indicators and trajectories will be developed with Welsh Government.			
Private sector organisations completing a mock assessment					
Organisations completing a full assessment					
Private sector organisations completing a full assessment					
Organisations achieving a Small Workplace Health Award					
Number of Work boost interventions delivered					
National Exercise Referral Scheme performance					
Number of referrals	23,500	5,875	11,750	17,625	23,500
Number of 1st consultations	16,300	4,075	8,150	12,225	16,300
Number of 16 week consultations	6,500	1,625	3,250	4,875	6,500

5.2.2   Microbiology

Microbiology services	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Microbiology - CPA accreditation status	Accredited	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	95%	85%	85%	87%	90%
EQA performance (Virology)	95%	95%	95%	95%	95%
EQA performance (Specialist and reference units)	95%	95%	95%	95%	95%
EQA performance (Food, Water and Environmental Laboratories)	90%	90%	90%	90%	90%
Turnaround time compliance (Bacteriology)	95%	90%	90%	93%	95%

Microbiology services	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Turnaround time compliance (Virology)	95%	95%	95%	95%	95%
Turnaround time compliance (Molecular)	95%	95%	95%	95%	95%
Turnaround time compliance (Specialist and reference units)	95%	95%	95%	95%	95%
Turnaround time compliance (Food, Water and Environmental Labs)	95%	95%	95%	95%	95%
Turnaround time compliance urgent samples (bacteriology/virology) - Annual	95%	95%			
Non processed samples (Bacteriology)	≤1.5%	2.0%	2.0%	2.0%	2.0%
Non processed samples (Virology)	≤1.9%	2.1%	2.1%	2.1%	2.1%
Non processed samples (Specialist and Reference Units)	≤0.3%	0.6%	0.6%	0.6%	0.6%

5.2.3   Screening

Screening programmes	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Breast screening: assessment appointments within three weeks of screen	90%	70%	80%	85%	90%
Breast screening: normal results sent within two weeks of screen	90%	95%	95%	95%	95%
Breast screening: per cent women invited within 36 months previous screen	90%	90%	90%	90%	90%
Cervical screening waits for results: within four weeks	95%	95%	95%	95%	95%
Cervical screening coverage	80%	76.5%	76.5%	77%	77%
Bowel screening coverage	60%	52%	52%	53%	54%
Bowel screening waiting time for colonoscopy	90%	55%	60%	65%	70%

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Screening programmes	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Abdominal aortic aneurysm surveillance uptake: small	90%	90%	90%	90%	90%
Abdominal aortic aneurysm surveillance uptake: medium	90%	90%	90%	90%	90%
Newborn hearing screening percent of babies who complete the Newborn Screen within 4 weeks	90%	98%	98%	98%	98%
Newborn hearing screening percent of babies completing the assessment procedure by 3 months of age	85%	85%	85%	85%	85%
Newborn bloodspot screening coverage (newborns)	95%	94%	95%	94%	95%
Newborn bloodspot screening avoidable repeat rate	<=2%	4.0%	3.5%	3.5%	3.0%

5.2.4   **Health Protection**

Healthcare Associated Infections[3]	Target	Projected 17/18											
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
The rate of laboratory confirmed C.difficile cases per 100,000 population		The Healthcare Associated Infection trajectories are targets for which Health Boards and Trusts are accountable for delivering, as the interventions require direct responsibility for the healthcare of the associated patients. Public Health Wales' role is to collect, analyse, and share data, and where appropriate, to advise and guide regarding interventions and practices.											
The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population													
The rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population													

Vaccination and Immunisation		Target	Projected 18/19			
			Q1	Q2	Q3	Q4
Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	96.5%	96.4%	96.7%	97.3%
Percentage of children who received 2 doses of the MMR vaccine by age 5		95%	95.8%	95.8%	95.7%	96%
Uptake of the influenza vaccination among:	65 year olds and over	75%	68%			
	under 65s in high risk groups	55%	47.8%			
	pregnant women	Not available	76.8%			
	health care workers	60%	51.5%			

5.2.5 **Quality**

Quality	Target	Projected 18/19											
		Q1			Q2			Q3			Q4		
% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	75%	75%			75%			75%			75%		
Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Number of new Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	100%	100%			100%			100%			100%		

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5.2.6 Workforce

Workforce	Target	Projected 17/18											
		Q1			Q2			Q3			Q4		
Percentage of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care	75%	75%			75%			75%			75%		
Percentage compliance Disclosure and Barring Service checks for newly employed staff who come into contact with children	100%	100%			100%			100%			100%		
Percentage compliance for Disclosure and Barring Service checks for newly employed staff who come into contact with adults at risk	100%	100%			100%			100%			100%		
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	76%	77%	78%	78%	79%	80%	81%	82%	83%	84%	85%	85%
Percentage compliance for all completed Level 1 competency with the Core Skills and Training Framework	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	70%	70%						75%					
Overall staff engagement score – scale score method	70%	70%						75%					
Percentage of sickness absence rate of staff	<=3.25%	3.6%	3.5%	3.5%	3.4%	3.2%	3.2%	3.3%	3.4%	3.5%	3.6%	3.6%	3.5%

Additional notes

1. Discussions held with Welsh Government in relation to the proposed change to reporting the percentage of treated smokers. Reporting of this indicator is to be at an all-Wales level allied to Help Me Quit, and Welsh Government targets. Comparisons to previous years will therefore not be appropriate.
2. Discussions currently taking place with Welsh Government in relation to the funding for this programme for 2018/19 onwards. The development of performance trajectories are subject to the successful conclusion of these discussions. Following confirmation of funding, performance indicators and trajectories will be developed with Welsh Government.
3. The Healthcare Associated Infection trajectories are targets for which Health Boards and Trusts are accountable for delivering, as the interventions require direct responsibility for the healthcare of the associated patients. Public Health Wales' role is to collect, analyse, and share data, and where appropriate, to advise and guide regarding interventions and practices.

5.3   Appendix 3- Indicator mapping against Public Health Wales Long Term Priorities/ Well-being Objectives

Strategic Priority	PHOF Indicator	National Indicator	Public Health Wales Indicator
Wider Determinants	- Life expectancy at birth [1] - Healthy life expectancy at birth. [2] - The gap in life expectancy at birth between the most and least deprived. [4] - The gap in healthy life expectancy between the most and least deprived. [5] - Children living in poverty. [7] - School leavers with skills and qualifications. [9] - School leavers with essential numeracy and literacy skills. [10] - People able to afford everyday goods and activities. [11] - People not in education, employment or training. [12] - Quality of Housing. [17] - Working age adults free from limiting long term illness. [36a] - Older people in good health. [35b] - Older people free from limiting long term illness. [36b]	- The gap in healthy life expectancy at birth between the most and least deprived. [2] - Percentage of adults with qualifications at the different levels of the National Qualifications Framework. [8] - Gross Value Added (GVA) per hour worked (relative to UK average). [9] - Gross Disposable Household Income per head. [10] - Percentage of people in employment, who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) and who earn more than 2/3 of the UK median wage. [16] - Percentage of people living in households in income poverty relative to the UK median: measured for children, working age and those of pension age. [18] - Percentage of people living in households in material deprivation. [19] - Percentage of people moderately or very satisfied with their jobs. [20] - Percentage of people in employment. [21] - Percentage of people in education, employment or training, measured for different age groups. [22] - Percentage of people feeling safe at home, walking in the local area, and when travelling. [25]	

Strategic Priority	PHOF Indicator	National Indicator	Public Health Wales Indicator
		• Percentage of people who are lonely. [30] • Percentage of dwellings which are free from hazards. [31] • Number of households successfully prevented from becoming homeless per 10,000 households. [34]	
Improving Mental Wellbeing and Resilience	• Mental well-being among children and young people. [3a] • Mental well-being among adults. [3b] • Gap in mental wellbeing between children and young people. [6a] • The gap in mental wellbeing between the most and least deprived among adults. [6b] • A sense of community. [14] • People feeling lonely. [16] • Life satisfaction among working age adults [37a] • Life satisfaction among older people. [37b] • Suicides [43]	• Mean mental well-being score for people. [29] • Percentage of people who are lonely. [30]	
Promoting Healthy Behaviours	• Physical activity in adolescents. [19] • Adolescents who smoke. [20] • Adolescents using alcohol. [21] • Adolescents drinking sugary drinks once a day or more. [21] • Adults eating five fruit or vegetables portions a day. [23] • Adults meeting physical activity guidelines. [24] • Adults who smoke. [25] • Adults drinking above guidelines.[26] • Teenage pregnancies. [27] • Smoking in pregnancy. [28]	• Percentage of adults who have fewer than two healthy lifestyle behaviours (not smoking, healthy weight, eat five fruit or vegetables a day, not drinking above guidelines and meet the physical activity guidelines). [3] • Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat fruit/vegetables daily, never/rarely drink and meet the physical activity guidelines). [5] • Percentage of people participating in sporting activities three or more times a week. [38]	Smoking • The percentage of adult smokers treated through smoking cessation services (All Wales) • The percentage of treated smokers who are CO validated as quit at 4 weeks (All Wales) • Percentage of treated smokers who have a CO reading at 4 weeks • Average waiting time for an appointment in this month (days) • Percentage of treated smokers who Quit smoking at 4 weeks (Self reported)

Strategic Priority	PHOF Indicator	National Indicator	Public Health Wales Indicator
	• Adolescents at healthy weight. [33] • Working age adults in a good weight. [35a] • Working age adults of healthy weight. [38a] • Older people of healthy weight. [38b]		• % of smokers treated who are CO-validated as successful Smoking Prevention • Number of schools targeted Welsh Network of Healthy Schools Scheme • Schools achieving level 1 – 5 award • Schools achieving the National Quality Award (NQA)* Healthy Working Wales Indicators • To be refreshed National Exercise Referral Scheme Performance • Number of 1st consultations • Number of 16 week consultations • Number of referrals
Securing a health future for the next generation through a focus on early years	• Life expectancy at birth. [1] • Healthy life expectancy at birth. [2] • Mental wellbeing among children and young people. [3a] • The gap in life expectancy between the most and least deprived. [4] • The gap in healthy life expectancy between the most and least deprived. [5] • Children living in poverty. [7] • Young people developing the right skills. [8] • Breastfeeding at 10 days. [29] • Vaccination rates at age 4. [30] • Low birth weight. [31] • Children age 5 of healthy weight or underweight. [32] • Tooth decay among 5 year olds. [34]	• Percentage of live single births with a birth weight of under 2,500g [1] • Healthy life expectancy at birth including the gap between the least and most deprived. [2] • Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat fruit/vegetables daily, never/rarely drink and meet the physical activity guidelines). [5] • Measurement of development of young children [6] • Percentage of pupils who have achieved the "Level 2 threshold" including English or Welsh first language and Mathematics, including the gap between those who are eligible or are not eligible for free school meals. (To be replaced from 2017 by the average capped points score of pupils) [7]	

Strategic Priority	PHOF Indicator	National Indicator	Public Health Wales Indicator
Protecting the public from infection and environmental threats to health	• Quality of housing. [17] • Quality of the air we breathe. [18] • Vaccination rates at age 4. [30]	• Levels of nitrogen dioxide (NO_2) pollution in the air. [4] • Concentration of carbon and organic matter in soil. [13]	• Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 • Percentage of children who received 2 doses of the MMR vaccine by age 5 • Uptake of the influenza vaccination among: • 65 year olds and over • Under 65s in high risk groups • Pregnant women • Health care workers Microbiology • CPA accreditation status • EQA performance (Bacteriology) • EQA performance (Virology) • EQA performance (Specialist and reference units) • EQA performance (Food, Water and Environmental Laboratories) • Turnaround time compliance (Bacteriology) • Turnaround time compliance (Virology) • Turnaround time compliance (Molecular) • Turnaround time compliance (Molecular) • Turnaround time compliance (Food, Water and Environmental Labs) • Turnaround time compliance urgent samples (bacteriology/virology) – Annual • Non processed samples (Bacteriology) • Non processed samples (Virology) • Non processed samples (Specialist and Reference Units)

Strategic Priority	PHOF Indicator	National Indicator	Public Health Wales Indicator
Sustainable Health and Care based on Prevention and Early Intervention	• Vaccination rates at 4 years. [30] • Hip fractures among older people. [39]		• Breast screening: assessment appointments within three weeks of screen • Breast screening: normal results sent within two weeks of screen • Breast screening: per cent women invited within 36 months previous screen • Cervical screening waits for results: within four weeks • Cervical screening coverage • Bowel screening coverage • Bowel screening waiting time for colonoscopy • Abdominal aortic aneurysm surveillance uptake: small • Abdominal aortic aneurysm surveillance uptake: medium • Newborn hearing screening percent of babies who complete the Newborn Screen within 4 weeks • Newborn hearing screening percent of babies completing the assessment procedure by 3 months of age • Newborn bloodspot screening coverage (newborns) • Newborn bloodspot screening avoidable repeat rate
Building and Mobilising Knowledge, Capacity and Capability		• The social return on investment of Welsh partnerships within Wales and outside of the UK that are working towards the United Nations Sustainable Development Goals. [46]	

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5.4   Appendix 4- Delivery Plans

The table below details the work over the next three years (Strategic objectives) that contribute to the delivery of the Delivery Plans for which Public Health Wales has agreed actions. Further details of the specific areas of work within each of the strategic objectives are detailed within part 3 of the plan.

Delivery Plan	Public Health Wales Strategic Objectives that will support delivery
Cancer Delivery Plan for Wales 2016-2020	- Deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations - Enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care - We will increase 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. - 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. - We will develop 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. - Agree a service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation - Have effective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change - Built on the success of the Welsh Network of Healthy Schools Scheme and work with others to increase both the action relating to the wider determinants of health and to support educational attainment - Used patient safety as a driver to reduce variation, inequality and harm in care delivery across cancer pathways, maternity, acute deterioration, medicines safety, care homes and appropriate nurse staffing levels - Renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health - Work with others to increase the proportion of children who are a healthy weight when they start school - Support Welsh Government to develop and implement a new national obesity prevention and reduction strategy - Work with others to reduce the proportion of the population who smoke - Agree and implement with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales - Delivered the public health contribution to the national programme for transformation of primary care - Developed a new comprehensive programme of prevention of alcohol related harm - Revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years

Delivery Plan	Public Health Wales Strategic Objectives that will support delivery
	• Worked with partners to develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years • Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease
Primary Care Services	• Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • Delivered the public health contribution to the national programme for transformation of primary care • Worked with partners to develop and implement the General Dental Service (GDS) reform programme to increase prevention and maximise value of dental healthcare
Heart Conditions Delivery Plan	• Work with others to reduce the proportion of the population who smoke • Support Welsh Government to develop and implement a new national obesity prevention and reduction strategy • Work with others to increase the proportion of children who are a healthy weight when they start school • Agree and implement with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales • Work with others to achieve demonstrable increases in the proportion of children who walk or cycle to school • Developed a new comprehensive programme of prevention of alcohol related harm • Developed a cross-organisation programme to reduce use and harm from drugs • Increase understanding of new patterns of behaviour that could impact on health and well-being in Wales • Built on the success of the Welsh Network of Healthy Schools Scheme and work with others to increase both the action relating to the wider determinants of health and to support educational attainment • Renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health • Demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice • Stimulate action to better understand and address the mechanisms through which wider determinants impact on health and well- being in Wales • Worked with partners to develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years • Undertaken research to inform policy around early years • Worked with others to improve outcomes in the first 1000 days and to reduce exposure to adversity in the early years • Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • Delivered the public health contribution to the national programme for transformation of primary care

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Delivery Plan	Public Health Wales Strategic Objectives that will support delivery
Together for Health: A National Oral Health Plan for Wales 2013-18	• Worked with partners to improve oral health of the children in Wales • Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • Delivered the public health contribution to the national programme for transformation of primary care • Worked with partners to develop and implement the General Dental Service (GDS) reform programme to increase prevention and maximise value of dental healthcare
Diabetes Delivery Plan 2016-2020	• Support Welsh Government to develop and implement a new national obesity prevention and reduction strategy • Work with others to increase the proportion of children who are a healthy weight when they start school • Agree and implement with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales • Work with others to achieve demonstrable increases in the proportion of children who walk or cycle to school • Developed a new comprehensive programme of prevention of alcohol related harm, based on an understanding of the drivers among key population groups • Worked with partners to improve oral health of the children in Wales • Revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years • Deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations • Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • Delivered the public health contribution to the national programme for transformation of primary care
Eye Health Care delivery plan for Wales 2013-2018	• Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • Delivered the public health contribution to the national programme for transformation of primary care
Respiratory Health Delivery Plan 2018-2020	• Work with others to reduce the proportion of the population who smoke • Agree a service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation. • Used patient safety as a driver to reduce variation, inequality and harm in care delivery
Public Information	• We will increase dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACES. • 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.. • We will develop 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. • 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.

Delivery Plan	Public Health Wales Strategic Objectives that will support delivery
Stroke Delivery Plan 2017-2020	- Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease - Delivered the public health contribution to the national programme for transformation of primary care - Increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care. - Work with others to reduce the proportion of the population who smoke - Support Welsh Government to develop and implement a new national obesity prevention and reduction strategy - Work with others to increase the proportion of children who are a healthy weight when they start school - Agree and implement with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales - Work with others to achieve demonstrable increases in the proportion of children who walk or cycle to school - 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.
Mental Health Delivery plan 2016-2019	- Increased the visibility and priority of work to promote mental wellbeing through increased investment in a co-ordinated cross organisational programme reflecting public and partner priorities - Developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience - Developed and disseminated best practice guidance and tools on promoting wellbeing through work - Worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ace informed services and organisations
Liver Disease Delivery Plan to 2020	- Agree a service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation - Developed a new comprehensive programme of prevention of alcohol related harm, based on an understanding of the drivers among key population groups - Developed a cross-organisation programme to reduce use and harm from drugs - Provide effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases
National Planned Care Programme	- Enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care - Used patient safety as a driver to reduce variation, inequality and harm in care delivery
Antimicrobial resistance – 2016	Provide effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases

Delivery Plan	Public Health Wales Strategic Objectives that will support delivery
Dementia Action Plan	• Enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care • Used patient safety as a driver to reduce variation, inequality and harm in care delivery • Demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally eg. Housing, education, employment, economic development and planning policy and practice • Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • Delivered the public health contribution to the national programme for transformation of primary care
Rare diseases	• Deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations • Enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care • Developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease • We will develop 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. • 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.

5.5   Appendix 5- Alignment with Health Board plans

Through development of our Long Term Strategy, we have engaged with the health boards, which has helped shape our new strategic priorities. The table below, informed by the health board plans shows areas where there is alignment of the plans.

Health Board	Alignment with Public Health Wales Strategic Plan
Aneurin Bevan University Health Board	• Reducing health inequalities and improving population health including prevention of avoidable disease • Smoking cessation • Obesity and Physical Activity • Vaccinations and immunisations • Shifting services closer to home • Making Every Contact Count • Mental health • Early years and ACE prevention

Abertawe Bro Morgannwg University Health Board	• Ongoing work to improve against prevention priorities including:
	  ➢ vaccinations and immunisations,
	  ➢ smoking cessation and
	  ➢ obesity / physical activity

Betsi Cadwaladr University Health Board	• Focus on health improvement and reducing health inequalities. This includes priority areas such as-
	  ➢ Smoking Cessation Services
	  ➢ Mental health and Well-being- suicide and self-harm, five ways to well-being, Making Every Contact Count
	  ➢ Obesity, reducing sedentary behaviours and health weight, health diet
	  ➢ Alcohol awareness raising
	  ➢ Immunisations
	  ➢ Social Prescribing
	  ➢ Homelessness
	• Care closer to home
	• Mental health and well-being
	• Children and young people including improving outcomes in first 1000 days and preventing and mitigation of ACEs

Cwm Taf University Health Board	• Focus on prevention • Encouraging the adoption of at least one healthier behaviour • Mental health • Care closer to home • Making Every Contact Count • Focus on Early Years and the prevention of Adverse Childhood Experiences (ACEs)

Health Board	Alignment with Public Health Wales Strategic Plan
Cardiff and Vale University Health Board	• Focus and support for prevention and integrated service delivery in the community and primary care • Making Every Contact Count • Adverse Childhood Experiences • Tobacco • Screening and Immunisations uptake including social prescribing • Healthy eating • Physical Activity • Alcohol • Reducing health inequalities

Powys Teaching Health Board	• Focus on prevention and health improvement to include
	   ➢ Reducing smoking
	   ➢ Health weights
	   ➢ Immunisation (children and flu)
	   ➢ Making Every Contact Count
	   ➢ Physical activity
	   ➢ ACEs
	• Addressing Health inequalities
	• Primary and community care
	• CAMHS
	• Substance misuse
	• Care closer to home

5.6   Appendix 6- Service Provision between Public Health Wales and Health Boards

Services provided to health boards by Public Health Wales	Services provided to Public Health Wales by health boards
Microbiology - infection management, diagnostics, specialist services and UK reference services	Bowel Screening Wales – delivery of colonoscopy, radiology, histology and surveillance services
Health protection - national and local advice and support, including delivery of specific services and programmes	Breast Test Wales – provision of diagnostic surgical biopsies, histological testing and medical sessions
1000 Lives improvement service	Cervical Screening Wales – delivery of cytology, histology and colposcopy services
Local Public Health Teams are available to support implementation of shared priorities	Newborn Hearing Screening Wales - audiological assessment, facilities and support
Health intelligence – provision of evidence and data analysis	Abdominal Aortic Aneurysm Screening – clinical facilities, vascular networks and referral pathway to medical imaging or vascular laboratories
National Safeguarding Service for Wales	Maternal and child screening programmes – governance leads for maternity services
Primary care development support (via Primary Care Development and Innovation Hub)	National bloodspot laboratory (provided by Cardiff and Vale University Health Board)