

# Ein Cynllun Strategol

# Our Strategic Plan

# 2019-2022



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Contents-

Executive Summary	1
Our strategic plan	1
The challenges we face	2
Our opportunities to make a difference	2
Part 1	5
1.1 Introduction	6
1.2 Our strategic priorities and underpinning strategic objectives	8
1.3 Delivering our Plans	10
1.4 Moving from transition to transformation	13
1.5 Delivery of our Strategy	13
1.6 How we work in the future	14
1.7 The structure of our plan	15
Part 2	16
2.1 Strategic Priority 1- Influencing the wider determinants of health	17
2.2 Strategic Priority 2- Improving mental well-being and resilience	26
2.3 Strategic Priority 3- Promoting healthy behaviours	33
2.4 Strategic Priority 4- Securing a healthy future for the next generation	43
2.5 Strategic Priority 5- Protecting the public from infection and environmental threats to health	49
2.6 Strategic Priority 6- Supporting the development of a sustainable health and care system focused on prevention and early intervention	57
2.7 Strategic Priority 7- Mobilising knowledge and skills to improve health and well-being across Wales	70
Part 3	81
3.1 How we will enable the delivery of our plan	82
3.3 Our People	93
3.4 Performance Management	97
3.5 Innovation	100

# Executive Summary

## Our strategic plan

This strategic plan is the second three-year plan to deliver our new Long Term Strategy, which spans from 2018 to 2030. Building on a successful first year, it details the actions we will take over the next three years to continue our 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.	<b>Influencing the wider determinants of health</b> 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.	<b>Improving mental-well-being and building resilience</b> 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.	<b>Promoting healthy behaviours</b> 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.	<b>Securing a healthy future for the next generation through a focus on early years</b> 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.	<b>Protecting the public from infection and environmental threats to health</b> 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.	<b>Supporting the development of a sustainable health and care system focused on prevention and early intervention</b> 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.	<b>Building and mobilising knowledge and skills to improve health and well-being across Wales</b> 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 developing our Strategy, 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.



# 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*



**GIG  
CYMRU  
NHS  
WALES**

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



# Part 1

Working to achieve a  
healthier future for  
Wales

## 1.1 Introduction

We are building on a successful first year of our new Long Term Strategy where we have made considerable progress delivering our organisational priorities set out in Summer 2018. This has involved both laying the foundations for future action and also delivering improvements against key public health areas. As a result, we have undertaken a process to refresh this plan to sharpen its focus, where required, consider changes in the wider legislative and social environment and build on the priorities we have previously agreed.

Our new [Long Term Strategy – Working to achieve a healthier Wales](#) sets out our seven new priorities that we believe that will add the most value and make the most contribution to improving health, well-being and sustainability in Wales.

This document is our Strategic Plan and sets out the steps we will take over the next three years to continue to implement our Strategy. The plan's development was refreshed through newly established planning arrangements (see page 13) and a strategic 'look back and forward' to ensure our priorities remained relevant and our actions would have the biggest impact possible in light of possible future challenges.

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. Our alignment and contribution to 'A Healthier Wales' (see page 9) and the principles of the Quadruple Aim are also reflected within this plan.

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'.

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.

This plan, and the priorities and actions outlined within it, serves as our compass over the next three years. It sets out, at a high level, the action we will undertake and how we will direct our resources to achieve the maximum impact.



# Key achievements 2018/19 to date

To enable delivery of our strategic plan, examples of achievements include:

- Launched our [Long Term Strategy 'Working to achieve a healthier Wales'](#)
- Delivered the 2018 Welsh Public Health Conference 'Healthy Planet, Health Wales'
- Achieved Corporate Health Standard Silver

## Improving mental well-being and resilience

- Revised framework for National Quality Award on Mental Wellbeing produced in conjunction with stakeholders and involving young people
- Public Health Policing and Criminal Justice Programme, national rollout of ACE Time training to Police and Criminal Justice Professionals commenced with evaluation framework established at baseline

## Promoting healthy behaviours

- Healthy Weight Health Wales Strategy –Evidence review: micro/macro level environment; data; case for action; strategy development in partnership with Welsh Government
- Adoption of Help Me Quit across Wales; development of integrated system indicators and minimum standards

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

- WHO Collaborating Centre on Investment for Health and Wellbeing launched
- Research & Development and Policy jointly carried out and evaluated the Bridgend ACEs in Housing Pilot Project

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

- Maintained UKAS accreditation for both the Laboratory Network and Food, Water and Environment laboratory services
- Supporting Welsh Government in development of Clean Air Board and associated Air Quality Action Plan

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

- Full rollout of Human Papilloma Virus (HPV) screening
- Launched the Emergency Laparotomy Collaborative and held the first Learning Session

## Influencing the wider determinants of health

- Revised service model and evaluation framework for Healthy Working Wales produced
- Principles for Engagement for Community Empowerment co-developed with third sector organisations and Local Public Service Boards

## Securing a healthy future for the next generation

- Increased participation in First 1000 Days Collaborative to half of Public Service Boards, and launched Collaborative Community of Practice
- 'Lift the Lip' pilot completed and evaluation underway

A full list of our achievements will be included in our [Annual Report](#).

### 1.1.1 Opportunities and Challenges

We continue to face significant challenges to improve the health and well-being of the people of Wales. These challenges will only increase in the coming years if what we do in the future is the same as we have done in the past. 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. This was a key document in the development of our priorities over the previous 18 months.

While these challenges should not be underestimated, we believe that significant opportunities exist through delivery of our Strategy to deliver tangible improvements for the people of Wales at a pace and scale not previously seen. This will require us to work across boundaries and with organisations that we have not previously worked closely with, to deliver tangible action aimed at improving health outcomes in a more dynamic and flexible way.

This plan, and the priorities and products outlined within it, serves as our compass over the next three years. It sets out, at a high level, the action we will undertake and how we will direct our resources to achieve the maximum impact.

Other key challenges for Public Health Wales include:

- Ongoing recruitment challenges including Microbiology staffing and service stability (including agency costs), workforce capacity in some screening programmes, colonoscopy capacity, ageing workforce (specifically in highly specialised areas such as Safeguarding)
  - Sustaining performance across some of the services/ support we provide; e.g.
    - Breast Test Wales assessment waits
    - Bowel Screening colonoscopy
    - Newborn Bloodspot Screening avoidable repeat rate
    - Diabetic Eye Screening
    - Healthcare Associated Infections
- Uncertainty surrounding EU transition (Brexit)

## 1.2 Our strategic priorities and underpinning strategic objectives

In developing our Long Term Strategy, we 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 our [previous plan](#)- page 25)
- the NHS Delivery plans

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

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. Each strategic priority is underpinned by a range of strategic objectives, showing what we need to achieve by 2022. As part of our planning arrangements, we have reviewed our strategic objectives through a look back look forward process to ensure they remain current and as a result these remain unchanged for the second year of our Long Term Strategy.

These are described in further detail in subsequent sections of this plan including the actions that will be taken to deliver these strategic objectives. For each strategic priority, we have outlined why it is important, what we are trying to achieve and how we will measure our success over the next three years. See part 3.

### 1.2.1 Alignment with 'A Healthier Wales'.

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

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

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

**A whole system approach to health and social care-** Public Health Wales over the next 12 years aims to support the development of a sustainable health and care system focused on prevention and early intervention. This includes supporting the development of models of care that are seamless to maximise population benefit across the lifecourse, shifting the balance from hospital to community based care and shifting the focus from professional to shared care and improving quality and safety. This also includes developing seamless pathways of care, following the detection of disease.

**An equitable system which achieves equal health outcomes for all-** Public health Wales will support the development of new models of care. A key element of this priority is ensuring equitable service delivery. Through the 1000 Lives Improvement team we will continue to embed improvement methodologies into routine service delivery to reduce variation and inequality in care and harm in its delivery.

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

**People will only go to a general hospital when it is essential-** Through our work to support the development of a sustainable health and care system focused on prevention and early intervention we will continue to work with our partners to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care. Through 1000 Lives Improvement we will also support the system to provide the highest quality care by building improvement capability at pace and scale and enabling the workforce to improve patient safety in areas of national priority.

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

### 1.2.2 Enabling the future

In developing further our three-year strategic objectives, we recognise the important contribution of our enabling functions. Further detail can be found on page 82.

## 1.3 Delivering our Plans

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. Last year we revised our [well-being objectives](#) which are the same as our strategic priorities. We have made these 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. 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 our [Well-being Statement](#) (see annex 1) and also through the presentation of our strategic priorities in Part 2. 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.

### 1.3.1 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 used this approach to inform the development of our long-term strategic priorities and is a key element of our work outlined in this plan. We also undertook 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.

### 1.3.2 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. To improve our capabilities, we will ensure that evaluation and research are components of each of our strategic priorities; helping us to enhance the services we already provide and identify new more effective services where possible. We will further develop our partnerships with academia in Wales and internationally, including through our WHO Collaborating Centre. Through these partnerships we will access world-leading research

and health economic expertise and support our services users to engage in research that may improve their health.

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.

### 1.3.3 Collaboration and engagement

We recognise that in order to deliver our priorities and achieve our desired outcomes for Wales we cannot do this by ourselves.

Through development of our long-term priorities we collaborated and engaged extensively with our partners and key stakeholders to help shape our direction of travel. Over the past 12 months there has also been significant work undertaken to develop key relationships and support health boards and Trusts to deliver their plans. These are underpinned by Memorandums of Understanding with each health board.

Through the recent **Wales Audit Office Review of 'Collaborative Arrangements for Managing Local Public Health Resources'**, we have agreed the system model and governance, including clarifying roles and responsibilities of respective organisations. These arrangements were reflected in the letter from the Chief Medical Officer for Wales on collaborative arrangements published in July 2018. As part of our commitment to more effective working with Directors of Public Health, we have agreed an initial set of shared priorities, which we will build upon and develop in future years through our joint arrangements for planning. For 2019/20 we have agreed to work collectively on hypertension and smoking (see section 2.3 and 2.6 respectively). In addition to this, we continue to take a system leader role in relation to a range of key public health issues, such as Healthcare Associated Infections, antimicrobial resistance and vaccine preventable diseases.

As the National Public Health Institute for Wales, we have established and developed our approach to leading a whole system approach to key public health issues and developments. This is reflected in our designation as a **World Health Organization Collaborating Centre**, which we will build upon and enhance in future years.

We have developed, and will focus upon developing and enhancing, a variety of cross sector and topic specific partnerships. Our approach to these is set out within our priorities. This aligns with our wider system leadership role, which is reflected in a number of multi-agency strategy partnerships, such as with **Cymru Well Wales**.

Through the **Health and Sustainability Hub** we to work across NHS Wales to support the public health system in its role on the Public Services Boards to enhance the potential to improve health and wellbeing and to strengthen the impact of the Act on public health, including



environmental sustainability. Examples of work undertaken during 2018/19 include continuing to develop the '*Sustainability Improvements for Teams*' (SIFT) tool following ten tests to-date, in Public Health Wales, Betsi Cadwaladr, Aneurin Bevan and Abertawe Bro Morgannwg University Health Boards, and Sport Wales. We also are rolling 'Be the Change' which includes the first 'bite size' practical guide to offer 'top tips' to challenge staff to reduce negative impacts and maximise positive impacts across the well-being goals. The Hub is exploring the opportunity to engage further public bodies in this movement for individual-level behaviour change.

In addition to this The Health and Sustainability Hub has co-ordinated '**PSB Support Network (Public Health)**'. The purpose of the network was to support the Public Health community in its various roles on PSBs, including leadership, advocacy and health intelligence.

In preparation for **EU Transition (Brexit)**, Public Health Wales has established a formal programme to oversee our preparedness and response. The programme oversees the full range of activity being undertaken, including business continuity, the wider public health impacts, health security and our peoples and resources. As part of this work, we are actively working with partners and other agencies across Wales and the UK. This includes work around health securities with Public Health England and the other devolved nations and providing support to the wider system in Wales, particularly Local Resilience Forums, the NHS and Welsh Government. Our work on the wider public health implications of EU transition, is focused on understanding population health impacts of the EU transition on the people of Wales. This includes undertaking a Health Impact Assessment (HIA) in order to identify the short, medium and long-term risks and opportunities of Brexit. We will reflect on the finding of the report, which will be published in early 2019, and consider potential additional work that will need to be undertaken in response. Depending on the outcome of EU transition (Brexit) negotiations, this may result in changes to our plan during the year.

## 1.4 Moving from transition to transformation

We recognised, in developing our Strategy that we will need to change the way we work, what we do and how we allocate resources. This was particularly evident from the analysis of the stakeholder feedback. In October 2017, the Executive Team discussed the 25 emerging themes from the feedback and it was clear that the majority of the feedback was about 'how' the organisation currently operated rather than 'what' we should focus on for the next twelve years. The work resulted in the seven priorities quickly emerging and recognition that in taking forward our Strategy we would also need to address the 'how.' As a result of this, year one of our Strategic Plan 2018-21 was described as a transition year to enable a smooth and effective improvement to the way we work.

## 1.5 Delivery of our Strategy

Over the past four months, collaborative work has been ongoing with the Executive Team and senior managers ensuring that change is managed and the nature of transition is carefully planned and understood. Following the launch of our Long Term Strategy, the stakeholder feedback has been revisited and we have challenged whether the look and feel of the organisation is right to deliver our long term priorities. Based on this, a number of areas have been identified for development which include:-

- governance arrangements
- improving planning
- strengthening performance management
- alignment of our resources
- enabler alignment
- organisational design
- communication and engagement
- information sharing system

Work has commenced in a number of areas during 2018/19. For example, since September 2018, new governance arrangements for managing our strategic priorities have been established. This includes responsibility for governing and leading priorities being delegated from the Executive Team to ensure we remain on track with delivering our Long Term Strategy and planning for the future. Terms of reference for each priority group have been developed and are currently being refined as the role and remit of each group matures.

We have also reviewed the organisational design and a new Knowledge Directorate is being established to best deliver the new Long Term Strategy. The new Knowledge Directorate will comprise the:

- Health Intelligence Division currently within the Health and Wellbeing Directorate
- Research and Evaluation Division currently within the Policy, Research and International Development Directorate
- Wider health intelligence activities across the organisation as appropriate following consideration by a new Director of Knowledge when appointed
- Specific data quality and informatics functions of the organisation (exact elements to be defined)

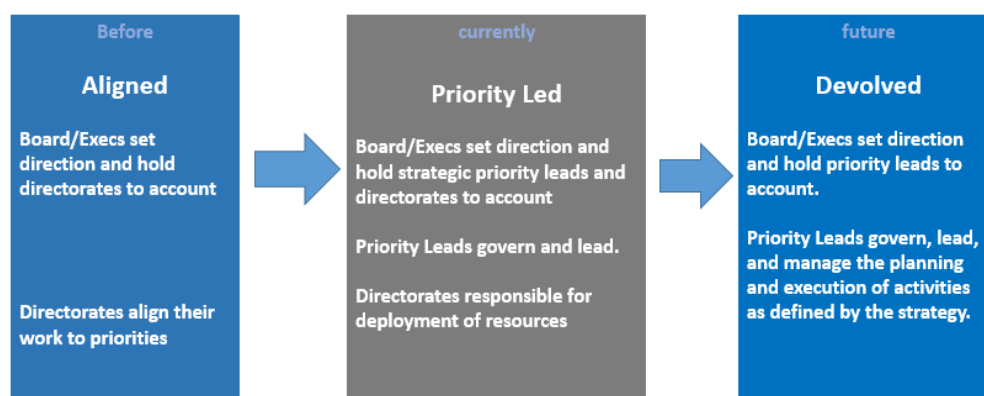
The WHO Collaborating Centre is also being established as a stand-alone Centre in the organisation that will work across the whole of Public Health Wales. The Centre would operate as a Directorate and include the Policy and International Development divisions. We are also working with the new priority leads, senior managers and business managers across the organisation to develop how we plan in Public Health Wales, working with Directorates to align resources to our priorities and strengthening our performance management arrangements. Work will continue over the next 12 months to develop our planning system within Public Health Wales.

## 1.6 How we work in the future

Initial discussions have been held with the Executive Team and Senior Leadership Team on what a potential future model looks like for the functions of Public Health Wales and how we could take this forward. An element of the future operating model for Public Health Wales includes how we govern, lead and manage the planning and execution of our activities as defined through the Strategy. The diagram below outlines the desired future model and how we have started to move from an 'aligned' state to a 'priority led' model (see diagram overleaf).

Based on the early work to progress the themes identified above, we have recognised that this 'transition' year is moving us towards a programme of transformation. There is clear overlap

between the themes and these need to be taken forward with a clear vision for what we want the organisation to look like over the next few years. Further details of our plans can be found on page 82.



Based on the early work to progress the themes identified above, we have recognised that this 'transition' year is moving us towards a programme of transformation. There is clear overlap between the themes and these need to be taken forward with a clear vision for what we want the organisation to look like over the next few years. Further details of our plans can be found on page 82.

### 1.6.1 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 Public Health Wales actions will be taken forward through the relevant strategic objectives.

## 1.7 The structure of our plan

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

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

**Mapped each priority against the Well-being Goals-** We have assessed the contribution each of our strategic objectives makes to each of the well-being goals. You will see this reflected 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.

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



# Part 2

## Our Strategic Priorities

## 2.1 Strategic Priority 1

# Influencing the wider determinants of health

### 2.1.1 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.

The determinants of health and well-being that we will focus on within this priority are:

**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.

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.

Prosperous

Resilient

Healthier

More Equal

Cohesive  
communities

Vibrant culture

Globally  
responsible

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

**Our surroundings** – 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.

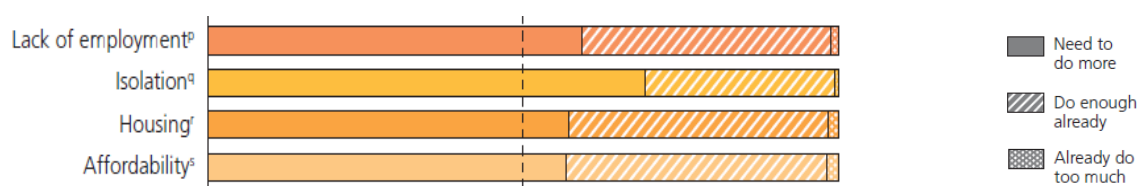
## What the Burden of Disease and Welsh public tell us

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?



Lack of good quality and secure employment <sup>p</sup> Social isolation and loneliness <sup>q</sup> Poor quality housing <sup>r</sup> People being unable to afford healthy choices <sup>s</sup>

### 2.1.2 What will success look like in 2030?

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

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



- maximising the potential of the built and natural environment to improve health and well-being

### 2.1.3 Public Health Outcomes we are trying to influence

- Children in Poverty (PHOF 7)
- School leavers with skills and qualifications (level 2) (PHOF 9)
- School leavers with essential literacy and numeracy skills (PHOF 10)
- People able to afford everyday goods and activities (PHOF 11)
- People not in education, employment or training (PHOF 12)
- Gap in employment rate for those with long term health conditions (PHOF 13)
- A sense of community (PHOF 14)
- Quality of Housing (PHOF 17)

### 2.1.4 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 2022 we will have worked with partners to identify priorities for wider determinants. We will have reviewed the evidence and identified priorities for change and gained insight from partners on the levers for change. Drawing on these insights, we will have developed a staged action plan.

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, scoped, designed and commenced delivery of a project to maximise our influence on policy and practice affecting the wider determinants of health.**

We want to assess **and improve how we influence** on our partners **with evidence and advice** across the public sector.

- In Year 1 we will continue to prioritise our work on the wider determinants, in collaboration with our partners. We will develop a theory of change for improving

health through our prioritised wider determinants and identify priority questions for evidence synthesis based on the theory of change.

- In Year 2 we will begin to undertake evidence review and synthesis to address key areas identified. We will carry out a baseline assessment of the impact of knowledge, evidence and advice on policy and practice relating to our prioritised wider determinants. We will engage with relevant partners to gain insight into levers for change.
- In year 3 we will develop a staged action plan based on the evidence. Develop a theory of change of for improving health through action on the wider determinants of health and for improving the impact 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 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.

We will achieve this through delivering on the following milestones:

- Creating briefings on addressing the wider determinants of health
- Continuing our work to understand the public health impact of Brexit to support policy makers and stakeholders, including identifying and undertaking research (subject to identifying funding)
- Developing an integrated approach to the way in which we respond to land use planning consultations and applications in Wales.

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 build on our learning from a stakeholder workshop held in November 2018, where partner organisations (including LHBs, local authorities and other public bodies) clearly indicated that this work is needed. In year 1 we will have established a collaborative group to scope the feasibility of a planning portal / team (a cross-organisational mechanism to facilitate collection and co-ordination of public health advice to inform planning decision-making) and have submitted a business case to take forward the planning portal.
- In Year 2, we will have agreed a pathway protocol and have developed, tested, refined and launched the planning portal (subject to funding).
- In Year 3, we will continue to lead on the integration of public health and planning agendas in Wales.

SO1.2- By 2022 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 or disability and support people with disabilities or ill health to gain or return to employment.

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 build on the Healthy Working Wales programme by fully implementing the new delivery model in Year 1. We will build on insight work undertaken in 2018/19 to develop an action plan to increase knowledge and understanding of the relationship between work and good health among employers for implementation in Year 2. We will work to develop a new programme of work in Year 2 to strengthen partnerships between employers and primary care to reduce the number of people who fall out of work as a result of long term ill health. In Year 3 we will review progress to date and develop a new three year plan. We will also continue work to support Welsh Government in implementing the Employability Plan.

SO1.3- By 2022 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

In Year 1, we will develop a programme of work to explore the relationship between health and educational outcomes. Year 2 we will work to embed learning from the available evidence base into the Welsh Network of Healthy School Schemes whole school approach and we will develop a set of research priorities in conjunction with the School Health Research Network. In Year 3 we will review action to date and develop further plans as appropriate.

SO1.4- By 2022 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 health and well-being of certain groups merits an enhanced effort to address needs and access to services. Through participation in the Joint Action on Health Equity Europe (JAHEE), Wales has committed to international engagement on the health inequalities agenda along with 24 other countries. Public Health Wales will lead Wales' input through Welsh Government on two thematic work packages (Work Package 7: Migration and Health; and Work Package 9: Health and Equity in All Policies – Governance).

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

- Disseminating the learning from the report “Making a Difference: Housing and Health – A case for investment
- developing a Housing and Health Programme working in collaboration with the Housing sector and other stakeholders.

- utilising evidence developed in 2018-19 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.

This work links closely to the work being undertaken within priority 2.

**SO1.5- By 2022 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 2017 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 we will deliver on our statutory requirements around HIA and develop guidance and training resources to assist public bodies to deliver effective HIA.

### 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 further develop an e-learning module, scope potential HIA Practitioner Network with partners, produce a HIA / Well-being Impact Assessment resource for Public Service Boards and develop HIA resources and training package for an international audience to enable delivery of WHO Collaborating Centre commitments
- In year 2, we will launch a revised e-learning module, hold a HIA Practitioner Network meeting, provide HIA training and resources to WHO member states and provide assistance to public bodies once HIA statutory regulations are implemented
- Year 3 will see us providing dedicated mentoring opportunities for HIA and other practitioners and organisations in Wales, utilising Mental Wellbeing Impact Assessment (MWIA) to support a 'Mental Health in All Policies' agenda and providing a HIA/WIA training and resource package to the WHO member states (as requested).

## Key Deliverables: Influencing the Wider Determinants of Health

Objective	
SO1.1- By 2022 we will have worked with partners to identify priorities for wider determinants. We will have reviewed the evidence and identified priorities for change and gained insight from partners on the levers for change. Drawing on these insights, we will have developed a staged action plan.	<b>Year 1: 2019-20</b>
	<b>Designing and delivering a project to maximise our influence on policy and practice</b> <ul style="list-style-type: none"> <li>• Prioritise our work on the wider determinants together with our partners</li> <li>• Develop a theory of change for improving health through our prioritised wider determinants</li> <li>• Identify priority questions for evidence synthesis based on the theory of change.</li> </ul> <b>Informing sustainable policy development and cross sectoral working</b> <ul style="list-style-type: none"> <li>• Monitor and review the HIA of the Public Health Implications of Brexit in Wales</li> <li>• Briefings on addressing the wider determinants of health and training to support organisational policy capacity and skills</li> </ul> <b>Land Use Planning – new pathway protocol and planning portal</b> <ul style="list-style-type: none"> <li>• Collaborative group established to scope the feasibility of a planning portal / team</li> <li>• Business case submitted to Exec / Board (if planning portal / team is judged as being feasible).</li> </ul>
	<b>Year 2: 2020-21</b>
	<b>Designing and delivering a project to maximise our influence on policy and practice</b> <ul style="list-style-type: none"> <li>• Undertake evidence review and synthesis to address key areas identified</li> <li>• baseline assessment of the impact of knowledge, evidence and advice on policy and practice relating to our prioritised wider determinants</li> <li>• Engagement with relevant partners to gain insight into levers for change.</li> </ul> <b>Informing sustainable policy development and cross sectoral working</b> <ul style="list-style-type: none"> <li>• Training and briefings to support organisational policy capacity and skills and knowledge of the wider determinants of health.</li> <li>• Develop and submit research proposals to explore impact of Brexit on public health in Wales</li> </ul> <b>Land Use Planning – new pathway protocol and planning portal</b> <ul style="list-style-type: none"> <li>• New pathway protocol agreed to enable a co-ordinated approach to influencing land use planning</li> <li>• Develop, test and refine planning portal (subject to funding)</li> <li>• Planning portal launched (subject to funding)</li> </ul>
	<b>Year 3: 2021-22</b>
	<b>Designing and delivering a project to maximise our influence on policy and practice</b> <ul style="list-style-type: none"> <li>• Develop a staged action plan based on the evidence.</li> <li>• Develop a theory of change of for improving health through action on the wider determinants of health and for improving the impact of knowledge, evidence and advice</li> </ul> <b>Informing sustainable policy development and cross sectoral working</b>

Objective	
	<ul style="list-style-type: none"> <li>• Training and briefings to support organisational policy capacity and skills and knowledge of the wider determinants of health.</li> <li>• Undertake research on Brexit, as per any successful application for funding undertaken in 2021/22</li> </ul> <p><b>Land Use Planning – new pathway protocol and planning portal</b></p> <ul style="list-style-type: none"> <li>• Continue to lead the integration of public health and planning agendas in Wales</li> <li>• Provide integrated organisational responses to land use planning proposals.</li> </ul>
By 2022 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	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>• Revised delivery model for Healthy Working Wales implemented,</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>• Agreed a programme of work to support partnerships between employers and primary care</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>• Reviewed our progress in accordance with agreed monitoring and evaluation framework and recommendations made for the future development and delivery of the programme</li> </ul>
By 2022 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	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>• Developed a programme of work on the relationship between health and educational outcomes</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>• Implemented learning on whole school approaches to improving educational outcomes within the Welsh Network of Healthy School Schemes</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>• Review progress</li> </ul>
By 2022, we will have stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales	<b>Year 1: 2019-20</b>
	<b>Improving understanding of housing, homelessness and health</b>
	<ul style="list-style-type: none"> <li>• Working with partners in the housing sector, disseminate learning from the report “Making a Difference: Housing and Health – A case for investment” and identify priority areas for collaborative action.</li> <li>• Support Welsh Government in the development and implementation of the Housing Conditions Evidence programme</li> <li>• Joint Action for Health Equity Europe Country Assessment</li> <li>• Develop a work plan for the Housing and Health Programme</li> </ul>
	<b>Year 2: 2020-21</b>
	<b>Improving understanding of housing, homelessness and health</b>
	<ul style="list-style-type: none"> <li>• Implementing Housing and Health Work programme</li> </ul>
	<b>Year 3: 2021-22</b>



Objective	
By 2022 we will have embedded evidence based Health Impact Assessment as a key influence on ours and others decision making	<b>Improving understanding of housing, homelessness and health</b> <ul style="list-style-type: none"> <li>Continual development and review of Housing and Health Work programme</li> </ul>
	<b>Year 1: 2019-20</b>
	<b>HIA Training Strategy (business case dependent)</b> <ul style="list-style-type: none"> <li>Scope potential HIA Practitioner Network with partners</li> <li>Changes agreed on e-learning module content and format</li> </ul>
	<b>Resources to support HIA (subject to business case)</b> <ul style="list-style-type: none"> <li>Final HIA / WIA resource for Public Services Boards produced and launched</li> <li>HIA resources and training package developed for an international audience to enable delivery of WHO CC commitments</li> <li>Respond to Welsh Government consultation for HIA statutory regulations</li> <li>New HIA guidelines for Wales launched</li> </ul>
	<b>Year 2: 2020-21</b>
	<b>HIA Training Strategy (business case dependent)</b> <ul style="list-style-type: none"> <li>Continued delivery of HIA training</li> <li>HIA Practitioner Network meeting held and evaluated</li> <li>Revised e-learning course launched</li> </ul>
	<b>Resources to support HIA (subject to business case)</b> <ul style="list-style-type: none"> <li>Provide HIA training and resources to WHO member states (as requested).</li> <li>Provide assistance to public bodies once HIA statutory regulations implemented</li> </ul>
	<b>Year 3: 2021-22</b>
	<b>HIA Training Strategy (business case dependent)</b> <ul style="list-style-type: none"> <li>Continued delivery of HIA training</li> <li>HIA Practitioner Network meeting held</li> <li>Provide dedicated mentoring opportunities for HIA and other practitioners and organisations in Wales</li> </ul>
	<b>Resources to support HIA (subject to business case)</b> <ul style="list-style-type: none"> <li>Utilise Mental Wellbeing Impact Assessment (MWIA) to support a 'Mental Health in All Policies' agenda via delivery of one MWIA session per annum and development of supporting resources</li> <li>Provide training and resource package to the WHO member states (as requested) as part of the WHO Collaborating Centre and evaluate its use</li> </ul>

## 2.2 Strategic Priority 2

# Improving mental well-being and building resilience

### Why is this a priority?

Population approaches to improving mental well-being help individuals realise their full potential, cope with the challenges that life throws at them, work productively and contribute to their family life and communities. Good mental well-being impacts upon both physical and mental health and can influence inequalities in health and vice versa. Resilience is a key component of mental wellbeing. Family, friends and communities are key determinants of mental and physical wellbeing.

**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 or exclusion affect physiological and psychological functioning, health behaviours, and the risk of ill health and premature 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 through self-care, self-efficacy, decision-making, meaning, purpose and sense of control. Through our research into resilience we know that factors such as unemployment, financial hardship, not having an 'always available adult' who a person trusts whilst growing up, social isolation, lack of participation, poor community cohesion and adversity in childhood can all have a detrimental impact on health.

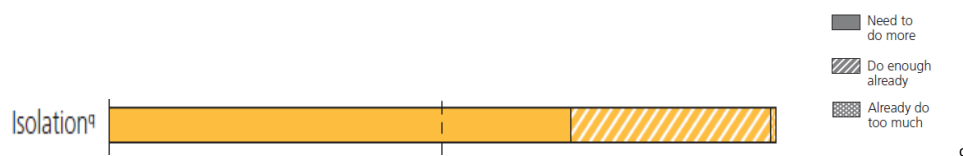
Research on Adverse Childhood Experiences (ACEs) has demonstrated that almost half the population in Wales have experienced adversity that could impact upon their mental and physical health and wellbeing. Prevention of ACEs is taken forward through our Early Years work. Mitigation of the effects of ACEs is currently being taken forward by two major programmes delivered with partners; the Cymru Well Wales ACEs Support Hub and the Early Action Together – Police and Partners ACEs Programme funded by the Home Office Police Transformation Fund.

### 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



Some 16% of individuals agreed that they often feel isolated in their local community.

## What will success look like by 2030?

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

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

### 2.2.1 Public Health Outcomes we are trying to influence

- 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)

### 2.2.2 What we will achieve in the next three years?

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

**SO2.1- By 2022 we will have increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme approach reflecting public and partner priorities**

In 2018/19 we have continued to build a shared understanding of work across the organisation and the Public Sector, this work will continue during year 1 of this plan. 2.

With key partners we will begin a 'national conversation' on what it means to be mentally well and what should the contribution of Public Health be towards improving mental well-being in Year 1. We hope that this will be the start of an ongoing dialogue, with emerging themes being developed and acted upon with key partners in Year 2 and 3.

We will also consider the outcomes of the consultation on "Connected Communities-Tackling Loneliness and Social Isolation" and respond appropriately.

### 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. In Year 1 we will work to further embed best practice approaches throughout our work. In Year 2 we will review evidence on creating conditions in communities which lead to empowerment and in Year 3 we will share best practice guidance with our partners in the wider system.

**SO2.2- By 2022 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. We will disseminate the findings of our work on describing what a 'mentally healthy school' looks like and explore with the Ministerial Task and Finish Group on a Whole School Approach, how we work with others to achieve this vision. In Year 1 we will complete our work to produce an independent reference source for schools to help them understand the relative strengths and contributions of the wide range of initiatives, programme and services which support them in promoting mental health and wellbeing. In Year 2 and 3 we will act on recommendations arising from the Ministerial Task and Finish Group as appropriate.

**SO2.3- By 2022 we will have developed and disseminated best practice guidance and tools on promoting wellbeing through work**

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. Conversely, work may also be a cause of additional stress and anxiety and poor social or physical working environments can seriously impact on our mental well-being.

We will through our Healthy Working Wales programme develop further guidance and tools for employers to help them to promote the mental well-being of their employees. In Year 1 we will undertake a range of activities to support employers in implementing best practice in promoting mental wellbeing at work. In Year 2 we will work with our evaluation partner to explore mental wellbeing evidence and gaps in our knowledge and develop an ongoing programme of research to be implemented in Year 3 onwards.

**SO2.4- By 2022 we will have worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE-informed services and organisations**

We will support our partners to develop trauma-informed approaches and services for prevention and mitigation of ACES, through the Cymru Well Wales ACE Support Hub and the Early Action Together - Police and Partners Programme in order to complete the following objectives over the next three year to promote a trauma-informed/ACE aware Wales:

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

We will continue to work towards a number of key objectives over the next three years which will include the publication of a knowledge and skills 'framework' for professional services and organisations in Wales, an evaluation of the impact of the ACE work, continued partnership with education, housing and youth services, health, local government and links to other sectors.

Through the Early Action Together – Police and Partners ACEs Programme we will transform the approach to policing, working closely with the sector over the next two years and beyond. We will develop a competent and confident Police and Criminal Justice sector workforce to respond more effectively to vulnerable clients using an ACE informed approach.

Central to all this work is the aspiration to expand the ACEs work to raise awareness beyond professional sectors to communities and society, with a link to Adverse Community Environments, social determinants, building resilient communities, and creating a sustainable, whole system approach.

By March 2020, we will also have moved towards embedding sustainable resources to develop the program of work around ACEs /Trauma in Wales.

By the end of year 1, we will have:

- expanded the approach to ACE informed/ trauma informed organisations into public and other sectors, building on work in housing and education.
- 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.
- expanded the work to raise awareness of ACEs beyond professional sectors to communities and society, with a focus on building resilient communities
- Explored the opportunities to embed, sustain and develop the work of the Cymru Well Wales ACEs Support Hub and Early Action Together - Police and Partners ACEs Programme further, including opportunities for collaboration with all partners
- expanded the work to raise awareness of ACEs beyond professional sectors to communities and society, with a focus on building resilient communities

- Explored the opportunities to embed, sustain and develop the work of the Cymru Well Wales ACEs Support Hub and Early Action Together - Police and Partners ACEs Programme further, including opportunities for collaboration with all partners

By the end of the program, depending on funding we will develop future plans.

## 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 develop a research proposal on the prevalence of ACEs amongst homeless people in Wales (depending on funding opportunities). In Years 2 and 3 we will look to publish reports on the research project and disseminate learning to other sectors in Wales and to other parts of the UK and internationally. This activity will also link to Strategic Priority 1 (see page 17)

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



## Key Deliverables: Improving mental wellbeing and building resilience

Objective	
By 2022 we will have increased the visibility and priority of work to promote mental wellbeing across Public Health Wales	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Implement phase 1 of the National Conversation</li> </ul>
	<b>Empowering Communities</b>
	<ul style="list-style-type: none"> <li>Implement the Principles for Community Engagement for Empowerment</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Implement phase 2 of National Conversation</li> </ul>
By 2022 we will have developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs	<b>Empowering Communities</b>
	<ul style="list-style-type: none"> <li>Evidence review completed</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>Review and evaluate the National Conversation initiative and make recommendations for future action</li> </ul>
	<b>Empowering Communities</b>
	<ul style="list-style-type: none"> <li>Best practice guidance disseminated</li> </ul>
By 2022 we will have developed and disseminated best practice guidance and tools on promoting wellbeing through work	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Supporting guidance and tools disseminated</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Approach reviewed and any recommendations arising from Ministerial Task and Finish Group for next phase agreed, as appropriate</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>A delivery plan for any recommendations is developed</li> </ul>
By 2022 we will have worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Research priorities for understanding work and mental wellbeing</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>Review progress and make recommendations for further action</li> </ul>
By 2022 we will have worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Supported Public Service Boards in the delivery of ACE focused well-being objectives</li> <li>Training delivered to Policing and Criminal Justice</li> <li>Completed evaluation of education training in secondary schools</li> </ul>
	<b>Improving understanding of housing, homelessness and health including ACEs</b>

## Key Deliverables: Improving mental wellbeing and building resilience

Objective	
	<ul style="list-style-type: none"> <li>Research proposal on the prevalence of ACEs amongst homeless people in Wales (depending on funding opportunities). (In collaboration with R&amp;D)</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Scoped the feasibility of a single integrated front door to services supporting vulnerability in and out of hours.</li> <li>Expanded the Hub work to focus more on communities and society including Adverse Community Environments</li> </ul>
	<b>Improving understanding of housing, homelessness and health including ACEs</b>
	<ul style="list-style-type: none"> <li>Working with R &amp; D, publish year 2 report on ACEs and Homelessness and disseminate learning to other relevant sectors in Wales and to other parts of the UK and internationally.</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>Developed a collaborative model of sustainability for how ACE aware/trauma informed approach is delivered across Wales beyond March 2020</li> </ul>
	<b>Improving understanding of housing, homelessness and health including <u>ACEs</u></b>
	<ul style="list-style-type: none"> <li>Working with R&amp;D publish a report on the research project on homelessness and ACEs (dependent on activity in years 1 &amp; 2).</li> </ul>

# Promoting healthy behaviours

## 2.3.1 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 health inequalities arising from long-term conditions such as cancers, heart conditions, stroke, respiratory disease and dementia.

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

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

Most smokers start smoking when they are still at school and the highly addictive nature of nicotine means that they rapidly develop a lifelong addiction that is difficult to overcome. Helping young people to remain smoke free is therefore as important as helping adults to quit smoking.

**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 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.

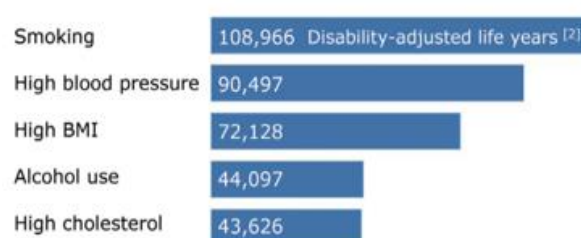
**Understanding Behaviour and Behaviour Change** - Our behaviours are influenced by a range of factors. The opportunity to make healthy choices for example having access to safe cycle routes or healthy food at work is important alongside the motivation to make changes. Our motivation is often influenced 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 research infrastructure and the public and third sectors to ensure that capacity and capability to change health related behaviour exists across the wider system.

### 2.3.2 What does the Burden of Disease and the Welsh public tell us?

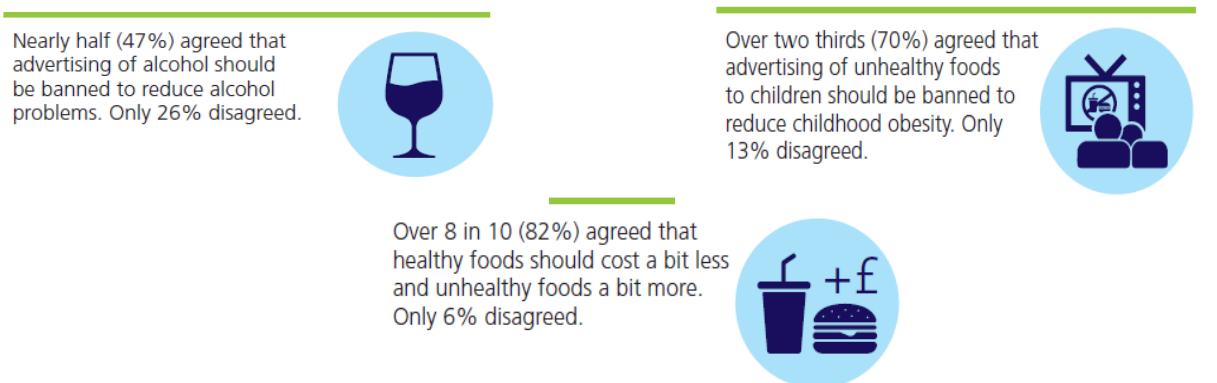
Our Burden of Disease work has identified that the top five risk factors that contribute to years of life lived with poor health are smoking, high blood pressure, high body mass index (overweight and obesity), alcohol use and high cholesterol. These are all risk factors that can be reduced.

Figure 3.3 – Top 5 risk factors



In our most recent nationally representative survey, we asked people in Wales for their views on public health. We asked them to tell us what issues contributed to poor health and wellbeing, and thirteen issues were considered important contributors by more than half of those surveyed. Smoking was recognised by the public survey as the main contributor to poor health, followed by drug abuse, alcohol misuse, physical activity and unhealthy eating habits.

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



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



### 2.3.3 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.

### 2.3.4 Public Health Outcomes we are trying to influence

- Adults who smoke (PHOF25)
- Adolescents who smoke (PHOF20)
- Smoking in pregnancy (PHOF28)
- Adolescents of healthy weight (PHOF33)
- Adolescents drinking sugary drinks once a day or more (PHOF22)
- Adolescents eating five fruit or vegetable portions a day (PHOF23)
- Working age adults of healthy weight (PHOF38a)
- Older people of healthy weight (PHOF38b)
- Children at age 5 of healthy weight or underweight (PHOF32)

- Physical activity in adolescents [PHOF19 ]
- Adults meeting physical activity guidelines [PHOF24]
- Adolescents using alcohol [PHOF21]
- Adults drinking above guidelines [PHOF26]

### 2.3.5 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 next three years. Achieving these **strategic objectives** will be major milestones on our long-term journey to improve health.

## Smoking

**SO3.1 - By 2022 we will have worked with others to reduce the proportion of the population who smoke**

We will build on our work with Health Boards in 2018/19 to deliver a fully integrated smoking cessation system that gives every smoker the best opportunity to quit. We will also work to support Welsh Government to refresh the Tobacco Action Plan. Specifically in Year 1, we will finalise the transfer of face-to-face smoking cessation services to health boards (subject to consultation) and will begin to deliver a shared programme of work (fig 1) with the Directors of Public Health including the key components of the smoking cessation system framework; working collectively towards delivering the 16% smoking prevalence target by 2020.



Figure 1 Shared programme of work

We will deliver actions within the national Tobacco Control Delivery Plan 2017/20 and work with Welsh Government and other stakeholders to review international approaches to delivering reduced smoking prevalence and agree collectively a new target for Wales by 2021. In Year 2, we will adopt a quality improvement methodology for improving smoking

cessation services across Wales. We will complete development and testing of the client management system, and develop a business case for a social marketing campaign to motivate smokers to quit. In Year 3, we expect to be delivering actions from a new Tobacco Control Delivery Plan.

## Healthy Weight

SO3.2 - By 2022 we will have supported Welsh Government to develop and implement *Healthy Weight: Healthy Wales* (the new national obesity prevention and reduction strategy)

In Year 1, we will continue to support development of the *Healthy Weight: Healthy Wales* strategy working with Welsh Government on the consultation process and final strategy production in the Autumn of 2019. We will consider the strategy consultation feedback, link proposals with evidence and data reviews already completed in 2018/19, and work with our partners to translate evidence into action. We will also produce an evaluation framework and performance measures to reflect the strategy. In Year 2, we will commence work to support system wide implementation of the strategy. Year 3 will see the implementation underway.

SO3.3 - By 2022 we will have worked with others towards increasing the proportion of children who are a healthy weight when they start school

We will continue to implement the current *10 Steps to a Healthy Weight* programme. By 2022, we would expect them to be used as a basis for system wide action to increase the proportion of children who start school at a healthy weight. In Year 1, we will consolidate work on sugar and feeding in the first year of life, and initiate work streams on pregnancy, pre-pregnancy, sleep, play outdoors, and screen time. In Year 2, we will refresh the approach to fruit and vegetable consumption, whilst maintaining the existing programme elements and responding to feedback from the public and stakeholders. In Year 3, we will consolidate the approach to all of the *10 Steps to a Healthy Weight*.

## An Active Wales

SO3.4 - By 2022 we will have worked with others to achieve demonstrable increases in the proportion of children who actively travel to school

Active travel, including walking and cycling to school, is an easy way to build more physical activity into children's lives at the same time as supporting environmental sustainability. Recognising the barriers, our aim is to improve understanding and recognition of the importance of active travel among schools, parents, children and professionals, leading to demonstrable year on year increases. The mechanism for schools to monitor activity using the Hands Up Travel To School Survey was developed and piloted in 2018/19, and will be tested at scale in pathfinder areas prior to full implementation in Year 2. We will continue to develop and implement All Wales priorities with partners for co-ordinated action to increase active travel to school, and continue implementation in Years 2 and 3.



**SO3.5 - By 2022 we will have continued to develop and deliver with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales**

With Sport Wales, Natural Resources Wales and other agencies, we will continue to develop the Wales Physical Activity Partnership (WPAP) to promote a more active Wales. In Year 1, we will continue the development of a Physical Activity Observatory and facilitate use of data and evidence to drive collective action across Wales. We will implement a revised approach to physical activity in the school setting and continue to support the implementation of the Healthy and Active Fund established in 2018/19. We will develop a common set of public facing messages to translate the revised CMO Guidelines. In Year 2, we will identify further joint action in line with the developing *Healthy Weight: Healthy Wales* Strategy, and in Year 3, we will review progress.

## Alcohol and Drug Misuse

**SO3.6 - By 2022 we will have developed and begun delivery of a new comprehensive programme of prevention of alcohol related harm**

In Year 1, we will finalise priorities for action with the established cross-sector partnership and develop a clear programme of work supported by a business case, where necessary, for implementation during Years 2 and 3.

**SO3.7 - By 2022 we will have developed and begun delivery of a programme to reduce the use and harm from drugs**

In Year 1, the established cross-organisational programme board for substance misuse will continue its work to agree priorities for action, and develop a business case for delivering a programme of work. Subject to approval, a delivery plan with monitoring and evaluation arrangements will be developed collaboratively. The programme will be launched in Year 2 and implementation will continue into Year 3 with an evaluation plan developed.

## Understanding behaviour and behaviour change

**SO3.8 - By 2022, we will be monitoring new and emerging behaviour patterns that could impact on health and well-being in Wales, while continuing to explore new sources and ways to increase understanding**

We have built our understanding of key health behaviours to gain a better picture of their distribution across different groups and their current and potential future impacts on health. In Year 1, we will continue to develop web-based resources on patterns of behaviour. We will describe 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. Depending on findings, we will develop a business case for the use of such novel approaches. In Year 2, we will look to initiate our use of these approaches

and assess the impact of our resources produced to date. We will further develop novel approaches in Year 3.

**SO3.9 - By 2022, we will have increased the capability and confidence of staff to apply behavioural science in public health practice across staff working in public health**

Recognising that changing the behaviour of the public requires us to grow behaviour change skills and capabilities in our staff and across the wider public and third sectors, we will work to promote these skills through formal training and work based development. By the end of Year 1, we will have started to address the knowledge and skills gaps to enable the use of behavioural science by the specialist public health workforce. In Year 2, we will develop an implementation plan to increase the use of behavioural science, and a business case for capacity development. In Year 3, we will explore with public sector partners the opportunities to share learning and further develop collaborative expertise across the system.

**SO3.10 - By 2022, we will have 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.**

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. By the end of Year 1, we will have implemented a shared approach with agreed quality standards for the provision of health promotion information for the public across Public Health Wales and Welsh Government. By the end of Year 2, we will have worked with partners to develop and produce guidance and tools for production and dissemination. In Year 3, we will complete a review of progress to date and make recommendations for future work where appropriate.

## Key Deliverables: Promoting Healthy Behaviours

Objective	
By 2022 we will have worked with others to reduce the proportion of the population who smoke	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Common minimum data set for all Help Me Quit providers agreed</li> <li>Help Me Quit minimum service standards agreed</li> <li>Single Help Me Quit client management system procured</li> <li>Stop Smoking Services successfully transferred to Health Boards</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Improvement programme for integrated smoking cessation services established</li> <li>Business case produced for a social marketing programme to motivate smokers to quit</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>Actions from the revised Tobacco Control Delivery / Action Plan agreed</li> </ul>
By 2022 we will have supported Welsh Government to develop and implement <i>Healthy Weight: Healthy Wales</i> (the new national obesity prevention and reduction strategy)	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Indicator and evaluation framework for the <i>Healthy Weight: Healthy Wales</i> strategy produced</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Implementation plan and business case for resources to deliver <i>Healthy Weight: Healthy Wales</i> developed</li> </ul>
	<b>Year 3: 2021-22</b>
By 2022 we will have worked with others towards increasing the proportion of children who are a healthy weight when they start school	<ul style="list-style-type: none"> <li>Initial progress review of <i>Healthy Weight: Healthy Wales</i> completed</li> </ul>
	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Behavioural analyses for: pregnancy; pre-pregnancy; outdoor play; sleep; and screen time published</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Behavioural analysis for fruit and vegetable consumption, and action plan completed</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>Strategic implementation and delivery plans for increasing the proportion of children who are a healthy weight when they start school developed</li> <li>Initial system wide report card and baseline for ongoing monitoring published</li> </ul>
By 2022 we will have worked with others to achieve demonstrable increases in the proportion of children who actively travel to school	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Recommendations for the national rollout of the Hands Up Survey produced</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Strategic implementation plans for All Wales priorities for action to promote active travel to schools developed</li> </ul>
	<b>Year 3: 2021-22</b>

Objective	
	<ul style="list-style-type: none"> <li>Evaluation of Hands Up programme completed</li> </ul>
By 2022 we will have continued to develop and deliver with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Physical Activity Observatory Established</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Wales Physical Activity Partnership Delivery Plan agreed</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>Implementation of the Wales Physical Activity Delivery Plan</li> </ul>
By 2022 we will have developed and begun delivery of a new comprehensive programme of prevention of alcohol related harm	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Priorities for action to prevent alcohol related harm agreed</li> <li>Business case for delivery of a programme of work for the prevention of alcohol related harm completed</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Implementation plans for programme to prevent alcohol related harm developed</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>Evaluation plan developed</li> </ul>
By 2022 we will have developed and begun delivery of a programme to reduce the use and harm from drugs	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Priorities for action to reduce the use and harm from drugs agreed</li> <li>Business case for delivery of a programme of work to reduce the use and harm from drugs completed</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Implementation plans for programme to reduce the use and harm from drugs developed</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>Initial review and recommendations for Phase 2 implementation produced</li> </ul>
By 2022, we will be monitoring new and emerging behaviour patterns that could impact on health and well-being in Wales, while continuing to explore new sources and ways to increase understanding	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Recommendations and business case produced for new data sources and technology to add value to our understanding of behaviours in Wales</li> <li>Expanded web resources relating to new and emerging patterns of behaviour produced</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Use of new sources and technological opportunities initiated (depending on business case).</li> <li>Review of impact and approach to health intelligence support, from existing information sources, completed</li> </ul>
	<b>Year 3: 2021-22</b>
	<ul style="list-style-type: none"> <li>New sources and technologies for understanding patterns of behaviour extended (depending on business case)</li> </ul>

Objective	
By 2022, we will have increased understanding of the effective methods of behaviour change across staff working in public health	Year 1: 2019-20
	<ul style="list-style-type: none"> <li>Behaviour change knowledge and skills development plan for the specialist public health workforce completed</li> </ul>
	Year 2: 2020-21
	<ul style="list-style-type: none"> <li>Implementation plan for capacity building and system development produced</li> </ul>
By 2022 we will have 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	Year 3: 2021-22
	<ul style="list-style-type: none"> <li>Strategic review and recommendations for wider public sector change agreed</li> </ul>
	Year 1: 2019-20
	<ul style="list-style-type: none"> <li>Quality standards for public information agreed</li> </ul>
	Year 2: 2020-21
	<ul style="list-style-type: none"> <li>Guidance on production of health promotion information for the public produced</li> </ul>
	Year 3: 2021-22
	<ul style="list-style-type: none"> <li>Review of progress completed and recommendations for further activity agreed</li> </ul>

## 2.4 Strategic Priority 4

Healthier

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

More Equal

### 2.4.1 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.

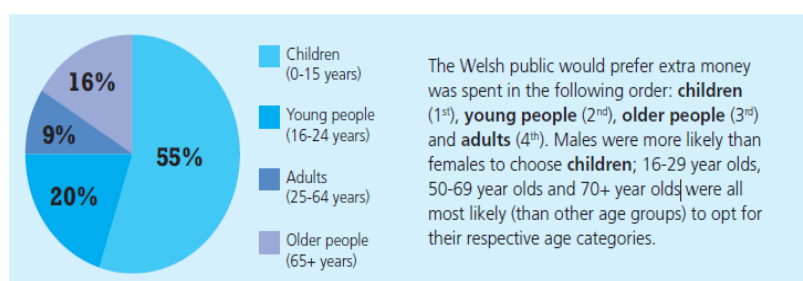
Cohesive communities

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

Vibrant culture and thriving Welsh language

### 2.4.2 What the Welsh public told us

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



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



### 2.4.3 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

### 2.4.4 Public Health Outcomes we are trying to influence

- 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
- Tooth decay among 5 year olds (PHOF 34)

## 2.4.5 What we will achieve in the first three years?

During 2018/19, we have established a cross-organisational mechanism to co-ordinate action across the following areas:

- Promoting health and well-being in the early years
- Improving outcomes in the first 1000 days
- Trusted health information for parents
- Improving children's oral health
- Research to inform policy in early years
- Childhood vaccination
- Maternal and child screening

These strategic objectives for the next three years are described below.

**SO4.1- By 2022 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. We will build on the work that commenced in 2018/19 with the establishment of a Programme Board, prioritisation and agreement of information relevant to developmental age and consistent with the Healthy Child Wales Programme. A key focus of Year 2 will involve the co-production of a range of content with parents and professionals across Wales, focusing on the First 1000 Days of life. 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.



In summary, the key milestones would be that in Year 1 we will focus on producing evidence-based recommendations for parenting support and delivering our plans for a new Parent Information model. By the end of Year 2, we expect to have implemented this new parent information model and will begin the process of review to inform any further development in Year 3.

#### **SO4.2- By 2022 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 and evaluation agenda and the priorities identified by the Early Years Priority Group, 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.

We will build on our work we commenced in 2018/19, to determine research priorities which has included the establishment of a research development group. In year 1, we will develop this initial work into research proposals and work with partners to seek funding to take them forward in Years 2 and 3.

#### **SO4.3- By 2022 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 continue 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. We will build on the work we commenced in 2018/19, to develop an infant mental health framework for Wales by working with our partners to produce plans for implementation and where appropriate implementation in Years 2 and 3. We will work with Welsh Government to support a wider programme of activity around integration of Early Years Services and continue to support dissemination and uptake of research evidence in policy and practice. In Year 3, we will review the First 1000 Days programme and make recommendations for future work.

#### **SO4.4- By 2022 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 2022 we will have worked with partners to improve oral health of the children in Wales

In Wales, we have high levels of childhood dental disease which impacts of children's lives now and into their future. To address this, Public Health Wales provides ongoing strategic public health leadership for the national child oral health improvement programme – Designed to Smile.

In 2019/20, we are planning to:

- oversee the training and fieldwork of the national dental epidemiology survey of 5 year olds.
- support Designed to Smile teams to expand the Lift the Lip programme nationally
- strategically support national activity for '10th Anniversary' Designed to Smile engagement campaign with stakeholders

In 2020/21, with the Welsh Oral Health Information Unit at Cardiff University, we will report findings of the national dental epidemiology survey of 5 year olds to monitor children's oral health and propose any changes required.

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

Objective	Products
By 2022 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	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>New co-designed delivery model of parent information in operation developed</li> <li>Quality assurance processes in place for the programme</li> <li>Recommendations provided to Welsh Government and other partners on evidence based approaches for universal parenting support</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Review of programme and agreement on future action</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>Implement agreed actions based on year 2 review</li> </ul>
By 2022 we will have undertaken research to inform policy around early years	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Research and evaluation priorities and implementation plan for early years agreed</li> <li>Research commenced (subject to funding)</li> <li>Recommendations for policy and practice developed</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Implement research and evaluation plan</li> <li>Further recommendations for policy and practice</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>Review research and evaluation plan</li> </ul>
Worked with others to improve outcomes in the First 1000 Days	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Evidence into practice briefing for key outcomes in the First 1000 Days produced</li> <li>Implementation plan for the Infant Mental Health Framework developed</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Continued implementation of First 1000 Days programme</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>First 1000 Days Programme review completed</li> </ul>
By 2022 we will have revised and re-launched the Healthy Pre-School scheme to increase action to promote	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>Review report produced – current programme</li> <li>Options for future delivery developed and agreement secured</li> <li>Implementation plan agreed</li> </ul>

Objective	Products
health and wellbeing in the early years	<ul style="list-style-type: none"> <li>Monitoring, evaluation mechanisms agreed</li> </ul>
	Year 2: 2020-21
	<ul style="list-style-type: none"> <li>New programme implementation started</li> </ul>
	Year 3:2021-22
By 2022 we will have worked with partners to improve oral health of the children in Wales	<ul style="list-style-type: none"> <li>Evaluation of impact of programme</li> </ul>
	Year 1: 2019-20
	<ul style="list-style-type: none"> <li>'10th Anniversary' of Designed to Smile engagement campaign</li> <li>National dental epidemiology survey of 5 year olds undertaken</li> <li>Lift the Lip Programme expanded to all of Wales</li> </ul>
	Year 2: 2020-21
	<ul style="list-style-type: none"> <li>Report of national dental epidemiology survey of 5 year olds</li> <li>Review and update of national Designed to Smile support products</li> <li>National dental epidemiology survey of 12 year olds</li> </ul>
	Year 3:2021-22
	<ul style="list-style-type: none"> <li>Report of national dental epidemiology survey of 12 year olds</li> </ul>

## 2.5 Strategic Priority 5

# Protecting the public from infection and environmental threats to health

## 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 and a statutory responsibility for Public Health Wales. With the changing realities of an interconnected world, health security has become a public health priority. Public Health Wales continues to respond to changing threats including High Consequence Infections (e.g. MERS CoV), Chemical Biological Radiological and Nuclear (CBRN - e.g. nerve agents as in Salisbury), Anti-Microbial Resistance (AMR); Vaccine Preventable disease, and Healthcare Associated Infections (HCAI).

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

2017/18 saw the highest rates of influenza for seven years. This has highlighted immunisation as an important method of disease prevention alongside effective outbreak management and control of infection.

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

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

## What will success look like by 2030?

Our long-term strategy outlines what we want to achieve for this strategic priority.

There are three key **themes** running through our future actions:

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

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

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

Prosperous

Resilient

Healthier

Cohesive  
communities

Globally  
responsible

**SO5.1- By 2022, 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. The need for an integrated service is most obvious when we respond to outbreaks or an upsurge in infections that impact on health and social care delivery. Our ability to respond to these expectations depends on us recruiting, retaining, educating and training the right staff, on having the right environment from which to deliver our services, and on effective relationships with our key stakeholders. In each of these areas we have significant challenges, such as vacancies in our medical Microbiology workforce, that impact on service delivery.

Public Health Wales has recognised that it needs to modernise, transform its infection service, and redefine the model of a National Health Protection Service (NHPS), for Wales. The right pace with the allocation of energies alongside new and existing resources are critical to securing change without destabilising current service delivery. The key deliverables in Year 1 include completing a service specification for the NHPS, developing a new business model that focuses on outcomes, and developing a robust workforce plan.

In Year 2 the service will continue with system changes including the development of the hot lab model, encompassing the transfer of the kit and capability out of a laboratory setting and closer to the patient. A proposal for a commissioning model for the NHPS will be presented to stakeholders. This will have an emphasis on the clinical delivery of health protection including antimicrobial stewardship and infection prevention and control.

Year 3 includes the completion of the roll-out of hot lab capability and capacity across NHS Wales. This will empower service users to secure rapid and clinically meaningful results that will guide patient management. We will also complete evaluations of the change programmes from Years 1 and 2, identifying areas for refinement and establishing our new model.

**SO5.2- By 2022 we will be providing effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases**

We will support Welsh Government in the development of a new five-year national action plan for AMR and will continue to support the current national delivery plan and the implementation of the HCAI National Collaborative in Year 1. 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.

As part of the implementation plan resulting from the sexual health review, we will work with health boards to lead on the development of an All-Wales case management system (subject to funding) and the roll out of online and community testing for a range of STIs. We will also work to develop a range of molecular diagnostic platforms for rapid diagnosis of STIs.

We will lead the roll out and monitoring of a Hepatitis C re-engagement exercise including supporting health boards and primary care.

During Year 1, we will further enhance our health protection intelligence capability by overseeing the further development of ICNet through the expansion of surveillance capabilities.

We will develop a suite of agreed products as key outputs of our Vaccine Preventable Disease Programme. In Years 2 and 3 there are key deliverables in all three risk domains, HCAIs, AMR and vaccine preventable diseases.

**SO5.3- By 2022 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 provides specialist services to manage and minimise risks from a broad range of environmental hazards. There are three core aspects to reactive services provided: responding to acute chemical incidents, addressing chronic environmental public health concerns, and assessing risks to inform planning/permit decision-making in relation to proposed industrial developments.

The service recognises the need to proactively scope and understand current and emerging environmental health threats. Areas of focus include air and water quality, extreme weather events, influencing and shaping sustainable planning and transport policy and practice.

Climate change is widely acknowledged as one of the greatest public health threats of this century. Public Health Wales has worked with partners across Wales to develop a 'model' that can be used to drive long-term sustainable development in response to global health threats. This will be supported by our recent success in achieving recognition as a World Health Organization (WHO) Collaborating Centre in Investment for Health and Wellbeing.

In Year 1 we will continue to deliver all reactive services to ensure resilience in environmental threat/incident planning, preparedness and response. As part of the modernisation programme we will review and report on changes necessary to strengthen our environmental public health response capabilities. We will contribute to the Welsh Government-led Clean Air Programme and Plan to help reduce air pollution, risks and inequalities. We will support development of a planning portal, assessing risks of lead on health across Wales, carrying out research to integrate public health and transport policy and practice, and establishing robust environmental public health surveillance systems.

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



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

Objective	
5.1 Working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation	<b>Year 1: 2019-20</b> <ul style="list-style-type: none"> <li>• High level service modelling: options for laboratory models</li> <li>• High level service modelling: integration with AWARe</li> <li>• Outline Business Case for the National Health Protection Service produced with stakeholder involvement</li> <li>• Completion and sign-off of the service specification with stakeholder involvement</li> <li>• Implement actions for workforce development</li> <li>• Continue implementation of postal sexual health testing service</li> <li>• Statement of expected benefits - National Health Protection Service Transformation</li> <li>• Options for sustainable integrated surveillance systems</li> <li>• Establish a national sexual health laboratory testing service</li> <li>• Establish a national serology and virology network</li> <li>• Implement Front-end Automation through changes to flow of samples at our three 'cold laboratories' (Rhyl, Singleton and UHW).</li> </ul>
	<b>Year 2: 2020-21</b> <ul style="list-style-type: none"> <li>• Develop clinical BMS role to support infection prevention and control</li> <li>• Develop consultant healthcare scientist by equivalent pathway</li> <li>• Develop new national commissioning model for the National Health Protection Service with stakeholder involvement</li> <li>• Options appraisal and Business Case for the National Health Protection Service with stakeholder involvement</li> <li>• Expansion of cold molecular testing to include other targets i.e. Sexual Health.</li> <li>• Complete implementation of postal sexual health testing service</li> <li>• Continued development and establishment of hot labs at PHW laboratory sites as well as provision of Near / Point of Care Testing at selected sites.</li> </ul>
	<b>Year 3: 2021-22</b> <ul style="list-style-type: none"> <li>• Produce an evaluation report on service change</li> <li>• Complete the role-out of hot labs at all acute receiving hospitals in Wales</li> </ul>
5.2 System leadership on key infection risks (including HCAI and AMR) and Vaccine Preventable Diseases	<b>Year 1: 2019-20</b>
	<b>Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)</b> <ul style="list-style-type: none"> <li>• Implementation of Start Smart then Focus</li> <li>• Development and reporting of HARP surveillance &amp; improvement goals</li> <li>• Continue to deliver the HCAI Collaborative including improvement plan</li> </ul>

## Objective

- Support the implementation of the UK AMR strategy in Wales
  - Conduct yearly point prevalence survey of antimicrobial usage (UK)
  - Develop HCAI surveillance using ICNet platform. Level 4 – CPO surveillance module Level 4 – Outbreak surveillance
  - Develop and update primary and secondary care antimicrobial guidelines
- Provide comprehensive, integrated surveillance systems and quality epidemiological support**
- Develop and manage the Harm Reduction Database (HRD) Wales national surveillance system in substance misuse and health and criminal justice services
  - Develop and provide an epidemiological dashboard for Health protection
- Contribute to the elimination of Hepatitis**
- Complete Hepatitis C Virus re-engagement project (stage 1) to Identify and engage patients currently infected who might benefit from treatment
  - Initiate support of opt-out Blood-borne virus screening in prisons by developing local pathways (as per CMO instruction)
- Provide an All-Wales Acute Response (AWARE) service**
- Scope, develop and implement Consultant led, out-of-hours rota system of trained and effective staff across the National Public Health Service
  - Further develop case incident management system (Tarian)
- Provision of proactive partnership working with Health Boards**
- Develop and deliver standard operating procedures, case management, training for partners in local authority
  - Develop and Integrate molecular and genomic laboratory technological advances in health protection services
- Research and Development into Health Protection Services**
- Lead on implementation of the Linked Environment for Prevention of Opioid Related Death Research (LEPODD) project to reduce future morbidity and mortality.
  - Inform the evidence for PrEP use and associated behaviour by contributing to the initiation of the research study Do-PrEP
  - Continue meningococcal carriage study recruitment
- Lead on the communication and dissemination of information to mitigate cross-border threats and compliance with international health regulations**
- Develop communications platform, agreeing key messages, audiences and channels
- Reduce the burden of STIs in the population and reduce unintended pregnancies**
- Working with partners, lead on the development of a new all Wales sexual health case management system. Identify high level service specification and prepare for tendering
  - Evaluate and assess results from pilot for online access to community molecular testing for CT/GC dry swab testing and development of All Wales community testing service.

Objective	
	<ul style="list-style-type: none"> <li>Support the monitoring and evaluation of PrEP service development through quarterly surveillance reporting and contributing to 5-nations reporting standards development</li> </ul> <p><b>Reduce the burden of influenza related morbidity and mortality and avoidable winter pressures</b></p> <ul style="list-style-type: none"> <li>Develop and share an annual flu communications plan in collaboration with key partners</li> <li>Produce prescribing guidelines and tools for Health Boards / Trusts and clinicians</li> </ul> <p><b>Reduce avoidable morbidity and mortality through routine vaccination programmes</b></p> <ul style="list-style-type: none"> <li>Develop and revise guidance, training, education and support pilot of dried blood spot testing for selective neonatal HepB vaccine programme.</li> <li>Develop a programme of research on burden of disease and effectiveness/ impact of vaccination programmes</li> <li>Lead on the introduction of the HPV vaccine for boys by developing new guidance, training, audit, education resources (e learning module)</li> <li>Identify challenges, dependences , risks and issues for the removal of a pneumococcal dose at 8 and 16 weeks from the childhood vaccination programme through participation in UK PCV project board</li> </ul> <p><b>Attain WHO goal to eliminate measles and rubella virus transmission by 2020.</b></p> <ul style="list-style-type: none"> <li>Improve quality of measles and rubella surveillance data in line with WHO guidance</li> <li>Develop a matrix identifying the actions required nationally to be implemented to support the elimination of measles.</li> </ul>
	Year 2: 2020-21
	<p><b>Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)</b></p> <ul style="list-style-type: none"> <li>Optimise the use of antimicrobials through advice and support on antimicrobial stewardship</li> <li>Deliver improvement plan in the area of HCAI using the 1000 Lives Improvement Delivery Framework</li> <li>Continue to support the implementation of the UK AMR strategy in Wales</li> <li>Review and conduct yearly point prevalence survey of antimicrobial usage</li> <li>Incorporation into routine HCAI surveillance</li> <li>Ensure roll-out of primary and secondary care antimicrobial guidelines</li> </ul> <p><b>Provide comprehensive, integrated surveillance systems and quality epidemiological support</b></p> <ul style="list-style-type: none"> <li>Explore feasibility of expansion of HRD to other areas</li> </ul> <p><b>Contribute to the elimination of Hepatitis</b></p> <ul style="list-style-type: none"> <li>Complete Hepatitis C Virus re-engagement project (stages 2&amp;3) to Identify and engage patients with evidence of exposure who might benefit from treatment and patients with ambiguous testing histories who might benefit from treatment</li> <li>Continue to support the development of local pathways for BBV prison screening</li> </ul> <p><b>Research and Development into Health Protection Services</b></p> <ul style="list-style-type: none"> <li>Continue meningococcal carriage study mechanism for vaccination</li> </ul>

Objective	
	<p><b>Lead on the communication and dissemination of information to mitigate cross-border threats and compliance with international health regulations</b></p> <ul style="list-style-type: none"> <li>• Undertake project evaluation</li> </ul> <p><b>Reduce the burden of STIs in the population and reduce unintended pregnancies</b></p> <ul style="list-style-type: none"> <li>• Procure the case management system and initiate roll out</li> <li>• Provide online access to community testing for CT/GC dry swab testing and development of All Wales community testing service.</li> </ul> <p><b>Reduce the burden of influenza related morbidity and mortality and avoidable winter pressures</b></p> <ul style="list-style-type: none"> <li>• Deliver flu campaign 20-21</li> </ul> <p><b>Reduce avoidable morbidity and mortality through routine vaccination programmes</b></p> <ul style="list-style-type: none"> <li>• Work with health protection teams and antenatal screening to improve uptakes in neonatal Hep B vaccine programme.</li> <li>• Develop a programme of research on burden of disease and effectiveness/ impact of vaccination programmes</li> </ul> <p><b>Attain WHO goal to eliminate measles and rubella virus transmission by 2020.</b></p> <ul style="list-style-type: none"> <li>• Continue to improve quality of measles and rubella surveillance data in line with WHO guidance</li> </ul>
	Year 3: 2021-22
	<p><b>Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)</b></p> <ul style="list-style-type: none"> <li>• Continue to deliver improvement plan in the area of HCAI using the 1000 Lives Improvement Delivery Framework</li> <li>• Review and conduct yearly point prevalence survey of antimicrobial usage</li> <li>• Maintenance of HCAI surveillance</li> </ul> <p><b>Provide comprehensive, integrated surveillance systems and quality epidemiological support</b></p> <ul style="list-style-type: none"> <li>• Review and Evaluate HRD</li> </ul> <p><b>Contribute to the elimination of Hepatitis</b></p> <ul style="list-style-type: none"> <li>• Evaluate the Hepatitis C Virus re-engagement project</li> </ul> <p><b>Lead on the communication and dissemination of information to mitigate cross-border threats and compliance with international health regulations</b></p> <ul style="list-style-type: none"> <li>• Submit final report and blueprint for future actions</li> </ul> <p><b>Reduce the burden of STIs in the population and reduce unintended pregnancies</b></p> <ul style="list-style-type: none"> <li>• Support 'go live' of the case management system and ensure consistency of use</li> <li>• Expansion to testing for all STIs including using DBS for BBVs i.e. expansion of laboratory function</li> </ul> <p><b>Reduce the burden of influenza related morbidity and mortality and avoidable winter pressures</b></p> <ul style="list-style-type: none"> <li>• Deliver flu campaign 21-22</li> </ul>
	Year 1: 2019-20

Objective	
5.3 Supporting the health and care system on preparing for the impact of environmental health hazards and climate change on health	<p><b>Clean Air Programme and Plan to help reduce air pollution, risks and inequalities</b></p> <ul style="list-style-type: none"> <li>Influence and support implementation of Welsh Government Clean Air Programme. Outputs include: publication of public health-driven Clean Air Plan for Wales, establishment of Wales Air Quality Evidence and Innovation Centre, review of Local Air Quality Management policy and practice, and risk communications/behaviour change initiatives</li> </ul> <p><b>Define environmental burden of disease and connect policy and practice to reduce risks</b></p> <ul style="list-style-type: none"> <li>Develop environmental public health surveillance system(s) for environmental hazard/health tracking Outputs from specific research grant to integrate environmental public health and transport policy and practice in Wales. (Linked to Clean Air Programme developments and also planning policy and process evolution (see strategic objective 1.1))</li> </ul>
	Year 2: 2020-21
	<p><b>Clean Air Programme and Plan to help reduce air pollution, risks and inequalities</b></p> <ul style="list-style-type: none"> <li>Continue to influence and support implementation of Welsh Government Clean Air Programme and strengthen integration with linked policy and practice in other sectors/disciplines. Outputs will include: delivery against existing and new priorities identified by Clean Air Programme and evaluation of actions taken in previous year</li> </ul> <p><b>Define environmental burden of disease and connect policy and practice to reduce risks</b></p> <ul style="list-style-type: none"> <li>Evaluate and refine environmental public health surveillance/tracking system(s) for environmental hazards and health</li> </ul>
	Year 3: 2021-22
	<p><b>Clean Air Programme and Plan to help reduce air pollution, risks and inequalities</b></p> <ul style="list-style-type: none"> <li>Continue to influence and support implementation of Welsh Government Clean Air Programme and strengthen integration with linked policy and practice in other sectors/disciplines. Outputs will include: delivery against existing and new priorities identified by Clean Air Programme and evaluation of actions taken in previous year</li> </ul> <p><b>Define environmental burden of disease and connect policy and practice to reduce risks</b></p> <ul style="list-style-type: none"> <li>Strengthen and embed environmental public health surveillance/tracking system(s) for environmental hazards and health</li> </ul>

## 2.6 Strategic Priority 6

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

### 2.6.1 Why is this a priority?

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

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

**Maximising opportunities for prevention** - Many of the most common long term conditions (such as cancers, heart disease, stroke, respiratory disease and diabetes) have risk factors in common (see paragraph 2.3.2). These risk factors include clinical and behavioural risk factors such as smoking and high blood pressure. We will work with the local health boards to maximise opportunities for chronic disease prevention and galvanise collective action to address these risk factors. For example, health care interactions with patients provide opportunities to engage people about reducing risk of long term conditions. We will work with the health service to make every contact count (MECC) and ensure that people can access effective interventions such as smoking cessation and the National Exercise Referral Scheme.

Primary care has a pivotal role in prevention, early identification and risk reduction of disease. In response to *A Healthier Wales*, which shifts the national focus to a 'wellness system', the National Primary Care Board has released a new two-year strategic programme that runs to November 2021. We will continue to coordinate the delivery of the prevention and wellbeing work stream within the strategic programme which has been designed to promote prevention and self-management opportunities across the health and care system and across the life course.

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

In 2019/2020, we will lead work to develop a national evaluation framework for the Primary Care Model for Wales to assess its impact in achieving the strategic aims of sustainable local care and support; improved access to information; care and support; and people being able to access the majority of their care at, or close to home.

**Safeguarding** - We will continue to support the development of the Safeguarding Maturity Matrix as a sustainable system to identify what works well and what improvements can drive high quality services across Wales.

**1000 Lives Improvement** - We support NHS Wales and its 90,000 staff to improve outcomes for people by supporting NHS Wales to become one seamless system of health and care underpinned by the “Quadruple Aim” thereby supporting the further development of a culture of patient safety, improvement, learning and innovation.

Through collaboration with stakeholders our 1000 Lives Improvement national improvement team will continue to focus on a standard methodology for quality improvement, based on the science of improvement, underpinned by capability building and focused on spread and scale.

### Population Based Screening Programmes -

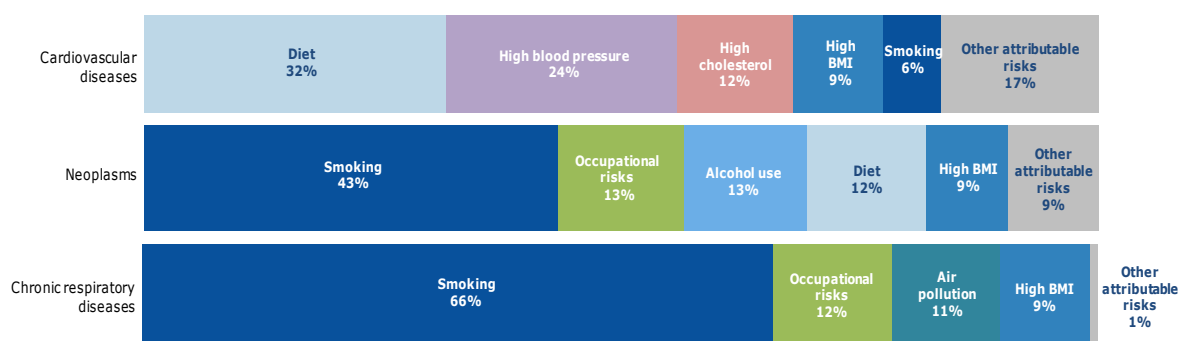
We deliver seven national screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. Each programme is informed by evidence based recommendations from the UK National Screening Committee and in line with Welsh Government policy. These programmes are either primary 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 division has a strong record of research and evaluation to further inform and improve screening pathways and works with academic partners.

## 2.6.2 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)





### 2.6.3 What will success look like by 2030?

Our Long Term Strategy has 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

### 2.6.4 Public Health Outcomes we are trying to influence

- 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)
- Tooth decay amongst 5 year olds (PHOF 34)

### 2.6.5 What we will achieve in the next three years?

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 2022, we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care**

1000 Lives Improvement will continue to deliver programmes to meet key health system challenges and support the Unscheduled Care Board and the Planned Care Board. Building on work currently underway, we will:

- complete and review the National Frequent Attenders Programme which aims to ensure that all emergency departments have a multi-agency service for frequent users of unscheduled care services
- complete support for existing specialty focus on dermatology, orthopaedics, ophthalmology, ENT and urology

**SO6.2- By 2022, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery**

The following illustrates the breadth and scope of the contribution of 1000 Lives Improvement to improving patient safety:

- complete and review the Nurse Staffing programme to support health boards in determining nurse staffing levels

- deliver the national Emergency Laparotomy Collaborative with local and national learning events, tailored improvement support and data analysis
- deliver a range of work in acute deterioration
- launch the three year medicines safety collaborative
- support health boards to model demand and activity, and design appropriate improvement support to achieve the Single Cancer Pathway
- work with 15 care homes to deliver quality improvement capability training

#### SO6.3- By 2022, we will have supported organisations to improve the quality of mental health and learning disability services across the life course

We will review and develop the programmes of work and pilot the 1000 Lives Improvement Delivery Framework with two workstreams - use of care plans and outcome measures.

#### SO6.4- By 2022, we will have supported the NHS in Wales to implement the Safeguarding Maturity Matrix

To drive improvements, reduce variation and share learning across NHS Wales and wider partners, we will support the NHS in the implementation of the Safeguarding Maturity Matrix. Year 1 will include the development and piloting of the Matrix, 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 each year a report will be produced based on the peer review process of the submissions that year. National pieces of work may be required if gaps are identified.

#### SO6.5- By 2022 we will deliver and develop evidence based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations

One of our statutory functions is to provide population-based screening programmes (section 1.1.2). Key improvements over the lifecycle of our Strategic Plan are:

Year 1, we will have:

- Continued to work to improve participation in screening and reduce inequalities.
- Encouraged informed choice and ensured that we continue to produce quality information
- Reviewed; develop and embed quality assurance processes
- implemented phased implementation of faecal immunochemical test as screening test for Bowel Screening
- have agreed model and commitment of funding for roll out of Bowel Screening programme to population aged 50 to 74 years
- initiated project on risk based screening intervals in Diabetic Eye Screening Wales
- Commenced upgrade of digital mammography equipment for mobile breast screening units

Year 2 we will have:

- Collaborated with charities to implement community based interventions to improve uptake
- Reviewed content of screening literature to ensure reflects national guidance and needs of service users

- Continued to develop skilled and sustainable screening workforce
- Started to implement age expansion of bowel screening programme
- Planned implementation of increased screening intervals (pending UK NSC recommendations)
- Implement approved plan for Abdominal Aortic Aneurysm (AAA) surveillance in line with The National Institute for Health and Care Excellence (NICE) guidelines

Year 3 we will:

- Continue to roll out age expansion of bowel screening programme
- Continue to develop cervical screening programme in line with UK NSC recommendations
- Complete a 3-year evaluation of Non-Invasive Prenatal Testing (NIPT) as contingency test offered as part of antenatal screening pathway.

#### **SO6.6- By 2022 we will have developed a co-ordinated approach to prevention**

Many of the major chronic diseases have common risk factors and there is a need to work on these challenges together to maximise opportunities for prevention. Having secured agreement to a collective approach to chronic disease prevention. We will work with our partners to commence the delivery of the coordinated approach in key areas.

Our co-ordinated approach to prevention will be tested in Year 1 (2019-20) using the identified priority of high blood pressure, the top-ranked clinical risk factor contributing to avoidable disability-adjusted life years (DALYs). We will advocate for and provide support to nationally-templated quality improvement initiatives that optimise how the management of blood pressure is managed within primary care clusters, aiming to reduce the preventable burden of cardiovascular disease and related inequalities..

We will also establish co-ordinate the delivery of the prioritised work plan for prevention and wellbeing within the Strategic Programme for Primary Care in Wales focussing on the wellness system for Wales.

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

Ensuring the sustainability of primary care is essential for public health and quality improvement activities and a new model for primary and community care is essential. Having developed the Primary Care Model for Wales, we will work with our partners to commission the development of a national evaluation framework to assess the impact of the Model across Wales.

We will also support the delivery of the Strategic Programme for Primary Care, leading on the implementation of the prevention and wellbeing work stream and will contribute to the other work streams as required, ensuring a continued whole system population approach to transformation.

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

In seeking to embed prevention, shared decision-making and improving use of skill-mix within primary dental care, we will be working with partners to develop and implement a

General Dental Services (GDS) Reform Programme. The pace and scale of change will be dependent on ongoing policy drive from the Welsh Government, feedbacks from key stakeholders (especially Health Boards and General Dental Service providers), findings from evaluation and modeling work required to understand the effect of changes. Ongoing engagement with key stakeholders and their support will be required to increase participation rate from the GDS in Wales.

Years 1, 2, and 3, include continuation of the development, testing, learning and implementation of different elements of the GDS Reform Programme. We will work with the Welsh Government to increase participation rate by dental practices and more practices within the programme utilising skill-mix and start implementing 'risk and need' based recall of patients and move away from traditional model of 'dental check-up' every 6 months for all patients.

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

Objective	
6.1 By 2022 we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care	<b>Year 1: 2019-20</b>
	<b>Unscheduled Care:</b> <ul style="list-style-type: none"> <li>Establish Frequent Attender services in all emergency departments</li> <li>Complete and review the two year Frequent Attender programme</li> </ul> <b>Planned Care:</b> <ul style="list-style-type: none"> <li>Complete support for existing specialty focus in dermatology, orthopaedics, ophthalmology, ENT and urology</li> </ul>
	<b>Year 2: 2020-21</b>
	<b>Unscheduled Care:</b> <ul style="list-style-type: none"> <li>Develop the capability of people working in unscheduled care to meet the demands of the service</li> </ul> <b>Planned Care:</b> <ul style="list-style-type: none"> <li>Develop and deliver the appropriate support in this area using the 1000 Lives Improvement Delivery Framework</li> </ul>
	<b>Year 3:2021-22</b>
	<b>Unscheduled Care:</b> <ul style="list-style-type: none"> <li>Develop the capability of people working in unscheduled care to meet the demands of the service</li> </ul> <b>Planned Care:</b> <ul style="list-style-type: none"> <li>Develop and deliver the appropriate support in this area using the 1000 Lives Improvement Delivery Framework</li> </ul>
6.2 By 2022 we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery	<b>Year 1: 2019-20</b>
	<b>Nurse Staffing:</b> <ul style="list-style-type: none"> <li>Support health boards to meet the requirement of the Nurse Staffing Act</li> <li>Complete and review the three year programme</li> </ul> <b>Emergency Laparotomy Collaborative (ELC):</b> <ul style="list-style-type: none"> <li>Deliver the national Emergency Laparotomy Collaborative providing improvement support and national events</li> </ul> <b>Acute Deterioration:</b> <ul style="list-style-type: none"> <li>RRAILS review process completed</li> <li>Roll out of National Early Warning Score use in community settings</li> <li>Engage with paediatric colleagues and Welsh Ambulance Service to agree early warning system for paediatrics</li> </ul> <b>Medicines Safety:</b> <ul style="list-style-type: none"> <li>Launch the three year Medicines Safety Collaborative using the 1000 Lives Improvement Delivery Framework</li> </ul> <b>Single Cancer Pathway:</b> <ul style="list-style-type: none"> <li>Support health boards to model demand and activity and design appropriate improvement support</li> </ul> <b>Care Homes Programme:</b>

Objective	
	<ul style="list-style-type: none"> <li>Work with 15 care homes to deliver training in Improving Quality Together, Shared Decision Making and Advanced Care Planning</li> </ul>
	<b>Year 2: 2020-21</b>
	<p><b>Emergency Laparotomy Collaborative (ELC):</b></p> <ul style="list-style-type: none"> <li>Deliver the national Emergency Laparotomy Collaborative providing improvement support and national events</li> <li>Complete and evaluate the three year programme</li> </ul> <p><b>Acute Deterioration:</b></p> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable improvements in paediatrics and community</li> </ul> <p><b>Medicines Safety</b></p> <ul style="list-style-type: none"> <li>Support the Medicines Safety Collaborative using the 1000 Lives Improvement Delivery Framework</li> </ul> <p><b>Single Cancer Pathway:</b></p> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable health boards to make improvements in their local cancer pathways in order to achieve the Single Cancer Pathway</li> </ul> <p><b>Care Homes Programme:</b></p> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable improvements in care homes</li> </ul>
	<b>Year 3:2021-22</b>
<b>6.3 By 2022 we will have supported organisations to improve the quality of mental health and learning disability services across the life course</b>	<p><b>Emergency Laparotomy Collaborative (ELC):</b></p> <ul style="list-style-type: none"> <li>Ensure the infrastructure is in place for health boards and trusts to spread and sustain the ELC approach across Wales</li> </ul> <p><b>Acute Deterioration</b></p> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable improvements in paediatrics and community</li> </ul> <p><b>Medicines Safety</b></p> <ul style="list-style-type: none"> <li>Support the Medicines Safety Collaborative using the 1000 Lives Improvement Delivery Framework</li> </ul> <p><b>Single Cancer Pathway:</b></p> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable health boards to make improvements in their local cancer pathways in order to achieve the Single Cancer Pathway</li> </ul> <p><b>Care Homes Programme:</b></p> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable improvements in care homes</li> </ul>
	<b>Year 1: 2019-20</b>
	<p><b>Mental Health and Learning Disabilities</b></p> <ul style="list-style-type: none"> <li>Pilot two workstreams (use of care plans and outcome measures) with the 1000 Lives Improvement Delivery Framework</li> <li>Identify where quality planning and quality improvement feature in the current workstreams and embed outcome measures</li> </ul> <p><b>Year 2: 2020-21</b></p>

Objective	
	<b>Mental Health and Learning Disabilities</b> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable improvements in mental health and learning disabilities</li> </ul>
	<b>Year 3:2021-22</b>
	<b>Mental Health and Learning Disabilities</b> <ul style="list-style-type: none"> <li>Use the 1000 Lives Improvement Delivery Framework to enable improvements in mental health and learning disabilities</li> </ul>
	<b>Year 1: 2019-20</b>
<b>6.4 By 2022 we will have supported the NHS in Wales to implement the Safeguarding maturity matrix</b>	<ul style="list-style-type: none"> <li>Final version of Safeguarding Maturity Matrix launched and shared with health boards and trusts April 2019</li> <li>Self-assessment improvement plans shared and discussed using peer review process</li> <li>Report produced to establish national assurance benchmarks, shared with NHS Wales and Welsh Government through the safeguarding network</li> <li>Gaps identified through the peer review process inform safeguarding network national plan of work</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>Continued completion of Safeguarding Maturity Matrix</li> <li>Ongoing development of national pieces of work informed by improvement plans</li> </ul>
	<b>Year 3:2021-22</b>
<b>6.5 By 2022 we will deliver and develop evidence based national population screening programmes [6A2] in line with UK National Screening Committee and Welsh Government recommendations</b>	<ul style="list-style-type: none"> <li>Continued completion of Safeguarding Maturity Matrix</li> <li>Ongoing development of national pieces of work informed by improvement plans</li> </ul>
	<b>Year 1: 2019-20</b>
	<b>Increase Participation in Screening while Reducing Inequalities</b> <ul style="list-style-type: none"> <li>Work with Behavioural Insight team within PHW to improve methods for increasing participation with defined screening programmes</li> <li>BSW: Identify and implement interventions proven to improve uptake e.g.GP endorsement letters</li> <li>BTW: Targeted work streams for prevalent round and low uptake areas: use workplace interventions and targeted social media work streams</li> <li>CSW: work to improve coverage through development communications strategy and targeted social media work streams</li> <li>WAAASP: Target areas of high DNA rates to improve informed decision making and improve uptake</li> </ul>
	<b>Encourage Informed Choice and Ensure Quality of Published Materials</b> <ul style="list-style-type: none"> <li>Review public information guidance to ensure public information meets standards and is accessible</li> <li>Review information to ensure it reflects current national guidance and reflect the needs of service users.</li> </ul>
	<b>Ensure a Skilled, Suitable and Sustainable Screening Workforce</b> <ul style="list-style-type: none"> <li>BTW: Identify key priority posts and plan for reappointment within next 36 months</li> <li>CSW: Develop succession plan for Clinical Lead and Lead Nurse Specialists</li> <li>DESW: Develop and implement a new management structure with the programme</li> </ul>

## Objective

- Establish and implement diploma for defined screening staff
- Review, Develop and Embed Quality Assurance Processes**
- Review call and recall quality assurance processes for cancer screening programmes
- Review clinical quality assurance input to programmes
- Identify and implement improvements to existing failsafe system from the QA review
- Improve access to Screening for those eligible in prisons and long term care
- Capital Replacement Programmes and Contracting**
- BTW: Commence upgrades of digital mammography equipment for mobile breast screening units and Swansea static centre equipment
- WAAASP: Procure, and make operational, fit-for-purpose ultrasound machines
- DESW: Complete process of outsourcing of results and invitation letters
- Programme Improvement Deliverables**
- BSW: Continue phased implementation of first line Faecal Immunochemical Testing (FIT) including evaluation of positivity rate, uptake and revision of programme optimisation plan
- BSW: Develop and submit costed business case to Welsh Government for optimised bowel screening programme for age expansion
- ASW: Scope the introduction of free cell DNA for rhesus negative pregnant women in Wales in accordance with NICE guidance
- CSW: Scope self-sampling for persistent non-attenders in anticipation of UKNSC evaluation and recommendations of pilot or full rollout
- CSW: Scope impact of increased screening intervals on internal processes and external commissioning, and on informatics / health data required to identify vaccinated women in anticipation of UKNSC recommendation and WSC approval
- DESW: Initiate project on risk-based diabetic eye screening intervals
- WAAASP: Scope potential changes to current surveillance programme and develop a plan for implementation in line with NICE AAA diagnosis & treatment guidelines
- CSW: Develop and implement essential components of CSIMS (Cervical Screening Information Management System) and begin development of 'desirable' content
- Establish working group to scope use of technology to improve delivery of Screening programmes
- ASW: Begin three year, ongoing evaluation of the introduction of offer of contingent NIPT testing in Health Boards - Year 1 report
- NBSW: Initiate project to improve the avoidable repeat rate through focused 1:1 training of health board sample-takers
- DESW: Undertake work with 1000 Lives Improvement to improve operational efficiency and improved demand and capacity planning



Objective	
	<ul style="list-style-type: none"> <li>• Develop agreed process for risk assessing community screening clinics, including escalation process to Estates department and HB Estates managers</li> <li>• DESW, MaC, WAAASP: Perform risk assessment of community screening clinics</li> <li>• CSW: Support Health Board succession planning for colposcopist and histology workforce</li> </ul>
	<b>Year 2: 2020-21</b>
	<b>Increase Participation in Screening while Reducing Inequalities</b>
	<ul style="list-style-type: none"> <li>• BSW: Collaborate with Bowel Cancer UK to develop community engagement posts in order to deliver tailored community based interventions to improve uptake</li> </ul>
	<b>Ensure a Skilled, Suitable and Sustainable Screening Workforce</b>
	<ul style="list-style-type: none"> <li>• DESW: Develop and implement workforce training and development plan</li> </ul>
	<ul style="list-style-type: none"> <li>• WAAASP: Implement sustainable clinical skills trainer workforce</li> </ul>
	<ul style="list-style-type: none"> <li>• WAAASP: Develop succession plan for Ultrasound coordinator</li> </ul>
	<b>Capital Replacement Programmes and Contracting</b>
	<ul style="list-style-type: none"> <li>• BTW: Commence upgrades of digital mammography equipment for mobile units and Cardiff static units</li> </ul>
	<ul style="list-style-type: none"> <li>• NBHSW: Procure, and make operational, equipment replacement for the AABRs</li> </ul>
	<b>Programme Improvement Deliverables</b>
	<ul style="list-style-type: none"> <li>• BSW: Implement age expansion to include people from the age of 55 years while maintaining quality standards (dependent on WG agreement and funding)</li> </ul>
	<ul style="list-style-type: none"> <li>• CSW: Prepare for potential participation of self-sampling for persistent non-attenders in anticipation of UKNSC evaluation and recommendations of pilot or full rollout</li> </ul>
	<ul style="list-style-type: none"> <li>• CSW: Rollout, and evaluation, of increased screening intervals pending of UKNSC recommendation and WSC approval</li> </ul>
	<ul style="list-style-type: none"> <li>• WAAASP: Implement approved plan for AAA surveillance changes in line with NICE AAA diagnosis &amp; treatment guidelines</li> </ul>
	<ul style="list-style-type: none"> <li>• CSW: Continue with development of 'desirable' content for CSIMS, and begin product evaluation</li> </ul>
	<ul style="list-style-type: none"> <li>• Begin systematic development of Screening Information Systems (SIMS) for additional Screening Programmes</li> </ul>
	<ul style="list-style-type: none"> <li>• ASW: Continue three year, ongoing evaluation of the introduction of offer of contingent NIPT testing in Health Boards - Year 2 report</li> </ul>
	<b>Year 3:2021-22</b>
	<b>Increase Participation in Screening while Reducing Inequalities</b>
	<ul style="list-style-type: none"> <li>• BSW: Establish effective links with university researchers in order to undertake collaborative projects to explore barriers to uptake in the younger population</li> </ul>
	<b>Ensure a Skilled, Suitable and Sustainable Screening Workforce</b>
	<ul style="list-style-type: none"> <li>• MaC: Conduct review of workforce across three MaC programmes</li> </ul>
	<b>Capital Replacement Programmes and Contracting</b>

Objective	
	<ul style="list-style-type: none"> <li>• BTW: Commence upgrades of digital mammography equipment for mobile units and North Wales static centre units</li> </ul> <b>Programme Improvement Deliverables</b> <ul style="list-style-type: none"> <li>• BSW: Implement age expansion to include people from the age of 50 years while maintaining quality standards (dependent on WG agreement and funding)</li> <li>• CSW: Rollout, and evaluation, of increased screening intervals pending of UKNSC recommendation and WSC approval</li> <li>• ASW: Continue three year, ongoing evaluation of the introduction of offer of contingent NIPT testing in Health Boards - Year 3 report</li> </ul>
6.6 By 2022 we will have developed a co-ordinated approach to prevention	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>• Enable bespoke intelligence support to clusters, drawing on currently available data sources on cardiovascular risks that will inform agreed actions with clusters</li> <li>• Apply evidence on blood pressure reduction using our approach to prevention and logic models to identify opportunities to enhance preventive activity and care quality within clinical settings</li> <li>• Utilise learning from the ICL Programme evaluation report to identify cluster-level interventions that improve risk factor assessment and prevention of cardiovascular disease</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>• Progressive implementation of coordinated approach across further areas</li> <li>• Review of coordinated approach</li> <li>• Work with stakeholders to design and support evidence-informed quality improvement actions within clusters to optimise blood pressure management</li> </ul>
	<b>Year 3:2021-22</b>
	<ul style="list-style-type: none"> <li>• Subject to securing access to primary care data, further develop our understanding of cardiovascular risk factors and their management across primary care</li> <li>• Progressive implementation of coordinated approach across further areas</li> <li>• Review of coordinated approach</li> </ul>
6.7 By 2022 we will have delivered the public health contribution to the national programme for transformation of primary care	<b>Year 1: 2019-20</b>
	<ul style="list-style-type: none"> <li>• Commission the development of a national evaluation framework for the Primary Care Model for Wales</li> <li>• Continued Leadership and skills programme delivery</li> <li>• Cluster Leads Network established</li> <li>• Prevention and wellbeing work stream of the national primary care strategic programme established; agreed action plan in place.</li> </ul>
	<b>Year 2: 2020-21</b>
	<ul style="list-style-type: none"> <li>• Coordinate health board reporting against the agreed national evaluation framework for the Primary Care Model for Wales</li> <li>• Continued delivery of the Prevention and wellbeing strategic programme</li> </ul>

Objective	
	<p><b>Year 3:2021-22</b></p> <ul style="list-style-type: none"> <li>• Improvements evidenced through Health Board IMTPs</li> <li>• Commission end point evaluation of the national evaluation framework for the Primary Care Model for Wales</li> </ul>
<p><b>6.8 By 2022 we will have worked with partners to develop and implement the General Dental Service (GDS) reform programme</b></p>	<p><b>Year 1: 2019-20</b></p> <ul style="list-style-type: none"> <li>• Ongoing engagement events and multi-stakeholder steering group</li> <li>• Agree with key stakeholders, especially health boards and Welsh Government, 'next steps' for the programme</li> <li>• Support health boards and dental services to test changes related to use of skill-mix and dental recall intervals</li> <li>• Work with the Welsh Government to commission external qualitative evaluation</li> <li>• Provide support required for the linked RfPPB research (led by Cardiff University)</li> <li>• Annual report on the GDS Reform Programme</li> </ul>
	<p><b>Year 2: 2020-21</b></p> <ul style="list-style-type: none"> <li>• Ongoing engagement events and multi-stakeholder steering group</li> <li>• Provide input to qualitative evaluation</li> <li>• Improve the programme based on 'feedback loop'</li> <li>• Support health boards and participating practices to 'test changes' agreed through the multi-stakeholder steering group meetings</li> <li>• Work with NHSDS and Welsh Government to improve GDS database</li> <li>• Annual report on the GDS Reform Programme</li> </ul>
	<p><b>Year 3:2021-22</b></p> <ul style="list-style-type: none"> <li>• Ongoing engagement events and multi-stakeholder steering group</li> <li>• Improve the programme including related products (e.g. programme handbook) based on evaluation</li> <li>• Work with stakeholders to understand alternative measures on volume, quality and outcomes that could be used to improve value of primary dental care</li> </ul>

## 2.7 Strategic Priority 7

Prosperous

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

Healthier

### 2.7.1 Why is this a priority?

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

More Equal

### 2.7.2 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.

Globally responsible

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

Our three year strategic objectives are summarised below:

**SO7.1-** By 2022, we will have developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally which will have measurable impacts at national and international levels

We have a good track record for research achieving positive impact for the population of Wales. To develop this further and deliver research to improve the health of Wales, we will engage with internal and external stakeholders to refresh our Research and Development Strategy (to be launched in 2019). This will support us to influence and deliver a leading edge public health research agenda for Wales which will inform and support the work we do. In 2019/20, we will have a strategic work programme for research and evaluation, examining the impact of our actions to support health and reduce inequalities. In line with our strategic long term priorities, we envisage extending our work on developing knowledge and examination of SROI on building resilience at individual and community level, supporting strategic priority 2 linking to our World Health Organization Collaboration Centre programme (WHO CC). Through our WHO CC we will examine the financial costs of ACEs to Wales and the economic savings achievable through different approaches to ACE prevention and resilience building. We will develop our research on the wider determinants, building on past work in areas such as employment, housing and Brexit and supporting Strategic Priority 1 (see page 17).

In developing our ability to consider key public health questions we will continue to build capacity in futures-thinking using research, intelligence and knowledge systems and driving this approach through academia. We will continue to engage with public bodies to identify their support needs to embed long term ways of working and will develop resources and platforms (if needed and feasible).

**SO7.2- By 2022, 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.

By the end of 2019/20 we expect to have completed our thinking on a new operating model for knowledge mobilisation across the public health system; developed a business case to support investment for the preferred model; and, subject to approval, developed an implementation and evaluation plan. Implementation of the preferred model, dependent on funding, would begin as a pilot in 2020-21 with monitoring and further refinement if needed by the end of year. Evaluation of progress to date would be undertaken at the end of 2021-22.

By the end of 2019/20, we will have carried out an economic analysis of the impact of ACEs on Wales with a focus on the cost of ACEs to Wales Gross domestic product (GDP) and potential savings from preventing ACEs and building resilience. We will have also completed a feasibility study into extreme poverty to examine the health impacts of debt and what drives people into it which will lead to the publication of a report by the end of 2020-21.

In 2019-20, we will develop Health Impact Assessment (HIA) resources and a training package for an international audience to enable delivery of WHO commitments. In 2020-21, we will provide HIA training and resources to WHO member states and we will provide dedicated mentoring opportunities for HIA and other practitioners and organisations in Wales and utilise Mental Wellbeing Impact Assessment (MWIA) to support a 'Mental Health in All Policies' agenda.

We will also develop tools and resources on embedding sustainable development for an international audience to meet the commitments to the WHO Collaborating Centre in Year 1. In

Year 2, we will disseminate the sustainable development toolkit to WHO member states and in Year 3 we will review the impact of the toolkit.

**SO7.3- By 2022 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 2019/20, we will further increase our understanding on the impact of technology on health, specifically social media. The newly established cross-organisational and Health Working Group will examine how Public Health Wales can capitalise on cost effective technological approaches to support population health. Our WHO CC, will work with international violence prevention leads in WHO and link with our newly established Wales Serious Violence Task Force to examine the potential for new technologies in the prevention of violence and the development of resilience.

**SO7.4- By 2022, 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.**

Building on the Health Intelligence Reviews and SHIFT project and through the newly formed Knowledge Directorate (to be established 01 April 2019) we will engage staff and external stakeholders to develop a clear vision and to accelerate implementation of the model to realise the benefits and improvements. 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 commenced implementation. A key component of the new Directorate is further development of the research and evaluation function (refer to SO 7.1).

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

**SO7.5- By 2022, 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.**

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. Subject to funding, implementation can begin in the following years.

In 2019/20, the Evaluation and Impact Programme will deliver comprehensive evaluation of the population impact and ROI of key programmes in Public Health Wales. We will also support staff to develop evaluation skills and the use of tools and web-based resources to strengthen our approach to evaluation.

Working with our evaluation team, our WHO CC on Investment for Health and Well-being will progress an “extended balance sheet” programme of work to capture the social return on investment (SROI) of Public Health Wales services and interventions.

We will deliver a report taking a preventative approach to winter pressures which will involve reviewing evidence and practice and making recommendations for action. We will also explore the links between wind turbines on local well-being, the ecology and the economy.

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

There are three components in our work plan – we will continue to:

- facilitate the implementation of our [International Health Strategy through cross-organisational engagement](#). This features support to the *Nursing Now! Wales* campaign and a programme of work on Asylum Seekers and Refugees. We will focus on strengthening existing and building new international health links and partnerships in the context of Brexit;
- manage, support and deliver on a number of work plan activities of the [World Health Organization Collaborating Centre on 'Investment for Health and Well-being'](#), working across the organisation, nationally and globally. This includes participation in a new WHO European Health Equity Solutions Platform;
- support implementation of the [Charter for International Health Partnerships in Wales](#) across the NHS, including a five-year Charter celebration event; evaluation; and progressing a training resource on global citizenship

**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.**

We will help staff and partners to 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.

Within Public Health Wales our Knowledge Mobilisation Strategy will ensure that knowledge is reliable, effectively accessed, used and shared to inform decisions. We will develop a plan for implementation of the refreshed knowledge mobilisation, strategy with evaluation of progress and impact in 2020-21. The refreshed strategy will reflect the new operating model for knowledge mobilisation developed under strategic objective 7.2.

A key element of the Knowledge Mobilisation Strategy is the development of an organisation wide corporate repository to enable sharing of corporate knowledge and learning. This will be taken forward, subject to funding, during Year 1.

We will roll-out of a programme of development and learning, for our staff, to support knowledge mobilisation will continue, with annual evaluation and refinement where needed. A key component of this will be training, resources for self-directed learning and guidance for evidence review. From Year 2 this programme may be expanded to support roll-out of the new operating model for knowledge mobilisation being developed under strategic objective 7.2. Annual



evaluation will track impact of the programme on consistency and quality of evidence review across the organisation.

Across the wider public health system, we will work with other organisations providing health intelligence 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 intelligence 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 in the use of data and intelligence. We will continue the development of official statistics and explore obtaining national statistics recognition.

An important element of this is supporting Directors of Public Health and their teams with intelligence to maximise population health outcomes through health services. Health intelligence support for local public health action will be developed alongside work progressing joint prioritise of central and local public health.

In terms of our staff and the public health workforce in different sectors, 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 and Massive Open Online Courses (MOOCs) (subject to scoping and business case). This ongoing programme will be monitored regularly and reviewed in Year 3; actions will be reviewed as part of the Organisational restructure.

**SO7.8- By 2022, 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.**

1000 Lives Improvement will focus on developing a suite of improvement capability training to complement IQT and use with the 1000 Lives Improvement Delivery Framework. This will ensure a coherent approach to building capability across NHS Wales to support delivery of 'A Healthier Wales'.

QI hubs will focus on developing their maturity matrix action plans and 1000 Lives Improvement will support them to do this through regular QI hub networking days alongside tailored support for each hub.

Now in the 11<sup>th</sup> year, the NHS Wales Awards continue to develop and are an important mechanism for sharing good practice across Wales.

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

The development of new *Population Health Standards* for Wales will be of significant benefit in coherently aligning the levers and drivers for good population health in Wales. The *Population Health Standards* will 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.

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

Objective	
<p>SO7.1: By 2022 we will have developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally which will have measurable impacts at national and international levels</p>	<b>Y1: 2019-2020</b> <ul style="list-style-type: none"> <li>• Implementation plan for research strategy developed</li> <li>• Research prioritisation report produced</li> <li>• R&amp;D conference delivered and annual report produced</li> </ul> <b>Mental Wellbeing and Resilience (links to SP2)</b> <ul style="list-style-type: none"> <li>• Delivering Nursing/midwifery and health report (subject to data collection)</li> <li>• SROI community resilience event delivered and report produced (supporting WHO CC and SP2)</li> <li>• Rural resilience Research bid implemented (subject to funding)</li> </ul> <b>Wider determinants (SP7)</b> <ul style="list-style-type: none"> <li>• Research report on housing, homelessness and health produced</li> <li>• Report published on Future Aspirations on young people and impact of Brexit</li> <li>• A pathfinder review and analysis of the impact of technology on public health and equity in Wales and Europe (WHO CC) undertaken</li> <li>• Engage with public bodies to identify their needs and preferences around support to embed the long-term way of working and develop priority resources and platforms</li> </ul>
	<b>Y2 2020-2021</b> <ul style="list-style-type: none"> <li>• Research prioritization</li> <li>• Delivery of cross-organizational research programme</li> <li>• R&amp;D conference and annual report</li> <li>• Resilience research programme developed (supporting SP2)</li> <li>• Extend housing / employment and health research using linked data</li> <li>• Deliver resources to support public bodies to embed long-term ways of working</li> </ul>
	<b>Y3: 2021-2022</b> <ul style="list-style-type: none"> <li>• Review progress against R&amp;D strategy</li> <li>• Delivery of cross-organizational research programme</li> <li>• R&amp;D conference and annual report</li> <li>• Resilience research programme delivery (supporting SP2)</li> <li>• Housing and health research</li> <li>• Deliver resources to support public bodies to embed long-term ways of working.</li> </ul>
	<b>Y1: 2019-2020</b>

<p><b>SO7.2: By 2022 we will have developed we will have increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches to health, health impact assessment and life course approaches to public health including addressing ACEs.</b></p>	<ul style="list-style-type: none"> <li>• HIA resources and training package for an international audience</li> <li>• Options appraisal and engagement for new operating model for public health knowledge dissemination and use</li> <li>• Development of business case for a new operating model for dissemination and use of public health knowledge</li> <li>• Implementation and evaluation planning, dependent on approval of business case</li> <li>• Sustainable Development tools and resources for national and international audiences to meet the commitments to WHO CC</li> <li>• Extreme poverty feasibility study</li> <li>• Report on the economic analysis of impact of ACEs</li> </ul> <p><b>Y2 2020-2021</b></p> <ul style="list-style-type: none"> <li>• Provide HIA training and resources in Wales and to WHO member states.</li> <li>• Implementation of pilot model for dissemination and use of public health knowledge as a pilot</li> <li>• Monitoring of implementation with model refinement</li> <li>• Disseminate the Sustainable Development toolkit in Wales and to WHO member states</li> <li>• Extreme poverty report</li> </ul> <p><b>Y3: 2021-2022</b></p> <ul style="list-style-type: none"> <li>• Provide HIA training and resources to the WHO member states and evaluate its use</li> <li>• Provide dedicated mentoring opportunities for HIA and other practitioners and organisations in Wales</li> <li>• Utilise Mental Wellbeing Impact Assessment to support a 'Mental Health in All Policies' agenda</li> <li>• Consolidation of model for dissemination and use of public health knowledge</li> <li>• Evaluation of progress to date</li> <li>• Review the impact of the Sustainable Development toolkit.</li> </ul>
<p><b>SO7.3: By 2022 we will have increased our understanding of how new technologies can be adopted and exploited to better deliver our objectives, improve health and reduce health inequalities.</b></p>	<p><b>Y1: 2019-2020</b></p> <ul style="list-style-type: none"> <li>• Research report on social media and health produced</li> <li>• Report developed to examine the use of technology to prevent violence and its impact on health and well-being</li> </ul> <p><b>Y2 2020-2021</b></p> <ul style="list-style-type: none"> <li>• Research and innovation to explore the use of technology to support health and tackle inequalities</li> </ul> <p><b>Y3: 2021-2022</b></p> <ul style="list-style-type: none"> <li>• Research and innovation to explore the use of technology to support health and tackle inequalities</li> </ul>
<p><b>SO7.4: We will have developed a new operating model for our health intelligence resources which adopts emerging data science techniques to understand and</b></p>	<p><b>Y1: 2019-2020</b></p> <ul style="list-style-type: none"> <li>• Develop plan for future intelligence operating model implementation including: <ul style="list-style-type: none"> <li>○ Increasing data science capacity and capability</li> <li>○ Develop a technology 'sandpit' environment</li> <li>○ Advancement of a future enterprise architecture</li> </ul> </li> </ul>

address the public health challenges we face today and will face in the next	<p><b>Y2 2020-2021</b></p> <ul style="list-style-type: none"> <li>• Implement plan for new health intelligence model</li> <li>• Identify further areas for investment and development from 'sandpit' environment</li> </ul> <p><b>Y3: 2021-2022</b></p> <ul style="list-style-type: none"> <li>• Evaluate new model and proof of concepts</li> </ul>
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	<p><b>Y1: 2019-2020</b></p> <ul style="list-style-type: none"> <li>• Evaluation of impact including Return on Investment of two Public Health Wales programmes undertaken</li> <li>• Evaluation plan developed for First 1000 days (supporting SP 4).</li> <li>• Support staff development of evaluation skills</li> <li>• Establish 'SROI extended balance sheet' for public health work programme</li> <li>• Winter pressure review and gap analysis report produced</li> <li>• Report produced on the pros and cons of Wind turbines on local well-being, the ecology and the economy</li> </ul> <p><b>Y2 2020-2021</b></p> <ul style="list-style-type: none"> <li>• Continue strategically focused Evaluation and Impact Programme 'SROI extended balance sheet' work continues</li> </ul> <p><b>Y3: 2021-2022</b></p> <ul style="list-style-type: none"> <li>• Review learning from evaluations.</li> <li>• 'SROI extended balance sheet' work continues</li> </ul>
SO7.6: 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.	<p><b>Y1: 2019-2020</b></p> <ul style="list-style-type: none"> <li>• Investment for health and equity resources as part of our WHO CC</li> <li>• Strengthen our European and global health role and links in response to Brexit</li> <li>• Charter for International Health Partnerships in Wales evaluation and celebration</li> <li>• Support Nursing Now! Wales campaign and Global Health training delivered</li> <li>• Support provided to Asylum seekers and Refugees' (ASR) and Migrant's health programme</li> <li>• Structural review of WHO CC undertaken following organizational change process.</li> </ul> <p><b>Y2 2020-2021</b></p> <ul style="list-style-type: none"> <li>• Support our International Health Strategy and strengthen our European impact</li> <li>• WHO CC work plan delivery and impact</li> <li>• Support Charter implementation and Global Health training</li> </ul> <p><b>Y3: 2021-2022</b></p> <ul style="list-style-type: none"> <li>• International Health Strategy three-year impact assessment</li> <li>• WHO CC work plan delivery and impact</li> <li>• International Health Coordinating Centre supporting NHS offer to global health and sustainable development</li> </ul>

<p><b>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.</b></p>	<p><b>Y1: 2019-2020</b></p> <ul style="list-style-type: none"> <li>• Programme of intelligence support for local teams in train</li> <li>• Programme of development and support for evidence reviews rolled out</li> <li>• Progress development of corporate repository (subject to funding)</li> <li>• Public Health Wales Knowledge Mobilisation strategy refresh informed by evaluation and new operating model for knowledge dissemination and use</li> <li>• A range of events and resources on a breadth of public health topics, as identified by PHNC members with a focus on enabling knowledge exchange between practitioners, researchers, and policy makers. (Depending on the outcome of the Organisational Change Process)</li> </ul> <p><b>Y2 2020-2021</b></p> <ul style="list-style-type: none"> <li>• Ongoing delivery and monitoring of refreshed PHW knowledge mobilisation strategy plan implementation</li> <li>• A range of events and resources on a breadth of public health topics, as identified by PHNC members with a focus on enabling knowledge exchange between practitioners, researchers, and policy makers. (dependent of OCP outcome)</li> <li>• Commission a MOOC (subject to outcome of scoping in 2018/19 and approval of a business case in 2019/20, and outcome of the Organisation Change Process).</li> </ul> <p><b>Y3: 2021-2022</b></p> <ul style="list-style-type: none"> <li>• Evaluation of PHW knowledge mobilisation implementation</li> <li>• A range of events and resources on a breadth of public health topics, as identified by PHNC members with a focus on enabling knowledge exchange between practitioners, researchers, and policy makers. Dependent on OCP</li> </ul>
<p><b>SO7.8: Increased quality improvement capacity and capability within NHS Wales and its partner organisations</b></p>	<p><b>Y1: 2019-2020</b></p> <p><b>Improvement Capability Training</b></p> <ul style="list-style-type: none"> <li>• Develop and deliver a suite of improvement capability training to complement IQT and use as part of the 1000 Lives Improvement Delivery Framework</li> </ul> <p><b>QI Hubs</b></p> <ul style="list-style-type: none"> <li>• Support hubs to develop their maturity matrix action plans</li> </ul> <p><b>NHS Wales Awards</b></p> <ul style="list-style-type: none"> <li>• Deliver the NHS Wales Awards 2019</li> </ul> <p><b>Y2 2020-2021</b></p> <p><b>Improvement Capability Training</b></p> <ul style="list-style-type: none"> <li>• Integrate the suite of improvement capability training to complement IQT and use as part of the 1000 Lives Improvement Delivery Framework</li> </ul> <p><b>QI Hubs</b></p>

	<ul style="list-style-type: none"> <li>Develop the capability of QI hubs locally and nationally</li> </ul> <b>NHS Wales Awards</b> <ul style="list-style-type: none"> <li>Deliver the NHS Wales Awards 2020</li> </ul>
	<b>Y3: 2021-2022</b>
	<b>Improvement Capability Training</b> <ul style="list-style-type: none"> <li>Integrate the suite of improvement capability training to complement IQT and use as part of the 1000 Lives Improvement Delivery Framework</li> </ul> <b>QI Hubs</b> <ul style="list-style-type: none"> <li>Develop the capability of QI hubs locally and nationally</li> </ul> <b>NHS Wales Awards</b> <ul style="list-style-type: none"> <li>Deliver the NHS Wales Awards 2021</li> </ul>
	<b>Y1: 2019-2020</b>
SO7.9: Aligned the levers and drivers for good population health in Wales through the development and implementation of population health standards for key partners.	<ul style="list-style-type: none"> <li>Commission research of international literature for existing tools on population health standards</li> <li>Establishment of steering group</li> <li>Engagement with stakeholders undertaken</li> <li>Develop detailed proposals for assessment process drawing from the evidence base and stakeholder engagement</li> </ul>
	<b>Y2 2020-2021</b>
	<ul style="list-style-type: none"> <li>Development of domains and maturity levels</li> <li>Test and refine domains and standards</li> <li>Scope evaluation of Population Standards and their impact on public health standards</li> </ul>
	<b>Y3: 2021-2022</b>
	<ul style="list-style-type: none"> <li>Launch of Population Health Standards</li> <li>Implementation and review of Standards</li> <li>Refinement of Standards as necessary</li> </ul>



# Part 4

How we will deliver  
the first three years  
of our plan

## 3.1 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 and will play a fundamental role in how we deliver our Long Term Strategy. This will include a transformation programme to develop Public Health Wales future operating model.

The section below outlines the high-level areas of focus and some key deliverables that our enabling functions will deliver over the course of the next three years. Further detail will be provided within our Annual Plan 2019/20.

### Developing a future operating model for the organisation

Through a programme of transformation, we will work with staff and stakeholders to develop a new operating model for the organisation taking forward the eight dimensions (see page 13). This will include:

- Designing and developing a new operating model for Public Health Wales to support us in delivery our Long Term Strategy
- Developing an implementation plan to enable us to transform
- Developing a transformation team to plan, implement and realise the benefits from the agreed new operating model

### Supporting the Implementation of the Wellbeing of Future Generations Act

The Health and Sustainability Hub supports the organisation and wider public health system to respond to and implement the Act. The Hub is dedicated to supporting Public Health Wales become an exemplar, championing and sustainable organisation. Over the next 3 years the Hub will:

- engage with relevant networks to both develop and disseminate the Hub good practice materials and resources.
- work with and support other public bodies and cross-sector stakeholder organisations to strengthen the impact of the Act on public health, including environmental sustainability.



### Supporting the Implementation of the Wellbeing of Future Generations Act

- develop the framework which helps to embed the Well-being of Future Generations Act ways of working throughout the organisation, including working to support Annual Reporting and promoting the use of SIFT (Sustainable Improvement For Teams)
- support the implementation of our biodiversity plan as part of the duty on public bodies in the Environment Act
- continue to enable our internal colleagues so that they can implement the Act in their everyday working life through the Hub's Be The Change campaign.

### Promoting Knowledge and Intelligence

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

- we will commence development of an innovative and up-to-date data science model that exploits structured and unstructured data within and between sectors and across social media platforms to better understand and drive knowledge to improve health and wellbeing in Wales
- we will establish effective means to generate and disseminate knowledge including the development of effective and innovative methods to exploit web-based and digital platforms using both structured and unstructured data
- we will exploit the data held, and accessible, to the organisation in order generate maximum value in building the knowledge base for improving health and wellbeing throughout Wales
- we will drive forward public health research and evaluation to contribute to the knowledge base for improving health and wellbeing throughout Wales

### Developing our Digital and Information Systems

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:

- understanding our long term approach to technology and the impact on our Estate
- 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 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.

### Developing our Digital and Information Systems

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

### Ensuring that we have a safe and appropriate working environment

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 long term approach to Technology and Estates 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

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 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 93)

### Transforming Planning and Implementation of Change

We will support the delivery of our long-term strategy through our priority arrangements and improve our basic planning skills and arrangements so that there is a consistent, effective methodology for developing and communicating our plans within each strategic priority. This will include development and management of a robust outcomes based performance management system. We will also strengthen portfolio, programme, and

### Transforming Planning and Implementation of Change

project management to ensure effective delivery, using the *Future Generations framework for projects*. Over the next three years we will:

- work with others to develop planning and change management methodology to support the implementation of our Strategic Plan. This will include improving capacity and capability
- Implementation of a new performance framework to support decision-making to enable the Long Term Strategy and Strategic Plan to deliver our purpose (see page 13)
- 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

Through the implementation of the Quality and Impact Framework we will ensure 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 (Dolan)
- continue to refine the Quality and Impact indicators, to enable us to monitor progress as part of the wider organisational performance management process

### Ensuring our financial behaviours encourage, incentivise and add value

As part of the transition we will continue to scope the alignment of our budgets to our priorities as we progress towards a devolved model (see page 15). We also work alongside the Directorates 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
- 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

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. Over the next three years we will:

- implement our Communications and Engagement Strategy
- provide a digital public information platform which is agile and 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.

## 3.2 Our financial plan

### 3.2.1 2018/19 Baseline Position (prior to cost pressures)

Figure 4.1 shows the baseline expenditure of £118.29m by Public Health Wales Directorate. This total expenditure is a combination of spend covered by core and non-core funding streams. The NHS Wales Collaborative for Health and the Finance Delivery Unit, which are hosted by the Trust, are not included in these figures.

Fig 4.1: Baseline Expenditure by Directorate

Directorate	Pay	Non Pay £000s	Total
ACE's Hub	103	13	116
Board and Corporate	1,707	107	1,814
Central Budgets	250	2,791	3,042
Health and Wellbeing	16,946	7,046	23,992
Operations and Finance	4,461	3,360	7,821
Knowledge	3,683	467	4,150
Public Health Services (inc SpRs)	39,825	26,547	66,372
Quality Improvement and Patient Safety	3,400	754	4,154
Quality Nursing and Other Allied Profs	2,190	164	2,355
People and Organisational Development	1,272	364	1,636
WHO Directorate	2,114	725	2,839
<b>Grand Total</b>	<b>75,952</b>	<b>42,338</b>	<b>118,290</b>

The following is an analysis, which allocates current budget across our new priorities.

	Gross Budget 2018/19 £000's
Influencing the wider determinants of health	6,265
Improving mental well-being and resilience	5,448
Promoting healthy behaviours	5,219
Securing a healthy future for the next generation	3,740
Protecting the public from infection and environmental threats to health	37,376
Supporting the development of a sustainable health and care system focused on prevention and early intervention	54,660
Building & mobilising knowledge and skills to improve health and well-being across Wales	5,582
<b>TOTAL</b>	<b>118,290</b>

### 3.2.2 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:

- Welsh Government funding uplift will be sufficient to fund all agreed pay awards;
- finance have identified material unavoidable cost pressures that are Trust wide and will be funded as far as resources permit;
- financial sustainability will require continuous improvement and efficiency in our processes and each Directorate will be expected to contribute a minimum 1.5% efficiency reduction in expenditure or income generation, (through local and corporate schemes);
- capital investment plans are linked to programmes, which are in turn linked to agreed priorities or supporting enablers, and
- the predicted pressures associated with changes to employers pension rate contributions and costs for potential microsoft licenses have not been included in these plans

The plans to deliver on our priorities have formed a key focus of the budget setting and workforce planning process for 2019/20 and will continue to do so in subsequent years.

### 3.2.3 Our revenue plan

Table 4.2 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 11th December 2018.

Table 4.2: Financial Plans

	£000's	£000's	£000's
<b>Income 18/19:</b>			
Core	90,127		
Non Core	28,163		
		118,290	
<b>2019/20 Uplift:</b>			
Immunisation Funding in 18/19	120		
Transfer of maternity network to the NHS collaborative	-68		
2% Inflationary Uplift for Pay & Prices	1,804		
FYE of Pay Award for 19/20 (A4C & DDRB)	1,962		
Genomics Core Funding	600*		
Additional growth to support the delivery of A Healthier Wales	2,000		
		6,418	
<b>Total Income</b>			<b>124,708</b>
<b>Expenditure 18/19:</b>			
Pay	75,952		
Non Pay	42,338		
		118,290	

<b>Changes:</b>		
Savings (1.5%)	-1,371	
Pay Award & Increments	2,921	
Funded Cost Pressures	1,497	
National Health Protection Service	1,100	
Investment Strategy	2,271	
		6,418
<b>Total Expenditure</b>		<b>124,708</b>
<b>Net Position</b>		<b>0</b>

\*Additional funding is being held centrally within WG

The net total cost pressure of £6.418m includes:-

- inflationary pay award;
- element relating to full year effect of 2<sup>nd</sup> year of agenda for change pay deal;
- incremental pressure relating to medical staff (DDRB)
- unavoidable non-pay cost pressures, such as Grant pressures, rent and service charge increases, PHW contribution to ICNet, Genomics and
- establishment of an investment fund to facilitate the change required by the Strategy.

### 3.2.4 Savings and investment strategy

In order to cover the net cost pressure, investment strategy and set a balanced budget, we have agreed and implemented a savings plan target of £1.371m (1.50%), as shown in table 4.5.

Table 4.3: Savings

Type of Saving	Amount £000s	%
Directorate Saving Plans	-0.914	
General Cost Improvement Plans	-0.457	
<b>Total</b>	<b>-1.371</b>	<b>-1.50%</b>

- In addition to the £1.371m identified above, £0.9m from the Healthier Wales funding allocation will create a recurring investment strategy of £2.271m;
- An investment fund has been generated as part of the agreed approach to the investment strategy;
- Investment funds will progress on delivery of the savings plans further mitigating the risk of deviating against the proposed break-even plan;
- Of the 1% of Directorate savings equating to £0.914m, 93% has been finalised and fully risk accessed in terms of achievability and service impact; and
- The general cost improvement plans are derived from organisational wide efficiency schemes (yet to be finalised).

### 3.2.5 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.

### 3.2.6 2019-20 Revenue Plan by Directorate

Directorate	Pay £000s	Non Pay £000s	Total
ACE's Hub Directorate	103	13	116
Board and Corporate	1,750	107	1,857
Central Budgets Directorate	879	4,468	5,347
Operations and Finance Directorate	4,624	3,360	7,984
Health & Wellbeing Directorate	17,436	7,046	24,482
Knowledge Directorate	3,802	467	4,268
Quality Nursing & Other Allied Profs Directorate	2,252	164	2,416
Public Health Services Directorate	42,273	27,153	69,425
NHS Quality Imp Division	3,500	754	4,254
Workforce & Org Develop Directorate	1,318	364	1,682
WHO Directorate	2,151	725	2,876
<b>Grand Total</b>	<b>80,087</b>	<b>44,621</b>	<b>124,708</b>

1. Pay Uplift & A4C Funding has been added to the various pay lines within Directorates

2. Public Health Services Directorate includes additional funding in relation to Immunisation, Genomics & National Health Protection Service

3. Central Directorate includes funding for the 2% inflationary uplift for prices and additional growth funding

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

### 3.2.7 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 four-year period 1 April 2016 – 31 March 2020. Additional strategic capital of £1.19m was received during 2018-19 in respect of front-end automation in bacteriology laboratories and investment in IM&T infrastructure with £1m and £0.19m



respectively. Meetings with Welsh Government are ongoing with regards to currently unapproved bids. Table 4.5 summarises the strategic capital requirements over the next three years.

Table 4.5: Strategic capital schemes 2019/20 to 2021/22

	FY19-20 £000s	FY20-21 £000s	FY21-22 £000s
Cervical information system National Health Applications and Infrastructure Services (NHAIS) replacement (approved)	100		
Screening Informatics Systems (unapproved)	700	1,000	1,000
Digital mammography replacement (unapproved)	1,974	3,217	2,160
Colposcopy & Colonoscopy Imaging (unapproved)		1,205	
<b>Total Strategic Capital</b>	<b>2,774</b>	<b>5,422</b>	<b>3,160</b>

### 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.

### Screening Informatics Management Systems

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

### Replacement of Digital Mammography

Between 2011 and 2014, the Trust received approximately £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 an urgent need to replace this digital technology and in 2016/17 the Trust received strategic capital funding to begin the replacement programme. A Capital bid was submitted as part of Welsh Government 2018/19 Capital slippage but this was unsuccessful. Further funding until 2021-22 will be required to fully replace the equipment to the total value of £7.351m.

### Colposcopy & Colonoscopy Imaging

Cervical cancer is the second most common cancer in women under the age of 40 and the CSW programme supports that regular screening can cut the risk of getting cancer by 75%. In

2014/15 Public Health Wales funded the installation of Colposcopy and Colonoscopy Imaging facilities within the Health Boards to support the viewing of samples to detect abnormal cells easier and quicker. These Imaging facilities are due for replacement in 2020/21.

## Discretionary Capital

The draft plans for the discretionary capital are set out in table 4.6 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 2019/20 as part of the funding arrangement for the fit out of No 2 Capital Quarter. Further rationalisation will ensure accommodation is fit for purpose. It has been assumed that this expenditure will be contained within our discretionary funding for 2019/20 to 2021/22, however, work is ongoing to finalise estimates and strategic funding will be sought should expenditure be higher than anticipated.

Table 4.6: Discretionary capital programme 2019/20 to 2021/22

	FY19-20 £000s	FY20-21 £000s	FY21-22 £000s
IT Replacement Programme	350	350	350
Estates & Statutory Compliance	350	388	100
Equipment Replacement	327	327	515
Microbiology Maldi-ToF Replacement			365
Abdominal Aortic Aneurysm (AAA) Ultrasound Equipment		265	
Contingency	165	250	250
<b>Grand Total</b>	<b>1,192</b>	<b>1,580</b>	<b>1,580</b>
<b>Discretionary Funding</b>	<b>1,580</b>	<b>1,580</b>	<b>1,580</b>
Less Capital loan payback	-288		
Less Cervical Information System adjustment	-100		
<b>Discretionary Capital Available</b>	<b>1,192</b>	<b>1,580</b>	<b>1,580</b>
<b>Shortfall / (Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>

*Note: Microbiology Maldi-ToF replacement to be reviewed in light of Genomics developments*

## 3.3 Our People

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.

Further details relating to some of our key People and Organisational deliverables over the next three years can be seen in table at the end of this section

### 3.3.1 Our Longer Term Workforce Approach

In support of our Long Term Strategy, we are continuing to evolve our longer term workforce requirements, with a supporting draft approach due by the end of the 2018/19 performance year, covering areas such as mobility of resources and matrix working, as well as identifying future skills requirements and enabling better career development .

Of equal importance in the longer term is continuing our work on our organisational culture to ensure that we create an environment where innovation, collaboration 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.

### 3.3.2 Current workforce issues and priorities

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. We will therefore need to consider alternative options alongside any recruitment solutions, such as skill-mix diversity, and new ways of working and we are also working to maximise our employer brand so that we are attractive as an employer.

### 3.3.3 Diversity and Inclusion

We are continuing on our journey to develop an inclusive culture within the organisation. A Women's Network has been set up, which looks at the issues around career progression, flexible working and Gender Pay issues, exploring the experiences of women within the organisation and learning from them. A Carer's Network has also recently been started and is proving to be a much welcomed group for staff.

Public Health Wales attended Swansea Pride and Pride Cymru in Cardiff in 2018, which provided a fantastic opportunity to connect with the LGBT Community in Wales, and promote our Screening, Vaccinations and Help me Quit services.

We are also working Stonewall Cymru to ensure we are an inclusive LGBT employer and are engaging with Diverse Cymru to undertake an assessment of how Black and Minority Ethnic People access our Mental Health Services.

Plans are in place to introduce a work placement scheme for people with Autistic Spectrum Disorder (ASD) and Learning Difficulties in the Spring, in partnership with Learning Disability Wales.

### 3.3.4 Key Performance Indicators

During 2018/19, we continued to develop our approach to managing key people performance data across our organisation, including voluntarily reporting on our 'Gender Pay Gap' in advance of the wider requirement to do so in Wales in 2019. This information is reported to the Board on a monthly basis and included within the Integrated Performance Report.

### 3.3.5 Key Workforce issues

#### Sickness Absence

Early intervention in long term sickness has shown to be key in enabling individuals to return to the workplace earlier. The People team are encouraging managers to contact HR as soon as someone goes off on long term sick, have delivered a series of training sessions across Wales covering the Sickness Absence Policy and how to manage sickness absence including having difficult conversations and the ESR team have been delivering training across Wales to develop managers' skills and confidence to run their own Business Intelligence reports and enable quick and easy access to data relating to their team's sickness.

There has additionally been a focus on wellbeing (Mindfulness) training with Mind delivering a number of training sessions, with additional sessions being commissioned across Wales. With stress, anxiety and depression being a significant factor in the organisation's absence rate, a task and finish group has been set up with the aim of looking at training and support for line managers and staff.

#### Turnover

Turnover for the 12 months to 1 January 2019 has remained above the 10% Welsh Government target, ranging between 10.04% and 12.07%. 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 and further a large number of staff voluntarily leaving our employment within their first two year

Loss of employees early in their employment reduces the return on investment of recruitment and induction costs, so the OD team have reviewed all available data and identified several recommended actions:

- Contacting leavers (<2 years' service who left over 6 months ago) for information about why they left
- Ongoing review of the exit interview process
- More in-depth departmental analysis
- Mandating training for managers

A project is underway to review the justification, use, and management of fixed term contracts. One element of this work involved a member of the People team working with the respective line manager to assess each fixed term contract and provide a plan associated with each case.

In respect of people leaving us for career progression elsewhere, Directorate/Divisional workforce plans are under development, with succession planning and talent management processes to be implemented to assist retention / enhance career path development. Our new approach to workforce planning is a living, organic document that will ensure that the talent is in place to meet service needs, and includes action plans to address recruitment, retention/turnover, development and succession planning.

### 3.3.6 Nurse Staffing Levels (Wales) Act 2016

In accordance with the Act, 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.'

Table 4.12 - By 2022 (delivery year signified by a 1, 2 or 3 in brackets after each action)

Getting the basics right	Attracting great people	A diverse, inclusive and healthy workforce
<p><b>We will:</b></p> <ul style="list-style-type: none"> <li>Align ESR Establishment figures with Financial Budgets and create a process to update and maintain Establishments, which will enable Divisions to report on this information directly from ESR (1)</li> <li>Develop quality assurance and audit processes to ensure My Contribution conversations are happening in line with guidance (1)</li> <li>Expand the implementation of the Business Support Centre to include OD and further enhance the People provision (2)</li> <li>Review Occupational Health Services to ensure they are robust and fit for purpose (1)</li> <li>Have workforce plans for 3 and 10 years that form a central tenet of business planning (2)</li> <li>Re-develop the 'HR' training offered to managers in key areas of people management activity (2)</li> <li>Develop additional Business Intelligence reports and training to support managers (2)</li> <li>Develop new audit tools and audit schedule on key processes (3)</li> <li>Provide the organisation with the HR tools they need in the workplace including procedures and toolkits (3)</li> </ul>	<p><b>We will:</b></p> <ul style="list-style-type: none"> <li>Continue to develop our recruitment practice, using appropriate assessment and selection tools to support evidence based recruitment (1)</li> <li>Identify and implement more systematic approaches to better manage skill shortages and hard to fill posts (2)</li> <li>Develop and implement an approach to attract a greater diversity of applicants and employees in to our organisation through working more closely with the communities we serve and by adopting a broader range of routes to employment, including greater use of work placements and apprenticeships (2)</li> <li>Work with our business areas to embed workforce planning, ensuring we thoroughly analyse how to resource business priorities and benefit from a fully integrated matrix working approach (3)</li> <li>Develop our employer brand to ensure a compelling offer to attract new talent, underpinned by our Values, wellbeing, diversity &amp; inclusion and family friendly policies, (3)</li> </ul>	<p><b>We will:</b></p> <ul style="list-style-type: none"> <li>Continue to fund Welsh Language classes for staff who wish to learn or improve their welsh Language skills (2)</li> <li>Implement the Welsh Language Standards (2)</li> <li>Further improve our performance as an inclusive employer by once again taking part in the Stonewall Workplace Equality Index benchmarking exercise (2)</li> <li>Implement the Accessibility Standards (2)</li> <li>Establish an in-house Mediation Network (2)</li> <li>Define and implement our approach to Corporate Social Responsibility, including connecting as an employer with the communities we serve (2)</li> <li>Undertake an assessment under the disability confident scheme (2)</li> <li>Achieve the Platinum Corporate Health Standard (by 2021) (3)</li> <li>Introduce Work Placements for people with Autistic Spectrum Disorder and Learning Disabilities, in partnership with Learning Disability Wales (3)</li> </ul>
	Creating a modern workplace	
	<p><b>We will:</b></p> <ul style="list-style-type: none"> <li>Respond to current and future staff surveys to ensure actions are aligned to what staff tell us are priorities and help drive forward our organisational culture(1-3)</li> <li>Finalise and implement our 2018 staff survey action plan, focusing on driving improvements in team working, change management, health and wellbeing and job satisfaction (1)</li> <li>Work with our Medical and Dental colleagues to continue our work on increasing levels of Medical Engagement (1)</li> <li>Further embed values-based recognition practices to drive the culture we want to see (2)</li> <li>Work with the organisation to ensure good Organisational Design and change and modernisation practices and tools are used to create a more efficient and engaged organisation (2)</li> <li>Support the organisation to enable more agile working practices, greater consistency in roles and a more deliberate generalist Vs specialists skills mix (3)</li> <li>Provide innovative and expert support in organisational design (e.g. design and implementation of matrix working) – including cultural impact, processes and systems (3)</li> </ul>	
	Growing our skills and talent	
	<p><b>We will:</b></p> <ul style="list-style-type: none"> <li>Facilitate year one of the Heads of Profession network and associated activity (1)</li> <li>Integrate succession planning into broader workforce planning / development activity (1)</li> <li>Design and introduce a Public Health Wales competency framework to support recruitment, development and progression planning and processes (1)</li> <li>Roll out our 'Being Our Best' programme to all staff to ensure a Values led, positive workplace culture is understood and role modelled at all organisational levels</li> <li>Audit, quality assure and continue to improve My Contribution including national initiatives to underpin the revised pay progression framework (2)</li> <li>Measure and evaluate key development initiatives including WEND and management development (3)</li> </ul>	

## 3.4 Performance Management

In order to monitor how we are performing as an organisation, we have formal performance management arrangements in place which are set out in our existing performance management framework. We monitor and measure our performance against our Strategic Plan and the key services that we deliver to drive improvements in everything that we deliver. This provides our Board with a comprehensive picture of our organisation's progress, who have overall responsibility to monitor the implementation of our Strategy. It also provides an early indication of emerging issues and risks that may require remedial action, to ensure that we are doing everything we can to improve the health and wellbeing of the people of Wales.

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

- production and consideration of timely and robust performance information to enable effective decision making
- development and embedding of an improvement culture within the organisation
- a commitment to, and clear focus upon, outcomes, value, quality and impact
- clear lines of accountability for delivery
- clear and agreed performance metrics
- information is provided as part of an integrated approach to provide a comprehensive overview of the organisation's performance
- clear performance review arrangements

We have built on the work undertaken during the previous year to further develop our performance reporting arrangements. We continue to strengthen our integrated performance report which ensures that the Executive Team and Board have robust and relevant performance information to facilitate decision making, as well as providing a picture of our progress across the organisation. Moreover, our integrated performance report forms a key part of our internal (Directorate mid/end of year) and external (Joint Executive Team, Quality and Delivery) accountability meetings.

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 Annual Plan (quarterly)
- performance dashboards that provides a summary of overall progress against NHS Wales Delivery Framework and internal 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
- summary of progress against the Well-being of Future Generations Act (bi-annual).

Our new Strategy will involve significant change to the way we work, what we do and how we allocate resources. To support the delivery of our new long term priorities, we will further develop and strengthen our performance management framework in 2019/20. This will involve developing more relevant and robust performance, quality, outcome and impact indicators from across our organisation, to enable us to better describe how we are working to achieve a healthier future for Wales. This also reflects our commitment towards an integrated approach to performance reporting across the full breadth of the organisation, utilising technological advances, our increased focus on demonstrating the value and impact of our work, and our pledge to embedding the Wellbeing for Future Generations Act in the work that we do.

### 3.4.1 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 published our first Annual Statement of Risk Appetite. Work has been undertaken to embed risk management at all levels of the organisation, which includes the ongoing training of all risk owners.

This has enabled 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 identified the strategic risks that it faces in working to deliver on its strategic priorities. This 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.

Following a review of our strategic risks, the following strategic risks, detailed in the table below, have been identified for the delivery of this plan. These risks form part of the Board Assurance Framework, with each risk having an assigned Executive Director lead. Each risk has controls identified and where required a risk action plan which will be reviewed on an ongoing basis and reported regularly to the Board.



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 the NHS and Social Care to deliver the population health gains required to achieve its purpose, and also to deliver healthcare services that represent the best achievable quality and value
6	Fail to secure and align resources to deliver on its strategic priorities
7	Fail to sufficiently consider, exploit and adopt new and existing technologies

### 3.4.2 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.

During 2019/20 we will continue to work across the organisation to ensure full compliance with future Welsh Language Standards regulations and embed these within existing structures. This will help to ensure ownership of and accountability for the Welsh language at all levels of the organisation. Progress will be monitored through the People and OD Committee.

### 3.4.3 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.

### 3.5 Innovation

Innovation means a purposeful approach to finding and applying new and better ways of doing things. In May 2018 the Executive team agreed an approach to innovation that is centred on developing a culture that promotes and nurtures innovation.

In ensuring that our innovation activity is aligned with our long-term strategy we have intentionally co-designed the approach with stakeholders. We also undertook internal and external stakeholder engagement through our Senior Leadership Team and at the Welsh Public Health Conference 2018 to help rethink definitions and define the strategy and to generate ideas. Currently it encompasses three domains:

- Internal culture: creating the necessary conditions to enable staff to innovate, and an organisational culture that supports and learns from risk-taking and failure
- External expertise: strengthening how we work with industrial partners and experts within the innovation landscape in Wales and beyond
- Investment: Committing financial and human resource to support innovation and potential commercialisation

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

During 2019/20 we will continue to develop our approach to innovation. This will include:

- supporting innovation through an internal innovation group
- Holding three 'Google days' (innovation hacks) to accelerate internal capacity for innovation
- Investing in the NHS Clinical Entrepreneurship Programme for Wales
- Collaborate with University of South Wales to support Masters students in Data Science to improve capacity in data science within Public Health Wales

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.

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.