

Our Strategic Plan 2023 - 2026



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Executive Summary

Our Strategic Plan for 2023 – 2026 sets out the actions that we will deliver over the first three years of our new strategy, Working Together for a Healthier Wales 2023-2035. In particular, the first year of our plan will be a year of change as we transition into the delivery of our six new strategic priorities. This will involve us demonstrating an unwavering focus on ensuring that we deliver maximum value and impact for our population within each priority.

We know that the challenges that we face as a country are stark. The Covid-19 pandemic has had profound effects on the people of Wales, which will continue to be felt for years to come. This includes not only the direct health impacts but also the broader and longer-term implications for our health and well-being.

The pandemic has also had wider socio-economic consequences that have been felt unequally across our society and disproportionately affected those who already had the greatest health and social needs. Climate change is recognised as possibly the most significant global threat that we face. Its consequences will impact all areas of life that are essential to achieve and maintain good health.

This has highlighted, once again, the profound interdependence between population, societal, economic and environmental well-being. These inequalities are likely to be further negatively impacted in the coming years as a result of the current cost of living crisis. This will be a long term public health issue, which will affect the whole population and exacerbate existing health inequalities. We also know the impact these challenges, particularly the pandemic, have had on the wider health and social care system. The pressure on the NHS and social care is significant and will require the collective efforts of a range of partners to address the issue over the coming years.

However, we have seen the power and impact that we can have when we mobilise our collective efforts and expertise. Wales has a proud history of community and collaboration. As a country, we have seen the improvements that can be realised at scale through embracing innovation, technological developments and our commitment to collaboration. The Well-being of Future Generations (Wales) Act (2015) provides the enabling legislative driver to enable us to take a long term preventative approach focused on involving the public, collaborating with our partners to deliver integrated solutions as we tackle the challenges that we face today and tomorrow.

In developing our new strategy, we have focused on where we, as Public Health Wales, can add most value for the people of Wales. We have also focused on how we enable and drive the delivery of our plan through embracing more agile and data driven approaches, along with adopting innovation where possible, placing users at the heart of what we do and embedding quality improvement. We will use a range of methods and tools to support this approach.

As a result, we have identified and agreed the following strategic priorities:

❖ Influencing the wider determinants of health
❖ Promoting mental and social well-being
❖ Promoting healthy behaviours
❖ Supporting the development of a sustainable health and care system focused on prevention and early intervention
❖ Delivering excellent public health services to protect the public and maximise population health outcomes
❖ Tackling the public health effects of climate change

We will enable the delivery of our strategy and strategic plan through focusing on maximising the use of digital, data and evidence to improve population health, ensuring that we are delivering value and impact, making Public Health Wales a great place to work and creating the conditions so that we are able to continuously improve and learn.

As we begin to implement our strategy, we recognise that we are operating within a volatile and changing environment. We therefore need to demonstrate an ability to dynamically respond to new and emerging threats and opportunities. As a learning organisation, we will embed research and evaluation into everything we do to ensure that we are delivering maximum value and impact. This will see us prioritise those areas where we can have greatest impact and flex to respond to emerging issues.

1. Introduction

1.1 Overview

The purpose of this Strategic Plan (Integrated Medium Term Plan) is to set out the key actions that we will deliver in 2023/24, which is the first year of delivering Working Together for a Healthier Wales, 2023-2035, our new strategy. The focus of the plan is the action that we will undertake against our six strategic priorities. In delivering them, we will:

- ❖ **Inform** partners on the current and emerging threats to health in Wales, the factors which influence health, well-being and inequalities, and the evidence base for action
- ❖ **Advocate** for action to improve and protect health and reduce inequalities
- ❖ **Mobilise** partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reduce health inequalities
- ❖ **Deliver** evidence-informed services to the public

We will deliver our four statutory functions and core public health services as part of the delivery of this plan, including discharge our responsibilities as a category 1 responder. This includes the delivery of our national screening programmes, infection service, health protection, data, knowledge and research. A number of strategic developments and improvements in relation to these service and functions are set out within this plan.

1.2 Strategic and policy context

A number of key pieces of enabling public health legislation have come into effect in Wales in recent years, which have shaped our new strategy and this plan. These challenge public sector bodies to consider the longer-term impacts of decisions, and to support a greater focus on prevention and addressing inequalities. They include:

- ❖ The Well-being of Future Generations (Wales) Act 2015
- ❖ The Health and Social Care (Quality and Engagement) (Wales) Act 2020
- ❖ Socio-economic Duty 2021

A Healthier Wales, published in 2018, sets out plans for the long term future vision of a 'whole system approach to health and social care' in Wales, focused on health and well-being, and illness prevention. It is intended to help address the future health and social care challenges facing Wales, including an ageing population, lifestyle changes, public expectation, and new and emerging medical technologies.

The Socio-economic Duty provides Public Health Wales with the opportunity to assess the impact of our decision making on those who experience socio-economic disadvantage, ensuring that the decisions we take do not inadvertently exacerbate inequalities in Wales. During the first year of this plan, we will further develop the work to embed the socio-economic duty into systems and processes by:

- ❖ Enhancing its approach to impact assessment ensuring this is routinely and comprehensively embedded into processes
- ❖ Taking a broader approach to engagement and involvement of people with socio-economic disadvantage
- ❖ Developing scrutiny frameworks to include inspection of impact of the duty with respect to improving inequality of outcome that results from socio-economic disadvantage/poverty
- ❖ Developing integrated performance measures
- ❖ Consider inequalities of outcome caused by socio-economic disadvantage through application of the Well-being of Future Generation Act's five ways of working

We also have role in supporting the foundational economy, which the part of our economy that creates and distributes goods and service that we rely on for everyday life. There is a significant opportunity for the NHS to become an 'anchor institution' and positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities. Through the delivery of this plan, we will continue to undertake work in support of the wider system, particularly through informing sustainable investment in population health and prevention, and by embedding the foundation economy principles within our approach to value and innovation.

1.3 Ministerial Priorities

The development of our Strategic Plan has been informed by the Minister for Health and Social Services priorities for NHS Wales, particularly the support and public health expertise that we can provide to the wider system. This will help to ensure that quality, safety, prevention, and good health outcomes are at the heart of the NHS in Wales.

Our role in supporting the delivery of the priorities is embedded within each of our strategic priorities. A high level summary, by Ministerial priority, is included within Annex A. This shows the key actions we are undertaking, where relevant, under each.

1.4 Health in Wales

The Covid-19 pandemic has had profound effects on the people of Wales and its socio-economic consequences have been felt unequally across our society. They have disproportionately affected those who already had the greatest health and social needs. In Wales, life expectancy and healthy life expectancy have plateaued over the last decade, and we continue to see stark and persistent health inequalities. People living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas. The current cost of living crisis will accelerate what were already increasing differences in health between those with more and less money.

Evidence identified in Rising to the Triple Challenge of Brexit, Covid-19 and Climate Change for health, well-being and equity in Wales report (2021) has identified that the people of Wales have been majorly impacted by the Triple Challenge. These impacts occur through multiple pathways and determinants of health. For example, the way the Triple Challenge impacts

employment, trade and factors which affect health behaviours, such as alcohol consumption, affordability of food and mental well-being. Our work to understand the current picture of health in Wales has shown that we are a country with:

- ❖ an ageing population and low fertility rate with our dependency ratio therefore worsening in the future
- ❖ stark and persistent health inequalities, with female and male healthy life expectancy almost 17 and 12 years lower in the most deprived areas compared to least deprived
- ❖ the gap between the least and most deprived areas in Wales, for premature deaths from non-communicable diseases, increasing in recent years, and now almost two and half times greater in the most derived areas, compared to the least
- ❖ around one third of people following less than three of the five healthy behaviours, including 14% of adults in Wales smoking with higher rates reported among people living in the most deprived areas
- ❖ loneliness twice as likely amongst people living in the most deprived areas
- ❖ a high backlog of untreated need (as of January 2023, there were about 734,000 open patient pathways and around 576,000 individual patients on treatment waiting lists in Wales)

1.5 Partnership working and engagement

Improved population health outcomes and tackling health inequalities can only be achieved through working in partnership with others. We will strengthen our organisational arrangements to enable purposeful collaboration when working with our partners and the public.

Our Approach to Engagement enables an underpinning approach for equitable, effective public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it. It covers four main types of engagement:

- ❖ Public Information and General Consultation
- ❖ User Feedback
- ❖ Coproduction
- ❖ Community Empowerment.

We recognise that engagement with the public, including our service users, customers and stakeholders, is a core public health activity and essential in delivering against our strategic priorities to protect, promote and improve the health and well-being of the population of Wales.

During 2023-24, Our Approach to Engagement will focus further on amplifying the voice of people we want to work with and for through the development of a User Experience Framework, informed by data and evidence. In addition, we will develop a toolbox to support our people to engage with service users and the public consistently informed by evidence and best practice.

1.6 Our Strategic Plan

Our Strategic Plan sets out the action that we will undertake over the next three years to delivery our strategy. This is focused on the delivery of our six strategic priorities:

❖ Influencing the wider determinants of health
❖ Promoting mental and social well-being
❖ Promoting healthy behaviours
❖ Supporting the development of a sustainable health and care system focused on prevention and early intervention
❖ Delivering excellent public health services to protect the public and maximise population health outcomes
❖ Tackling the public health effects of climate change

Our Strategic Plan sets out a range of change activity that we will undertake across each of our strategic priorities and enablers, particularly in year 1, as we begin to implement our new strategy. We will ensure that our change agenda is kept under ongoing review to ensure that it delivers the intended benefits and remains achievable in light of in-year changes.

As we implement our Strategic Plan, we recognise that we are operating in a volatile and changing environment. We will therefore demonstrate an ability to dynamically respond to new and emerging threats and opportunities. As a learning organisation, we will embed research and evaluation into everything we do to ensure that we are delivering maximum impact.

During 2023/24, Improvement Cymru will be working closely with the newly established NHS Executive in advance of transferring by no later than April 2024. As a result, the strategic objectives that relate to Improvement Cymru included within our Strategic Plan will be subject to ongoing review and are likely to change as we enter year 2.

2. Our Plan

2.1 Strategic Priority 1 - Influencing the wider determinants of health

2.1.1 Introduction

Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because of a lack of the essential building blocks needed for good health. These building blocks include our education and skills, a warm safe home, fair work, money and resources, access to affordable and sustainable transport and healthy physical environments. These conditions affect us from our earliest experiences and throughout our lifetime.

The Well-being of Future Generations (Wales) Act 2015 provides the legislative framework for us to work with others to improve the economic, social, environmental, and cultural well-being of Wales. We will bring public health expertise and evidence, collaborating at multiple levels to influence these determinants, to increase opportunities for a fair chance for health. Influencing these determinants has never been more important. Our experience of the Covid-19 pandemic has shown how all our efforts to improve and protect health are affected by these determinants. Currently, the cost of living crisis is disproportionately affecting the health of our most disadvantaged communities, which is an acute exacerbation of the chronic condition of poverty.

2.1.2 Overview – why this is a priority

The wider determinants drive health and health inequalities in Wales. Often called ‘the causes of the causes’, the wider determinants drive our health outcomes in Wales. Different experiences of these determinants lead to differences in health outcomes, or health inequalities, which in turn are responsible for a substantial proportion of the total early deaths and ill health of the population of Wales. Those from the most disadvantaged areas of Wales can expect to lose over a decade of life lived in good health compared to those from the least disadvantaged (13 years for men and 17 for women). These systematic, and unfair differences continue across generations.

We can inform, advocate for, and mobilise action on these determinants working at national, local and international levels. As a trusted, evidence informed national public health organisation, we can support a health-in-all policies approach, informing and influencing policy development and implementation relating to determinants. We can build the evidence base further, and support and evaluate innovations for solutions appropriate to their context.

We are uniquely placed to bring a public health perspective to devolved areas of national policy in Wales relating to the building blocks for health and well-being such as housing, education, planning, transport, economic development, and devolved fiscal matters. We can make the connection between partners and policies to show how they can contribute to improving

health and reducing health inequalities for our population. Our expertise and collaborative approach can also support system wide action at a local level, working with our partners, including health boards and local authorities across Wales. We can work with agencies to influence beyond Wales where appropriate, including when considering commercial drivers affecting health.

We have legal obligations to work across wider determinants. The Well-being of Future Generations (Wales) Act 2015 requires us to work to improve social, economic, environmental and cultural well-being by maximising our contribution to all seven well-being goals. The goals strongly mirror the wider determinants of health, both being an articulation of the factors needed for good health and well-being now and for future generations. The recent Socio-economic Duty 2021 further requires us to have due regard to reducing the inequalities of outcome which result from socio-economic disadvantage. Action on the wider determinants of health also contributes to the UK's obligations under the United Nations' Sustainable Development Goals.

From the post-industrial heritage of Wales, through austerity, the impact of the Covid-19 pandemic, and the cost of living, the impact of determinants in Wales will continue into the long term, both in ways we can predict and ways we cannot.

2.1.3 Scope

The wider determinants of health are the social, economic and environmental factors that affect health, well-being and health inequalities. Key determinants include:

- ❖ Good education and skills
- ❖ Fair work
- ❖ Sufficient money and resources
- ❖ Quality, accessible, affordable housing
- ❖ Well-designed sustainable transport
- ❖ A built and natural environment that supports our health and well-being.

Wider determinants relate not only to our living conditions, but also include structural drivers of these conditions, such as economic and commercial forces, political priorities and the unequal distribution of income wealth and power. These structural factors are also referred to as fundamental causes. We also recognise that the relationship between health and these determinants acts in both directions, with health and illness affecting our social, economic and environmental well-being. For example, when we are healthy we are in a better place to learn or participate in fair work.

We will work with partners, bringing evidence and expertise to inform, advocate for and mobilise action on wider determinants in order to reduce health inequalities and improve health and well-being throughout the course of people's lives. We will inform action on determinants, using evidence from multiple sources. This may range from community experiences to surveillance of key determinants, to international research.

We will add to the evidence base through advising on and leading research and evaluation related to the wider determinants and interventions. Opportunities to influence wider determinants lie with the actions and behaviours of policy and decision makers working within complex systems. We will advocate to these decision makers guided by behavioural science approaches and focusing on structural and system level impact.

We will mobilise action on determinants, using systems approaches and insights, developing a common understanding of the pathways and opportunities for impact across different, inter-dependent sectors and policy areas. Our efforts will be shaped by the evidence of the importance of these determinants for population health and equity, as well as by our unique ability to influence them.

2.1.4 What success will look like

By 2035, we will have:

- ❖ A Wales where people have a more equal chance of living a fulfilling life, free from preventable ill-health
- ❖ Our future generation's health and well-being less impacted by poverty and inequality
- ❖ Secured better and fairer opportunity for children to learn and fulfil their potential
- ❖ Transport, housing and planned environment developments that support people, families and communities to live healthier lives
- ❖ Major decisions on wider determinants which are informed by health impact assessment
- ❖ Public and private sector work to maximise inclusive participation in fair work supporting health and well-being
- ❖ Shaped thinking and decision-making on wider determinants policy areas to reduce inequality and improve health through our work with the Senedd and Welsh Government
- ❖ Supported positive system-wide change on the wider determinants of health in collaboration with partners locally, nationally and internationally in pursuit of better health and well-being for all

2.1.5 Outcomes

We will work to support the following system wide outcomes:

- ❖ Socio-economic inequality in life expectancy (Baseline: 7.6 years for male and 6.3 years for female, PHOF)
- ❖ Socio-economic inequality in healthy life expectancy (Baseline: 13.3 years for male and 16.9 years for female, PHOF)
- ❖ Socio-economic inequality in mental well-being (Baseline: 48.92, National Indicator)
- ❖ Children living in income poverty (Baseline: 31%, National Indicator)

2.1.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO1.1 By 2026, we will have worked with national, regional and local partners to positively influence how work, education and housing can improve health and equity.

We recognise that fair work, good education and quality, accessible affordable housing are key building blocks for health and well-being. Participation in fair work provides a sense of purpose and means that people have money, time and resources for a healthy life for themselves and their families. This brings co-benefits to employers, communities and contributes to a sustainable well-being economy. Educational attainment is an independent predictor of a range of health and well-being outcomes and affects health through multiple pathways, including access to better work, sense of control and social standing and knowledge, reasoning ability and literacy. The attainment gap in relation to deprivation in Wales contributes to an intergenerational cycle of inequality and poor health. When our homes are decent quality, the comfort and security they support our mental and physical health. Poor quality, cold, damp and insecure housing all contribute to poor health in Wales.

We will build on our work to date describing the benefits and actions that can be taken on fair work and engaging with actors across the system to understand current action being taken, barriers and opportunities. We will develop proposals for specialist public health support to increasing participation in fair work, as areas such as measurement gaps and further sector specific intelligence. We will work to integrate our specialist support into national and regional efforts to improve participation in fair work in order to support health and equity.

Having worked with our partners to understand the factors that affect educational achievement, we will analyse existing policies and consider leverage points for influencing the educational attainment gap. We will examine evidence and insights in relation to these points of influence to inform action, in the context of government policy, including community focussed schools and our work on health promoting schools and the whole school approach to mental well-being.

We will continue our work to support employers to maximise the contribution of work to improving health and well-being and reducing inequalities through the Healthy Working Wales Programme and celebrate the Programme's 15th anniversary. In continuing implementation of the new delivery model we will continue to support employers to create work which is safe and optimises health and well-being, recognising the rapid changes to the world of work since the pandemic.

We will support NHS organisations in their important role as anchor institutions within the local community, including their critical role in supporting staff health and well-being as Wales's largest employer. We will facilitate a forum for NHS Trusts to share best practice, with an initial focus on recruitment and retention of disabled employees and action to support staff with long term conditions.

We will continue to build on our health and housing work programme, working with partners nationally and locally, enabling action towards creating a future of healthy housing in Wales. Our work will look first at how the cost of living crisis intersects with affordable housing in Wales. We will also share evidence and insights from household surveys and qualitative research on the links between home warmth, poverty and health to inform the Welsh response to cost of living crisis and fuel poverty.

SO1.2 By 2026, we will have developed and mobilised evidence, including on health equity solutions, to influence, inform and implement policy to tackle the cost of living crisis and other priority public health issues.

We will inform and influence Welsh policy to respond to complex and dynamic interconnected challenges such as the cost of living crisis, the European Union transitions, COVID-19 recovery and climate change by developing and communicating high quality evidence and insight.

We will develop solutions-focused evidence and resources for health inequalities, prioritising our work to the cost of living crisis. We will hold high-level policy dialogues, and host expert webinars to support the system to narrow the gap for health inequalities in Wales.

We will focus on the essential conditions for healthy lives, for example social capital and will promote health and health equity by delivering the best public health value from existing legislation such as the Socio-economic Duty. We will share international learning, mainstreaming economic and health impact assessment and modelling, and by strengthening the ability of ourselves and others to think and act for the long term using futures approaches.

We will continue to build on the Welsh Health Equity Status Report initiative (WHESRI) and progressing a Welsh Health Equity Solutions Platform, strengthening Wales' role as a global influencer and a live innovation site for health equity.

We will co-design with stakeholders, a health equity tool to support the integration of health equity considerations into planning and decision-making across sectors, progressing policy solutions, innovation in population health, and sustainable investment.

We will also build upon public and stakeholder engagement to create cross-sector national and international relationships and dialogues, informing our work on key population health issues with insights, expertise and perspectives from across the system including the roll-out of the 'Time to Talk Public Health' panel survey.

SO1.3 By 2026, we will be enabling and supporting the mainstreaming of Health Impact Assessment (HIA) and Mental Well-being Impact Assessment (MWIA), to strengthen Health in All Policies and investment towards achieving sustainable development in Wales

We will publish new Health Impact Assessment (HIA) guidance and establish an integrated network of practice to increase knowledge and skills to support the needs of our partners to embed HIAs to consider health and equity as part of their duties to carry out HIAs and maximise Well-being Goals. We will further develop our training strategy to increase public health and partners' understanding of the wider health implications of policies, plans and decisions, supporting them to deliver a collaborative approach to implementing HIA regulations. This will

be complemented by engagement with partners in spatial planning and health to facilitate collaborations for integrating health in planning policy and practice.

We will continue to enable more widespread use of Mental Well-being Impact Assessments (MWIAs) to inform policy and programme design by developing and promoting MWIA guidance for Wales, complementing the HIA statutory regulations.

SO1.4 By 2026, we will have strengthened the capability of the public health system to influence the wider determinants of health

We will build our ability to influence wider determinants across systems, and align our efforts, to have the greatest impact. Influencing these determinants of health is challenging. This is because on the one hand, the determinants relate to entrenched and structural aspects of modern societies, and on the other, our levers to address them lie within systems where causes and consequences interact in complex ways. Collaborating with our public health colleagues in health boards and government, and wider partners, will maximise our impact within these systems to inform and mobilise action.

We will build on our refreshed long term strategy to develop priorities for a cross organisational programme of work to bring our unique value to influencing the wider determinants.

We will further develop our growing Public Health Network Cymru, to inform, facilitate and create connections in public, private and third sectors to improve population health well-being. We will increase uptake of our digital offer, using continuous improvement approaches.

Having developed a specification for a Wider Determinants Community of Interest, we will support our public health colleagues to develop as system leaders, working with others to influence these determinants.

We will work with the Public Services Boards and Directors of Public Health to support the application of systems approaches to influence wider determinants of health at a local level, seeking a Shaping Healthier Places for Well-being award from the Health Foundation.

Key Deliverables

Objective	Milestones
SO1.1 By 2026, We will have worked with national, regional and local partners to positively influence how work, education and housing can improve health and equity.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Education system map used to prioritise work to influence the educational attainment gap related to socio-economic disadvantage
	Quarter 2
	<ul style="list-style-type: none"> Completed proposals for our public health specialist support to increasing participation in fair work, informed by engagement and lessons learnt Reported on findings from second housing warmth survey and qualitative research on links between home warmth, poverty and health to inform Welsh response to cost of living crisis
	Quarter 3
	<ul style="list-style-type: none"> Employer toolkit and training developed to improve sickness absence and long term conditions management at work Commissioned insights and evidence relating to leverage opportunities identified from education system mapping to inform public health action
	Quarter 4
	<ul style="list-style-type: none"> Created a forum for NHS Organisations in Wales to share learning and best practice on recruitment and retention of disabled people and support for staff with long term conditions Agreed priorities for our public health specialist support to increasing participation in fair work support with key stakeholders Produced analyses to provide further actionable insights on taking a public health approach to the cost of living crisis, with initial focus on affordable housing
	2024-25
	<ul style="list-style-type: none"> Consolidated delivery of the Healthy Working Wales model with employment sectors with a high proportion low paid and/or precarious workers or high occupational risk, and tailored approaches developed Resources for our public health specialist support to increase participation in fair work scoped and developed as appropriate (dependant on resources) Theory of change developed for our action to influence the educational attainment gap in order to improve health and equity Developed initial suite of resources to support partners in improving health and equity through action on the educational attainment gap
	2025-26
	<ul style="list-style-type: none"> Multi-agency strategy developed to engender more effective use of the fit note as a key tool by health professionals and employers to support employees Our public health specialist support is further developed and integrated into national and regional efforts to increase participation in fair work as appropriate and dependent on resources

Objective	Milestones
	<ul style="list-style-type: none"> Further develop programme of work with partners to influence action on reducing the educational attainment gap relating to social disadvantage
SO1.2 By 2026, We will have developed and mobilised evidence, including on health equity solutions, to influence, inform and implement policy to tackle the cost of living crisis and other priority public health issues.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Trade and health event held to demonstrate to stakeholders and decision-makers the value of an HIA-informed approach to trade agreement scrutiny
	Quarter 2
	<ul style="list-style-type: none"> First high level policy dialogue on Wales' well-being and health equity priorities delivered with Welsh Government and WHO Produced and disseminated findings from the Building a Healthier Wales Coordination Group's All-Wales Cost of Living Summit
	Quarter 3
	<ul style="list-style-type: none"> Produced translational futures resources that support tackling long term health and equity challenges in Wales and beyond Supported the Building a Healthier Wales Coordination Group response to poverty and the cost of living
	Quarter 4
	<ul style="list-style-type: none"> Undertaken a literature review exploring the link between social capital and health equity in the context of the cost of living crisis and pandemic recovery. Rolled out/promoted training and support to Public Bodies to implement the Socio-economic Duty Rolled out of the Time To Talk Public Health panel survey with series of reports, embedding public involvement and collaboration as ways of working and informing public health strategic priorities
	2024-25
	<ul style="list-style-type: none"> Health equity solutions for Wales tool co-designed with multi-sector stakeholders, driving sustainable approaches to health equity to close the health gap in Wales and beyond Undertaken research to further explore the link between social capital and health equity in the context the cost of living crisis and pandemic recovery. Undertaken futures work that tackles long term health equity issues and builds capability and capacity for long term thinking in the public sector Provided further actionable insight on taking a public health approach to the cost of living crisis/economic stress through a focus on prioritised wider determinants of health Evaluated international trade as a key determinant of health, well-being and equity in Wales and the role Public Health Wales can play
	2025-26
	<ul style="list-style-type: none"> Produced materials to aid understanding and action on social capital to improve health equity Produced resources that use lived experience examples of policy acting through wider determinants of health to affect well-being Progressed and expanded the Welsh Health Equity Status Report initiative (WHESRI) and Solutions Platform for Wales, aligned with public health priorities and needs of partners, stakeholders and users

Objective	Milestones
	<ul style="list-style-type: none"> Event / report produced reflecting on 'healthy trade' to understand the opportunities and challenges international trade poses for public health in Wales, 10 years on from the UK-EU referendum
SO1.3 By 2026, We will be enabling and supporting the mainstreaming of Health Impact Assessment (HIA) and Mental Well-being Impact Assessment (MWIA), to strengthen Health in All Policies and investment towards achieving sustainable development in Wales	2023-24
	Quarter 4
	<ul style="list-style-type: none"> Spatial Planning and Health event held to facilitate collaborations for integrating health in planning policy and practice Produced of new HIA Guidance in Wales to complement the Public Health (Wales) 2017 Act regulations (dependent on Welsh Government timeframes and resources)
	2024-25
	<ul style="list-style-type: none"> MWIA Guidance or Toolkit for Practice for Wales produced HIA Network of Practice – Welsh and international development session for knowledge and capacity building held Updated Training Strategy and assisted and supported public bodies and PSBs to deliver a collaborative approach to implementing the HIA regulations to maximise health and well-being and reduce inequalities
	2025-26
	<ul style="list-style-type: none"> Built on Training Strategy to support the evolution of HIA in Wales in response to the HIA regulations
SO1.4 By 2026, We will have strengthened the capability of the public health system to influence the wider determinants of health	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Wider Determinants of Health Community of Interest year one plan commenced Evidenced informed design phase for multi-year proposal to apply systems approaches at a local level to influence wider determinants co-produced with partners Public Health Network Cymru's advisory group re-established
	Quarter 2
	<ul style="list-style-type: none"> Insights gathered to further develop Public Health Network Cymru's offer to inform, facilitate and create connections for those working in public, private and third sectors to improve population health well-being Multi-year proposal to apply systems approaches at a local level to influence wider determinants submitted to Health Foundation
	Quarter 3
	<ul style="list-style-type: none"> Prioritisation to inform forward programme of work to deliver long term strategy ambitions to influence the wider determinants of health completed Forward plan for the Building a Healthier Wales Coordination Group developed, subject to resources and agreement on governance arrangements Health equity expert webinars series initiated, to support health equity solutions on national and local levels
	Quarter 4
	<ul style="list-style-type: none"> Public Health Network Cymru offer to members is developed further through collaborated and informed by insights

Objective	Milestones
	2024-25
	<ul style="list-style-type: none"> • Wider Determinants of Health Community of Interest end of year progress report produced • Survey of Wider Determinants of Health Community of Interest membership undertaken to inform community's future direction • Public Health Network Cymru applied continuous improvement methods to further develop its offer to support the improvement of population health well-being • Developed Shaping Healthier Places Wales programme to apply systems approaches at a local level to influence wider determinants subject to successful Health Foundation award application • Cross organisational prioritised programme of work on wider determinants to achieve the ambitions of our long term strategy commenced
	2025-26
	<ul style="list-style-type: none"> • Continued to develop and deliver the cross organisational prioritised programme of work on wider determinants to achieve the ambitions of our long term strategy. Options for future development of wider determinants Community of Interest identified • Commenced Shaping Healthier Places Wales programme subject to successful Health Foundation award application

2.2 Strategic Priority 2 - Promoting mental and social well-being

2.2.1 Introduction

Alongside the wider determinants of health, mental and social well-being form the foundations of lifelong health and well-being. If the wider determinants provide the conditions for good health, social and mental well-being can be seen as the foundations for healthy people and communities.

Mental well-being comprises a range of different elements; how we think, how we understand our emotions and those of others, how we form healthy relationships and our resilience, how we make sense of our experiences. Mental well-being at an individual level is strongly influenced by the social environment in which we live, work, play and learn. The early years of life are central to the development of the foundations for mental well-being and is influenced by interaction between an infant and their parents or carers and by the parental relationships within the home. Where these conditions in childhood are not consistent, we see often long term harm to individuals as a result of adverse childhood experiences (ACEs).

Critically wider social networks within families and communities contribute to the social well-being of individuals and communities as a whole – the sense of belonging within communities, community connectedness and the creation of networks which actively seek to engage the whole community are fundamental. Communities which create these conditions are less likely to experience loneliness and isolation and are more resilient when faced with adversity and trauma.

2.2.2 Overview – why this is a priority

There is a growing body of evidence that mental well-being is fundamental to our ability to respond to the challenges of day-to-day life and our capacity for self-care. Mental well-being, when high, can mitigate the impact of the wider determinants and conversely, when low, can exacerbate their impact. People who enjoy a high level of mental well-being will be better able to take steps to promote their own health and well-being and that of their family and wider community; they are more likely to practice self-care and will have a greater capacity to benefit from healthcare intervention. When mental well-being is low this can lead to ‘self-medication’ through the use of alcohol, drugs or food. This in turn increases the risk of health problems and a reduced likelihood of seeking help at an early stage or accessing preventative care.

Information from the School Health Research Network, which gathers information on the health and well-being of secondary school children in Wales, found that there had been a statistically significant decline in mental well-being compared to the period before the COVID-19 pandemic. The experience of the recent pandemic highlighted for many people the importance of their relationships with others; loss of contact with friends and family had a negative impact on mental well-being for many people. What was also observed was that many people adopted behaviours to promote their mental well-being, such as going for walks, spending time with family within the home, gardening, cooking, crafts, and a range of outdoor

exercise. There is potential to increase awareness and understanding of the relatively simple steps we can take as individuals to both protect and promote our mental well-being, particularly during times of stress.

Low mental well-being will be experienced by all of us at different times of our lives, when we lose someone we love, experience the breakdown of a relationship, through the loss of employment, or during periods of ill health. However, for some individuals and groups low well-being is long term, which along with chronic stress can have a significant impact on long term health. The experience of ACEs, trauma and adversity, without the positive protective factors and needs based support to mitigate the impact, can affect mental well-being across the life course.

We are social animals and human interaction is essential for good mental well-being, the growing focus on loneliness and isolation within policy recognises this importance. Unhealthy relationships, however, can form the basis of abuse or violence or exploitation. National Survey for Wales data in 2021/22 showed that on average 13% of the Welsh population feel lonely and 58% feel lonely sometimes with slightly higher reported loneliness among young people aged 16-24 and the lowest reported among the oldest groups.

2.2.3 Scope

This priority is about laying the foundations of good health and well-being taking a life course approach. While the work in this priority will contribute to prevention of mental ill health, this priority theme is not only about mental health or illness. In simple terms mental well-being can be defined as ‘feeling good and functioning well’. We will focus on the different building blocks of mental and social well-being for individuals and within communities. This will include:

- ❖ Psychological factors such as self-esteem, self-confidence, self-determination, and self-acceptance
- ❖ Emotional literacy, the ability to recognise and respond appropriately to our emotions
- ❖ Healthy relationships, developing the skills to form and maintain good quality healthy relationships with others
- ❖ Resilience, our ability to respond to the day-to-day challenges of life in a way that is not health harming in itself
- ❖ Reducing stigma and discrimination
- ❖ Trauma-informed practice in a whole of society approach, in which individual, organisations, communities, systems and the society in which they exist are aware of the impact of trauma and have the capability to respond

As the foundations of these skills are often in early childhood, we will build on the work of our First 1000 Days programme to strengthen infant mental well-being and support parents and carers to create the conditions for optimal social and emotional development. This will include a continuation of our work on a public health approach to parenting support to highlight the wider social, economic, and environmental conditions that support parents to give their

children the best start in life and to support policy makers in assessing the impact of policy on families.

We will also continue our work to support the development and implementation of a Whole School Approach to Mental and Emotional Well-being and develop work to support the implementation of the curriculum so that our schools can create opportunities and model inclusive approaches in which build self-esteem and self-confidence, develop emotional literacy, create a sense of belonging and connectedness, and strengthen healthy relationships.

The prevention of peer-on-peer violence amongst children and young people will continue to be a focus of our work in violence prevention and contributes to our public health approach to preventing all forms of violence in Wales; realising what we currently can only imagine - a Wales without violence. We will develop programmes of work to support the creation and dissemination of the evidence for effective action to promote mental well-being and in creating the conditions within communities that support social well-being.

Through our work with employers, we will advocate and support action at work which promotes mental well-being and fosters a sense of belonging and inclusive social networks. We will continue our work with Health Education and Improvement Wales to increase knowledge and skills to promote mental well-being as a core element of all health care interactions.

We will continue our work to build capacity and capability within the system to embed trauma-informed approaches to minimise the long term harm arising from the experience of adversity and trauma at any point in our lives. We are committed to the co-delivery of a programme of work that will enable Wales to become a trauma-informed nation promoting a collective, non-judgemental, kind and compassionate all of society approach.

The pace of change of technology has been rapid over recent years and has transformed how we communicate and interact with each other. Our work will recognise the need for resilience in virtual environments as well. We will embed this thinking across our workplans.

Finally, we will continue our work to embed mental well-being impact assessment to support decision makers in maximising the conditions for mental well-being. Working with others we will also seek to grow the evidence base for effective action and ensure that we are able to monitor change and evaluate action.

2.2.4 What success will look like

By 2035, we will have:

- ❖ Worked with others to reduce inequalities in mental and social well-being
- ❖ Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and system wide action to promote mental and social well-being and reduce inequalities
- ❖ Co-created a trauma-informed Wales, to reduce impact of adverse childhood experiences and other forms of adversity and trauma

- ❖ Mobilised and enabled evidence-based action to promote and protect mental well-being across the system, including in key settings such as education, at work and in communities
- ❖ Supported the system to review or evaluate policy or programmes for their impact on mental and social well-being and inequalities taking a life-course approach
- ❖ Developed strong and purposeful partnerships to increase access to opportunities for people to promote their mental well-being through engagement with the things that keep them mentally well
- ❖ Worked with partners and parents to enable children to achieve optimum social and emotional development

2.2.5 Outcomes

We will work to support the following system wide outcomes:

- ❖ Improve population mental well-being and reduce the gap in mental well-being between the most affluent and most disadvantaged groups (Baseline: 48.92, National Indicator)
- ❖ Increase the proportion of the population who say they have a sense of community (Baseline: 69.3%, PHOF)
- ❖ Increase the proportion of children who achieve their developmental milestones- social and emotional
- ❖ Reduce the proportion of the population who report experiencing violence or abuse

2.2.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO2.1 By 2026, we will work with our national and international partners to strengthen knowledge on childhood adversities, violence prevention and support evidence-based practice.

We are established as global leaders in the fields of tackling adverse childhood experiences (ACEs) and providing multi-sectoral trauma informed services that help secure safe and nurturing childhoods and support to those who suffer from the consequences of childhood traumas throughout their life-course. In collaboration with the World Health Organization and an international advisory group, we will produce a policy and legal framework, grounded in a social determinants of health approach, to support country-level implementation of WHO's INSPIRE seven strategies for ending violence against children.

Underpinning continued work in our Violence Prevention Unit with police across Wales, we will continue to evidence on what works to address ACEs and violence prevention into practical principles and actions for delivering prevention, building resilience and developing trauma

informed systems for current and future generations working in collaboration with the National Safeguarding Team.

We will have supported NHS Wales to evidence identification and response to routinely asking about Domestic Abuse in Emergency Departments, Minor Injury Units and mental health services.

SO2.2 By 2026, we will have worked with others to increase the visibility of evidence-based work to promote mental well-being

We will continue strategic work to increase the prominence and priority given to action to protect and promote mental well-being as a core foundation to good health and quality of life. We will finalise and launch our national conversation informed by insight and evidence and we will continue our work to develop partnerships with key sectors to support activities which support mental well-being. This will include specific work with Health Education and Improvement Wales to develop a training programme to embed an understanding of the importance of mental well-being across the health and care workforce. We will continue to support the implementation of the Whole School Approach to Mental and Emotional Well-being in maintained schools in Wales, with a continuous improvement approach in place. We will share learning from our process evaluation highlighting good practice and begin to identify development areas highlighted by schools for further improvement. We will also undertake work to bring together this work with the Welsh Network of Health Promoting Schools.

SO2.3 By 2026, we will have enabled system partners to understand and act on the case for placing the early years at the heart of approaches to improving population health and reducing inequalities.

The earliest years of a child's life and how parents are supported to promote their children's social, emotional and cognitive development can have lifelong impact. Inequalities in outcomes arise early in life and can be evident at birth. There is strong evidence that investment and support for families during this critical period of children's lives is among the most cost effective in tackling inequalities right across the life course. We will have completed our review of future programme delivery for the First 1000 Days programme, taking account of wider strategic direction in Wales and Informed by our Long Term Strategy refresh, we will describe a future delivery model for the First 1000 Days Programme that will maximise our ability to enable the system to understand and act on the best available evidence in the early years.

In 2022/23 the First 1000 Days Programme brought together the latest evidence and insight into the lived experience of parents and professionals in Wales to describe the critical role confident, resilient and positive parenting has in improving outcomes for children and the importance of creating the conditions for parents to thrive in their parenting role through public health approach to supporting parents. In 2023/24 we will work to increase understanding and recognition across the early years system that adopting a public health approach to supporting parents has the potential to reduce inequalities in outcomes and break intergenerational cycles of disadvantage.

Having a baby is a time when many parents seek information and support to help them in their transition to and through the early years of parenthood. We will continue our programme of

work to develop the successor to Bump, Baby and Beyond to ensure parents have access to the key health information they need to help give their child the best start in life.

Key Deliverables

SO2.1 By 2026, We will work with our national and international partners to strengthen knowledge on childhood adversities, violence prevention and support evidence-based practice.	2023-24
	Quarter 2
	<ul style="list-style-type: none"> • Implementation plan to accompany the National Trauma Practice Framework developed • Published an accessible and children and young people's version of the framework • All Wales operating Model for Violence developed building on the South Wales Violence Prevention Unit model • Implementation plan for the youth violence prevention strategy developed to support focus of local areas in their approach to violence prevention for the Serious Violence Duty • Produced of a social determinants of health framework, supporting country-level implementation of the World Health Organization's seven strategies for ending violence against children (INSPIRE), informing and extending a growing body of evidence on what works to prevent and respond to violence • Reported on the rising cost of living and health and well-being , informing public health policy and practice and the prevention of childhood adversity
	Quarter 3
	<ul style="list-style-type: none"> • Developed a repository of existing training materials • Implemented a full scale violence surveillance system (Wales Violence Prevention Portal) for Wales
	Quarter 4
	<ul style="list-style-type: none"> • Resources to support Welsh public bodies to fulfil their Serious Violence Duty, including guidance on SNA, data analysis and violence monitoring developed • Monitoring and evaluation for the trauma framework including indicators and measures developed • TraCE toolkit evaluated across organisations, sectors and communities
	2024-25
	<ul style="list-style-type: none"> • Implementation of the National Trauma Framework evaluated
SO2.2 By 2026 , we will have worked with others to increase the visibility of evidence-based work to promote mental well-being	2023-24
	Quarter 1
	<ul style="list-style-type: none"> • Published findings from insight and engagement work with communities on mental well-being
	Quarter 2
	<ul style="list-style-type: none"> • National conversation about mental well-being launched • Good practice identified from evaluation of processes to embed a Whole School Approach to Emotional and Mental Well-being and disseminated
	Quarter 3
	<ul style="list-style-type: none"> • Training resource on mental well-being developed in support of the mental health workforce development plan
	Quarter 4

	<ul style="list-style-type: none"> Established workstream to engage and develop organisational and community-based well-being champions
	2024-25
	<ul style="list-style-type: none"> On-going mobilisation of communities in support of mental well-being through partnership working across key sectors achieved. Supported continuous improvement of whole school approaches to emotional and mental well-being and increasing alignment of activity by system partners working to improve young people's health and well-being.
	2025-26
	<ul style="list-style-type: none"> Further extending partnership working with key sectors and settings completed
SO2.3 By 2026, We will have enabled system partners to understand and act on the case for placing the early years at the heart of approaches to improving population health and reducing inequalities.	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Key messages from A Public Health Approach to Supporting Parents communicated to stakeholders
	Quarter 3
	<ul style="list-style-type: none"> The future model of delivery for the First 1000 Days Programme described, informed by the Long Term Strategy refresh
	Quarter 4
	<ul style="list-style-type: none"> Publication of the successor to Bump, Baby and Beyond to meet the health information needs of parents in the first 1000 days Phase 1 completed
	2024-25
	<ul style="list-style-type: none"> First 1000 Days Programme delivery will be taking place in line plans developed in 23/24 Successor to Bump, Baby and Beyond developed to meet the health information needs of parents during pregnancy and the early years will continue, providing information for parents with children aged over two
	2025-26
	<ul style="list-style-type: none"> Successor to Bump, Baby and Beyond evaluated

2.3 Strategic Priority 3 - Promoting healthy behaviours

2.3.1 Introduction

Promoting healthy behaviours encompasses activity to reduce the burden of disease, disability, and early death that results from our behaviours such as use of tobacco, our diet, how active we are and whether and how we use alcohol and other substances.

Our behaviours are closely linked to the social, economic, and environmental factors which have been outlined in earlier priorities. Our approach to tackling healthy behaviours explicitly acknowledges that the opportunities to make healthier choices are influenced by our social and economic circumstances, by where we live, and importantly by the actions of the industries that produce a range of unhealthy commodities. This is why, for the majority of the behaviours, we see a clear socio-economic gradient; they are more common among groups in the population who experience disadvantage. These factors are one of the primary mechanisms through which the wider determinants lead to ill health.

We also acknowledge that our behaviours can be a result of our mental well-being. Many of us will recognise how easy it is to eat less healthy foods, often as a treat when we are feeling low, or how our consumption of alcohol may increase when we feel stressed or anxious. For some people these coping behaviours become long term and habit forming and people may need support to adopt healthier coping strategies. In these situations, people often need help to make changes, even when they are motivated to do so.

2.3.2 Overview – why this is a priority

The leading causes of death, particularly early death in Wales such as heart and other circulatory disease, some cancers and respiratory disease, as examples, have strong links to health behaviours as risk factors. A significant proportion of these deaths can be attributed to factors such as smoking, diet, and alcohol use. Behavioural factors also play a part in the conditions which lead to disability such as musculoskeletal diseases and substance use.

Smoking remains the leading risk factor for poor health outcomes, partly because for some diseases the risk remains for several years even after someone has stopped smoking, particularly if they smoked for a long time and because of the wide range of conditions that smoking causes including heart and circulatory disease, dementia, cancers, and lung disease. However, smoking rates have reduced significantly over the recent decades and the most recent figures suggest that only 13.8% of adults in Wales currently smoke. The Welsh Government launched a Smoke Free Wales in 2022 with the goal of reducing smoking rates to below 5% by 2030.

Dietary factors and overweight and obesity combined however, far exceed the impact of tobacco use; and whereas rates of smoking are falling rates of overweight and particularly obesity are increasing. In 2022, most of the adult population of Wales (62%) were either living with overweight or obesity and 25% were living with obesity, this means that their weight is at a level where the risk of poor health is high. Rates of obesity are higher in those from more disadvantaged backgrounds. Welsh Government launched Healthy Weight Healthy Wales as a

long term strategy to reduce levels of overweight and obesity in the population. Our diet, including consumption of alcohol and whether we are active are the leading behavioural causes of overweight and obesity. Just over a half of adults (56%) reach the level of physical activity recommended by the UK Chief Medical Officers of 150 minutes of moderate or vigorous activity a week. However, as our understanding increases, we know that the greatest health gains are to be made from helping the 30% of Welsh adults who are currently inactive (active for less than 30 minutes a week) to become more active.

Being active is dependent on a range of factors but can include where we live, whether we have easy access to places to walk and cycle; whether we have access to frequent and reliable public transport as an alternative to using a car, whether we can afford to go to a gym or leisure centre regularly, and the kind of work we do. It is recognised that our lives are increasingly sedentary and the need to create opportunities to be active is a relatively recent phenomenon that would not have been recognised by people 100 years ago.

Food poverty is recognised as a significant problem and is growing, many families struggle to provide food at all and are much less able to focus on whether that food is healthy or not. Reversing changes which have occurred over decades will not be easy but if we do not take action, the burden of disease related to obesity will continue to increase.

During the period from 1990 to 2016, the burden of disease attributable to alcohol and drugs increased. Alcohol use is normalised in our society, yet the World Health Organisation issued a statement in January 2023 in which it states that ‘when it comes to alcohol consumption there is no safe amount that does not affect health’. The United Kingdom Chief Medical Officers Guidelines produced in 2016 reflected this principle in talking about ‘Low Risk Drinking Guidelines’ rather than safe levels.

2.3.3 Scope

This priority will focus primarily on those behaviours which have the largest impact on preventable ill health, disability and early death. In doing this we are also acknowledging the contribution of these behaviours to the health of the planet as well as the health of individuals.

We will continue our work as a public health system, with health board Directors of Public Health and local authorities, to address tobacco and obesity, taking a systems approach, and we will work to develop a similar approach to prevent harm from the use of drugs and alcohol. We have seen measurable benefits to our joint approach to tobacco, particularly through Help Me Quit and we will seek to build on this to achieve our smoke free ambition.

We will work to support the wider system in measuring change. These will include both overall reductions in health harming behaviours and the gap between those in the most and least affluent groups in society. We will also recognise that the foundations for many of these behaviours begin in childhood and we will continue our work to support the adoption of healthy behaviours from birth. This includes working with partners to increase uptake of breastfeeding and optimal introduction of solid food. We will also develop a whole school approach to food which will include work to ensure that nutritional standards are in line with the latest scientific guidelines and that we can evaluate the impact of policy to ensure that it has the desired impact on children and young people’s eating habits.

We will take a commercial determinants of health approach, which focuses on the private sector activities that impact on population health. This approach aims to recognise and act on those unhealthy commodity industries which actively promote behaviours, which are health harming. Wales has been proactive in introducing legislation to reduce the harmful impact of tobacco and we will support Welsh Government by providing evidence to inform action to ensure Wales remains among the leading countries globally in tackling these issues. We recognise that in tackling global industry forces we will need to work closely with public health agencies within the United Kingdom and globally to ensure we contribute to and benefit from collective action.

We will also work to ensure that we can identify new and emerging behaviours, which may be stimulated or influenced by corporate activity. We have seen growing concern in relation to issues such as gambling related harm and there is general consensus from most stakeholders that this is at least in part attributable to the role of the industry. There has been increasing concern about the number of young people who are vaping and the role that attractive, flavoured single use products new to the market may play. Confusion over cannabis and the degree to which it is harmful results in part from the actions of industry either in relation to cannabis derived products without active ingredients and their promotion or from those commercial interests advocating decriminalisation.

We will work to develop an approach to investigating and responding to new and emerging behaviours which may have a population health impact, such as gambling or the use of social media, to ensure that we can provide timely evidence and advice to Government, the wider system, and the public. We will also continue our work to ensure that action to address behavioural factors using a behavioural science informed approach, and drawing on the best available data and evidence from a growing range of sources so that we have the best possible understanding of the drivers of unhealthy behaviour.

While we recognise that our actions should primarily seek to influence the wider environment, making the healthy choices the easy choices, we do acknowledge that support to individuals will remain a key element of our work. We will support those working with individuals in the health and care system to provide evidence-based behaviour change approaches through programmes such as Making Every Contact Count.

2.3.4 What success will look like

By 2035, we will have:

- ❖ Worked with others to reduce the burden of disease in Wales from use of health harming products and increased health promoting behaviours
- ❖ Synthesised, interpreted and disseminated evidence for effective action to support policy, legislation and system wide action on tobacco, diet, physical inactivity, alcohol and other substances
- ❖ Enabled system wide action by developing and testing new approaches and coordinating programmes of work
- ❖ Established and implemented mechanisms for rapid assessment of new and emerging behaviours for their public health impact

- ❖ Reviewed or evaluated policy or programmes for their impact

2.3.5 Outcomes

We will work to support the following system wide outcomes:

- ❖ Reducing prevalence of smoking to 5% by 2030 (Baseline: 13.8%, PHOF)
- ❖ Increasing the proportion of the population who are a healthy weight (Baseline: 36.7%, PHOF)
- ❖ Increasing the proportion of the population who are active (Baseline: 55.5%, PHOF)
- ❖ Increasing the proportion of the population whose use of alcohol is low risk (Baseline: 82.1%, PHOF)

2.3.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO3.1 By 2026, we will have enabled others to adopt a systems approach to halting the rise in levels of overweight and obesity for children and adults in Wales through the implementation of the Healthy Weight: Healthy Wales Strategy.

We will continue to support implementation of the Healthy Weight Healthy Wales Strategy and 2022-24 Delivery Plan through:

- ❖ Supporting the ongoing development of the All Wales Weight Management Pathway through a new pathway for pregnancy and through the implementation of the National Minimum Dataset.
- ❖ Launching two new modules in conjunction with the Making Every Contact Count programme on Healthy Weight Conversations.
- ❖ Continuing to build and develop the level 1 Digital Offer.
- ❖ Implementing the Primary Care Obesity Prevention Action Plan 2022-24 and through implementation, monitoring and evaluation of the All Wales Diabetes Prevention Programme (AWDPP) in primary care clusters across Wales.

Having launched the Healthy Weight Healthy You social marketing programme in January we will follow up with two specific behaviour change initiatives during the year.

We will continue to support the implementation of our whole system approach for Healthy Weight, in Wales at a local and national level supporting the local priority system work and enabling learning to be shared across Wales. We will also provide learning for these approaches for improving healthy weight through evaluation of the Children and Families early intervention pilot.

We will return to our work on early years nutrition, making the case for 10 Steps to healthy weight for children, supporting the implementation of the National Breastfeeding Action Plan

and demonstrating how can maximise the contribution school food makes to population health and well-being. We will continue to provide high quality evidence to inform Welsh policy and legislative approaches to enable healthy weight, including work for to promote healthier food environments.

SO3.2 By 2026, we will have worked with others to increase the proportion of the population who are active.

We will continue our work to implement the Active School Travel Route to Improvement recommendations to increase the number of children who travel actively to school working with partners across the system by developing and piloting a place based approach to promoting active travel focused on secondary school areas; further develop the Hands Up Active Travel to School Survey and alongside this we will launch our behaviourally informed social marketing initiative aimed at parents. We will continue our work with partners to develop the Daily Active Offer for schools, including finalising a thematic framework for a whole school approach to physical activity, aligned with the Curriculum for Wales and the Welsh Network for Health Promoting Schools.

SO3.3 By 2026, we will have supported the wider system to take evidence-based action to promote healthy behaviours and to measure the impact of their actions.

Having restarted the Making Every Contact Count (MECC) programme in 2021/22 we will continue to rebuild to full function during the year. This will focus on working with Health Education and Improvement Wales (HEIW) to embed MECC within health professional training in Wales. We will also refresh and disseminate the logic model to guide action across the system. We will work with our partners to respond to the recommendations of the review of the National Exercise Referral Scheme to ensure that it provides a high quality, effective and consistently delivered programme of exercise to those at risk of or with chronic disease who have the greatest capacity to benefit and ensure the programme supports the waiting well initiative. We will complete the recovery and restart of the JUSTB programme with improved targeting at the schools with the greatest need to contribute to the goal of a smoke free Wales by 2030.

We will continue with the evolution and transformation of the Welsh Network of Healthy School Schemes and the Healthy and Sustainable Pre-school Scheme to optimise the programmes within an evolved policy landscape and ensure it is a supportive mechanism for the roll-out of the new Curriculum for Wales/Health and Well-being Area of Learning and Experience. This will include working with the education and health sector to develop a replacement for the National Quality Award and we will also develop a national set of indicators that measure the impact of the programme.

We will also commence work to fully integrate the Whole School Approach to Mental and Emotional Well-being with the Welsh Network of Health Promoting Schools. We will work with Welsh Government, teachers, regional consortia and other partners to develop an approach to the provision of resources to support the Health and Well-being area of Learning and Experience. Wales continues to have high levels of childhood dental disease which negatively impacts children's lives. Prior to the Covid-19 pandemic, 34% of children aged 5 years and 30% of children aged 12 years in Wales had tooth decay, with children living in more deprived areas

are most likely to have poor dental health. The pandemic has had a detrimental effect on children's oral health habits, such as reduced tooth brushing due to disrupted routines, and an increase in sugary snack consumption – particularly for children eligible for free school meals.

We will provide strategic public health leadership for the national child oral health improvement programme, Designed to Smile, as it fully recovers, including reviewing evidence to update materials, engage with primary schools to support oral health elements of their new teaching curriculum and refresh opportunities for partnership working for oral health improvement in the early years. We will strengthen the monitoring of children's oral health in Wales through dental epidemiology surveys of 5 and 12 year olds in Wales, which will help us understand how the pandemic has impacted upon health inequalities.

SO3.4 By 2026, we will have worked with others to reduce the proportion of the population who smoke

We will continue to support the delivery of the Welsh Government's long term Tobacco Control Strategy for Wales A smoke-free Wales and Towards a Smoke-Free Wales Delivery Plan 2022 to 2024 and support the development of the next Delivery plan for 2024-2026; supporting the vision and ambition to create a smoke-free Wales of 5% prevalence by 2030. We will continue to implement the Help Me Quit in Hospital Programme to maximise the potential of healthcare contact to promote a quit attempt and to reduce variation in support for pregnant smokers across Wales. We will develop proposals to address smoking update in young adults aged 18-24 year of age and finalise a long term social marketing programme based on insight.

SO3.5 By 2026, we will have worked with others to prevent harm arising from substance misuse

Having re-established the National Alcohol Harm Prevention Partnership we will continue to build and act on shared priorities to reduce harm from alcohol taking a population health approach. This will include work to prevent early drinking among young people, particularly regular drinking as Wales has the highest reported levels in the UK. We will also continue to explore action to denormalise drunkenness including work to build on our insight work around alcohol and sport in Wales.

We will develop a programme of work relating to cannabis use in Wales drawing on the evidence reviews and insight work undertaken to date. This will include specific work on the relationship between cannabis use and tobacco.

Key Deliverables

SO3.1 By 2026, We will have enabled others to adopt a systems approach to halting the rise in levels of overweight and obesity for children and adults in Wales through the implementation of the Healthy Weight: Healthy Wales Strategy.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Launched level 1 and 2 Healthy Weight Conversation modules for making Every Contact Count Continued to implement Primary Care Obesity Prevention Action Plan 2022-24 Supported ongoing implementation, further roll out and identification of at risk populations for referral to the All Wales Diabetes Prevention Programme (AWDPP)
	Quarter 2
	<ul style="list-style-type: none"> Reported on initial evaluation of the Healthy Weight Healthy You level 1 offer Report published on maximising the opportunity of the school meals system to promote population health and reducing inequalities Piloted an evidence-based assessment tool for the healthy weight pathway Developed national monitoring tools for the AWDPP
	Quarter 3
	<ul style="list-style-type: none"> Published the case for action for the 10 steps to healthy weight for children Produced an evaluation and recommendations for the children and families pilot Published AWDPP process evaluation findings and disseminate to key stakeholders AWDPP One Year On: Stakeholder engagement completed to embed learning from process evaluation
	Quarter 4
	<ul style="list-style-type: none"> Published an interim report on the School Meals Cashless Payment System Feasibility Study Published an All Wales Weight Management Pathway for Pregnancy Supported implementation of the All Wales Weight Management Pathway in primary and community care Shared recommendations for future plans for the AWDPP to support embedding evidence-based diabetes prevention across primary care
	2024-25
	<ul style="list-style-type: none"> Evaluated Year 1 of Healthy Weight Healthy You Level 1 offer Evaluated Year 1 of Healthy Weight Healthy You Campaign Produced an interim evaluation report for the Whole Systems Approach to Healthy Weight Produced final report cashless payment systems feasibility study Assess implementation of Primary Care Obesity Prevention Action Plan 2022-24 Shared AWDPP outcome evaluation findings with key stakeholders
	2025-26
	<ul style="list-style-type: none"> Implemented key elements of the Healthy Weight Healthy Wales delivery plan

	<ul style="list-style-type: none"> Reviewed primary and community care objectives to support ongoing delivery of the Healthy Weight Healthy Wales Strategy Assessed contribution of AWDPP to burden of type 2 diabetes in Wales
SO3.2 By 2026, We will have worked with others to increase the proportion of the population who are active.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Protocol produced for the local place based approach to active school travel (AST) improvement plans pilots.
	Quarter 2
	<ul style="list-style-type: none"> Developed and agreed a national thematic framework for a whole school approach to physical activity
	Quarter 3
	<ul style="list-style-type: none"> Launched a behaviourally informed AST social marketing campaign targeted at parents/guardians
	Quarter 4
	<ul style="list-style-type: none"> Progress report published on the AST improvement plans pilots.
	2024-25
	<ul style="list-style-type: none"> Agreed actions within the AST National Delivery Plan implemented. Agreed actions within the Healthy Weight: Healthy Wales Delivery Plan implemented.
	2025-26
	<ul style="list-style-type: none"> Agreed actions within the AST National Delivery Plan implemented. Agreed actions within the Healthy Weight: Healthy Wales Delivery Plan implemented.
SO3.3 By 2026, We will have supported the wider system to take evidence-based action to promote healthy behaviours and to measure the impact of their actions.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Recovery and restart of JUSTB programme completed Programme of work established to make recommendations for the replacement of the National Quality Award
	Quarter 2
	<ul style="list-style-type: none"> Options appraisal for operational and strategic integration of Welsh Network of Health Promoting Schools and Whole School Approach to Mental and Emotional Well-being completed MECC logic model refreshed and disseminated
	Quarter 3
	<ul style="list-style-type: none"> Joint approach with HEIW agreed to embed MECC within the training of health professionals Review of the Healthy and Sustainable Pre-school scheme National Awards Criteria completed Collated data and created annual monitoring report of the Designed to Smile Programme Collated data and created report of the 2022/23 national dental epidemiology survey of 5 year olds in Wales
	Quarter 4
	<ul style="list-style-type: none"> Priority recommendations arising from the strategic review of the National Exercise Referral Scheme implemented Evaluation framework to evidence the impact of the national health promoting schools programme developed

	<ul style="list-style-type: none"> Completed revised logic-model and evaluation framework for JUSTB Provided strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile Strategically led, advised, and supported the dental epidemiology survey of 12-year-olds in Wales to determine current oral health and describe existent inequalities (planning and training and calibration in 2023/24)
	2024-25
	<ul style="list-style-type: none"> Three-year strategic work programme developed and priorities identified building on the refreshed MECC logic model Continued implementation of the NERS transformation programme Completed implementation of transformation for Welsh Network of Healthy School Schemes (WNHSS) and the Healthy and Sustainable Pre-School Scheme (HSPSS) Provide strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile Collate data and create report from the 23/24 national dental epidemiology survey of 12 year olds in Wales Action planning based on 2023/24
	2025-26
	<ul style="list-style-type: none"> Year 1 of the strategic programme for MECC implemented NERS transformation programme completed Achieved full integration of WSAMWB and WNHSS Provided strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile Action planning based on 2023/24 completed
SO3.4 By 2026, We will have worked with others to reduce the proportion of the population who smoke	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Developed an implementation plan and governance arrangements for the maternal smoking cessation work stream of the Tobacco Control Delivery Plan 2022-2024
	Quarter 2
	<ul style="list-style-type: none"> Developed a long term strategic social marketing approach for tobacco control and Help Me Quit (HMQ) Established a project to scope options for the transition from tobacco to nicotine dependency services feasibility study
	Quarter 3
	<ul style="list-style-type: none"> Developed proposals to target uptake in 18 – 24 year olds Completed implementation of the new revised Help Me Quit (HMQ) system database
	Quarter 4
	<ul style="list-style-type: none"> Delivered phase 2 actions for the HMQ in Hospital Programme
	2024-25
	<ul style="list-style-type: none"> Delivered agreed elements of the Tobacco Control Delivery Plan
	2025-26

SO3.5 By 2026, We will have worked with partners to prevent harm from substance use	<ul style="list-style-type: none"> Delivered agreed elements of the Tobacco Control Delivery Plan
	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Epidemiology and Harms from cannabis report published
	Quarter 2
	<ul style="list-style-type: none"> System implementation proposals agreed for reducing harm from substances and alcohol in young people
	2024-25
	<ul style="list-style-type: none"> Programme of work on cannabis related harm developed
	2025-26
	<ul style="list-style-type: none"> Programme of work on denormalisation of drunkenness developed

2.4 Strategic Priority 4 - Supporting the development of a sustainable health and care system focused on prevention and early intervention

2.4.1 Introduction

Public Health Wales has a national role in providing evidence-based leadership in the development of public health strategies and in working in partnership with NHS Wales and communities to co-ordinate public health activities. The health and care system is working together to ensure healthcare is fit for now and future generations, which requires the development of sustainable models of healthcare. Our approach will reflect evidence based prevention activity and action.

A Healthier Wales has an ambition for everyone in Wales to have long, healthy, happy lives and sets the policy direction for how the health and social care system will work together to deliver sustainable models of care. Sustainable healthcare delivers high quality care without damaging the environment, is affordable now and in the future, and delivers positive social impact. This includes shifting services out of hospital to communities, having more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health and long term illnesses. It also means making things easier for people to remain active and independent in their homes and communities.

2.4.2 Overview - why this is a priority

More people in Wales are living longer and needing more health and social care than before, but resources are stretched. An ageing population, inequalities in health and health outcomes and a legacy of issues as a result of the Covid-19 pandemic have combined to result in huge pressures on the health and care system. This is having a significant impacts upon patients and their families, including in relation to access and timeliness of treatment, avoidable harm and overall outcomes. These issues are likely to be further impacted by other immediate pressures, such as the cost of living crisis, which will further widen inequalities. As part of the system wide recovery from Covid-19, we have an opportunity to support tangible developments and improvements particularly in relation to prevention and early intervention.

Current pressures within the NHS and social care are having significant impacts on population outcomes and raise questions about the long term sustainability of the whole system. Whilst there are several immediate pressures, it remains paramount that we focus on prevention, early intervention, and equity to develop sustainable models of care that meet current and future population needs, reduce harm and improve outcomes.

We have a key role in supporting the health and care system in developing integrated, person-centred pathways which focus on quality outcomes. We will work with key partners to co-ordinate efforts across the system. The pandemic provided significant learning in relation to future infectious diseases and the ability of relevant agencies to rise, in a concerted way, to healthcare challenges. We will build on the effective systems to ensure public health and health

care work together to achieve equitable population health outcomes. There is significant evidence of the benefits of primary and secondary prevention in reducing disease incidence and associated morbidity, including many cancers and cardiovascular disease.

By taking a healthcare public health approach, we will seek to prioritise resource to maximise the population benefits of healthcare, ensuring healthcare meets individual and group need, with a focus on reducing health inequalities. We can improve health at a population level by preventing and detecting disease early or improving health-related outcomes through access and utilisation of effective healthcare interventions or treatments.

2.4.3 Scope

This priority is central to the role of Public Health Wales in shifting the balance of our health and care system in Wales to focus on prevention, early intervention, and health equity in order to improve outcomes for our population. Our role and scope within this priority includes:

- ❖ A leadership role in working with NHS Wales and care agencies to support public health in Wales, with a particular focus on evidence based preventative measures
- ❖ A clear and demonstrable role in healthcare public health at a national and local level through developing a Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders
- ❖ A leadership role to health and care in advocating, co-ordinating and supporting transformation for prevention, early intervention, and equity to be embedded throughout the whole health and care pathway, including contributing factors.
- ❖ Promoting methods to better understand our population and utilise impact assessment to identify 'at risk' cohorts to inform an understanding of how to deliver the highest value interventions
- ❖ Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health care needs apply these principles to healthcare services we directly provide e.g. population screening programmes
- ❖ Leading and supporting the healthcare system in Wales to use its role, as anchor institutions, to influence and impact on health and well-being

We will support our partners by informing, assessing and planning health needs of defined populations and subsets of those populations. This will include consideration of the impact of taking a preventative approach to include primary, secondary and tertiary prevention.

We will also enable and mobilise resources to support a data informed and data driven approach to planning, evidence-informed decision making, with the aim of ensuring equitable access to quality, person-centred, integrated healthcare services that meets the current and future need of the population across Wales. This will support the wider system in understanding the health and wellbeing in Wales, centred around the burden of disease. We will also ensure a consistent national approach to collating data and sharing intelligence, including behavioural insight of the population, patients, clinicians and the wider workforce.

We will support the development of a framework for reducing health inequalities, which can be applied consistently across Wales to address variation and equity in care pathways (e.g. health equity audit). This will uphold quality in terms of patient experience, safety and outcomes and ensure efficient and value-based use of resources through prioritisation, option appraisal and impact focussed approach, having regard to economic evaluation and return on investment.

We will also support primary care transformation. By leading and developing once for Wales resources, we can ensure that population health improvement, healthcare public health, and inequalities reduction lenses inform and shape wider primary care reform in Wales. We will also provide leadership in support of continuous improvement in safeguarding across NHS Wales, focusing on increased use of quality improvement methodologies and approaches, learning together with NHS Wales whilst retaining collaborative leadership of the NHS Wales Safeguarding Network.

2.4.4 What success will look like

By 2035, we will have:

- ❖ Supported the system to shift the balance of health and care towards prevention and early intervention
- ❖ Maximised opportunities to prevent disease morbidity through a focus on secondary prevention and health and care interactions, ensuring resources are allocated fairly
- ❖ Supported care moving closer to home, ensuring it is person-centred
- ❖ Provided data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities
- ❖ Supported our partners to use the size, scale and reach of the NHS to positively influence the health and well-being of communities

2.4.5 Outcomes

We will work to support the following system wide outcomes:

- ❖ Increase the number of working age adults in good health (Baseline: 79.6%, PHOF)
- ❖ Increase the proportion of working age adults free from limiting long term illness (Baseline: 60.1%, PHOF)
- ❖ Increase the number of older people in good health (Baseline: 66.6%, PHOF)
- ❖ Increase the proportion of older people free from limiting long term illness (Baseline: 33.3%, PHOF)

2.4.6 What we will achieve in the next three years

- ❖ We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO4.1 By 2026, We will develop a framework for Public Health Wales's system leadership role in healthcare public health, with a focus on prevention and early intervention.

Following an initial review of healthcare public health activity in Public Health Wales, we will develop a framework for Public Health Wales's role at a local and national level. The framework will be predominantly based on current and existing work across the organisation with a focus on prevention and early intervention, but it will also describe new areas of development to help strengthen the co-ordination and leadership of healthcare public health activity, with clarity on scope of practice, intended outcomes and ways of working with key stakeholders, including health boards, the NHS Executive and the Welsh Government. The framework will also clarify the organisational positioning and executive leadership of the healthcare public health function within Public Health Wales.

SO4.2 By 2026, we will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.

We will continue to build on the social value and health economics work started before the Covid-19 pandemic, reflecting ongoing and emerging challenges from Covid-19, cost of living increase, climate change, burden of disease, health inequalities and growing pressures on the health system. We will help strengthening our national and global role as a live innovation site for sustainable, value-based and equity oriented spending and investment in health and well-being, exploring, developing, piloting and promoting new economics and multidisciplinary approaches and tools. We will continue to support Wales' leading international role in building Well-being Economies with the health sector as its key driver, working with key partners and networks, such as the Welsh Government, health boards, WHO, IANPHI, EuroHealthNet and international economics expert groups.

SO4.3 By 2026, we will have transformed national safety outcomes through demonstrable and measurable system-level improvements in quality and safety

The aim is to offer evidence-based enablers and tools which focus on the culture of a service and which help create the conditions for improvement. We help the service with its work to reduce variation and increase reliability in processes of care and address the bottlenecks that impact on and are impacted by safety and the challenges of the pandemic. The approach is underpinned by the Framework for Safe, Effective and Reliable Care (IHI, 2017).

We work with organisations to apply these enablers to make improvements and innovations in the system-wide quality and safety areas that are important to them and support the embedding of evidence-based clinical and operational improvements. We will also work to apply this approach to strategic priorities for improvement and innovation within our own organisation. Using Improvement Cymru's Delivery Framework, organisations receive tailored and intensive coaching to support the spread and scale of improvements.

We are working with health and care organisations to enable them to achieve system-wide improvements in the quadruple aim. All our work is underpinned by Improvement Cymru's

measurement strategy which uses a family of measures aligned to the quadruple aim to demonstrate impact and value and inform our approach.

We will externally evaluate the impact of the Delivery Framework and regional approach in enabling organisations to achieve improvements in quality and safety. We will also report regularly to our stakeholders to share progress and demonstrate impact. The impact of our support will be measured through:

- ❖ Health Outcomes – Organisations working with us are achieving improved sustainable results in the six domains of quality
- ❖ Experience of working with us – Increased number of organisations actively engaged in improvement with us and an increased positive experience of working with us
- ❖ Experience of working for us – Increased positive experience of working for us

SO4.4 By 2026, Organisations will have achieved a mature and sustainable approach to building their improvement capability and applying it to their local quality and safety priorities

System-wide quality requires transformational leadership that has quality at the heart of its strategic approach to managing the organisation. The Quality and Safety Framework (2021) sets out the aspiration for a quality-led health and care service, with organisations needing to operate within an effective quality management system. Working with a number of UK strategic partners, we will champion a common UK wide approach to leading, support and sustaining improvement. We take learning from high performing organisations and work with system leaders to identify their strategic system-wide quality and safety priorities for improvement and enable them to build and align their improvement capability to achieve transformation in these priorities. Within Public Health Wales, this is being achieved through the 'Quality as an Organisational Strategy' methodology.

The aim of the Improvement Cymru Academy is for everyone in NHS Wales to have access to quality-assured improvement skills, resources and a supporting capability framework by the end of March 2024. The Academy will work alongside organisations to create the conditions, make the connections and build the capability for improvement as a core skill across the whole system.

SO4.5 By 2026, we will have supported NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.

We will clearly describe the national vision for transforming the safeguarding system, and what quality in safeguarding looks like, to align with the Quality and Safety Framework 2021 by working with and understanding the needs of our stakeholders. This will iteratively inform the focus of the National Safeguarding Service (NSS) working collaboratively with policy leads, the National Safeguarding Network and others to drive quality improvements in safeguarding. We will identify how measurable improvements can be determined so that we have more reliable data to better understand if services are safe, effective and timely and improve experience and outcomes for people. The Safeguarding Maturity Matrix (SMM) tool has been revised to be fit

for purpose in light of Health and Social Care (Quality and Engagement) (Wales) Act (2020) and the Quality and Safety Framework 2021. We will collaborate with stakeholders and multiagency partnerships to agree a national standardised dataset to evidence quality in safeguarding activity at organisation and national levels, Together, we will consider a functionality of reliable real time reporting, themes and trends, risks and priorities, providing opportunities for data triangulation and celebrating excellence. Collated and brought together in the national safeguarding dashboard, the data will contribute to the framework of quality improvement and national assurance.

SO4.6 By 2026, we will have delivered the public health contribution to the national programme for transformation and primary care

We will work with our partners to implement the national evaluation framework to assess the impact of the Primary Care Model for Wales. Specific areas of focus will be the provision of specialist public health advice and system leadership, work to ensure population health improvement, healthcare public health and inequalities reduction lenses inform and shape primary care transformation in Wales, building the capacity and capability of the primary care workforce to adapt and flourish in new roles and develop public health skills and influencing the wider system to enable primary care to take action against climate change.

SO4.7 By 2026, we will have achieved a coordinated approach to prevention and early intervention in primary care settings

We will ensure public health and primary care work together to achieve population health outcomes, including through coordinated advice, support and access to information, a range of specific resources for clusters and the development and implementation of a national Framework for social prescribing.

SO4.8 By 2026, we will have worked with Welsh Government and other system partners to increase prevention through primary dental care and supported implementation of reform of General Dental Services in Wales

In line with vision outlined in A Healthier Wales and Welsh Government's plan for transformation of primary health and care system in Wales, we will provide dental public health expertise to reform primary dental care in Wales, with focus on embedding delivery of appropriate prevention through the primary dental care and reducing Inverse Care Law. We will work closely with system partners to ensure quality and safety systems in place including quality improvement in dentistry are aligned with the dental reform in Wales. We will work with HEIW and other partners to ensure appropriate training on prevention and quality improvement are available to the dental workforce in Wales.

Key Deliverables

Objective	Milestones
SO4.1 By 2026, We will develop a framework for Public Health Wales's system leadership role in healthcare public health, with a focus on prevention and early intervention.	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Developed the Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders, including health boards, the NHS Executive and Welsh Government
	Quarter 3
SO4.2 By 2026, We will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.	<ul style="list-style-type: none"> Provided advice and support to Welsh Government on policy development to assist patients waiting for appointments and interventions
	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Public Health Wales' first Social Return on Investment (SROI) completed to support sexual health prevention and enhance value-based approaches use across Wales Supported building a Well-being Economy with health and equity at its heart with Welsh Government and WHO, delivering to the Wales/WHO Memorandum of Understanding
	Quarter 3
	<ul style="list-style-type: none"> 'Value in Public Health' masterclass delivered to help build organisational and NHS capability in assessing holistic value and well-being impact
	Quarter 4
	<ul style="list-style-type: none"> Supported building a Well-being Economy with health and equity at its heart with Welsh Government and WHO, delivering to the Wales/WHO Memorandum of Understanding Investing in Population Health and Well-being' Systems Toolkit developed to support NHS budget shift towards prevention
	2024-25
	<ul style="list-style-type: none"> Social Value Database and Simulator (SVDS) for public health progressed and expanded Established a 'community of practice' on social value and well-being impact across the NHS and wider Wales Cost of Health Inequality to the NHS in Wales final report published
SO4.3 By 2026,	2025-26
	<ul style="list-style-type: none"> Capability and capacity built across the organisation and the NHS to apply Social Value to public health Social Value Database and Simulator outcomes and impact assessment completed Worked with Directors of Public Health and Directors of Finance to scope the future work plan in order to identify the investment challenges facing the NHS in Wales
	2023-24
	Quarter 1

We will have transformed national safety outcomes through demonstrable and measurable system-level improvements in quality and safety	<ul style="list-style-type: none"> Agreed proposed training schedule with Cancer network
	Quarter 2
	<ul style="list-style-type: none"> Launched behaviour change toolkit and supported spread of safety improvements in the Safe Care Collaborative
	Quarter 3
	<ul style="list-style-type: none"> Developed transition plans to support the formation and integration of the NHS Executive
	Quarter 4
	<ul style="list-style-type: none"> Proof of concept early warning system for safety analytics launched Submitted the Annual Report against the Q Lab Cymru work plan in partnership with Health Foundation Submitted Annual Reports to Welsh Government for Mental Health and Learning Disability SLAs
	2024-25
	<ul style="list-style-type: none"> Delivered Improvement Cymru's biennial national conference to showcase and share learning Diagnostic site visits completed, safety priorities identified and Safe Care Collaborative 2 launched Sustainable model for Q Lab Cymru developed in partnership with The Health Foundation Supported scale of patient safety improvements identified in Safe Care Collaborative 1 and developed exit and sustainability plans Submitted the Annual Reports to Welsh Government for Mental Health and Learning Disability SLAs Alignment of Improvement Cymru and NHS Executive workplans and priorities completed Reported on year one findings from the external evaluation of implementing Safe Care Together Final report from the external evaluation of implementing Safe Care Together
	2025-26
	<ul style="list-style-type: none"> Submitted the Annual Reports to Welsh Government for Mental Health and Learning Disability SLAs
SO4.4 By 2026, Organisations will have achieved a mature and sustainable approach to building their improvement capability and applying it to their local quality and safety priorities	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Developed a training plan to support organisations to develop their improvement capability Presented learning at UK and international forums Developed a plan on how Wales is represented and contributing to the UK improvement approach to safety via participation in networks, forums and partnerships.
	Quarter 4
	<ul style="list-style-type: none"> Delivered ongoing support to the strategic development of the Health Foundation Q network
	2024-25
	<ul style="list-style-type: none"> Gathered feedback from system and create a training plan to support and develop improvement capability to support safety priorities.
SO4.5 By 2026,	2023-24
	Quarter 1

We will have supported NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.	<ul style="list-style-type: none"> Safeguarding Maturity Matrix Tool updated in line with Duty of Quality guidance in preparation for Annual Quality Reporting by organisations.
	Quarter 2
	<ul style="list-style-type: none"> NHS Safeguarding Network Annual report published with learning shared from quality improvements and innovations across NHS Wales
	Quarter 3
	<ul style="list-style-type: none"> Framework co-created to support NHS Wales in their development of an organisational strategy for quality in safeguarding
	Quarter 4
	<ul style="list-style-type: none"> Quality in safeguarding statement co-created by NHS Safeguarding Network.
	2024-25
	<ul style="list-style-type: none"> National standardised data set agreed containing hard and soft indicators to evidence quality, safety and effectiveness in NHS safeguarding services
	2025-26
	<ul style="list-style-type: none"> National safeguarding dashboard of reliable real time data that supports the development of 'always on' reporting in line with the duty of Quality published
SO4.6 By 2026, We will have delivered the public health contribution to the national programme for transformation of primary care	2023-24
	Quarter 2
	<ul style="list-style-type: none"> System in place to support for the monitoring and evaluation of Primary Care Model for Wales (PCMW) Scoped and reviewed the suite of once for Wales solutions, resources and support for primary care and clusters
	Quarter 3
	<ul style="list-style-type: none"> The primary care contribution to addressing and supporting population health improvement, healthcare public health and inequalities scoped and plan for delivery developed
	Quarter 4
	<ul style="list-style-type: none"> Specialist public health advice, support and contribution made to the wider health and care system with a particular focus on the Strategic Programme for Primary Care (SPPC) and contract reform Carried out capacity, capability and skill building of the primary care workforce across public health priority topic areas through a range of mechanisms Influenced policy and provide system leadership and co-ordination across primary care and public health to develop and enhance joint and integrated working to deliver long term effective, high quality and sustainable healthcare Refreshed and relaunched/published a suite of once for Wales solutions, resources and support for primary care and clusters. Worked with partners to influence the wider system, provide system leadership and continue to develop the Greener Primary Care framework and award scheme to enable primary care to take action against climate change.
	2024-25
	<ul style="list-style-type: none"> Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care and wider partners
	2025-26

	<ul style="list-style-type: none"> Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care and wider partners
SO4.7 By 2026, We will have achieved a coordinated approach to prevention and early intervention in primary care settings.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Refined 'coordinated approach to prevention in health and care settings' with stakeholder input Developed 'Meeting health & well-being needs through social prescribing' outputs
	Quarter 2
	<ul style="list-style-type: none"> Scoped an action plan to support development of the national framework for social prescribing Publish 'Meeting health & well-being needs through social prescribing' outputs
	Quarter 3
	<ul style="list-style-type: none"> Commenced implementation of social prescribing action plan Published and disseminated 'coordinated approach to prevention in health and care settings'
	Quarter 4
	<ul style="list-style-type: none"> Supported implementation of 'coordinated approach to prevention in health and care settings'
	2024-25
	<ul style="list-style-type: none"> Continued to embed 'coordinated approach to prevention in health and care settings' Reviewed activity needed to deliver social prescribing action plan
	2025-26
	<ul style="list-style-type: none"> Assess uptake and implementation of 'coordinated approach to prevention in health and care settings' Assess implementation of social prescribing action plan
	2023-24
	Quarter 4
SO4.8 By 2026, We will have worked with Welsh Government and other system partners to increase prevention through primary dental care and supported implementation of reform of General Dental Services in Wales	<ul style="list-style-type: none"> Worked with the system partners to continue support the Welsh Government funded GDS Reform Programme and continued to provide dental public health leadership, expertise and support to the various work streams of the programme Provided dental public health advice and support to health boards in planning for oral health and dental services recovery and improvement
	2024-25
	<ul style="list-style-type: none"> Supported health boards and other partners in implementation of new GDS contract especially its preventive component (dependent on Welsh Government introducing new dental contract in 2024) Advised and supported to Welsh Government and other partners in ongoing learning and system reform beyond changes in the General Dental Services in Wales
	2025-26
	<ul style="list-style-type: none"> Worked with the partners to understand the impact of the primary care dental reform in Wales to influence/inform Welsh Government's dental and oral health policy and associated strategic plans in Wales

2.5 Strategic Priority 5 - Delivering excellent public health services to protect the public and maximise population health outcomes

2.5.1 Introduction

Protecting the public from the effects of infections and exposure to environmental problems, such as air pollution, and the delivery of our national screening programmes are core responsibilities for Public Health Wales. Our Category 1 responder status demonstrates our role in protecting the public from ill health and working with our partners to mitigate risks to human health. We work to protect the health of the people of Wales through the delivery of a number of health protection and infection control services, and national screening programmes.

We deliver, monitor and evaluate seven population based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. The aims of the programmes are either to reduce incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening).

2.5.2 Overview – why this is a priority

Protecting the health of the population of Wales from infections and environmental threats is key to achieving a healthier Wales. The Covid-19 pandemic, and its ongoing implications, highlighted the grave threat to health from communicable diseases and reinforced why health protection and health security will, within the changing realities of an interconnected world, remain a public health priority.

Globally, the pandemic has shown how interconnected we are with others, and how we must be prepared to act on global threats to health, including horizon scanning for future threats. We will embed learning from the Covid-19 pandemic and ensuring that we are as prepared as we can be for future threats. Significant global threats, such as antimicrobial resistance where infections become harder to treat with drugs, is one such global threat and we must focus our services on reducing it. Our ability to connect with our global partners to be aware of threats to health as they emerge and put systems in place to address them will be important as we work to protect the health of future generations.

For population health screening programme we will deliver excellent services that are safe, effective, people centre, timely, efficient and equitable to ensure evidence based interventions improve health of population in Wales. Cancer is a leading cause of death both worldwide and in Wales with many cancers being curable if detected early and treated effectively. We deliver, monitor, and evaluate seven population-based screening programmes, and co-ordinate the all-Wales managed clinical network for antenatal screening. Our aims, depending on the specific programme, are either to reduce incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening).

How we deliver our services to protect the health of the people of Wales is paramount. The Health and Social Care (Quality and Engagement) (Wales) (Act) (2020) highlights the duty of quality we have to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture, and we believe the provision of our services under this framework will deliver the best outcomes for the people of Wales.

2.5.3 Scope

We have defined excellence through the Institute of Medicines dimensions of quality, which are also used in the Health and Social Care (Quality and Engagement) (Wales) (Act) (2020). These are:

- ❖ **Safety** – Services should be able to demonstrate by robust evidence that they are safe, and interventions offer higher benefit than risk
- ❖ **Effectiveness** – Services should have a culture of evidence-based intervention
- ❖ **Patient-centeredness** - Services should be able to demonstrate that they regularly and proactively engage with stakeholders and service recipients to assess their experiences as part of an ongoing process of service improvement.
- ❖ **Timeliness** – Services should be able to respond in a timely way
- ❖ **Efficiency** – Services should be able to demonstrate that impacts on population health are being achieved in the most efficient way
- ❖ **Equity** – Services should conform to a principle that determines what is just and fair in the distribution of health care

However, we recognise the importance of continually innovating and improving our services and have additional measures of excellence:

- ❖ **Innovation/continuous improvement** – excellent public health services would always look to innovate and improve in order to achieve excellence
- ❖ **Education and training** – in order to provide excellent public health services, we must invest in our staff, ensuring they have the right skill set to achieve excellence
- ❖ **Internal and external collaboration** – excellent public health services would be those that collaborate across the organisation and the public health system to achieve desired outcomes

This strategic priority focuses on the delivery of all public and patient facing services delivered by Public Health Wales, with a particular focus on screening, health protection and microbiology. However, as we implement our strategy, we will also seek to apply this approach to our other core public health services that we deliver.

National population screening programmes

We will provide population health screening programmes for the people of Wales to ensure evidence-based interventions to improve the health of the population in Wales. Our screening programmes will be informed by evidence-based recommendations. The aims of the

programmes are either to reduce incidence of disease or improve early diagnosis to reduce the impact of the disease. There is an equitable offer of screening to the eligible population but there is variation in uptake and enabling informed consent to improve uptake and reduce inequity of uptake is a key priority. Our ability to provide our screening programmes was greatly impacted by the Covid-19 pandemic. We will focus on recovering our two remaining delayed screening programmes through an ambitious programme that will embrace the use of new technology, along with implementing new approaches and innovation focused on improving practices.

Health protection and infection services

Our approach to responding to communicable disease challenges in Wales involves the delivery of a number of programmes and services, the importance of which were highlighted during the Covid-19 pandemic. Lessons learned from the experience have been applied to the Infection Service, including a process for the rapid development of new tests and their subsequent roll-out through the network, the importance of timely local testing to support symptomatic clinical care and retaining sufficient capacity for large scale population testing to support government public health policy. This means ensuring scaling up ability with short notice whilst ensuring resources are utilised in business as normal periods.

Within Health Protection, we have now modified our in-hours and Out-of-Hours operating model to provide targeted and more effective support to our service users, we are also in the process of refining and strengthening our functional areas capturing all the lessons learnt from Covid-19 pandemic specifically in some key areas to include system wide training and guidance support for communicable diseases control, streamlined incident and outbreak management processes with partner agencies such as local authorities and Welsh Government services. We will also review our Emergency Planning and Business Continuity preparedness, updating our organisational surge model and triggers in line with the learning from the pandemic.

We will provide these in an integrated way, to ensure greater resilience, sustainability, and capacity across our broader service offer. We have a system leadership role, working with and advising our partners on strategies to ensure early effective diagnosis of infection, early effective treatment of infection, and early effective intervention to control the spread. Key services within Public Health Wales support the delivery of the response, including the Communicable Disease Surveillance Centre to understand the impact of communicable diseases and interventions on the population of Wales.

Covid-19 and other respiratory infections continue to highlight the importance of immunisation as the most important intervention for disease prevention/reduced severity of outcome, alongside effective outbreak management and control of infection. The Vaccine and Preventable Disease Programme delivers a national approach to immunisations and vaccinations. We will also play an integral role in the system to protect the health of the people of Wales from environmental threats. Our environmental public health services ensure that we reduce the number of people who become ill or die as a result of environmental harms and increase the number of people who have health benefits from a good environment through advocacy, policy guidance, expert advice, and surveillance.

Our microbiology services will continue to provide world class diagnostic and clinical advisory services and Specialist and Reference Microbiology Services to support diagnostics, surveillance, and outbreak identification and management.

Innovation and future threats

Our public health services will always look to innovate and improve in order to achieve excellence. Public health genomics provides a focus on populations, health services and public health programmes, rather than individual clinical care, through the application of advances in human and pathogen genomics to improve public health and prevent disease. The Public Health Genomics Programme in Public Health Wales will enable us to lead on improving outcomes for people in Wales at a population level. We will continue to lead the development of Antimicrobial Stewardship guidance across the NHS, with the aim of reducing the burden of infection and thereby the demand for antimicrobials.

2.5.5 What success will look like

By 2035, we will have:

- ❖ Delivered excellent, people centred, population health screening programmes that are improving the health of the population of Wales in an equitable way
- ❖ Developed and adapted population health screening programmes in line with current evidence and explored innovation to improve pathways.
- ❖ Fully optimised the bowel screening programme and delivered a sustainable and optimised diabetic eye screening programme
- ❖ Enabled the implementation of new UK National Screening Committee recommendations for population in Wales
- ❖ Experienced fewer health and social care associated infections and only use antimicrobials appropriately
- ❖ Provided clinicians with the evidence they need to increase the speed of diagnosis so patients can be treated in a timely and accurate way. This will be done through the delivery of our microbiology services using world class, modern techniques developed through continuous innovation and improvement
- ❖ Better described communities at increased risk of harm from communicable disease leading to evidence-based interventions to reduce the number of people who become ill or die from a communicable disease and environmental harms
- ❖ Provided system leadership supporting the delivery of excellent immunisation and vaccination programmes, therefore seeing much fewer people with ill health due to vaccine preventable diseases
- ❖ Provided timely information for action to interrupt the transmission and reduce the impact of communicable disease on individuals and healthcare services

2.5.5 Outcomes

We will work to support the following system wide outcomes:

- Increase vaccination rates for all vaccine preventable diseases
 - 90% uptake of HPV by age 15 (Baseline: 69.3%, COVER Report 145)
 - 95% uptake of MMR by age 2 based on new schedule (Baseline: 93%, COVER Report 145)
- Lowering the burden of healthcare associated infections in Wales to align with the UK AMR Strategy 20 year vision
 - to halve the number of healthcare associated Gram negative blood stream infections
- Optimising the use of antimicrobials and good stewardship across the healthcare sectors in Wales again to align with the UK AMR Strategy 20 year vision
 - 25% reduction in antibiotic use in the community (from baseline 2013)
- ❖ Eliminate hepatitis B and C as a public health threat by 2030 (Baseline: approx. 12,000 hepatitis C infected individuals in 2017, WHC/2017/048)
- ❖ Increase in the proportion of bowel and breast cancers diagnosed at early stage
- ❖ Reduction of the incidence of cervical cancers
- ❖ Reduction of sight loss from diabetic retinopathy
- ❖ Reduction of the mortality from ruptured abdominal aortic aneurysms

2.5.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO5.1 By 2026, working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation

Central to providing 'Excellent services' will be the development of our workforce. Focus will be redesigning our establishment and skill mix to enable 'top of license' working i.e., Staff undertaking activities that only they can undertake. We will be clear on purpose and required outcomes so that resources are deployed to deliver the agreed requirements. In addition, the introduction and increasing use of genomics requires that we upskill staff across the service to interpret and make use of genomic data. As part of our workforce development, we will develop specific training to begin the process of upskilling staff in the areas of genomics and bioinformatics, as well as seeking to retain and develop staff with existing genomics and bioinformatics expertise. Services will also be exploring the role of technology to deliver efficient business and operating systems building on existing laboratory automation and electronic stock management systems.

Our services will provide timely and meaningful results to our stakeholders and services users. This will be achieved through optimisation of workforce and modern, fit-for-purpose equipment. We will work with the market to identify innovation and be early adopters of new technology as evidenced by the expansion of molecular and genomic pathogen diagnostics.

We will work collaboratively to provide testing closer to the patient such that results are in real time and provide the clinical team with an earlier, more definitive treatment plan. This will be through the extension to the capability of our Hot Lab functions as well as working with partners such as Point of Care Teams and Infection Prevention & Control staff.

The multi-professional nature of our clinical service will continue to grow and diversify. This will increase the capacity and capability of the clinical teams and optimise their contribution to the care system. We will continue to invest in medical and scientific training to grow our pipeline of future staff.

We will continue to support the care system in challenging and reducing the burden of antimicrobial resistance and healthcare associated infections through the expansion of our clinically facing workforce. Increasing our capacity of knowledgeable and skilled professionals will bolster IP&C activity. This will be realised by increasing our technical workforce within the laboratory setting, enabling a release of specialist scientific workforce into the clinical teams.

The Health Protection and Infection Services are delivered on a 24/7 basis, reflecting the need of our service users and stakeholders and there are further opportunities for collaboration across these functions to ensure we are optimally utilising our specialist resources. These opportunities will be explored and where viable, enabled. To date, examples have included the use of common laboratory space and hybrid roles supporting acute health protection. It is anticipated there is further opportunity within workforce redesign and rotation of staff to build common knowledge.

Across Health Protection and Infection services, we will seek to continue to respond to COVID-19 and to recover key priority areas of activity. Notably, we will aim to focus on:

- ❖ providing resilient and high-quality acute response to communicable disease and environmental hazard incidents
- ❖ providing pathogen diagnostic and infection related clinical services to the care system.
- ❖ supporting Wales's long term COVID-19 transition from pandemic to endemic
- ❖ change programme to complete the redesign of our workforce and service model for Infection Services
- ❖ creating a Public Health Genomics programme and integrating genomics activity across Health Protection and Infection services through the creation of virtual teams that cross divisional boundaries
- ❖ collaborating as part of Genomics Partnership Wales to identify opportunities for service development and integration with other partners including the transfer of Pathogen Genomics Unit (PenGU) services to the new Coryton site, Cardiff Edge

SO5.2 By 2026, we will be providing effective and trusted system leadership on a range of designated risks, including HCAI and AMR and vaccine preventable diseases

Antimicrobial Resistance (AMR) is a global threat and as such, reducing it is a key strategic objective of our services. Our work to tackle Antimicrobial Resistance is led by the Healthcare Associated Infections, Antimicrobial Resistance & Prescribing Programme (HARP).

The pandemic has had a major impact on healthcare related activity including on the management and treatment of infectious disease, and 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. The UK AMR Strategy published in 2019 lays out the urgent need to address AMR and through the cycles of 5-year National Action Plans aims to deliver reductions in AMR across the UK.

The HARP programme team supports the Welsh Government in the delivery of the five-year national action plan for AMR. The current National Action Plan runs to 2024, work is already underway to develop the next 5-year National Action Plan for 2024 – 2029/30. Notably, we will aim to recommence work to:

- ❖ support the Welsh Government in the delivery of the five-year national action plan for AMR and contribute to both the current national delivery plan and the implementation of the HCAI National Collaborative
- ❖ work with the Welsh Government (applying learning from pandemic response) to review the immunisation offer in Wales and provide system leadership to the NHS through direct support and advice, training and education, and intelligence for action
- ❖ continue to provide advice and leadership in the development of the Covid-19 immunisation plan and annual flu plan. We will continue to work to reduce vaccine preventable disease in part through optimising vaccine provision and implementing the recommendations of the Wales Measles and Rubella Elimination Action Plan 2019-21 and ensuring a specific focus on inequalities in uptake
- ❖ work with partners to deliver the Sexual Health Priority Areas 2020-2024, which is part of the NHS Wales Outcome Framework
- ❖ continue to focus on the World Health Organization long term goal to eliminate Hepatitis C as a threat to public health with the roll out and monitoring of a Hepatitis C re-engagement exercise. This will include supporting health boards and primary care, and exploring the possibility for further project expansion
- ❖ further enhance our health protection intelligence/surveillance capability by supporting development and implementation of cross-organisational activities to deliver surveillance reports and improved health protection services that use Whole Genome Sequencing outputs, we will work with the Knowledge Directorate to develop improved systems and processes for analysis and reporting, including moving towards voluntary application of the Code of Practice for Statistics

SO5.3 By 2026, we have continuously improved our service to the public and the wider public health system to reduce the health harms associated with environmental hazards and increased the health gains associated with environmental benefits

Environmental Public Health in Wales seeks to protect health and prevent health harms linked to environmental hazards, to narrow inequalities associated with health outcomes of environmental hazards, by improving health for all, and to increase the health benefits that come from positive interactions with the environment. The service, a unique and seamless joint-working approach provided by Public Health Wales and the Radiation, Chemicals, and the Environment directorate of UKHSA, provides reactive management of environmental incidents and responds to concerns about possible environmental harms, but it also aims to proactively reduce the chances of incidents occurring and concerns arising.

When incidents do occur, the team works within established command and control structures and a wide variety of partner agencies to manage them. This is supported by robust Emergency Planning, Resilience and Response (EPRR) activity including maintenance of incident management plans and preparation for, and participation in, exercises. This planning and preparation extends to the potential, albeit small, for Wales to be involved in Chemical, Biological, Radiation and Nuclear (CBRN) incidents. Examples of broader proactive efforts include seeking to address the wider determinants of air quality problems, including how we travel and heat our homes. These efforts can range from advocacy and policy advice on a national level to suggested local level actions on specific issue. The team is also involved in organisation wide efforts to address the Climate Emergency around both mitigation (proactive efforts across a variety of areas) and adaptation (including extreme weather advice and guidance). Finally, the team is working with the Communicable Disease Surveillance Centre (CDSC) to develop health outcomes surveillance for a range of environmental hazards, as well as changes in the weather. Notably we will aim to:

- ❖ Continue to develop surveillance of the health outcomes of environmental exposures and improves understanding of inequalities that exist by age, sex, and deprivation
- ❖ Contribute to policy initiatives such as the Welsh Government-led Clean Air Programme and Plan to help reduce air pollution, the move to a default 20mph speed limit and efforts to improve Coal Tip Safety.

Environmental health is a key component of the ONE Health concept, defined by the WHO as ‘an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. By understanding that the health of humans, animals, and the environment (ecosystems) are closely linked and co-dependent, ONE Health seeks to improve the full spectrum of disease control efforts. In Wales, ONE Health will require close working between Environmental Public Health, Health Protection, and Infection as well as stakeholders such as the Chief Veterinary Officer for Wales and UK government agencies such as the Animal and Plant Health Agency. Genomics sits at the heart of ONE Health, providing a critical tool that enables the analysis and integration of data across the domains of human/pathogen/environment. As such, we will seek to develop our ONE health capabilities in Wales, working across the public health system in the UK.

SO5.3 By 2026, we will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations

One of our statutory functions as an organisation is to provide, manage, monitor, and evaluate population-based screening programmes. Key themes over the lifecycle of our Strategic Plan include:

- ❖ Continued work with partners to address inequality in screening uptake
- ❖ Continued progress to establish dedicated screening venues in the community to improve screening offer
- ❖ The Breast Screening Programme will continue the work to recover the programme from the impact of the pandemic which will require the activity of the programme to be above usual levels to restore the round length.
- ❖ The Diabetic Eye Screening Programme will continue the work to recover the programme from the impact of the pandemic. Due to the increasing diabetic population and the impact of the pandemic the programme will undergo transformation to enable a sustainable programme that can meet the demands.
- ❖ The Bowel Screening Programme will be further optimised to include those aged 50 to 54 years and increase the sensitivity of the test to improve increase the early detection on bowel cancer in Wales to improve outcomes.
- ❖ key re-procurement programmes for equipment will be progressed to ensure continued high-quality delivery and excellent services
- ❖ New technology will be explored to enable the continual delivery of high-quality screening programmes and reduce inequity. For example, the potential of self-sampling as a potential offer in cervical screening for non-responders
- ❖ New systems will be implemented to ensure continued delivery of excellent services such as cohort selection for breast screening as current system being decommissioned
- ❖ New developments and pathways will be scoped and evaluated to inform and enable improvements to the programme
- ❖ Workforce plans will be developed and actioned to ensure sustainable workforce to deliver excellent service especially in areas of concern
- ❖ Depending on funding to undertake initial planning and scoping work in relation to lung cancer screening
- ❖ Depending on funding to undertake initial planning and scoping work in relation to Newborn Infant Physical Examination
- ❖ As part of our work with Genomics Partnership Wales, and through the development of our Public Health Genomics Programme, opportunities for the use of genomics in screening will be investigated, working with other stakeholders to develop evidence, and, if appropriate, implement new services.

Key Deliverables

Objective	Milestones
SO5.1 By 2026, Working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Reviewed and developed proposal to develop local CNS molecular testing tender as part of broader syndromic molecular testing offer Initiate syndromic testing commercial tender for rapid molecular testing including respiratory, Gastrointestinal (GI), Blood Borne Virus (BBV), T&O and Sexual Health related pathogens Participated in review the Public Health Protection and Health Security Framework implementation Reviewed UK-wide plans for pathogen genomics services, and identify, where possible, a shared roadmap for service development/adoption
	Quarter 2
	<ul style="list-style-type: none"> Started implementation of new centralised sexual health infection testing service at IP5 including postal service Specialist Portfolio progress database to support training delivery developed Collaborated with Health Protection Services to develop a service offer for repatriating self-sampling sexual health infection diagnostics service
	Quarter 3
	<ul style="list-style-type: none"> Implemented syndromic molecular procurement contract In collaboration with Cwm Taf Morgannwg (CTM) University Health Board, explored possible future operating models for CTM microbiology services Drafted Value Based Key Performance and Quality Indicators for microbiology clinical and laboratory services with stakeholder engagement Reviewed of network hierarchy including transfer of responsibility for Hot labs to regional hub laboratories Built research capacity within the Health Protection Division through protected time, training, and peer support.
	Quarter 4
	<ul style="list-style-type: none"> Completed a skill mix review for all infection laboratory services Transferred Grange Hospital Hot Lab to Aneurin Bevan University Health Board responsibility Transferred PenGU services to Cardiff Edge site as part of Genomic Partnership Wales Programme Consolidated and reviewed the implementation of the new health protection operating model Worked with key partners to support the ongoing process to strengthen the national health protection system in Wales to prioritise activity, including partners across the UK through the UK Health Protection Committee and Four Nations Oversight Group Supported Welsh Government in implementing the TB strategy for Wales
	2024-25
	<ul style="list-style-type: none"> Transferred routine virology / serology from Welsh Specialist Virology Centre to general infection services

Objective	Milestones
	<ul style="list-style-type: none"> Value Based quality indicators included within SLAs with health boards and NHS Wales Further developed workforce redesign across registered and non-registered laboratory staff Reviewed health protection and microbiology services delivery in context of new delivery model Participated in review the Public Health Protection and Health Security Framework implementation Worked with key partners to support the ongoing process to strengthen the national Health Protection system in Wales to prioritise activity, including partners across the UK through the UK Health Protection Committee and Four Nations Oversight Group Worked with Welsh Government and partners to develop implementation strategies for the health protection system review Developed the research and innovation capacity to address wider population needs. <p>2025-26</p> <ul style="list-style-type: none"> Worked with key partners to support the ongoing process to strengthen the national Health Protection system in Wales to prioritise activity, including partners across the UK through the UK Health Protection Committee and Four Nations Oversight Group Continued to work with Welsh Government and partners to develop implementation strategies for the health protection system review Further expanded and collaborated with partners to develop research projects
<p>SO5.2 By 2026, We will be providing effective and trusted leadership on a range of designated risks including HCAI, AMR and vaccine preventable diseases.</p>	<p>2023-24</p> <p>Quarter 1</p> <ul style="list-style-type: none"> Implemented the findings of the patient information review and pilot co-produced patient information for HPV Led development of an action plan for improving uptake in adult vaccination programmes (Shingles and Pneumococcal) Supported transformation of vaccine services in line with the National Immunisation Framework, including provision of expert advice into new governance structures Stood up our Public Health Genomics Programme <p>Quarter 2</p> <ul style="list-style-type: none"> Responded to findings of Welsh Government AMR review AMR surveillance data included on the portal Developed of HCAI & AMRU surveillance including establishment of CPO surveillance Re-engaged work-stream for addressing the requirements of the sexual health case management system (subject to Welsh Government funding agreement) Progressed a vaccine equity strategy with expansion to additional vaccination programmes Supported actions outlined in Measles and Rubella elimination strategy <p>Quarter 3</p> <ul style="list-style-type: none"> Delivery of EAAD / WAAW campaign 2023 Established re-procurement arrangements for IPC Case Management system / HCAI surveillance Worked with partners to review the Sexual Health Priority Areas 2020-2024, which is part of the NHS Wales Outcome Framework

Objective	Milestones
	<ul style="list-style-type: none"> • Rolled out activities to highlight the 10th anniversary of Wedinos and the programme’s achievements
	Quarter 4
	<ul style="list-style-type: none"> • Delivered HCAI and Antimicrobial Resistance & Usage (AMRU) surveillance as per Welsh Government Requirements, including generating dashboards and reports • Supported implementation of current UK AMR National Action Plan (AMR-NAP) in Wales and contribute to the development of the next AMR-NAP from 2024 • Reviewed and developed antimicrobial guidance for primary and secondary care • Re-established clinical surveillance portfolio for SSI and Critical Care • Expanded the National Infection Prevention and Control Manual for Wales through engagement with UK IPC leads and ARHAI Scotland • Engaged with the new NHS Executive to support the implementation of UK and WG initiatives to drive down HCAI and AMR/U • Developed HCAI & AMRU Surveillance by establishing links and data flows for Antimicrobial Usage (AMU) surveillance data • Safe Care Collaborative and the new NHS Executive established in conjunction with Improvement Cymru • Created outcome-linked datasets across two disease areas • Trialled outbreak and cluster detection • CDIHP programme established • Delivered Harm Reduction Database (HRD) (Wales national surveillance system in substance misuse, health, criminal justice, and related services) • Supported delivery of changes to the routine vaccination schedule based on Joint Committee on Vaccination and Immunisation (JCVI) advice • Produced a Pathogen Genomics Delivery plan for Wales • Initiated an Inclusion Health Programme to ensure a joined-up approach towards promoting health and well-being of vulnerable groups in Wales
	2024-25
	<ul style="list-style-type: none"> • Continued support to the Welsh Government implementation of the UK AMR Strategy – implementing new National Action Plan from 2024/25 • Integrated the new / re-procured IPC case management system into our surveillance / reporting systems. • Continued to deliver HCAI and AMR surveillance • Continued to provide IPC advice and guidance • Continued to provide Antimicrobial Stewardship advice and antimicrobial prescribing guidance. • Continued support to the Welsh Government vaccine integration programme • Rolled out co-produced patient information considering lessons learned from pilot resource evaluation • Supported delivery of changes to the routine vaccination schedule based on JCVI advice

Objective	Milestones
	<ul style="list-style-type: none"> Implemented the findings of the patient information review and pilot co-produced patient information for additional priority vaccine programmes Completed a vaccine equity strategy with expansion to additional vaccination programmes Supported delivery of changes to the routine vaccination schedule based on JCVI advice Continued support to the Welsh Government vaccine integration programme Supported development and implementation of surveillance report Supported work stream for the prevention and control of targeted blood stream infections (BSI) Supported UTI working groups for the reducing the burden of infection (link to UK AMR Strategy) Implemented changes to meet statistics code of practice Reviewed cluster detection and modelling approaches Subject to developments in pathogen genomics, extended genomic epidemiology reporting to TB and gastrointestinal infections Continued support to the Welsh Government vaccine integration programme Delivered new accredited genomics services focused on AMR/infection prevention and control <div>2025-26</div> <ul style="list-style-type: none"> Continued to support Welsh Government in the delivery of the UK AMR Strategy / NAP in Wales Continued to deliver HCAI and AMR surveillance Continued to provide IPC advice and guidance Continued to provide Antimicrobial Stewardship advice and antimicrobial prescribing guidance. Monitored and review implemented changes to the statistics code of practice Determined developments due to cluster detection and modelling approaches. Explored further opportunities in pathogen genomics, extended genomic epidemiology reporting Supported further integration of Covid-19 and influenza vaccination programmes Supported delivery of changes to the paediatric vaccination schedule Developed a research and evaluation strategy for vaccine preventable diseases
<p>SO5.3 By 2026,</p> <p>We will have continuously improved our service to the public and the wider public health system to reduce the health harms associated with environmental hazards and increased the health gains associated with</p>	<div>2023-24</div> <div>Quarter 4</div> <ul style="list-style-type: none"> Provided of specialist public health advice coordinated through partners to support implementation of Wales Clean Air Plan and develop a new Clean Air Act for Wales Explored potential for use of field epidemiology in environmental/extreme weather incidents <div>2024-25</div> <ul style="list-style-type: none"> Continued development of environmental public health surveillance to describe both exposures and health outcomes, to monitor both health harms and benefits and support advocacy for action to maximise benefits, minimise harms and reduce inequalities

environmental benefits. We will also support the public and the public health system to mitigate and adapt to the effects of climate change.	<ul style="list-style-type: none"> Developed a plan for the application of genomics for ONE Health in Wales
SO5.4 By 2026, We will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations.	2025-26 <ul style="list-style-type: none"> Evaluated and built on work of previous two years
	2023-24
	Quarter 1 <ul style="list-style-type: none"> Evaluate the effectiveness of courier sample transport arrangements for Newborn Bloodspot to inform service model Implemented the Low-Risk Recall Pathway in Diabetic Eye Screening in line with UK NSC recommendations Submitted proposals for the future service delivery model for Diabetic Eye Screening to Welsh Screening Committee
	Quarter 2 <ul style="list-style-type: none"> Developed and implemented workforce planning for breast screening programme focused on addressing clinical gaps in North Wales
	Quarter 3 <ul style="list-style-type: none"> Evaluated Digital First - conversion to e-publications as primary source of participant information for Antenatal Screening, Newborn Bloodspot Screening and Newborn Hearing Screening Developed proposed service model change from 'one ear clear' model for Newborn Hearing Screening for recommendation to Wales Screening Committee FIT test re-procurement process undertaken, completed and outcome actioned for bowel screening and FIT for symptomatic. Continued roll out of optimisation of bowel screening in line with plan to invite people aged 51 to 54 for bowel screening Maximised opportunities for Improving health and well-being for surveillance men in the Abdominal Aortic Aneurysm programme by Making Every Contact Count Implemented provision of MRI surveillance for women identified at very high risk of breast cancer across Wales
	Quarter 4 <ul style="list-style-type: none"> Worked to address inequity and enable all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. Scoped out potential for self-sampling for persistent non-attenders in Cervical Screening Wales to improve uptake and reduce inequity Progressed against scoped transformation project for Diabetic Eye Screening to work to deliver sustainable excellent service to the diabetic population Implemented outsourced mail for Breast Screening Programme invites and results Continued preparation work to develop, test and implement as part of all Wales LINC programme If funding approved from Welsh Government, recruited staff for project to develop national targeted lung cancer screening programme and initiate project If funding approved from Welsh Government, recruited staff for project to develop Newborn Infant Physical Examination Programme and initiate project Progressed recovery plan in line with trajectories to continue to recover Breast Screening Programme Progressed recovery plan in line with trajectories to continue to recover Diabetic Eye Screening Programme

	<ul style="list-style-type: none"> • Implemented revised service user experience questions within the screening division • Improved the E referral process and to develop location specific safety netting for the FIT symptomatic service • Implemented BSS select for Breast Screening Programme to ensure cohort selection when NHAIS is decommissioned by England • Produced a concept note for the potential uses of genomics in screening service delivery, working with AWMGS and other GPW partners
	2024-25
	<ul style="list-style-type: none"> • Continued process of exploring hub and spoke model as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery • Implemented non-invasive prenatal testing for fetal RHD genotype (cffDNA) for rhesus negative women with Welsh Blood Service • Continued to deliver against scoped transformation project for Diabetic Eye Screening to work to deliver sustainable excellent service to the diabetic population • Implemented service model change to 'one ear clear' model (subject to Wales Screening Committee approval) • Implemented new PACS system for Breast Screening and Abdominal Aortic Aneurysm Screening as part of the All-Wales RISP procurement and implementation programme • Continued roll out of optimisation of bowel screening with starting of offer bowel screening to people aged 50 years old • If funding approved from Welsh Government, developed national targeted lung cancer screening project in line with project plan • If funding approved from Welsh Government, developed Newborn Infant Physical Examination programme in line with project plan • Completed work to implement LINC as part of the All-Wales programme • Continued work to scope out potential for self-sampling for persistent non-attenders in Cervical Screening Wales to improve uptake and reduce inequity Implement workforce planning for breast screening programme focused on addressing clinical gaps in North Wales • Progressed recovery plan in line with trajectories to continue to recover Breast Screening Programme • Progressed recovery plan in line with trajectories to continue to recover Diabetic Eye Screening Programme • Maximised opportunities for Improving health and well-being for surveillance men in the Abdominal Aortic Aneurysm programme by Making Every Contact Count • Addressed inequity and enable all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. • Reviewed the FIT symptomatic service to ensure the functions and governance meet current guidelines • Developed collaborative proposals for research to evaluate/develop evidence for the use of genomics to improve elements of screening activities
	2025-26
	<ul style="list-style-type: none"> • If funding approved from Welsh Government, continued to develop national targeted lung cancer screening project in line with project plan • If funding approved from Welsh Government, continued to develop Newborn Infant Physical Examination programme in line with plan

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| | <ul style="list-style-type: none">• Continue process of exploring hub and spoke model as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery• Continued to implement workforce planning for breast screening programme focused on addressing clinical gaps in North Wales• Implemented transformation project for Diabetic Eye Screening to deliver sustainable excellent service to the diabetic population• Reviewed and evaluated Newborn Bloodspot eLearning packages• Worked to address inequity and enable all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. |
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2.6 Strategic Priority 6 - Tackling the public health effects of climate change

2.6.1 Introduction

Climate change is recognised as the most significant public health threat of the century, endangering physical health, mental health and well-being. It threatens all areas of life that impact our ability to achieve and maintain good health. In October 2021, the World Health Organization declared climate change to be the single biggest health threat facing humanity due to rising global temperatures.

The earth has already warmed by 1.1°C above pre-industrial levels as a result of human activity. Urgent action is needed to limit global temperature rise to 1.5°C to prevent devastating harm to health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices results in improved health, particularly through reduced air pollution.

The impacts of climate change are multifaceted, impacting the social and environmental determinants of health (clean air, food security, safe homes, and access to services). The impacts of climate change are already being felt within Wales, both in terms of physical threats to life through extreme weather events, as well as climate related anxiety. In short, climate change is already adversely impacting the health of people in Wales and will continue to do so well into the future.

2.6.2 Overview – why this is a priority

We know that some communities in Wales are likely to be more adversely impacted by the effects of climate change than others, and some less likely to be able to take action to respond to these effects. For example, lower income households in areas that are prone to flooding, and those living with disabilities and/or chronic conditions and their carers. As such, the effects of climate change are likely to exacerbate existing health inequalities in Wales. Our focus must be on ensuring that efficient and equitable adaptation policies and interventions are in place that help to reduce health inequalities.

Wales has the enabling environment and legislative framework to support the transformational change needed to tackle climate change. The Well-being of Future Generations (Wales) Act 2015 ensures that the climate is considered at an everyday decision-making level. This world leading legislation places Public Health Wales with a duty to support the seven Well-being Goals put in place by the Act.

Public Health Wales has a long history of work, internally and externally, on the climate change and sustainability agenda. We set up our Health and Sustainability Hub in order to embed the requirements of the Well-being of Future Generations (Wales) Act 2015 within the organisation. The Hub has worked across the organisation to develop our approach to sustainability and decarbonisation. We initiated a comprehensive Health Impact Assessment of climate change in Wales, in partnership with key stakeholders, to inform decision making and policy on climate change adaptation.

In 2021, we undertook a review of the Climate Change Risk Assessment for Wales report (CCRA3). The CCRA3 report for Wales assessed 61 risks and opportunities from climate change, across sectors such as health, housing, the natural environment, business and infrastructure, and risks from international impacts of climate change. The report identified a significant number of risks that required urgent public health action.

Since 2021, work has been underway across Public Health Wales to support the internal activity and the wider external system in responding to the climate emergency. This has involved embedding climate change activity into existing programmes e.g. Healthy Working Wales and Improvement Cymru, or the development of new programmes to enable action e.g. the Greener Primary Care Wales Scheme. We also published our NHS Wales Decarbonisation Strategic Delivery Plan setting out the plan for addressing the climate emergency in Wales through reducing the carbon footprint of the health sector, including Public Health Wales.

We have identified a number of key elements of our role that reflect the breadth and volume of work on the climate change and sustainability agenda across the organisation, including developing, understanding and interpreting the evidence to inform action, provide evidence-based interventions, and to provide integrated technical advice to partners. This includes key functions, including policy advice, behavioural change, communication, surveillance, and guidance.

2.6.3 Scope

The International Association of National Public Health Institutes (IANPHI) roadmap for action on health and climate change sets out how National Public Health Agencies have a critical role as key climate actors. The roadmap aligns with our own views about the breadth and scale of work required to respond to the health impacts of climate change and has been used as a template for action.

In order to protect the people of Wales from the health and well-being effects of climate change, we need to:

Protect, promote, and educate:

- ❖ Protect people and communities from the health impacts of climate change, with a particular focus on equity and reducing health inequalities
- ❖ Educate colleagues from across the health and care system about climate and health risks, ensuring that they feel enabled to act and respond to changing demand
- ❖ Promote healthy environments and lifestyles, harnessing behaviour change and health impact assessment methods to influence policy, decision making and infrastructure
- ❖ Enable people and communities to adapt to, and mitigate, the health impacts of climate change

Respond and facilitate action:

- ❖ Ensure evidence-based policy advice and guidance across the public health system in Wales
- ❖ Co-ordinate action and messaging with other UK nations and agencies, and across the public health system in Wales
- ❖ Ensure effective extreme weather events response and preparedness, in collaboration with other partners, in a way that meets the needs of our most vulnerable communities

Monitor and evaluate:

- ❖ To develop our climate surveillance capacity so that we can monitor the health and well-being effects of climate change and guide further multi-agency action, including incorporation of early warning systems
- ❖ To undertake research into the public health impacts of climate change, and the effectiveness of interventions aimed at mitigating them
- ❖ To evaluate the health impacts of climate mitigation policies in Wales
- ❖ To evaluate the impact of our own ways of working

2.6.4. What success will look like:

By 2030, we will have:

- ❖ Supported the Welsh Government ambition of achieving a Net Zero NHS Wales

And by 2035, we will have:

- ❖ Achieved carbon negativity as an organisation
- ❖ Worked with our partners to respond and facilitate action on climate adaptation and mitigation
- ❖ A robust monitoring, research, evaluation and surveillance system that enables us and our partners to prioritise evidence based action
- ❖ A workforce aligned to delivering climate sensitive public health across all domains of our practice

2.6.5 Outcomes

Monitoring the public health impacts of climate change is a novel surveillance area. Public Health Wales are developing our climate surveillance capacity so that we can monitor the health and well-being effects of climate change, including the incorporation of early warning systems. This will include surveillance of some of the national indicators set out under section 10(8) of the Well-being of Future Generations (Wales) Act 2015, including:

- ❖ Healthy life expectancy at birth including the gap between the least and most deprived (Baseline: 13.3 years for male and 16.9 years for female, PHOF)

- ❖ Percentage of journeys by walking, cycling or public transport (Baseline: 16%, National Indicator)

2.6.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO6.1 By 2026, we will be recognised as an environmentally sustainable organisation, and our actions together with partner organisations, have co-benefits for health and equity for communities in Wales

We will have a leadership group within the organisation to actively deliver the actions within our Decarbonisation Action Plan. We will continue to work closely with partners across NHS Wales to ensure that we share good practice and drive innovation around decarbonisation

SO6.2 By 2026, we will have provided public health system leadership on climate change so that our actions together with partner organisations, have co-benefits for health and equity for communities in Wales

We will work directly with partners to shape the strategic landscape to prevent health harms, protect health, improve health and adapt to and mitigate the impacts of climate change across Wales and beyond. We will champion and support sustainability and climate change knowledge to be embedded into the health service, educational institutions and through dialogue with stakeholders and partners such as public bodies, public service boards and wider public engagement. We will continue to synthesise the international evidence around climate change and sustainability, utilising tools such as HIA and the development of resources to support public bodies and Public Services Boards to consider and implement co-benefits and enable the surveillance of exposures and health outcomes related to the environment.

SO6.3 By 2026, We will support the public and the public health system to mitigate and adapt to the effects of climate change.

Climate change is the greatest public health threats of this century. We will continue to review our practice in relation to extreme weather actions and the assessment and surveillance of health harms of extreme weather. This, and more proactive work, is supported by our collaboration with our WHOCC, to contribute to their Health Impact Assessment work. Specifically, we will provide support to:

- ❖ develop climate-based surveillance that covers extreme weather events and the associated health outcomes, along with vector borne disease and gastrointestinal disease surveillance
- ❖ inform public knowledge and understanding to mitigate the effects of climate events as well as health service re-design and delivery
- ❖ work with partners, internally (including WHOCC and policy team) and externally, to advocate for and inform policy actions around mitigation and adaptation to the climate emergency

Key Deliverables

SO6.1 By 2026, we will be recognised as an environmentally sustainable organisation, and our actions together with partner organisations, have co-benefits for health and equity for communities in Wales	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Promoted and embedded the Public Health Wales Decarbonisation Action Plan within the organisation, to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030
	Quarter 4
	<ul style="list-style-type: none"> Promoted and embedded the Public Health Wales Decarbonisation Action Plan within the organisation, to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030 Developed an organisational approach to climate change capacity building to educate, motivate and enable action on sustainability and climate change
	2024-25
	<ul style="list-style-type: none"> Provided support to enable delivery of the Public Health Wales Decarbonisation Action plan, working with the eight directorates and individual service areas
	2025-26
	<ul style="list-style-type: none"> Reviewed existing arrangements within Public Health Wales regarding the NHS Decarbonisation strategy
SO6.2 By 2026, we will have provided public health system leadership on climate change so that our actions together with partner organisations, have co-benefits for health and equity for communities in Wales	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Updated Greener Primary Care Wales Framework and award scheme for climate mitigations actions in primary care to improve environmental sustainability available and accessible for all primary care contractors
	Quarter 4
	<ul style="list-style-type: none"> Worked with partners to influence the wider system and provide system leadership to enable primary care to take action against climate change.
	2024-25
	<ul style="list-style-type: none"> Reviewed how Public Health Wales have embedded the WFG Act over the past two years to identify opportunities for further action Created case studies and evidence on investing in sustainable communities to tackle climate change
	2025-26
	<ul style="list-style-type: none"> Monitored and reviewed Climate Change HIA Reviewed implementation of the WBFG Act within Public Health Wales to identify areas for future action Climate change programme of work for the health and sustainability hub reviewed and future priority areas identified
SO6.3 By 2026,	2023-24
	Quarter 4
	<ul style="list-style-type: none"> Worked with Welsh Government to introduce a default 20mph speed limit

We will have supported the public and the public health system to mitigate and adapt to the effects of climate change.	<ul style="list-style-type: none"> Reviewed and evaluated current actions in relation to climate change and determine further actions needed to minimise the long term health impacts, and narrow inequalities, relating to climate change Provided specialist public health advice to support introduction of 20mph speed limit and introduction of coal tip safety legislation Extreme weather messaging reviewed and revised
	2024-25
	<ul style="list-style-type: none"> Continued development of weather-related health outcomes surveillance developed to describe exposures and health outcomes, both environmental and communicable disease, to support adaptation and mitigation by both the public and NHS Reviewed and evaluated current actions in relation to climate change and determine further actions needed to minimise the long term health impacts, and narrow inequalities, relating to climate change
	2025-26
	<ul style="list-style-type: none"> Evaluated and built on work of previous two years

2.7 Enabling the successful delivery of our strategy

We will enable and drive the delivery of our Strategic Plan through embracing more agile digitally and data driven approaches. We will focus on delivering maximum impact by building on innovative approaches that work, placing users at the heart of what we do and through an unwavering focus on quality improvement.

Our work to enable the successful delivery of our Strategic Plan falls under the following areas:

- Developing our organisation to be a great place to work
- Maximise the use of digital, data and evidence to improve public health
- Creating the conditions and structures to be an organisation that is continuously improving and learning using data and behavioural science to drive quality, engagement and collaboration
- Delivering value and improving our performance and delivery

2.7.1 Developing our organisation to be a great place to work

SO7.1 By 2026, we will have a compelling cultural narrative, will be working how and where it works best, have an employee value proposition that embraces flexibility and inclusivity, understand and advocate for diversity and attract and recruit so that our people more accurately reflect the communities we serve.

Following broad consultation and an assessment of our current and ideal cultures, we will have developed and articulated a compelling cultural narrative, underpinned by our values and being our best framework. All colleagues will be able to see, and share in their own words, how our Long term Strategy is supported by, and delivered through, our culture. Following a pilot approach to working where it works best in 2022/23 and based on a clear understanding of where and how our people work best, we will look to take what we have learned and use these insights to shape policies, practices, and ways of working which allow our people to thrive. Our inclusive and consultative approach will have enabled the design of an employee value proposition and brand that works for all, reflecting employees' experiences and expectations. We will have developed new processes to support all stages of people's careers and we will support everyone to understand why employee well-being, diversity, and inclusion matters.

SO7.2 By 2026, we will actively plan and manage towards our agreed optimum workforce size and shape aligned to our strategy, manage change successfully, have clear plans and approaches to develop or access the skills we need and increased agility and deploying resources where needed reducing silos and increasing collaboration to support organisational performance

We will ensure our organisation structure is one of optimal design and will work towards this by applying agreed organisation design principles, which will inform decisions on organisational change. Through our approach to workforce planning, we will have established what needs are being met, where they are not and will be able to accurately articulate what the gap is. We will have clear plans in place to identify how those gaps will be closed, thereby enabling the

development of solutions and interventions required. We will have strengthened our internal talent pools through the development of career pathways, and succession plans, along with the introduction of targeted solutions in the form of internships and student placements. We will have a strong brand and an innovative targeted attraction strategy in place for scarce skills.

SO7.3 By 2026, we will have policies, processes, and supporting services which drive and enable high performance through managers and key people metrics will inform planning, decision-making and team management.

We will ensure that our policies process and supporting services enable our workforce to deliver on their commitments in an efficient and effective manner. We will use key people metrics to shape our approach to process improvement across all aspects of the employee life cycle and will seek to strip out any unnecessary bureaucracy related to People and OD process and procedure.

Key Deliverables

Objective	Milestones
SO7.1 By 2026 Culture and experience we will have a compelling cultural narrative; we will be working how and where it works best; we will have an employee value proposition that embraces flexibility and inclusivity; we will understand and advocate for diversity; and we will attract and recruit so that our people more accurately reflect the communities we serve.	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Articulated a compelling employee value proposition based on stakeholder feedback and market intelligence and a roadmap through which to deliver it
	Quarter 3
	<ul style="list-style-type: none"> Developed a strategic and systemic approach to employee engagement which is evidence based and an action plan for how this will be delivered.
	Quarter 4
	<ul style="list-style-type: none"> Produced new Strategic Equality Plan for 2024-2028 and met all ED&I obligations placed upon us by the Equality Act, Welsh Government and others
	2024-25
	<ul style="list-style-type: none"> Demonstrated improvements in engagement scores Re-assessed our culture to measure the progress that has been made toward desired state Delivered the employee value proposition roadmap
	2025-26
	<ul style="list-style-type: none"> More diverse workforce achieved that reflects the population and greater representation at all levels of the organisation Demonstrated improvements in engagement scores and understand drivers of change Evaluated the impact of EVP to ensure it is delivering against intended outcomes
SO7.2 By 2026 Organisational effectiveness we will actively plan and manage towards our agreed optimum workforce size and shape aligned to our LTS; manage change successfully; have clear approaches to develop or access the skills we need and increased agility,	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Organisational design principles produced which enable the delivery of our strategic objectives Developed and implemented our approach to commissioning and resourcing to support organisational change Through workforce planning we will have provided a holistic view of our current and critical roles of which, plans containing solutions and likely interventions will have been worked through to provide assurance upon the workforce required to deliver upon our priorities
	Quarter 3
	<ul style="list-style-type: none"> Identified the skills required across Public Health Wales to deliver our strategic objectives and will be developing plans to address these
	Quarter 4

Objective	Milestones
deploying resources where needed, reducing silos and increasing collaboration to support organisational performance	<ul style="list-style-type: none"> Ensured systems in place to provide the support needed to support the functions of the Medical Director / Responsible Officer and revalidation / professional support to Multi-Professional Consultants
	2024-25
	<ul style="list-style-type: none"> Implemented our approach to organisational design to support the delivery of our strategic objectives Implemented Public Health Wales ways of working (systems/ processes) to support agility, resilience and collaborative working Integrated our approach to workforce planning with that of the All Wales strategic approach
	2025-26
	<ul style="list-style-type: none"> Embedded our approach to organisational design to support the delivery of our strategic objectives Reviewed progress against workforce plans to achieve our optimal size and shape Measured the impact of leadership development and skills development plans on organisational performance
SO7.3 By 2026 Business and processes	2023-24
We will have policies, processes, and supporting services which drive and enable high performance through managers; key people metrics will inform planning, decision-making and team management.	Quarter 1
	<ul style="list-style-type: none"> Defined and established People and Organisational Development's KPI's to ensure our services meet the needs of our customers and are using these to drive high performance and improve service delivery Provided training to People and Organisational Development colleagues on approaches to process improvement. Colleagues will be using this to continually improve all aspects of service deliver to our customers
	Quarter 2
	<ul style="list-style-type: none"> Delivered an effective e rostering system which supports efficient rostering of shifts
	Quarter 3
	<ul style="list-style-type: none"> Delivered streamlined, simplified processes and easy-to-access supporting resources to aid managers throughout the employee life cycle
	2024-25
	<ul style="list-style-type: none"> Routinely provided people insights to leaders and managers which are being used to enable improved decision-making, management, and planning Cleansed ESR and will have processes in place to ensure data integrity within ESR is maintained.
	2025-26
	<ul style="list-style-type: none"> Embedded our values and the Being Our Best framework in all People and Organisational Development policies and processes.

2.7.2 Maximise the use of digital, data and evidence to improve public health

SO7.4 By 2026, we will provide the data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities

The NHS in Wales does not systematically collect the necessary data to ensure that services are delivered equitably and improve outcomes in all populations. We cannot effectively monitor health inequalities or service user complaints, and our ability to build on the evidence base on what works to reduce health inequalities is weak. We will determine any gaps in evidence on what works to improve health and reduce inequity through our Evidence Service. Then in collaboration with our Research and Evaluation Division, develop and implement a research and evaluation programme focused on the priorities for evidence needs of Government and users. These include:

- ❖ working with Welsh Government to monitor and evaluate the impact of key public health policy action on health, including, Healthy Weight, Healthy Wales, and Tobacco Control.
- ❖ evaluating the All-Wales Diabetes Prevention Programme
- ❖ research and evaluation supporting the refreshed mental health strategy
- ❖ working with Welsh Government and local authorities to improve the evidence base and understanding of the evidence key public health policies.

We will continue to monitor the impacts of the pandemic, and other stresses on health such as the cost-of-living crisis, obesity and climate change, across all aspects of population health. We will support the development of research within Public Health Wales aligned to our strengths, and continue to influence the wider research landscape and funders to address evidence gaps in priority areas for health in Wales. We will seek to influence the wider research agenda to advise on addressing any requirements outside of our current remit.

We will continue the development of a dashboard that enables right-time monitoring of Covid-19, other respiratory and communicable diseases, health-harming behaviours, well-being, the impacts on the burden of disease on other groups e.g. cancer, and equality. This will move us closer to real-time monitoring of public health threats.

We will:

- ❖ Ensure that our data is linked with the 2021 Census as soon as possible after the availability of the Census results and systematically analyse all aspects of health and equality covering – protected characteristics, employment, and socio-economic status.
- ❖ Work with Digital Health and Care Wales (DHCW) and NHS Leaderships to put in the systematic processes to ensure data to monitor uptake, outcomes and equality are routinely collected and available for analysis across the NHS in Wales.

- ❖ Systematically review and improve the use of equality and diversity information across all our outputs.
- ❖ Develop a capability to rapidly evaluate what works in tackling health inequalities.
- ❖ Ensure that all our data collections systematically and securely collect equality information, standardised where appropriate on the 2021 Census definitions

We will increase our focus on evaluation as we seek to apply and develop methodologies which maximise the use of data, qualitative and economic insights to better understand what interventions have the greatest impact on health outcomes, especially for populations at greater risk. We will empower research leaders to deliver research excellence within the organisation and in partnership with others; focused on addressing gaps in knowledge in line with public health priorities and supported by an integrated, efficient, and effective governance model.

We will be working collaboratively with DHCW on the National Data Resource and Digital Services for Patients and Public to ensure that they meet the needs of Public Health Wales and that we contribute to their development fully. We will be focusing on developing our Local Data Repository to feed the National Data Repository and ensuring our systems and standards are inter-operable and developing our services in line with the technologies enabled through DSPP. We have completed the first stage on this journey by completing:

- ❖ a discovery phase for the Diabetic Eye Screening Service.
- ❖ and designing and delivering a dashboard that brings key headline information on all elements of public health into a central reference point.

S07.5 By 2026, we will seek to modernise Public Health Wales to deliver modern digital services, centred around user needs to improve the health and well-being of the people of Wales.

We will support the system to improve population health and reduce inequalities in Wales, we require an inter-connected system of data, insight and applications that enable right-time information to be accessible and actionable for our users.

We will seek to maximise the opportunities available to us by improving our existing data assets. We will bring them together to better harness health insights and simultaneously innovate with new technologies harvesting novel data such as from sensors and wearable technology to deliver professional data science to drive frontline delivery. We will explore the use of third-party datasets to enhance our understanding of health-related behaviours.

We will utilise our data science capabilities, including predictive analytics. This will give us the opportunity to share with public health professionals more real-time and precise high quality actionable information on who to target within a whole-population preventative and a sustainable approach.

We will seek to embrace digital ways of working both for data and evidence, as well as in our operational delivery. As part of this priority, we will support and expand the capacity and skills in this area across the organisation and the wider system, building a thriving digital and data

community. To frame these actions and to ensure we meet needs we will develop our Digital and Data capabilities, which will align with Welsh Government and partner strategies in these areas.

We will make the shift to put the user at the heart of systems design. As part of this way of working we will develop products that improve outcomes through development undertaken in partnership with the user and working in an agile way to iterate, be flexible, adapt and develop quickly. As a result, learning can be incorporated more rapidly into improvements to ensure we have the greatest utility and impact with our users.

We will increase our impact by improving our understanding of our audiences, focusing on user evaluation and service design. By utilising user personas this will enable us to deliver products and evidence that will be of highest impact. We will monitor our success through the implementation of a systematic approach to monitoring impact.

Key Deliverables

Objective	Milestones
SO7.4 By 2026, We will provide the data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities.	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Implemented research & evaluation strategy by facilitating the development and delivery of impactful research & evaluation as defined in Public Health Wales strategy Co-produced research and evaluation programme supporting refreshed mental health strategy
	Quarter 3
	<ul style="list-style-type: none"> Implemented Public Health Wales research and evidence impact monitoring approach Progress delivery and prioritisation of data science, analytics and evidence support working with Directors of Public Health, local public health teams and other relevant Public Health Wales stakeholders developed and delivered a research, data and evaluation programme for health inequalities
	Quarter 4
	<ul style="list-style-type: none"> Developed an organisational adoption of a suite of publication principles for standard reports Delivered three data science projects and five impactful evidence projects. Developed a programme of work for automation, collaborating with partners to develop automated methods of data capture. Developed the next tier of dashboards for monitoring health and the health system in Wales, in partnership across the organisation. Developed professions and skills (digital, data, evaluation, analysis) to enable delivery, setting and raising professional standards.
	2024-25
	<ul style="list-style-type: none"> Completed alignment between KDR web presence and outcomes of discovery and alpha for reconciliation of web estate. Decommissioned brands in a transparent, inclusive, and supportive way. Reflected on research & Evaluation strategy implementation from 2023/24, and future needs Delivered further strategically aligned evaluations to determine 'what works' (services and policy action) to reduce health inequalities Continued commitment to the HCRW Evidence Centre Collaboration, producing high quality reports to support policy and practice in Wales Produced annual impact monitoring reporting Established a Community of Practice for official statistics
	2025-26
	<ul style="list-style-type: none"> Reviewed evaluation programme to determine effectiveness of the programme
SO7.5 By 2026, We will seek to modernise Public Health Wales to deliver modern digital services, centred around user	2023-24
	Quarter 1

Objective	Milestones
needs to improve the health and well-being of the people of Wales.	<ul style="list-style-type: none"> Established Agile, user design and user experience research as foundation principles within the Data and Knowledge Directorate, promoting the approach across the organisation Completed Alpha for Diabetic Eye Screening Wales and continue to Beta if priority and funding available
	Quarter 2
	<ul style="list-style-type: none"> Continued preparation and engagement in digital readiness for e-prescribing/digital services for patients and public Completed Alpha for Screening services and develop plans for continuous integration and decommissioning of legacy screening systems if priority and funding allows Developed Real Time Suspected Suicide Surveillance reporting capabilities and rapid analytical pipelines
	Quarter 4
	<ul style="list-style-type: none"> Developed our registries further to maximise use of our data resources and progress outputs, subject to funding availability Completed outcome evaluation of All Wales Diabetes Prevention Programme on health and equity
	2024-25
	<ul style="list-style-type: none"> Delivered further strategically aligned evaluations to determine 'what works' (services and policy action) to improve health and well-being Delivered a live single disease register and continued the onboarding of registers to the live system, whilst decommissioning standalone registers and improving access to all users of higher quality data, depending on the success and outcomes of previous phases and funding Explored additional data acquisition within collection and secondary sources Continued onboarding of systems in screening, registers in register use, and decommissioning of legacy, duplicate or redundant digital services, to deliver on responsibilities for National Data Resource, Value Based Healthcare, better population health understanding and better health care at the time and point of need
	2025-26
	<ul style="list-style-type: none"> Undertaken discovery, alpha or beta programmes as required in line with organisational priorities and funding availability

2.7.3 Creating the conditions and structures to be an organisation that is continuously improving and learning using data and behavioural science to drive quality, engagement and collaboration

SO7.6 By 2026, we will ensure the principles of Integrated Governance bring coherence, consistency and simplicity to how we govern and enable the organisation organisation, with specific focus on corporate governance, clinical governance and information governance.

We will ensure the principles of Integrated Governance enable the organisation through a renewed focus on decision-making, delegation of authority and ensuring that Integrated Governance is positioned as an integral component of Quality as an Organisational Strategy. Central to this work will be an emphasis on effective risk architecture, developing an organisational view of risk and risk appetite at all levels. In addition, we will build on the work of the Records Management project, embedding policies and procedures, training, and the creation and publishing of effective tools and techniques within Public Health Wales.

SO7.7 By 2026, we will create the conditions for continuous learning and improvement to enable the delivery of services of the highest quality, supported by the development and implementation of a Clinical Governance Framework and utilising Our Approach to Engagement we will work to ensure consistency, transparency and openness

With a focus on amplifying the voice of people we want to work with and for, we will deliver year three of Our Approach to Engagement, which will include the development of a User Experience Framework. We will implement, deliver and monitor the Duty of Candour regulations, ensuring individual and organisational responsibilities are met. We will continue to develop and finalise Clinical Governance and Clinical Supervision Frameworks for Public Health Wales, achieving alignment with Quality as an Organisational Strategy.

SO7.8 By 2026, in supporting multi-professional working our people will have equitable access to relevant professional development, opportunities, and effective frameworks that enable them to maximise their full potential.

We will implement and deliver the Career Frameworks, focusing on identified engagement priorities to maximise our people's contribution to Public Health Wales' work.

SO7.9 By 2026, organisations will be supported to embed the Health and Social Care (Quality and Engagement) (Wales) Act 2020 in all their work

We will focus on achieving a system wide approach to quality and continuously improving the quality of our services and products in response to the Duty of Quality within the Health and Social Care (Quality Engagement) Act (Wales) 2020. We will implement Quality as an Organisational Strategy (QOS) to achieve a quality management system approach across the organisation, supported by the Improvement and Innovation Hub to build sustainable improvement capability throughout Public Health Wales.

SO7.10 By 2026, international health partnerships and learning across the organisation and NHS Wales will be strengthened to help improve health, well-being and health equity nationally and globally.

We will continue to strengthen Public Health Wales' international partnerships, collaboration and joint working, contributing to the Global Health Agenda through expertise, evidence and dialogue. We will strive to maximise our contribution to 'A Globally Responsible, Healthier, Prosperous and More Equal Wales', as well as promote the five ways of working, by advocating for international partnership, learning and sharing of best practice, establishing a community of practice to help improve well-being and health equity nationally and globally. We will work across the organisation and with our partners to support the delivery of the Public Health Wales International Health Strategy and maximise the impact of the International Health Coordination Centre (IHCC) across the NHS, developing and sharing opportunities, tools and resources, such as the Global Citizenship modules, toolkits, internships, study visits and others.

SO7.11 By 2026, we will have increased the application of behavioural science in policy and practice, to optimise impact on health and well-being.

Recognising the increasing impact that the application of behavioural science can have, our Behavioural Science Unit will continue to build specialist expertise, wider capabilities, and enable activity in this field, to improve health and well-being.

Key Deliverables

Objective	Milestones
SO7.6 By 2026, We will further embed the principles of Integrated Governance to bring coherence, consistency and simplicity to how we govern and enable the organisation. With specific focus on Risk management, Records management and Information Governance.	2023-24
	Quarter 4
	<ul style="list-style-type: none"> Delivered Year Two of the Integrated Governance Model Implementation Plan in synergy with Quality as an Organisational Strategy, with a renewed focus on assurance, decision-making and delegation of authority Delivered Year Two of the Risk Management Development Plan, with a focus on building knowledge around the utilisation of Datix Cloud and developing an organisational view of risk, translating the strategic risk appetite at all levels Delivered Year One of the Information Governance Development Plan, including a focus on training staff in Information Governance principles and systems, developing and delivering a Communications' Plan and revising performance measures Implemented the Public Health Wales corporate approach to records management, using SharePoint with a focus on advising and supporting Directorates and developing and embedding effective tools and techniques
	2024-25
	<ul style="list-style-type: none"> Embedded findings from Year Two of the Integrated Governance Model Implementation Plan throughout the organisation and apply to specialist areas, e.g.: Clinical Governance or Screening Delivered Year Three of the Risk Management Development Plan Completed Year Two of the Information Governance Development Plan Continued to implement a corporate approach to Records Management
	2025-26
SO7.7 By 2026, Implementing the Duties of Quality and Candour, we will create the conditions for continuous learning and improvement to produce services of the highest quality. Utilising Our Approach to Engagement we will work to ensure consistency, transparency and openness.	2023-24
	Quarter 2
	<ul style="list-style-type: none"> Completed the development and gain agreement of a Clinical Governance Framework for Public Health Wales, underpinned by the seven pillars of clinical governance and the six domains of quality, aligning the position of Clinical Governance as an integral component of Quality as an Organisational Strategy
	Quarter 3
	<ul style="list-style-type: none"> Delivered Year Three of the Our Approach to Engagement Plan by the end of 2023/2024, with a focus on amplifying the voice of people we want to work with and for through the development of a User Experience Framework informed by data generated through the Civica platform and third sector collaboration Utilised the Clinical Governance Framework developed and agreed in 2023-24 implementing the Duty of Quality requirements
	Quarter 4

Objective	Milestones
	<ul style="list-style-type: none"> Delivered and monitored the implementation of the Duty of Candour regulations, with a focus on including the impact on service areas, ensuring individual and organisational responsibilities are met and the production of an annual report of identified learning for 2023/2034
	2024-25
	<ul style="list-style-type: none"> Embedded the findings from the evaluation of the Our Approach to Engagement Programme throughout Public Health Wales. Continued to implement the Duty of Candour regulations and develop a cross organisational learning forum following Serious Incidents and Duty of Candour shared learning events.
	2025-26
	<ul style="list-style-type: none"> Evaluated the Clinical Governance Framework taking account of developments made through Quality as an Organisational Strategy Continued to embed the findings from the evaluation of the Our Approach to Engagement Programme throughout Public Health Wales Evaluated the implementation of the Duty of Candour and its application within Public Health Wales with a view to having greater service user involvement in the investigation process
SO7.8 By 2026,	2023-24
In supporting multi-professional working we will ensure that our people will have equitable access to relevant professional development, opportunities, and effective frameworks that enable them to maximise their full potential.	Quarter 2
	<ul style="list-style-type: none"> Developed an approach to meet the development needs of our Health Care Professionals through the implementation of the newly developed Health Care Professionals Career Framework, maximising their contribution to Public Health Wales. A focus will be placed on engagement priorities identified in 2022/23
	2024-25
	<ul style="list-style-type: none"> Continued to implement the Public Health Wales Career Framework and expansion of secondment / scholarship opportunities for Public Health Wales staff and student placements
	2025-26
	<ul style="list-style-type: none"> Evaluated the adoption of the Public Health Wales Career Framework on career progression and CPD activities within Public Health Wales
SO7.9 By 2026,	2023-24
we will ensure that the Duty of Quality is embedded throughout the organisation and all decision making is guided by a focus on quality and a commitment to being a quality led organisation.	Quarter 2
	<ul style="list-style-type: none"> Launched an ideas portal to collect improvement and innovation ideas as part of the I&I Hub Evidenced all strategic decisions and commissioning and hosting arrangement are made through a quality lens. Aligned quality infrastructure to new quality stan First wave of I&I hub Improvement Coaching Completed First wave of Innovation and Improvement Hub launched Year 1 QOS consolidation and review undertaken
	Quarter 3
	<ul style="list-style-type: none"> All staff trained in Duty of Quality to a determined level I&I Hub launched second wave of Improvement Coaching
	Quarter 4
	<ul style="list-style-type: none"> All QOS leadership workshops completed by Executives and Senior Leaders Formal transfer of accountability and project management of the Duty of Quality, RICH workplan and I&I Hub completed

	2024-25
	<ul style="list-style-type: none"> Published First Duty of Quality Annual Report
	2025-26
	<ul style="list-style-type: none"> Published Duty of Quality Annual Report
SO7.10 By 2026, International health partnerships and learning across the organisation and NHS Wales will be strengthened to help improve well-being and health equity nationally and globally.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> International Horizon Scanning and Learning reports informing public health policy and practice developed
	Quarter 2
	<ul style="list-style-type: none"> International Horizon Scanning and Learning reports informing public health policy and practice developed International Health Strategy refreshed supporting international learning and community of practice across the organisation
	Quarter 3
	<ul style="list-style-type: none"> International Horizon Scanning and Learning reports informing public health policy and practice developed Embedded principles and enhanced value of international health partnerships across the NHS: celebrating 10 years IHCC
	Quarter 4
	<ul style="list-style-type: none"> International Horizon Scanning and Learning reports informing public health policy and practice developed
	2024-25
	<ul style="list-style-type: none"> Identified opportunities and resources to expand international health partnership working across Wales Public Health Wales international health and global citizenship leadership role strengthened
	2025-26
	<ul style="list-style-type: none"> IHCC Progress Report 2022-24 developed Evaluation and development of tools to support wider NHS and IH Partnerships Board completed
	2023-24
SO7.11 By 2026, We will have increased the application of behavioural science in policy and practice, to optimise impact on health and well-being.	Quarter 3
	<ul style="list-style-type: none"> Developed system-wide approaches to integrate behavioural science for optimising organisational impact on public health priorities
	Quarter 4
	<ul style="list-style-type: none"> Developed strategic plan for the application of behavioural science for better health co-produced with national and international stakeholders
	2024-25
	<ul style="list-style-type: none"> Behavioural Science programme of work and collaboration developed further. Progress made in the use of professional competencies and standards for behavioural science application to increase sustainable impact Review undertaken against WHO Action Framework for BCI
	2025-26
	<ul style="list-style-type: none"> Behavioural Science programme of work and collaboration developed further Priority areas identified for the proactive application of behavioural science for improving health and well-being

2.7.4 Delivering value and improving our performance and delivery

SO7.12 By 2026, we will be effectively implementing our strategy and communicating it to our key stakeholders and ensuring our staff understand the role they play in its delivery so they feel valued, respected and recognised.

We will have published our new strategy, which demonstrates Public Health Wales' contribution to delivering the seven connected well-being goals for Wales. As part of this work, we will also establish a model to enable horizon scanning of future opportunities or challenges, to effectively manage change and provide insights on our progress to maximise value and ensure the successful delivery of our Long Term Strategy. We will proactively tell our story to our staff, making sure staff understand the organisation's strategy and specifically, helps staff to know how they contribute to the organisation's success. By doing this, staff will feel valued, respected and recognised and we'll be empowering our staff to do their jobs to the standard of quality expected. We'll also focus on our external audiences, helping stakeholders, policy makers, the press and the public to understand the role that Public Health Wales plays in achieving a healthier Wales.

SO7.13 By 2026, we will be providing the organisation with environmentally sustainable physical and digital infrastructure to effectively and safely operate.

Building on the work that commenced in 2022, we will ensure we have an estate that supports the wide variety of services and functions we deliver and supports changes to our culture as we adopt new ways of working through the Work How it Works Best trial, making better use of technological solutions to improve how we operate and to enable the organisation to maximise the use of its estate. We will deliver a Digital and Data Strategy that sets out our ambitions for digital services and data architecture at Public Health Wales. To support the security and resilience of the organisation, we will deliver a Cyber Action Plan, ensuring that Public Health Wales adheres to the Cyber Assessment Framework actions. We will invest in the Digital Services Division to retain and attract talent, mitigate risks and threats, and manage our growing networks, data and digital estate. In addition, we will scope the delivery of digital services for new programmes and initiatives, as well as support and maintain established systems and infrastructure.

SO7.14 By 2026, we will have enhanced our financial and performance reporting and management across the organisation and be able to demonstrate our value and impact.

We will ensure we commence the period with a budget strategy and financial plan that delivers a financial break-even position. Robust monitoring of the in-year position will ensure that risks and opportunities are managed appropriately. We will continue to strengthen our approach to performance management and value. This approach includes a strong focus on value and outcomes in defining, reporting and managing performance across the organisation. The plan builds on progress we have made to date and will ensure we improve existing business intelligence products to meet our stakeholder needs. In addition, we will build on our enabler approach to value and impact working closely with others to embed going forward.

Key Deliverables

Objective	Milestones
SO7.12 By 2026, We will be effectively implementing our Long Term Strategy and communicating it to our key stakeholders and ensuring our staff understand the role they play in its delivery.	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Established planning feasibility assessment arrangements to monitor and manage the delivery of our Strategic Plan and change programmes Developed proposals/options for the governance of our Long Term Strategy and priorities options appraisal paper for consideration Undertake review of our existing planning system in line with Quality as an Organisational Strategy methodology, including recommendations for improvement Engaged with external stakeholders on the refreshed Long Term Strategy Embedded stakeholder engagement offer for internal clients to ensure consistent stakeholder management and engagement principle are applied across the organisation for key service changes, announcements and OD change Agreed Phase 1 improvement plan for main Public Health Wales website, responding to the findings of the Web Discover work Produced evaluation of 2023-24 internal communications activity, reporting on metrics and outcomes Proposed operating model for change communications to align with wider change support offer across Operations and Finance Supported uptake of NHS Staff Survey
	Quarter 2
	<ul style="list-style-type: none"> Implemented governance arrangements for the delivery of our strategy and priorities Undertaken quarterly feasibility assessment of our Strategic Plan Embedded portfolio of change reporting within our wider organisational performance management arrangements Reviewed and archived brands/brand marks that are not aligned to our brand strategy in order to drive greater clarity on the role of the organisation Completed tranche four of public understanding and perceptions research and analysis and publish findings Delivered staff conference 2023
	Quarter 3
	<ul style="list-style-type: none"> Undertaken quarterly feasibility assessment of our Strategic Plan Completed implementation of our revised internal planning system Produced evaluation of stakeholder management and public affairs activity and recommend improvements based on stakeholder engagement feedback Optimised use of Yammer as a multi-way internal communication channel including for leadership visibility
	Quarter 4
	<ul style="list-style-type: none"> Undertaken annual strategic look back/look forward to assess year 1 delivery of our strategy Undertaken quarterly feasibility assessment of our Strategic Plan

Objective	Milestones
	<ul style="list-style-type: none"> Produced evaluation of stakeholder management and public affairs activity and recommend improvements based on stakeholder management feedback Refreshed internal communications strategy to align to in-year objectives and key organisational priorities Cross-organisational approach to addressing health inequalities agreed to support delivery of the long term strategy Undertaken internal communications survey to understand staff needs and preferences Evaluated Yammer uptake, usage and effectiveness
	2024-25
	<ul style="list-style-type: none"> Implemented a quarterly strategic planning process which includes an assessment on feasibility for the whole of the organisation Tested and agreed theory of change model to maximise the value of our collective organisational plans and ensure the successful delivery of our outcomes framework.
	2025-26
SO7.13 By 2026, we will be providing the organisation with environmentally sustainable physical and digital infrastructure to effectively and safely operate	<ul style="list-style-type: none"> Undertaken formal review of progress against our Long Term Strategy
	2023-24
	Quarter 1
	<ul style="list-style-type: none"> Caerleon House vacated and handed back to the landlord Digital and Data Strategy agreed Implemented new web filtering service to support replacement of end-of-life software
	Quarter 2
	<ul style="list-style-type: none"> Stage two of Our Space North Wales commenced (subject to plan agreement and funding) Digital and Data Strategy roadmap to inform Digital Services priorities produced Defined actions from Data Architecture Review
	Quarter 3
	<ul style="list-style-type: none"> ISO 140001 accreditation fully achieved within Public Health Wales St David's Park, Carmarthen vacated and handed back to the landlord Space in Capital Quarter 2 redesigned and reconfigured to support new ways of working Delivered measurable improvements to screening services Reviewed the Cyber Assessment Framework and Cyber Action Plan in line with the Network and Information Systems (NIS) directives Supported cancer register and analysis functions moving to the replacement to Canisc
	Quarter 4
	<ul style="list-style-type: none"> Decarbonisation Action Plan refreshed Business requirement for Tarian 2 scoped and future roadmap of Test Trace Protect Content Management System (TTP CRM)
	2024-25

	<ul style="list-style-type: none"> • Electric vehicle infrastructure installed across all main Public Health Wales sites • Tarian and TTP CRM reviewed • Delivered Digital and Data Strategy action plan
	2025-26
SO7.14 By 2026, We will have enhanced our financial and performance reporting and management across the organisation and be able to demonstrate our value and impact	<ul style="list-style-type: none"> • Plan for future of Capital Quarter 2 site agreed • Delivered Digital and Data Strategy action plan
	2023-24
	Quarter 1
	<ul style="list-style-type: none"> • Directorate End of Year (22-23) Performance Reviews undertaken • Detailed revenue and capital spending plans received from Directorates
	Quarter 2
	<ul style="list-style-type: none"> • Development of Public Health Wales costing model and delivery of Welsh Government Annual Costing Returns • Assurances gained from Q2 financial review that Directorates year-end break-even position will be achieved
	Quarter 3
	<ul style="list-style-type: none"> • Directorate Mid-Year Performance Reviews undertaken
	Quarter 4
	<ul style="list-style-type: none"> • Delivery of Performance and Value proposition including Public Health Wales foundational economy approach • Year-end break-even position achieved
	2024-25
	<ul style="list-style-type: none"> • Delivered Performance and Value proposition • Detailed revenue and capital spending plans received from Directorates • Assurances gained from financial reviews of Directorates that year-end break-even position will be achieved
	2025-26
	<ul style="list-style-type: none"> • Delivered Performance and Value proposition • Detailed revenue and capital spending plans received from Directorates • Assurances gained from Directorates that year-end break-even position will be achieved • Year-end break-even position achieved

3. Delivery and governance

3.1 Our Financial Plan

3.1.1 Underlying Position

Public Health Wales has historically delivered financial stability with an underlying breakeven position. This underlying breakeven position continues in our 2023/24 three year plan. Further detail is contained within the Public Health Wales Financial Plan and Budgetary Control Framework 2023/24 (March 2023).

3.1.2 Our revenue plan

Public Health Wales has seen significant revenue growth over the last few years with elements of this growth being funded outside of recurrent core allocations.

Item	2023/24 In-Year (£m)	2024/25 (£m)	2025/26 (£m)	Recurrent (£m)
Income				
2022/23 Income (Core & Non-Core)	162.092	162.092	162.092	162.092
Confirmed Welsh Government Allocation Uplift (Core & Non-Core)	22.232	1.299	1.056	1.056
Anticipated Welsh Government Allocations	7.721	10.509	8.921	8.921
Non-NHS Income Uplifts	0.351	0.351	0.351	0.351
Total 2022/23 Income	192.395	174.250	172.419	172.419
Expenditure				
2022/23 Expenditure	162.092	162.092	162.092	162.092
Changes (Funded in Allocation Letter)				
2022/23 pay award (excl hosted)	4.070	4.070	4.070	4.070
Less LPHT service transfer	- 9.074	- 9.074	- 9.074	- 9.074
Less Matrix House lease	- 0.096	- 0.096	- 0.096	- 0.096
Less NHS Collab staff cost error	- 0.043	- 0.043	- 0.043	- 0.043
Less Core Collab adj - Transfer to NHS Exec	- 0.029	- 0.029	- 0.029	- 0.029
Genomics PENGU Allocation	0.422	0.422	0.422	0.422
Online STI Testing	3.885	3.885	3.885	3.885
Inflationary Pressures Covered by Core 1.5% Uplift	1.921	1.921	1.921	1.921
Changes (Other Funded Changes)				
COVID-19 Response Funding	16.930	-	-	-
Early Years & Obesity Grant Funding	3.880	-	-	-
HW Behaviour change	0.196	0.200	-	-
Breastfeeding Action Plan	0.170	0.043	-	-
Inflationary Pressures Covered by non-WG Income	0.351	0.351	0.351	0.351
Changes (Anticipated Allocations)				
Bowel Screening Optimisation - 2023/24 growth	3.363	6.192	6.192	6.192
Lung Cancer Screening Business Case	1.067	1.067	1.067	1.067
Newborn Infant Physical Examination Cymru (NIPEC)	0.921	0.921	0.921	0.921
CAMHS – in reach support for schools	0.650	0.654	-	-
Healthy Working Wales	0.741	0.741	0.741	0.741
Screening Recovery	0.979	0.934	-	-
Savings	- 3.174	- 2.918	- 2.849	- 2.513
Shortfall in funding Inflationary Pressures	0.370	0.563	0.634	0.634
Unavoidable Cost Pressures	0.795	0.679	0.610	0.376
Avoidable Cost Pressures	2.009	1.676	1.605	1.503
Total Anticipated Expenditure	192.395	174.250	172.419	172.419
Planned variance	-	-	-	-

These figures do not include income or expenditure relating to The NHS Executive, which is hosted by the Trust. It is assumed that they will manage within their approved allocations. The figures do include Improvement Cymru which will transition to the NHS Executive by the end of 2023/24.

Pay award assumptions for 2023/24 have been excluded from this plan whilst negotiations conclude. We are assuming Welsh Government funding will cover the costs of the agreed award, therefore no impact on the financial plan.

An element of the costs in the plan still relate to supporting the Covid-19 response. There is an agreed final year of funding associated with these costs and assumption is that there is flexibility to move the allocation between the activity lines in accordance with demand. It is likely that 2023/24 is likely to be the last year in which there is a separate Covid-19 response allocation. This means that 2023/24 must be viewed as a transition year during which arrangements are put in place for a sustainable, effective and agile model of health protection beyond April 2024.

There are a number of anticipated Welsh Government allocations which are yet to be confirmed including funding for FIT optimisation and screening recovery costs.

3.1.3 Inflation

Public Health Wales is facing significant inflationary pressures for 2023/24 as a result of the current economic climate. As a result we have placed additional focus on this aspect of our plan, including the following into our approach:

- ❖ Incorporating the national inflation modelling approach agreed by NHS Wales Directors of Finance.
- ❖ Local specialised intelligence to develop inflation modelling where more appropriate than the national model
- ❖ Developing a robust methodology to allocate inflation funding within Public Health Wales based on clear evidence of price increases and utilising procurement opportunities to manage down inflationary pressures wherever possible.

3.1.4 Savings Plans and Utilisation of Efficiency Savings

Welsh Government have set a requirement for all NHS Wales organisations to deliver 2.5% efficiency savings in 2023/24. This equates to £3.174m for Public Health Wales. In order to deliver this target Directorates have been challenged to deliver 1% efficiency savings, in order to supplement a number of corporate and cross cutting schemes, in addition to disinvestments and cost reductions. The savings target has been met for 2023/24, with £2.5m identified on a recurrent basis.

The efficiency savings will be used to fund a £370k shortfall in inflationary pressures and £795k of unavoidable cost pressures. The remainder of efficiency savings, £2m in 23/24 and £1.5m on a recurrent basis, will be used to prioritise avoidable cost pressures and our path to

sustainability. Focussing on getting the basics right, facilitating the delivery of our Strategic Plan and working differently.

3.1.5 Our capital plan

Public Health Wales' recurrent discretionary capital funding has increased in 2023/24 by 12% from £1.202m to £1.391m. In addition to funding equipment replacement programme, IT requirements, estates and statutory compliance the allocation will need to fund Breast Screening Select development £257k and 30% contribution to the successful Estates Funding Advisory Board bids totalling £158k.

Welsh Government strategic capital funding is fully committed for 2023/24 making it unlikely that Public Health Wales will be able to access any additional strategic capital funding. There may be potential to access slippage funding later in the financial year if strategic schemes across Wales slip.

The following table summarises the strategic capital requirements for the three year duration of our Strategic Plan:

Strategic Scheme	FY23-24 £000s	FY24-25 £000s	FY25-26 £000s
Screening - Imaging Equipment in Breast Test Wales	50	0	0
Fire Compliance Works (EFAB) - Work to Fire Doors	130		
Decarbonisation Scheme (EFAB) - Replacement of AAA vehicles to EVs	238		
Total Approved Strategic Schemes	418	0	0
Colposcopy & Colonoscopy Imaging (unapproved)			1,100
DESW Camera Replacement (unapproved)	463		
DESW Vans (Unapproved)	750	750	
Equipment Replacement (Unapproved)	0	273	1,717
Digital Priorities Investment Fund (DPIF) Cyber Security (Unapproved)		1,305	
10 Year Plan - Digital	1,720	1,205	665
10 Year Plan - Estates	8,405	2,535	8,870
Total Unapproved Strategic Schemes	10,125	3,740	9,535
Total Strategic Capital	10,543	3,740	9,535

The Minister for Health and Social Services asked Welsh Government to develop a 10-year infrastructure plan in respect of Estates and Digital requirements for 2022/23. We have now reviewed and prioritised the requirements for 2023/24 and included updated values in the above table. The estates plan contains laboratory modernisation of £8m in 2023/24, £1m in 2024/25 and £8m in 2025/26. The most critical item in 2023/24 is £400k for firewall replacements within the digital plan.

3.1.6 Risks and Opportunities

We are currently anticipating a breakeven position, in line with the 2023/24 budget setting process and detailed work of the Strategic Plan. However, there are a number of financial risks as set out below:

- ❖ Screening recovery funding not yet confirmed for 2023/24 and 2024/25;
- ❖ Recurrent commitments against Welsh Government time-limited grants;
- ❖ UK Government Covid-19 Public Inquiry resource requirements exceed the current funded plan;
- ❖ Managing the set-up of the NHS Executive within the funded resource;
- ❖ Covid-19 response costs incurred during 2023/24 breach the £16.93m funding cap,
- ❖ Covid-19 response costs beyond April 2024 are unfunded, and
- ❖ Availability of strategic capital funding to support the replacement of digital firewalls and other strategic capital priorities.

The financial risks and opportunities will continue to be updated, scrutinised and acted upon as the year progresses. We will work with Welsh Government to resolve the funding issues beyond March 2023.

3.2 People and Organisational Development

We have mounted an unprecedented and sustained response to the Coronavirus pandemic. The nature of our response has evolved significantly over this period and involved the mobilisation of staff from across the organisation. Alongside this, we also commenced work around the longer-term direct and indirect public health implications on the people of Wales. Our progress to date is a result of the efforts and commitment of our staff. We need to truly recognise the impact that this situation has had on our people, both personally and professionally, and keep a meaningful focus on ensuring we prioritise and support our staff's well-being and resilience.

During this period, our plans have necessarily addressed shorter-term needs, but our thinking has been guided throughout by our longer-term vision of an inclusive, engaged, sustainable, flexible and responsive public health workforce. Actions to grow our workforce capacity to better respond to the needs of the population and to safeguard the well-being of our workforce have been core to sustained service delivery.

3.2.1 Our people

Our workforce is at the heart of our ability to deliver our aims and to protect and improve the public's health. Our People Strategy to 2030 provides direction and focus to shape our future workforce, the type of organisation we aspire to be, our culture, ways of working as well as optimising relationships and working in collaboration. We are committed to embedding opportunities to bring a fair work approach into our organisational strategies, plans and

policies, and actions as outlined in our guide 'Delivering fair work for health-well-being and equity' (2022).

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

Our people are critical to the achievement of our significant long term ambitions. We have a diverse, multi-generational and multi-disciplinary workforce and we need to ensure that we provide all of our people with the environment, skills and knowledge they need to meet the challenges ahead. We want to attract and retain people in public health, to deliver our Long Term Strategy and ultimately to create a positive impact in the communities we serve.

3.2.2 Challenges and opportunities

We continue to face challenges which impact on the work we do and our workforce. The availability of staff, new ways of working and expectations of staff and prospective staff. Factors such as an ageing population, larger numbers of people working to a later age, socio-economic challenges, the impact of the pandemic, climate change and the European Union transition all affect the workforce we require. However, our external profile has been raised significantly and we hope to be able to capitalise on the public interest in public health and our unique selling points such as our purpose, status as a National Public Health organisation and a WHO Collaborating Centre, along with vibrant research and evaluation culture we have opportunities to influence at local, national and international level.

We need to be able to recruit and develop a more diverse workforce that better reflects the communities we serve and can provide insight into the needs and motivations of all our service users. We need to harness and utilise advances in technology; support learning agility and investment in continuous development and reskilling and to find, develop and retain the talent needed to execute our strategical priorities for emerging skills, particularly around digital, data and technology.

We need to determine the right culture to support our new Long Term Strategy and assess where we are now, understanding the behaviours that both help and hinder delivery and positive people experience. We also need to design and embed ways of working to attract and inspire a multi-generational workforce to work effectively together, valuing each other's skills and perspectives, and supporting people's changing needs by increasing the opportunities for flexible and agile working.

We need to support the use of the Welsh language and bilingual careers as demand for Welsh language services increase, develop and support our leaders and managers to lead with compassion and manage a diverse workforce and embed change effectively, and build strategic relationships with partners and suppliers to both deliver our services and strengthen access to capacity and talent.

3.2.3 Key workforce issues

Some roles remain challenging to recruit and some specific skills are very scarce, such as Radiologists; Consultants in Microbiology and Infectious Disease; Health Protection specialists such as Consultants in Communicable Disease Control; some specialist nursing roles; public health practitioner roles; and Biomedical Scientists. In addition to these key professions, and like many sectors across the UK, the organisation is now beginning to experience relatively new recruitment challenges, including roles in administration, project management, and improvement, alongside emerging and specialist skills such as cybersecurity, analysts and bioinformaticians.

Through our approach to workforce planning, we will review holistically what we have, do not have, and will require as a workforce. It is anticipated that our approach will enable the development of solutions and interventions upon our workforce needs, which may include re-profiling of teams, use of advanced practice, and the introduction of technology, including artificial intelligence and machine learning applications.

3.2.4 Organisational change

Several functions across the organisation play a material role in the effective management of change. People and OD (Organisational Development) have a key role, together with Strategy and Planning; in addition to the critical role of line managers in leading and managing change effectively. Supporting organisational change is critical to organisational effectiveness, one of our key priorities as a function. We have initiated work on developing our approach to commissioning and resourcing to support change work, which we will implement in the new financial year.

It is envisaged that when the Quality as an Organisational Strategy work starts to take shape, it will identify the most significant improvement efforts, not just at Directorate level but increasingly at organisational level and system wide, which will support planning and help us focus on the most significant changes required. In addition, this will bring to the fore the importance of strategic workforce plans, in terms of the capacity and capability levels required to support change efforts.

Working in partnership with our Trade Union colleagues we are developing resources to strengthen and enable managers to undertake a consistent approach to leading change, aligned to our organisational values and the NHS Wales Organisational Change Policy.

3.2.5 Regulated Health Professionals and Public Health Professionals

The Executive Medical Director has a range of responsibilities in Public Health Wales, including the statutory Responsible Officer, Caldicott Guardian, Executive Lead for Medical Devices, Recruitment to Medical and Dental Consultant posts under the Appointments Advisory Committee regulations, Medicines Management, and Clinical Governance Lead (jointly with the Executive Director of Quality, Nursing and Allied Health Professionals). The Executive Medical Director also has the Public Health Wales oversight for training programmes in Public Health and Microbiology/Infectious Diseases.

To support these functions, a small team is being established as an Office of the Medical Director (OMD) to ensure that the Executive Medical Director, their Deputy Medical Director

and Deputy National Director of Health Protection and Screening Services, are enabled to effectively carry out their roles and responsibilities.

The Quality Nursing and Allied Health Professional Directorate provides professional leadership, co-ordination and support for all other regulated health professionals to discharge their roles safely and competently. Existing and new career pathways will enable people to work optimally within their scope of practice, this will be underpinned by the development and implementation of career and clinical supervision frameworks that support practice from preceptorship to expert level practice within a range of specialisms.

3.2.6 Attraction and recruitment

During 2021, the organisation received investment to strengthen and expand our health protection resource, which has been pivotal in ensuring the strategic resilience of the organisation and protecting the health of the Welsh population. We continue to recruit additional staff in order to ensure we have a resilient and sustainable workforce that is able to meet any future health protection requirements.

While growing a pool of talented young and diverse people and marketing our brand to under-represented groups, we are cognisant of the fact that we have teams throughout the organisation where four different generations are working together. It is therefore imperative that we recognise that there are multi-generational concepts that require consideration to enable us to attract, retain and support colleagues throughout their careers.

3.2.7 Employee experience

Over the past three years, we have sought to develop our understanding of the impact of Covid-19 on our workforce and work proactively with our staff to manage and mitigate it. There is a considerable body of well-being support available to managers and staff including access to toolkits, self-help packages and support programmes.

Through 'Our Conversation', we understand what enables our people to feel at and be their best and we will design the future of work in Public Health Wales to response. This work is driving principles which will underpin 'Work How it Works Best' - our strategic intent to support increased choice and flexibility, and to shape work around life.

3.2.8 Equality, Diversity and Inclusion

We continue to deliver the commitments set out in our Strategic Equality Plan (SEP) and we will consult on our revised SEP in 2023. Our seven Staff Diversity Networks (focused on Women, Men, Carers, LGBT+, Welsh Speakers, Disabled, and BAME (Black Asian and Minority Ethnic) staff) continue to grow and play an increasingly significant role in shaping our thinking. We undertake benchmarking exercises and external assessments such as the Diverse Cymru Cultural Competence Scheme and the Disability Confident Scheme to ensure continuous improvement towards a fully inclusive workplace.

The pandemic has increased understanding of and focus on the impact of health inequalities. In response to this, we are developing our approach to widening access aimed at ensuring that

under-represented groups are aware of the diverse range of careers available within the NHS (National Health Service) in Wales and consider the organisation as a potential employer. We continue to engage with young people in the community to promote diversity, particularly through work experience, apprenticeships, and greater visibility within school environments.

3.2.9 Inspiring Culture and Compassionate leadership

We are working with commissioned partners to review our current framework and define and design the role of managers and leaders in Public Health Wales, providing the bedrock of improved recruitment and selection and modern and future-focussed sustainable development and progression.

Redesigned development programmes and resources will consider the need to strengthen leadership capacity and capability in clinical areas and balance the need to ensure sound understanding and application of people policies and processes, with the empowerment and enablement of people.

During the first year of the Plan, we will launch and begin embedding Being Our Best, a framework that describes how we expect to experience our core values of working together, with trust and respect, to make a difference, and help us hold ourselves and each other to account for bringing them to life. An assessment of our current and ideal cultures in early 2023 will inform further priorities and actions to ensure 'how' we work enables the delivery of our Long Term Strategy.

3.2.10 Workforce profile

As at March 2023, our total workforce comprised 2,242 people, 2059.02 of which are whole time equivalents (WTE). Of these, 74% of our workforce are female; 31% of our workforce work part-time and 28% of our workforce are over 50 years of age. Our workforce is deployed across 11 different areas as outlined below:

Directorate	Headcount	FTE
Corporate Directorate	28	23.52
Data, Knowledge and Research Directorate	110	102.07
Health & Wellbeing Directorate	148	133.38
Health Protection and Screening Services Directorate	1,383	1,260.74
Hosted Directorate*	170	163.61
Improvement Cymru Directorate	97	91.24
Operations and Finance Directorate	132	126.92
People & OD Directorate	37	33.07
Quality Nursing & Allied Profs Directorate	44	40.33
SPRs Directorate	22	19.80
WHO Collaborating Centre	71	64.35
Grand Total	2,242	2,059.02

With effect from 1 April 2023, the hosted organisations accounting for headcounts of 148 from the Collaborative Division and 22 from the Financial Delivery Unit will join the NHS Executive. Our hosted organisation headcount will also increase by approximately 83 from the incoming Delivery Unit

3.3 Risk Management

3.3.1 Strategic risk

As we begin to implement our strategic plan, we recognise that we are operating within a volatile and changing environment. This is reflected in our strategic risks, which we have reviewed and updated as part of the development of our strategy and this plan. Our strategic risks are:

1. There is a risk of worsening health in the population of Wales, particularly among vulnerable populations
2. There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors
3. There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing
4. There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance
5. There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health
6. There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection
7. There is a risk of a cyber-incident that materially affects our delivery of public health services or leads to inappropriate release of confidential data

3.3.2 Managing risk

The organisation continues to face risks arising from the cumulative impact of the Covid-19 pandemic, the burden of disease, inequalities and cost of living crisis as well as other risks more specific to the operations of the organisation. It is important that our arrangements for risk management are refreshed and provide the architecture, support and capability to identify and manage risk effectively. The implementation of the approved Risk Management Development Plan will help to strengthen our strategic and operational risk management arrangements, working towards a risk management system that is consistent with the International Standard for Risk Management, ISO 31000.

Strategic and Corporate level risk forms an important and regular part of the Board, Sub Committees and Business Executive Team agendas. In addition, organisational risk tools and escalation processes have been revised, moving us towards a more robust management of risk across all levels of the organisation.

3.4 Emergency planning and business continuity

Public Health Wales is required under the Civil Contingencies Act [2004] to maintain and develop plans to ensure that if an emergency occurs or is likely to occur, the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it.

Public Health Wales is responsible for providing emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales. The Civil Contingencies Act (2004) places a number of legal duties on Public Health Wales as a Category 1 responder. In fulfilling these duties, Public Health Wales will:

- ❖ Assess the impact on population health to inform the multi-agency response
- ❖ Liaise with stakeholders to gather detailed information on the type of incident
- ❖ Liaise with other expert agencies, as appropriate, to ensure the provision of proportionate and timely evidence-based advice and support to partners
- ❖ Recommend measures to protect public health and mitigate the effects of an incident
- ❖ Attend Strategic, Tactical and Operational groups as required
- ❖ Provide representation at the Emergency Coordination Centre Wales (ECCW)
- ❖ Contribute to a range of multi-agency partnerships such as the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC) and Media cell
- ❖ Advise on the effective communications of public health risks
- ❖ Analyse and evaluate the response proposed by other agencies in terms of the likely impact on public health
- ❖ Facilitate epidemiological follow-up of affected populations and communities as necessary
- ❖ Provide an integrated approach to the protection of public health in Wales and supporting partner agencies in the provision of scientific and technical advice within the following specialist areas: infectious disease, outbreak surveillance, and chemical, biological and radiation hazards

Overseen by the National Director for Health Protection and Screening Services and Executive Medical Director, the Emergency Planning and Business Continuity (EPBC) Function leads the EPBC Group which is responsible for the coordination and delivery of EPBC activity across the organisation. Key actions that will be delivered in 2023/24 include:

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- ❖ Strengthen capacity and resource of the Emergency Planning and Business Continuity Function.
- ❖ Conclude a full review of the Public Health Wales Emergency Response Plan incorporating internal & external feedback and further identified learning from Covid-19 (Phase 02).
- ❖ Publish the updated Public Health Wales Emergency Response Plan.
- ❖ Strengthen workforce of suitably trained staff for response to emergencies across the organisation.
- ❖ Develop a programme of exercise to ensure the organisation discharges its functions under the Civil Contingencies Act.

3.5 Organisational quality and improvement

We aspire to be an exemplar in quality, improvement and innovation and are pursuing an organisation wide approach to managing for quality. We are committed to operating as a system designed for quality, focused on continuous improvement and innovation and driven by the needs of the population we serve. This in turn will create a culture and environment that supports our staff and provides a great place for staff to work and thrive. This approach supports recovery to a new future following the Covid-19 pandemic and achievement of our strategic priorities.

The pursuit of an organisation wide approach to managing for quality will enable us to implement the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020), and recommendations within the Quality and Safety Framework (2021). It will also enable us to focus more clearly on the needs of the system and purpose of the organisation. This approach builds on, and complements, our existing Quality and Improvement Strategy which aims to support, enable and drive quality, improvement and innovation which impacts positively on health outcomes and the well-being of the population of Wales.

The Duty of Quality and the Duty of Candour are being introduced in April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and Public Health Wales is committed to meeting the requirements of both duties.

Duty of Quality

The Act reframes and broadens the existing Duty of Quality on NHS bodies aiming to ensure that all strategic decisions are made through the lens of improving quality of health services and outcomes for the population. Organisations are required to exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis and actively monitor and report progress on the improvement of quality services and outcomes and routinely share this information with their population. Strengthened governance for quality and a quality management system will enable organisations to achieve a learning environment and culture of quality. As an organisation focused on quality, we will take every opportunity to ensure a system wide approach to quality through all our decision making and implementation. Quality as an organisational strategy will be implemented to underpin our approach to quality together with the Improvement and Innovation hub which will support work on identified improvement priorities.

Duty of Candour

The Duty of Candour builds on the current Putting Things Right Regulations. We are committed to the overall purpose of Duty of Candour which is to ensure as an organisation we are open, honest and supportive when there has been an unintended or unexpected incident which has resulted or could have resulted in an adverse outcome for a service user. This includes telling the person affected that an unintended or unexpected incident has occurred; apologising; offering and involving them to understand what happened.

We will take every opportunity to listen and learn as well as review each incident which triggers the Duty of Candour, to understand what happened, identifying areas for improvement and learning (taking account of the views of person affected). As a compassionate and caring organisation, we will also consider the support available to those affected including those who received our services and those who deliver them.

To further support the implementation of the duties of quality and candour, a Clinical Governance Framework is being developed which will be bespoke for Public Health Wales, it will include the identification and distinction between clinical and public health boundaries.

3.5 Performance and delivery

3.5.1 Performance management and change control

Progress against the plan will be reported to the Executive Team and Board on a monthly basis through our Performance and Assurance Dashboard. This will include the ratings for each milestones and exception reports for those where issues have been identified. A control process will be used for managing changes, particularly in relation to milestone delivery. Ongoing assurance will also be provided to Welsh Government through our Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings.

3.6 Concluding remarks

The actions set out within this Plan reflect our long term strategic ambitions and focus for how we will tackle the population health challenges facing Wales in the coming years. While the challenges that we face are stark, we have shown in recent years what we can achieve through the commitment and professionalism our staff. We have the opportunity to build on and embrace innovative ways of working, harness the potential of big data and new technologies, work across professional boundaries, and with a range of partners.

The current pressures on individuals, families, communities and stakeholders cannot be underestimated. However, by setting out our vision and the contribution that we will make through the delivery of our six strategic priorities, we hope for it to serve as a catalyst for the change and actions that we need to take to help the people of Wales and support our partners across the public sector. Our focus and commitment will be on delivering our six strategic priorities and ensuring that we deliver maximum value for the people of Wales and our partners.

We will do this through embracing the Well-being of Future Generations (Wales) Act 2015 five ways of working, particularly maintaining a long term preventative focus, while prioritising our short term actions. We will work in collaboration across the public sector to effectively deliver our strategic priorities and look to integrated approaches, solutions and activity, wherever possible. We will also ensure that we place people at the heart of what we do, and how we do it, by involving them in the design, development and delivery of our services and functions.

In delivering our strategy, we have the opportunity to build on the partnership working and collaboration that underpinned our response to Covid-19. We have shown in recent years what

we can achieve when we work together towards common goals. We must make that the way we work all of the time not some of the time. We have also seen the power and impact of embracing innovative ways of working, such as harnessing the potential of big data and new technologies. This will serve as a corner stone to the delivery of our strategy and how we work in the future.

We have empowered staff from across the organisation to come together, drawing on multidisciplinary knowledge and skills, to help shape our strategy. It will be through their expertise, skills, and knowledge that we will succeed in its delivery. To do this we will ensure that we create an environment that enables people to work across professional boundaries and embraces the commitment, professionalism, and expertise of all our staff.

We do not underestimate the challenges that we face. However, our commitment is to meet these challenges head-on, to collaborate and work with our partners, demonstrate dynamism and agility, to learn, innovative and evolve. And most of all, to create an environment where we succeed through the commitment, professionalism, and efforts of staff.