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Public Health Wales

Prevention-Based Health and Care

A framework to embed prevention in the health and care system in Wales

May 2025

Contents

Prevention-Based Health and Care: A framework to embed prevention in the health and care system in Wales
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Forewords

The future of health in Wales is centred on our ability to deliver a preventative approach alongside addressing the deep-seated health inequalities that persist across our communities.

We are seeing a rise in the prevalence of long-term conditions and multimorbidity, along with an increasing health gap between our most and least deprived communities.

To tackle these challenges, and to achieve the vision set out in A Healthier Wales, the evidence is clear that we need to create a system that prevents the onset of poor health and disease, identifies and intervenes early where disease occurs, and provides active support to keep people healthy and maintain independence.

There are already good examples of preventative interventions that demonstrate significant value in improving health outcomes for the people of Wales.

These include immunisations, screening, programmes to enable behaviour change, for example, Help Me Quit, and support to enable people to live independently. These activities are effective, due to the coordinated efforts across teams, organisations and partnerships.

To scale up and increase impact, support is required not only from our frontline workforce, but also from those that create the conditions to enable preventative action.

We need a prevention focus embedded across all that we do, from our approach to leadership, as a core component in our strategic partnerships, across our finance, planning and performance teams, underpinned by how we use data and optimise digital and technological advances.

I welcome the publication of Prevention-Based Health and Care: A framework to embed prevention in the health and care system in Wales. The framework identifies the key components needed to embed preventative action and provides a clear roadmap for the collective action needed to help us deliver a shift to prevention at scale.

The framework is designed for use by everyone who works in NHS Wales and demonstrates the role we all need to play and the opportunities we each have to embed prevention in order to create a fairer and healthier Wales.

Judith Paget
Chief Executive of NHS Wales

If ever there was a time for us to shift to prevention, it has to be now.

The consequences of the COVID-19 pandemic, the cost-of-living crisis and climate change are all contributing to the public health challenges we are currently facing, including the rising prevalence of long term conditions.

Embedding prevention can deliver benefits across the short, medium and long term, including delivering measurable improvements in population health and reducing the financial burden of preventable disease.

Many of the diseases that are increasing have common key preventable drivers, including: smoking, unhealthy diet, physical inactivity and high risk drinking as well as common clinical and social risk factors, such as high blood pressure and financial insecurity.

Low levels of mental wellbeing impact directly on individuals' capacity for self-care and can lead to the adoption of health harming behaviours as a coping strategy.

As we transform our health and care services, there remain many unexploited opportunities to embed prevention on a more systematic, routine basis, and to optimise both health equity and health outcomes.

All those working on the frontline of the health and care system can support prevention and public health messaging. We need to make every contact count, recognising the opportunities for when we can support people and signpost them to further help, and to always consider, 'what is my role here in prevention?'. It is also important to develop whole system care pathways that focus on prevention and enable us to consider 'how do we best serve our population?'.

We learned from the Covid pandemic how health and care agencies are able to work together to meet challenges, helped by a shared and clear understanding of what outcomes they are working to achieve, clear roles and responsibilities, but also by shared values and a willingness to work together to find solutions that overcome barriers.

I am delighted to share the publication of the Prevention-Based Health and Care framework, a key vehicle for supporting the shift to prevention at scale, in line with Welsh Government's strategic aspirations and National Well-being Goals.

Tracey Cooper
Chief Executive of Public Health Wales

Executive Summary

Why do we need Prevention-Based Health and Care?

The aim of Prevention Based Health and Care (PBHC) is to improve health and wellbeing outcomes and reduce inequalities for people and communities in Wales. In the current challenging climate for the health and social care system, 'prevention' is also increasingly seen as a key part of the solution to achieving sustainable services.

To achieve this potential, upstream action to address the preventable factors which lead to poor outcomes will need to be embedded systematically, with rigour and at scale.

Who is Prevention-Based Health and Care for?

Embedding prevention is relevant to all people working within the health and social care system. Within this complicated and complex delivery landscape, a coordinated approach is required, which spans action taken in the boardroom, right through to the care delivered to a person in their home and includes those:

- Involved in strategic and operational planning
- Designing and implementing service pathways
- Delivering care at the frontline
- Leading service transformation and delivery

What is the purpose of Prevention-Based Health and Care?

Aligned to a number of well-established approaches, the PBHC framework (as illustrated) is a vehicle to drive policy into practice and facilitate a tangible shift towards prevention.

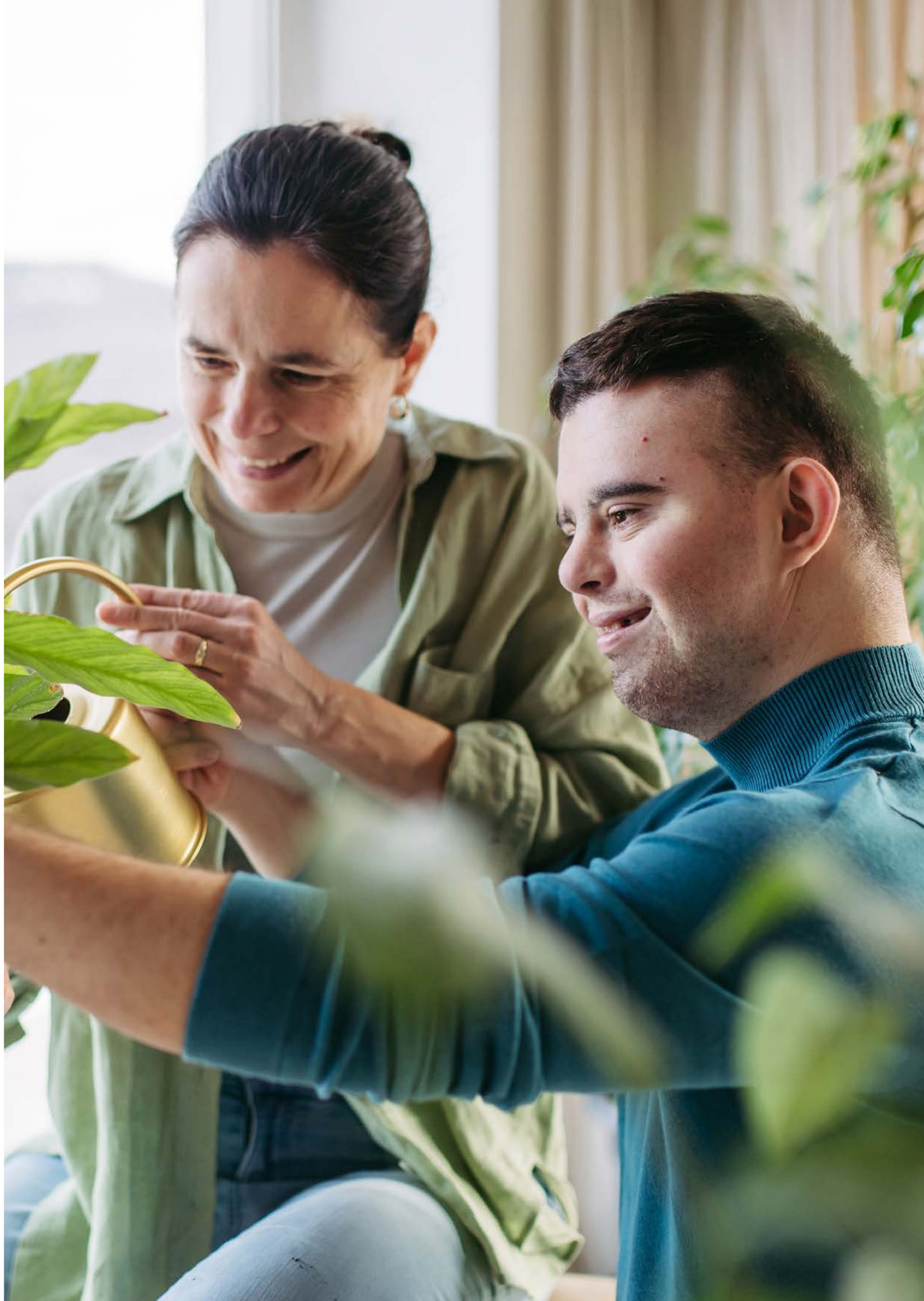
Through creating a shared understanding, the key components of the PBHC Framework help to identify:

- What action is required to achieve a common goal/ outcomes
- Opportunities for alignment within the system
- Who to collaborate with to optimise impact

What is the scope of Prevention-Based Health and Care?

The PBHC Framework relates to:

- Actions within the influence of the health and care system
- Actions at different levels (often known as primary, secondary and tertiary prevention)
- Actions with both a population focused and person-centred approach



The Prevention-Based Health and Care Framework

The key components of the PBHC framework, and the checklist questions (as illustrated) are designed to help build consensus through collaboration.

The PBHC framework consists of four layers:

1. At the centre of the PBHC framework is a focus on the person-centred and population health **Outcomes** which preventative action is aiming to achieve

2. The framework then considers the **Prevention Cycle** which incorporates:

   - **Identification** – consideration of the target population, their needs, and how they can be reached equitably

   - **Interventions** – consideration of interventions needed and their alignment to the 6 quality domains within Welsh Government's Duty of Quality i.e. Safe, Timely, Effective, Efficient, Equitable, Person-centred (STEEEP). The Duty applies within healthcare settings and aligns with the values of social care.

   - **Implementation** – consideration of how best to deliver high quality interventions at scale

3. The next layer of the PBHC framework focuses on **Workforce** - PBHC recognises that optimum conditions need to be created for the workforce to deliver preventative actions through addressing workforce **capability (C), opportunities (O) and motivation (M)**

4. The outer layer of the PBHC framework integrates system **Enablers**, co-designed with the Welsh Value in Health Centre. These recognise the need for a systems approach, achieved through addressing:

   - **Leadership, collaboration and influence**
   - **People involvement, engagement and experience**
   - **• Digital health and wellbeing**
   - **Data and analytics**
   - **Research, evidence and impact delivering value**
   - **Strategic partnerships**

A framework to embed prevention in the health and care system in Wales

OUTCOMES

Agree on the specific person-centred and population health **OUTCOMES** to be achieved

PREVENTION CYCLE

Work through the Prevention Cycle, to see:

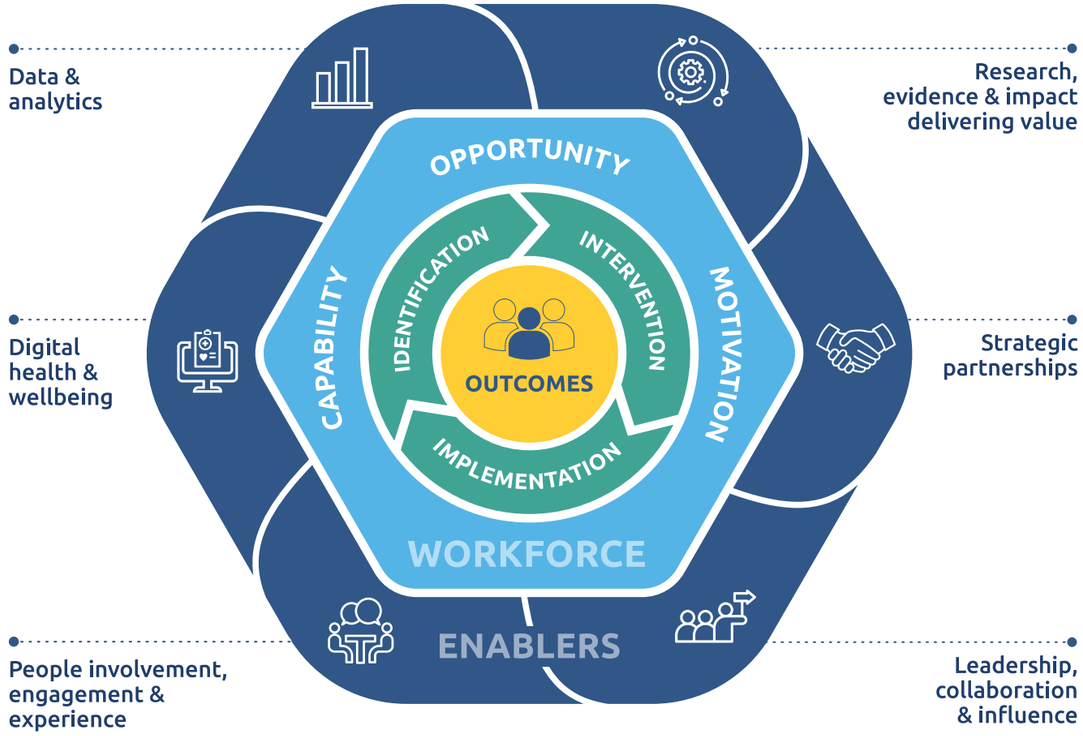
- **IDENTIFICATION** Who needs to benefit and how can they be reached equitably
- **INTERVENTION** What high quality prevention activity is needed
- **IMPLEMENTATION** How to deliver prevention activity

WORKFORCE

Consider how to optimise conditions for the workforce to deliver prevention activity, addressing **CAPABILITY, OPPORTUNITY** and **MOTIVATION**

HEALTH AND CARE SYSTEM ENABLERS

Map the Health and Care System **ENABLERS** needed to support a systematic, coordinated approach, recognising the partners involved and collaborations required.



The Challenges of Achieving Prevention at Scale

There are significant challenges to embedding prevention into the health and care system at scale. These challenges include:

- The complexity of prevention interventions, recognising that this is not about a single intervention, or even a single set of interventions, but complex interventions and approaches for addressing different population needs
- The complicated and complex delivery landscape with many interdependent parts
- The plethora of stakeholders involved across disciplines and organisations to make a prevention-based approach a reality
- The competing demands on the health and social care system, with regards to organisational, operational and resource constraints

Next Steps:

Achieving a prevention-based approach to health and social care at scale, therefore requires collective effort across the entire system to address these challenges.

This report outlines 4 KEY STEPS to help take this journey forward:

1. **Building the momentum.** The coalition of committed partners needs to grow and be sustained, to align efforts towards a prevention-based approach. This includes the establishment of a steering group to support the alignment and coordination of collective efforts across health and social care in Wales, as well as meaningful engagement with a broad breath of stakeholders to inform action.
2. **Agree what a measureable and tangible shift towards prevention requires.**
   a. Develop a shared understanding of how to achieve this shift across the health and social care system
   b. Advocate for those with strategic and organisational influence to prioritise prevention
   c. Develop commitment at every level from the frontline to the boardroom
   d. Build accountability for pathways of care that start with prevention
   e. Consider the need for a common set of measures across Wales to understand what progress looks like
3. **Develop evidence of impact.** Evidence the impact of prevention through monitoring and evaluation, recognising that impact is about improving outcomes at both person-centred and population levels, as well as reducing inequalities.
4. **Enable prevention to become an integral part of core business.** Effect cultural change so that delivering preventative activity becomes the norm in the health and social care system.

The Case for 'Prevention-Based Health & Care'

'Prevention is better than cure.'

Society has long recognised the benefits of taking action to avert problems, rather than dealing with problems after harm has occurred.

The importance of prevention to improving physical, social and mental health and wellbeing outcomes, is also reflected in health and social care strategies, both in Wales [1,2,3] and in the other home nations of the UK (see England [4], Northern Ireland [5], Scotland [6]). However, the scope and scale of preventative activity in our health and social care system remain limited, mainly to discrete numbers of larger programmes, as well as more piece-meal activities, with considerable variation across Wales.

Why is a greater focus on prevention required?

Despite our strategic aspirations and efforts, chronic or long-term conditions are experienced by 48% of adults in Wales, with 20% experiencing two or more long-term conditions [7] and there is evidence of worsening prevalence of these conditions [8].

In addition, there are entrenched health inequalities in Wales, with avoidable deaths being twice as high in the most deprived communities than the least. Within the broad bracket of long-term conditions, musculoskeletal conditions are the most frequently reported at 17%, followed by heart and circulatory problems (11%) and mental health problems (12%). There is also a significant increase in the prevalence of dementia [9].

These conditions are all characterised by their long-term nature and by the potential for prevention, through detecting risk factors and acting before the condition develops or via effective management of risk once the condition has been diagnosed, to prevent exacerbation and recurrence of acute episodes and the need for services.

Chronic or long-term conditions are experienced by 48% of adults in Wales, with 20% experiencing two or more long-term conditions

Why is prevention not already embedded within the health and care system?

Whilst the need for prevention is clear and well reflected in the policy landscape in Wales, there remain reasons why we have not yet fully realised the potential of prevention within our health and social care system. In part, the need for prevention has evolved [10], reflecting how much our population, environment, behaviours and modern medicine have changed since the NHS was first established in 1948. As life expectancy has increased, we now have an older, often sicker, population [11] and advances in medicines and technologies have contributed to a shift in the focus from prevention to cure.

Equally, it is not straightforward to adopt prevention at scale. Broader determinants of health, including newer commercial ones [12], have driven - and are continuing to drive - the causes of the burden of disease in Wales, as well as globally.

To address these determinants, the need for preventative action in all policies [13] is recognised, as are the limitations of the levers within health and social care to influence the upstream causes of poor health and wellbeing.

Therefore, by embedding prevention in health and social care, the risk of over-medicalising prevention must be avoided, as this could cause harm in itself, as well as risking taking away focus from the more upstream actions needed.

Why must we take action to embed prevention in the health and social care system now?

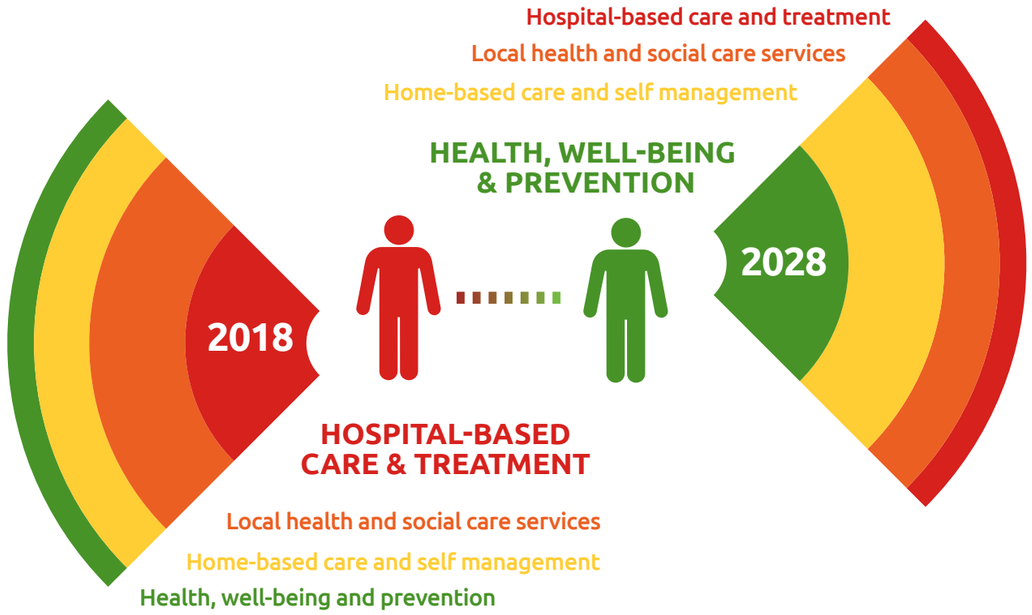
The rising prevalence of long-term conditions and multimorbidity are impacting on health and wellbeing outcomes for individuals and communities in Wales, as well as contributing to the challenging climate for the health and social care system.

Many of the health and wellbeing issues that the system is both currently striving to address and, on the current trajectory, will increasingly affect future generations, have common preventable risk factors.

Taking action to prevent that which is predictable and preventable, must therefore be recognised as part of the solution. Increasingly it is also evident that we can no longer afford not to act on prevention. In 2010, the WHO recognised that globally "health-care systems haemorrhage money", leading to spiraling costs of healthcare [14], combined with unsustainable pressures on health and social care systems and the staff working within them.

By contrast, the value of investing in prevention is well evidenced [15], with the estimated cost of each additional year of good health achieved by public health interventions (£3,800) being 3.5 times lower than the average cost of healthcare interventions (£13,500)[16].

Figure 1 The vision of a Healthier Wales



Many countries are now purposefully taking action to embed prevention through measures such as re-allocating budgets to focus on prevention and taking alternative approaches to delivering services more closely connected to the community. Examples can be found in the International Horizon Scanning and learning report: Embedding prevention in Primary and Community Care, published by PHW in 2023 [17].

In 2018, Welsh Government published 'A Healthier Wales', their 10 year plan for health and social care, which advocated for a whole system approach to achieving "a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health".

This strategy recognises that prevention is an essential component of creating a fairer and healthier Wales, which was further reinforced by Welsh Government's 2024 plan for health and social care, a set of refreshed actions to support delivery of a healthier Wales [18]. To deliver this vision, A Healthier Wales [1] describes in particular, the role of local health facilities and services in focusing on prevention and early intervention.

Since 2018, the COVID-19 pandemic and its consequences have placed an unprecedented level of challenge on our health and social care system, in terms of both backlogs in care, as well as overstretching resources that were already under strain – especially our workforce.

As a result, there is now an urgent and pressing need to mitigate the trajectory of long-term conditions in Wales, recognising that much of this projected future demand is avoidable. We therefore need an approach to move from strategy to action, with a wholescale shift towards prevention.

From policy into practice: what do we need to embed prevention in the health and social care system?

There are many examples of prevention in NHS and social care. Some of these are delivered as systematic programmes at the individual level, such as immunisation and screening programmes.

These are successful, not just because the interventions are evidence-based, effective, and deliver value, but because they are underpinned by a whole systems approach.

This includes central policies regarding the target population, clear eligibility criteria, delivery by staff groups who are adequately trained and resourced, and data collection systems to monitor uptake, with equity of uptake routinely analysed and reported.

Other examples of preventative approaches are at a cultural level, for example, the strengths-based ways of working within social care to promote independence and well-being.

For non-communicable diseases, equally systematic approaches at scale are less well established, with notable exceptions, for example in relation to screening for specific conditions. Evidence of effectiveness of preventative approaches for non-communicable diseases is variable.

Some prevention measures have demonstrated that they can substantially reduce disease incidence and progression. However, the evidence base for other interventions and approaches is developing.

There is a need to ensure that opportunities for prevention are maximised for people who are already making contact with the health and social care system, and prevention efforts need to be extended to population groups with historically low uptake.

For prevention to be embedded, such that it becomes core business of the health and social care system, in the way that treatment and care focused activities already are, a tangible shift towards prevention is needed.

This requires commitment and a shared understanding of how to embed prevention in a comprehensive and robust way.

The 'Prevention- Based Health and Care' framework is a vehicle through which to create this shared understanding and thereby drive policy into practice to embed prevention in the health and social care system.

Some prevention measures have demonstrated that they can substantially reduce disease incidence and progression.

The purpose of Prevention-Based Health and Care (PBHC)

Prevention-Based Health and Care (PBHC) is a vehicle to drive policy into practice to achieve a tangible shift towards prevention in health and social care.

The PBHC framework identifies the fundamental components needed to shift the health and social care system towards a prevention-based approach, as outlined in the infographic. By explicitly surfacing these key components, the framework can facilitate consensus building, not only of the goal, but of what collective actions are required to reach the goal. Implementation of the framework in a coordinated and systematic way can then enable effective, high value prevention interventions to be embedded and optimised in the health and social care system.

The framework aims to help those working in the health and care system to:

- Identify what action is required from their own and other parts of the system, to achieve the common goal
- Identify interdependencies that need to be navigated and opportunities for alignment within the health and social care system
- Identify who they need to collaborate with to take a systematic and coordinated approach, to optimise their collective impact

The PBHC framework brings together a number of well-established approaches, including healthcare public health [19], behavioural science [20], population health management (PHM) [21], value-based healthcare [22], strategies to address inequalities [23], domains of healthcare quality [24] and quality improvement [25].

The value of the PBHC framework is in its emphasis on collective, coordinated action in these areas to align and re-orientate our health and care system to embed prevention.

The audience of Prevention- Based Health & Care (PBHC)

Embedding prevention is relevant to all who work in the health and social care system in Wales: ***from those in the boardroom all the way through to those delivering care in a person's home.***

The PBHC framework enables prevention to be embedded by those:

- **Involved in strategic and operational planning**
- **Designing and implementing service pathways**
- **Improving the quality and delivery of frontline care**
- **Leading service transformation and delivery**

PBHC recognises that there are diverse roles within the health and social care system and different parts of the system have key roles to play.

Anchoring PBHC in primary and community care, supports care to move closer to home and to reorientate health to a more social model of care.

As such, primary care clusters, and the structures within Accelerated Cluster Development including professional collaboratives and pan-cluster planning groups, are key vehicles for PBHC, as are those providing the whole spectrum of social care, from unpaid carers to those delivering care in residential settings.

Professional groups have key roles in leading this change including, but not limited to, pharmacists, nurses, allied health professionals (AHPs), doctors, optometrists, dentists and social workers.

Through the NHS Executive and clinical networks, there are also key opportunities for integrating prevention-based approaches through primary, community and secondary care.

The diverse landscape of social care highlights the key role of local authorities, the independent and the voluntary sectors, as well as organisations which enable partnership working such as the Regional Partnership Boards and Public Service Boards.

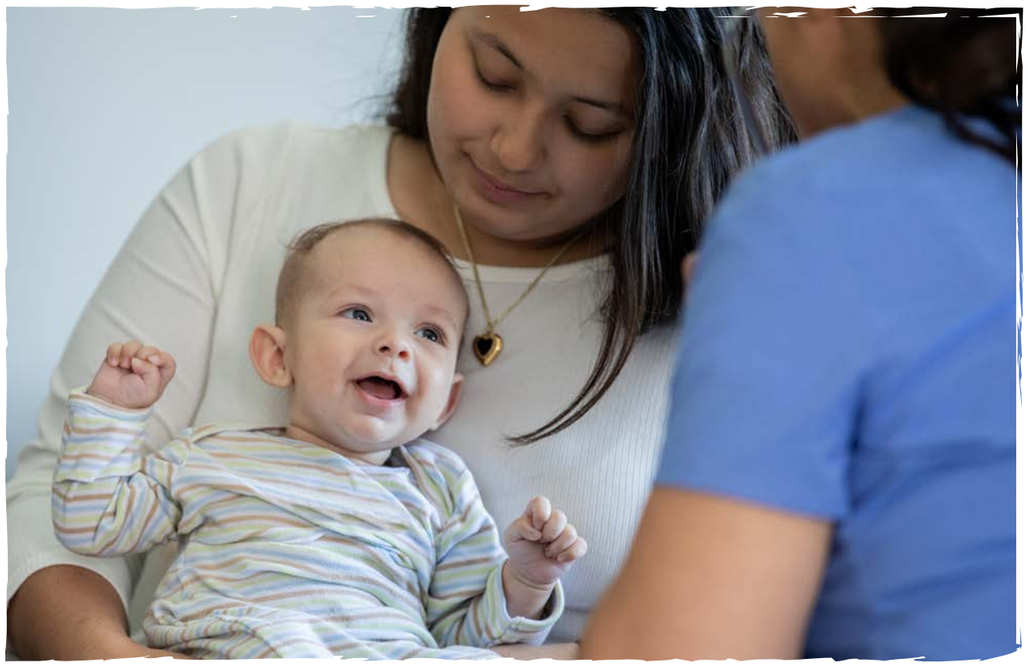
Whilst the focus of PBHC is on the health and social care system, the key roles, interfaces and need to co-produce solutions with both communities and the third sector must be recognised too.

The scope of Prevention-Based Health & Care (PBHC)

In developing the PBHC framework, it became evident that the scope of PBHC needs to be clear to understand where activity needs to be focused.

The scope therefore relates to the following three principles:

1. **Focus on actions within the influence of the health and social care system**
2. **Recognise different levels of preventative activity exist and all fall within the scope of PBHC**
3. **Ensure action is person-centered and population health focused**



Principle 1

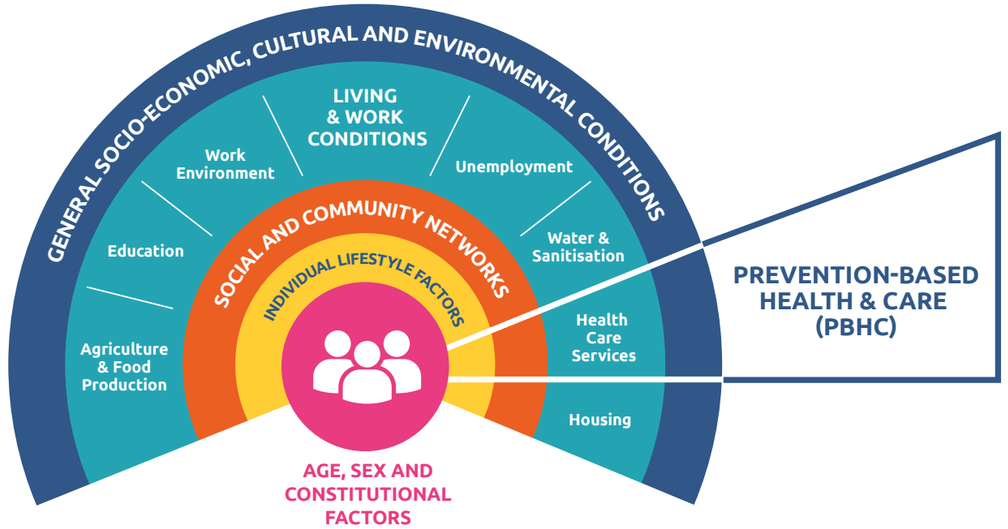
Focus on action within the influence of the health & care system

The thousands of daily interactions between those working in the health and social care system and the public provide significant opportunities for delivering preventative interventions at the individual level.

In addition, the health and social care system also has a key role in the building blocks of health, including through roles as an advocate, an employer, an owner of estates and a purchaser. PBHC is concerned with maximising the potential population benefits of health and social care while meeting the needs of individuals and groups, and therefore with maximising the role of health and social care as a key determinant of health **(see Figure 2).**

Significant prevention activity is needed to address the wider or social determinants of health. Whilst the health and social care system is a key actor in a whole systems approach to addressing these determinants, many of these actions, often at the policy level, fall within the remit of other sectors, and therefore would be outside of the scope of PBHC.

Figure 2 The scope of PBHC: Determinants of health



Principle 2

Recognise different levels of preventative activity exist and all fall within scope of PBHC

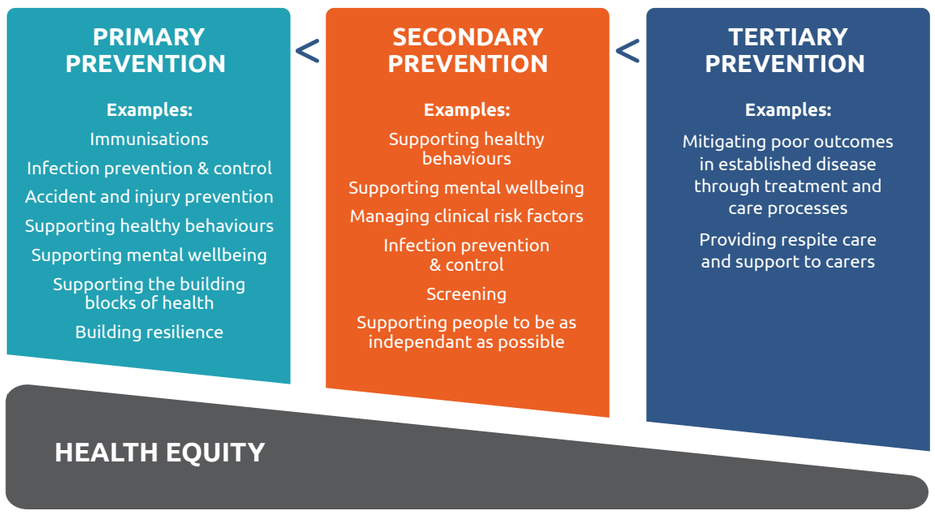
Multiple definitions of the different levels of prevention exist and there is a lack of consensus regarding their use in legislation, Government, health and social care.

For the purposes of the PBHC framework, we have synthesised these to use the following definitions, with associated examples: [15, 27, 28]

- **PRIMARY PREVENTION** interventions that build resilience, support well-being or prevent the onset or development of health-related harms/risks, which would potentially lead to poor health outcomes and the need for care. For example: immunisations; enabling people to have warmer homes.
- **SECONDARY PREVENTION** interventions that lead to the early identification of needs or conditions. These may be targeted towards those with a condition or risk factors, which can then be addressed, thereby reducing their potential effect on health and wellbeing outcomes. For example: early identification and management of high blood pressure; falls prevention interventions.
- **TERTIARY PREVENTION** interventions that mitigate problems once they have occurred. This includes delaying the course of established conditions and/or supporting people to regain skills and independence to reduce their level of need, to minimise poor health outcomes. For example: high quality delivery of care processes in the management of diabetes; rehabilitation/ reablement services; respite care.

Each level of prevention is important. However, greater emphasis on systematically implementing primary and secondary prevention interventions provides the best opportunity to reduce entrenched health inequities, as illustrated in Figure 3.

Figure 3 Action needed at all levels of Prevention



Principle 3

Ensure action is person-centred and population health focused

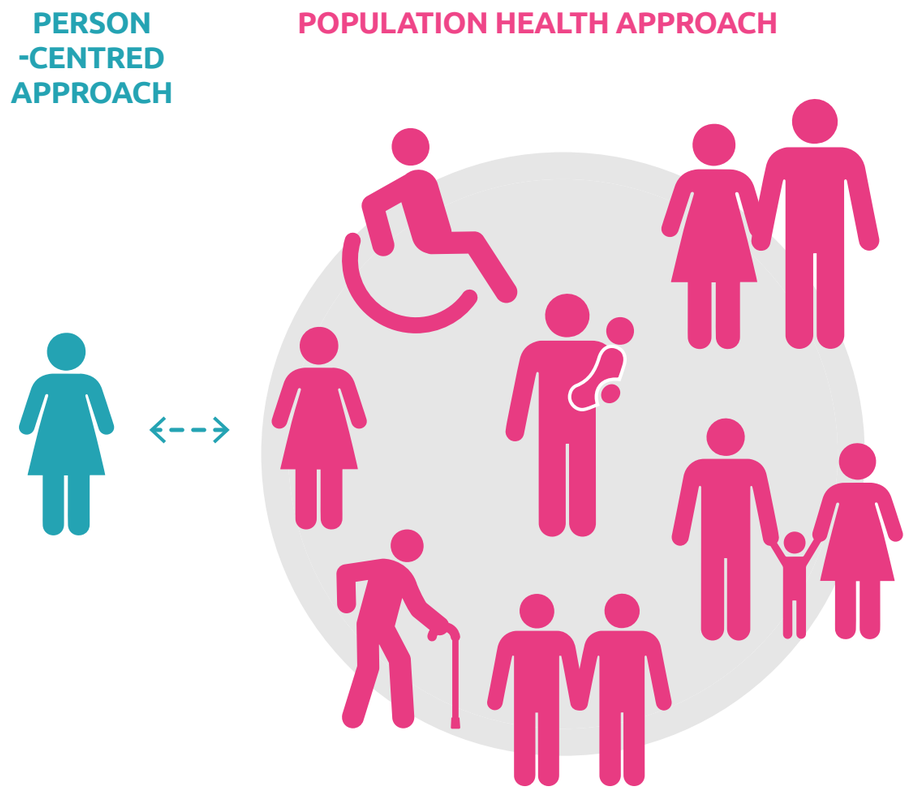
To place greater emphasis on primary and secondary level prevention requires a rebalancing of focus from the needs of the service towards the needs of the people and communities.

Whilst some parts of the health and social care system are better oriented towards this approach than others, there remains unwarranted variation across the system as a whole.

A population health approach to health and social care looks at meeting the needs of individuals and groups and co-producing solutions, whilst also considering the design, access, utilisation and evaluation of effective preventative activities within pathways of care.

Alongside a population health approach, a person-centred approach can ensure that the needs of individuals across the life-course are considered in terms of 'what matters to them'. Evidence demonstrates that even very brief conversations and/or signposting to further support can be impactful [29].

Figure 4 A population health and person-centred approach

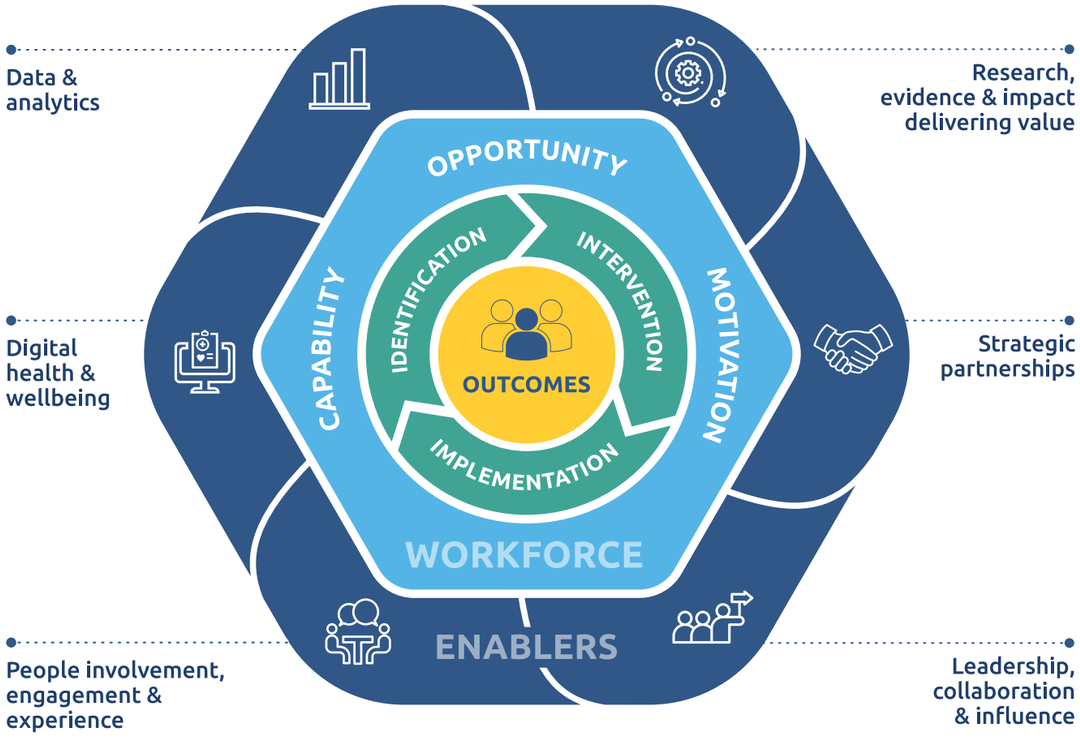


The Prevention-Based Health and Care (PBHC) Framework

Overview of the PBHC Framework

The Prevention-Based Health and Care (PBHC) framework **(see Figure 5)** outlines the key components required, to embed prevention in the health and care system. The checklist questions included are designed to support building consensus through collaboration, *Prevention-Based Health Care in Action: Case Studies*[30], a supporting document, outlines a number of case studies demonstrating existing examples of the framework in action.

Figure 5 The Prevention- Based Health & Care Framework



The PBHC framework consists of four layers:

OUTCOMES

1 At the centre of the PBHC framework is a focus on the person-centred and population health **OUTCOMES** which preventative action is aiming to achieve.

PREVENTION CYCLE

2 The framework then considers the **PREVENTION CYCLE** which incorporates:

- **IDENTIFICATION** – consideration of the target population, their needs, and how they can be reached equitably
- **INTERVENTIONS** – consideration of interventions needed and their alignment to the 6 quality domains within the Duty of Quality i.e. Safe, Timely, Effective, Efficient, Equitable, Person-centred (STEEEP)
- **IMPLEMENTATION** – consideration of how best to deliver high quality interventions at scale

WORKFORCE

3 The next layer of the PBHC framework focuses on **WORKFORCE** - PBHC recognises that optimum conditions need to be created for the workforce to deliver preventative actions through addressing workforce **CAPABILITY (C)**, **OPPORTUNITIES (O)** and **MOTIVATION (M)**

HEALTH AND CARE SYSTEM ENABLERS

4 The outer layer of the PBHC framework integrates **HEALTH & CARE SYSTEM ENABLERS**, co-designed with the Welsh Value in Health Centre.

These recognise the need for a systems approach, achieved through addressing:

- **Leadership, collaboration and influence**
- **People involvement, engagement and experience**
- **Digital health**
- **Data and analytics**
- **Research, evidence and impact delivering value**
- **Strategic partnerships**

1 Person-Centred and Population Health Outcomes

As there are a number of components to address in PBHC, the most challenging consideration can sometimes be where to begin. PBHC advocates for starting with a focus on and defining the specific outcomes to be achieved to help ensure that preventative action is person-centred, necessary, measurable, achievable and designed to positively impact on population health.

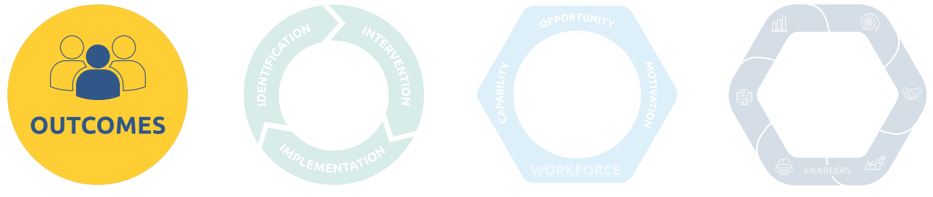
Focusing on outcomes highlights that there may be more than one outcome of interest and that these outcomes may be more operational or more strategic in nature, depending on the level of action to be undertaken.

At the individual level, people may have multiple needs, multiple risk factors, and/or multiple long-term conditions e.g. diabetes, high blood pressure and high cholesterol, all of which could influence their overall outcomes.

A person-centred approach also requires consideration of 'what matters' to people. Therefore, an understanding of the outcomes that are significant to people is necessary. Within healthcare, the use of Patient (or Person) Reported Outcome Measures (PROMs) [33] can support this.

It is also important to recognise that individuals do not live in isolation but are part of wider populations, e.g. a person experiencing obesity may be living in an area with a high prevalence of obesity.

An understanding of population health [34] outcomes is therefore a fundamental element of planning prevention activity, e.g. to reduce the prevalence of obesity at the population level there needs to be an understanding of the population's needs in relation to obesity and the factors that are driving this for the target population.



Checklist

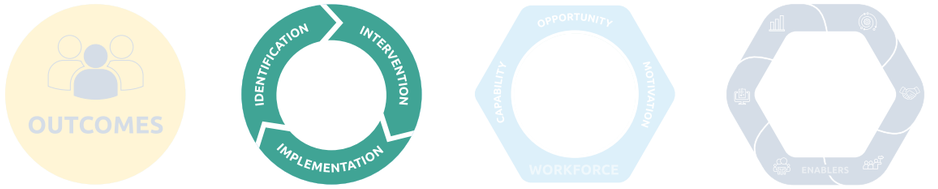
What are the desired outcomes? ✓

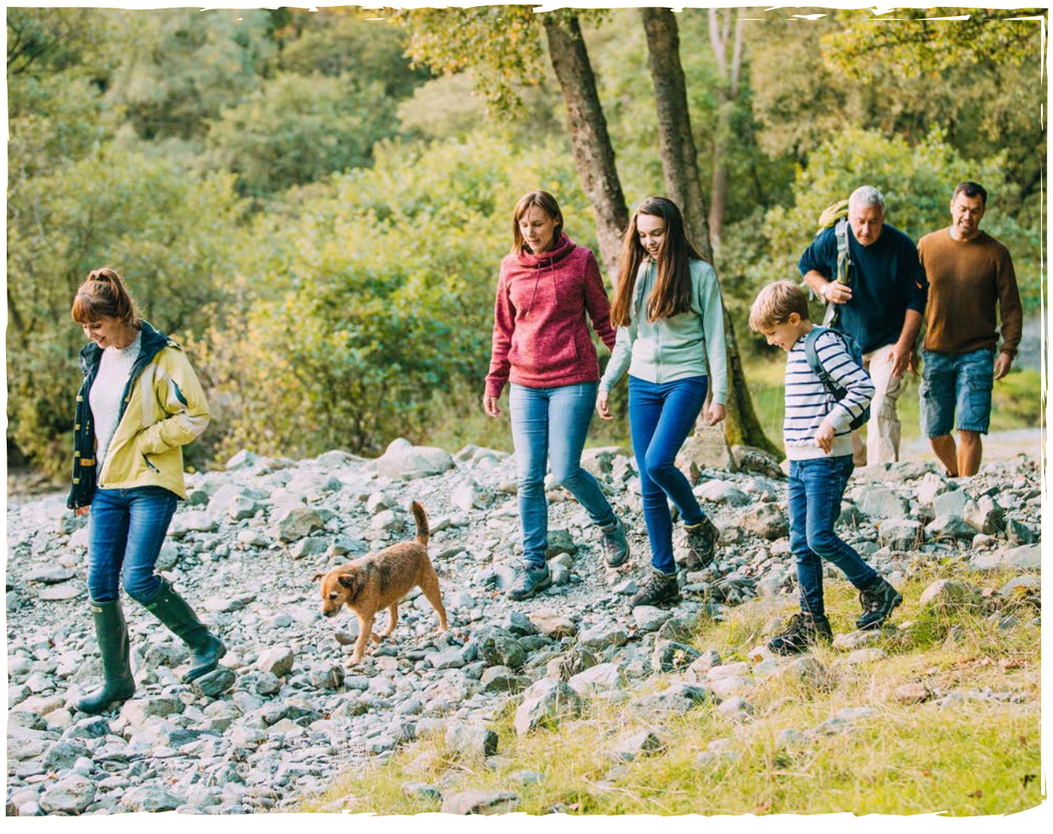
2 Prevention Cycle

The 'Prevention Cycle' of the PBHC Framework incorporates three stages:

IDENTIFICATION, INTERVENTION AND IMPLEMENTATION.

Working through the Prevention Cycle, it becomes possible to see who needs to benefit from preventative actions, consider what actions are needed and how to deliver these to achieve specific outcomes. Recognising that improving quality is a continual and iterative process, these stages are therefore cyclical to enable ongoing development.





2a IDENTIFICATION

Once the desired outcomes are agreed, clarity is required regarding the target population, as this will determine the scope of the interventions to be explored.

The population of interest may be defined by several things:

- People living in a geographic or service boundary, e.g. a local authority, with consideration to urban or rural population, and socio-economic deprivation
- People attending certain settings, e.g. schools, prisons
- People living at a specific stage of the life course, e.g. the early years
- People at risk of, or experiencing a particular condition, e.g. osteoarthritis
- People experiencing a common set of circumstances or social experiences 23, with consideration to inclusion health and vulnerable groups, and people with protected characteristics e.g. disability, homelessness.

Often target populations will be identified by a combination of the above categories e.g. older people living in a deprived rural area, experiencing loneliness.

Having defined the target population, their specific needs and the underlying causes driving those needs can be considered, and appropriate prevention interventions offered.

To support an equitable approach, consideration must be given to:

- the most appropriate and systematic ways to identify individuals within the target population e.g. using digital search of GP records or a population health management tool
- the availability of a reliable means of identifying risk for the individual with agreed thresholds to indicate intervention e.g. blood pressure measurements as per NICE guidance
- how these individuals can be reached, such as an existing appropriate 'touch point' they may already have with health and care e.g. a brief intervention in relation to smoking during a routine eye health examination.

Checklist

Who needs to benefit and how can they be reached equitably? ✓

2b INTERVENTION

Once the target population has been identified, and their health needs have been described in relation to the desired outcome, with a strengths-based approach considered, the most appropriate intervention(s) to reduce the risks of poor health outcomes can then be determined.

To optimise potential health gain, in healthcare, interventions should reflect the **6 quality domains within the Duty of Quality** [24] i.e., they must be **Safe, Timely, Effective, Efficient, Equitable, and Person-centred (STEEEP)**. Whilst the duty does not apply in social care in the same way, these principles can be considered as areas of good practice across sectors. Examples of this are illustrated in Table 2.

Acting earlier to support people to maintain health and prevent poor health outcomes is the goal.

From behavioural science, we know that the capability, opportunity and motivation of people to engage with this support is influenced by many factors.

Consideration should therefore be given to what primary, secondary, and/or tertiary prevention interventions would be most beneficial and acceptable e.g. for type 2 diabetes (T2D):

- Working in partnership to address obesogenic environments to prevent the onset of risk factors for T2D
- Weight management interventions and the All-Wales Diabetes Prevention Programme [35] to prevent progression to T2D in those with increased risk, and/or
- Interventions to enhance the delivery of care process and structured education for those experiencing T2D

Focusing efforts 'upstream' can achieve a more sustainable, cost effective and equitable approach, with fewer related health harms.

It's also important to recognise the complexity of prevention 'interventions' and that in practice, multiple complex interventions and approaches may be indicated and the need for coordination of these.

Checklist

What high quality prevention activity is needed? ✓

2c IMPLEMENTATION

How, where and when a service is delivered, impacts who can or will access it, and who potentially benefits from it.

For prevention to be considered 'embedded', high quality interventions need to be resourced and implemented:

- consistently to reduce unwarranted variation and avoid gaps in provision
- at a scale appropriate to the scale of need
- ensuring that those who would otherwise have the worst health outcomes benefit, thereby reducing health inequalities at the population level

Therefore, the implementation of interventions also needs to reflect the 6 quality domains within the Duty of Quality (STEEEP), as illustrated in Table 1.

At each stage of delivering an intervention, there are challenges to reaching the whole of the target population, recognising that:

- of all the people with a health problem or risk factor, only a proportion will be known to the health and social care system
- of the people known to have health problem or risk factor, not all will be eligible for and offered/able to access an intervention to address their need
- of those offered an intervention, only some will take up the intervention and a subset of those people will adhere to the advice/treatment offered and may therefore benefit from it to achieve the desired outcome.

Addressing how the total number of people who progress through each of these stages can be increased, and unwarranted variation decreased, will provide a more equitable approach.

Table 1 Actions from the Prevention Cycle to deliver the 6 quality domains in the Duty of Quality

DUTY OF QUALITY	INTERVENTION	IMPLEMENTATION
SAFE	Robust consideration of potential harms +/- clear eligibility criteria (inclusion and exclusion) to ensure benefits outweigh harms e.g. criteria for screening services	Delivered by appropriately trained and skilled staff
TIMELY	An acceptable way of identifying those in the target population which enables them to be reached before they experience the adverse outcome	Delivered before the unwanted outcome occurs e.g. optimising management of hypertension and atrial fibrillation to prevent stroke
EFFECTIVE	Utilise evidence informed interventions which demonstrate effect, or if there is a lack of evidence, address through research and robust evaluation	Delivered with fidelity to the intervention design
EFFICIENT	Utilise value based interventions, recognising upstream interventions may offer greater value	Delivered by staff with an appropriate skill mix. Avoid waste e.g. capitalising on economies of scale or reducing agency costs
EQUITABLE	An acceptable way to systematically identify ALL those at risk consider need for equality impact assessment. Consider any reasonable adjustments e.g., extended appointment times for people with learning disabilities, and provision in a culturally appropriate way e.g., healthy eating public information that reflects religious and culture differences	Identify gaps which leave unmet need and address unwarranted variation. Data driven quality improvement activities e.g. to increase the number of people identified from the target population and increase uptake Delivery allows for reasonable adjustments
PERSON-CENTRED	Focus on the individual and address the individual's needs, taking into consideration what matters to them	Delivery accounts for multiple conditions and risk factors, and addresses what matters to the individual

Checklist

How should prevention activity be delivered safely, equitably and in a timely and person-centred way? ✓

Is prevention activity scaled to meet the need? Are there gaps in provision? Is there unwarranted variation? ✓

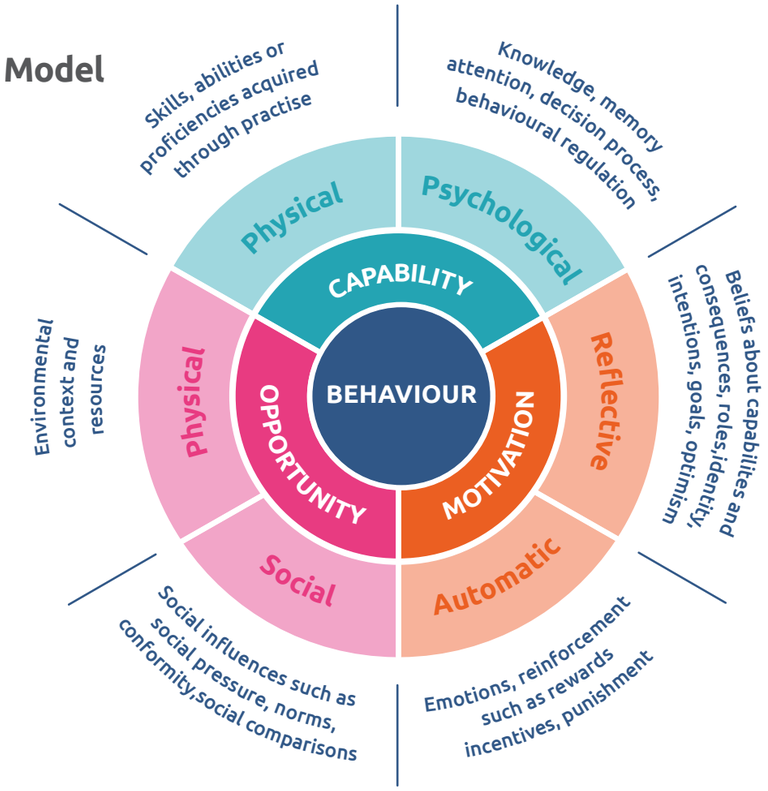
3 WORKFORCE

Often, people will have the confidence and ability to recognise opportunities and act themselves to support their own health and wellbeing, or they may be prompted and supported to do so by family members and friends. However, whilst people can and should be empowered to directly access community assets to support their health and wellbeing, it is recognised that a spectrum of support is required to enable effective behaviour change, so that people can engage in activities and access the interventions or services they need. The level of support a person needs, will vary over their lifetime and be dependent on the circumstances they find themselves in.

The PBHC framework recognises that the health and social care workforce is one key part of the delivery of prevention activities. Therefore, coordinated efforts are required to create optimum conditions for the health and social care workforce to fulfil their role in embedding prevention.

To support the workforce to effectively deliver prevention, the COM-B model (see Figure 6) which utilises behavioural science, identifies that there are three components to any behaviour **(B)** : **CAPABILITY (C), OPPORTUNITY (O) AND MOTIVATION (M)**. In order to perform a particular behaviour, the workforce must feel both psychologically and physically able to do so **(C)**, have the social and physical opportunity to undertake the behaviour **(O)**, and want or need to carry out the behaviour more than other competing behaviours **(M).**

Figure 6
The COM-B Model



Taking a behavioural science lens to supporting the workforce to have a prevention-based approach recognises:

- the importance of addressing staff health and wellbeing
- the need to identify staff in the health and social care system as being part of the wider public health workforce
- the role of staff education and addressing their training needs
- the wide range of barriers and facilitators to workforce behaviours and behaviour change, including emotional, societal, structural and educational factors

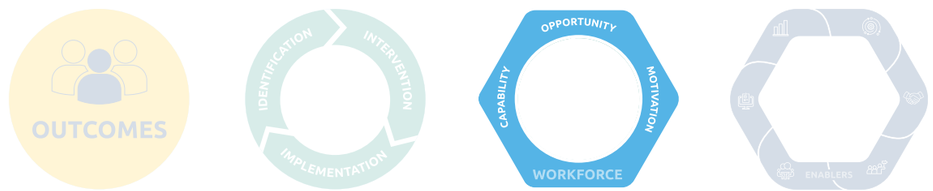
As each of these components **(C,O,M)** interact, actions to support the workforce must target one or more of these in order to deliver and maintain effective behaviour change.

The existing health and social care workforce can and do deliver prevention activities as part of normal care, but it is recognised that additional capacity is also needed and without investment in dedicated resource, in addition to enabling the existing workforce, the aspirations of policy in Wales are unlikely to be achieved.

Working through the components of the prevention cycle will outline what needs to be delivered, and working through the workforce component should support an understanding of who can deliver the activities.

To support healthy behaviours the existing workforce has a key role in facilitating access to behavioural support. For example, to facilitate smoking cessation, mechanisms are relatively well established and normalised, whereas supporting people to have a healthier weight is less so and multiple barriers still exist for the workforce to do this routinely.

It is also recognised that dedicated roles are also required in some situations to provide a greater level of support. Newer roles providing this dedicated wellbeing support are emerging in both the health and social care system and wider sectors, including for example social prescribing practitioners, community health workers and diabetes prevention support workers.



Checklist

Who will deliver the prevention activity? ✓

How can optimum conditions be created to support the workforce's capability, opportunity and motivation to deliver prevention activity? ✓

4 HEALTH CARE SYSTEM ENABLERS

The concept of health and care system 'enablers' is not new. The Health Foundation's report Constructive Comfort (2015)[36] identified seven success factors for effective change in the health system, and the Bevan Commission recognised the relevance of these for Wales [37] in line with Wales' philosophy of Prudent Healthcare.

However, key success factors or enablers are not always proactively considered when planning prevention activities. Instead, they might be identified retrospectively when considering what went well, as well as what could have gone better, e.g. better digitalised data collection systems to enable monitoring and evaluation. To optimise the delivery of preventative action, enablers need to be addressed proactively.

In 2021, the Welsh Value in Health (ViH) Centre was established as a delivery mechanism for Prudent Healthcare.

The ViH Centre recognises that there are opportunities to embed a value-based approach at every stage of the healthcare pathway, from prevention through to end-of-life care.

Figure 7 Areas of focus to enable delivery of value-based healthcare

In its initial strategy up to 2024, the ViH Centre identified six areas of focus to enable delivery of value-based healthcare. These 'areas of focus' picked up similar considerations to several of the Constructive Comfort success factors.

This has presented an opportunity for PHW to collaborate with the ViH Centre on the development of a set of 'Health and Care System Enablers' for Wales **(see Table 2).** These consider both the Constructive Comfort success factors, the original ViH focus areas and experience of their application to date, as well as new thinking around 'Healthy System Indicators' [38] which emphasise the importance of relational working, and the quality enablers in the Duty of Quality [24].

Whilst the ViH enablers were originally designed more for healthcare, rather than social care, in subsequently developing these enablers to apply to PBHC, the breadth of health and social care is reflected.

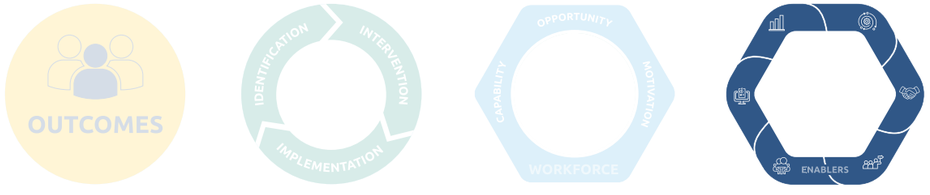


Table 2 PBHC Health and Care System Enablers

Health and Care System Enablers	Description
Leadership, collaboration and influence	Leaders are prioritising prevention across the sphere of their influence, as well as fostering a culture of collaboration across teams, disciplines and organisations
People involvement, engagement and experience	People have equitable opportunities to coproduce prevention activities and engage in shared decision making in relation to activities which involve them
Digital health and care	The use of digital public facing technology is optimised to support new models of care and improve outcomes. Data infrastructure and tools are developed to support a cultural shift towards outcomes-focused decision making
Data and analytics	Systems and processes are developed to identify, collect, analyse, and synthesise data, thereby creating and sharing meaningful intelligence, to inform prioritisation, planning, practice and quality improvement.
Research, evidence and impact delivering value	The systematic application of the evidence base and generation of new knowledge through research and evaluation is driving decision making in relation to prevention
Strategic partnerships	Strategic partnerships are prioritising prevention through coordinated action, driven by a shared purpose, and aligning organisational priorities, service plans and delivery to optimise impact

Checklist

How can enablers support a coordinated and systematic approach to delivering prevention activity? ✓

How will we know if the desired outcomes are being met? ✓

Next steps

As highlighted, we can no longer afford not to embed high quality prevention activity at scale, both in terms of the impact on the health and wellbeing of individuals and communities, as well as the sustainability of the health and social care system.

Recognising the many competing demands on the health and social care system, action is required to reframe prevention to be part of the solution, and to address the challenges of raising preventative, proactive approaches up the agenda.

Whilst the PBHC framework provides an approach to achieving this, the scale of the challenge ahead must be acknowledged, given the complexities, the number and breadth of stakeholders involved and the inherent need for cross-disciplinary and cross-organisational collaboration for these endeavours to succeed.

Therefore, to take forward the implementation of Prevention-Based Health and Care, the following steps are needed:

1. Building the momentum

Many strategic and policy leads in Wales have been involved in the development of PBHC, all of whom recognise and support the need for embedding prevention. However, the coalition of those committed to achieving this must grow and be sustained. Continuing to build the momentum will be an initial focus in implementing PBHC. This will include ongoing engagement to understand the barriers and facilitators to embedding prevention.

This engagement needs to be meaningful, with a broad breadth of stakeholders, to inform collective action going forward. In particular, we recognise the potential levers for change through the Accelerated Cluster Development programme, the NHS Executive and clinical networks, and social care organisations, as well as the need for engagement with communities, the workforce, education providers and the third sector.

2. Agree what a measureable and tangible shift towards prevention requires

There is already considerable prevention activity in many disciplines within specific areas of health and social care, to help shift services upstream.

If widespread understanding of the PBHC framework and its application is achieved, and this translates to an increase in high quality preventative activity, it follows that a tangible and measurable shift towards prevention would be realised. It is therefore necessary to have ***a shared understanding of how to achieve this shift across the health and social care system*** at every level, with commitment from the frontline to the board room.

This needs to be supported through recognition of prevention as a national priority, with PBHC being identified as a vehicle for the shift to prevention as part of core business. Accountability also needs to be akin to reactive care, with an understanding of what this looks like for those in leadership positions and the role of executive boards.

A common set of measures across Wales may help to understand what progress looks like as well as identifying where further work is needed. For example, in developing population health management capability, policy, planning, service delivery, feeding data and intelligence into outcomes, the capability and capacity for monitoring and evaluation, and a detailed understanding of the resources needed.

A common set of measures across Wales may help to understand what progress looks like as well as identifying where further work is needed.

3. Develop evidence of impact

Most importantly, a shift to prevention needs to be effective. ***Building monitoring and evaluation into the development of preventative activity***, including outcome evaluation, is vital to understand the difference that prevention is making.

4. Enable prevention to become an integral part of core business

If prevention is embedded in a tangible and measurable way that is making a difference, essentially the health and care system will become prevention-based and ***delivering preventative activity will become the norm.*** Given the extensive reach and influence of the health and care system, the opportunity to support the people of Wales to have a prevention-based approach to their health and well-being is significant.

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