

Cymru iachach,  
hapusach a thecach  
A healthier, happier  
and fairer Wales



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



Ein Cynllun Strategol | Our Strategic Plan **2015 - 2018**

## About us

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales.

We are part of the NHS and report to the Minister for Health and Social Services in the Welsh Government.

Our vision is for a healthier, happier and fairer Wales. We work locally, nationally and, with partners, across communities in the following areas:

**Health protection** – providing information and advice and taking action to protect people from communicable disease and environmental hazards

**Primary, community and integrated care** – strengthening its public health impact through policy, commissioning, planning and service delivery

**Microbiology** – providing a network of microbiology services which support the diagnosis and management of infectious diseases

**Safeguarding** - providing expertise and strategic advice to help safeguard children and vulnerable adults

**Screening** – providing screening programmes which assist the early detection, prevention and treatment of disease

**Health intelligence** – providing public health data analysis, evidence finding and knowledge management

**NHS quality improvement and patient safety** – providing the NHS with information, advice and support to improve patient outcomes

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

**Health improvement** – working across agencies and providing population services to improve health and reduce health inequalities

### Further information

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# **1 Executive summary**

## **1.1 Introduction**

Today is a challenging time in Wales. We are facing persistent and significant financial challenges that are affecting individuals, families and communities. The challenges are also impacting on the resources available for our public services.

Similarly, as a population, we have considerable challenges in relation to our health and wellbeing. These are likely to increase in the coming years if what we do in the future is the same as we have done in the past.

There are now more older people than children in Wales. As more people are living longer we have an increasingly ageing population – which is a success. Older people contribute significantly to society through unpaid inputs, which reduce public expenditure, enable other people to work and help to make society more cohesive. Overall healthy life expectancy is increasing, although many people are living longer with a significant burden of ill health.

There are a wide range of factors that influence our health including social, economic and environmental. As individuals we cannot always control them. They may influence the choices that we make or are made for us as we grow up, as we move into adulthood and as we grow older. However, what we have done in the past to tackle these issues simply has not had the type of impact that is required to begin to change the destiny for our population.

Mental wellbeing is a fundamental component of good health. Mental illness is hugely costly to the individual and to society. Lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities in health. There can be no separation of mental and physical health if we are to improve the health of the people of Wales.

In relation to protecting our population, the need to continually increase our preparedness for responding to communicable disease outbreaks and emerging threats, such as the Ebola Virus Disease, have become increasingly important as we tackle the challenges of the globalisation of diseases.

As a provider of public health services in areas including microbiology and screening, we must continually improve their quality, safety and effectiveness if we are to embrace developments in technology as they emerge and deliver the best value for the population.

In developing this plan, we have engaged substantially with colleagues in health boards and trusts to understand how we can best support them in

improving our public's health. This has informed and shaped our strategic priorities as an organisation over the next three years.

This will be an important three years for Public Health Wales and for public health in Wales. We need to drive forward momentum that delivers tangible results for our population and in a way that actively involves and engages the public, communities, voluntary organisations, public services, private partners and policy makers in an integrated and partnership-based approach to improve the health and wellbeing of our population.

Set within this context we outline a summary of the strategic issues below.

## **1.2 Tackling inequalities in our health and our early years development**

Across Wales we have a substantial gap between the health and wellbeing of our people living in areas of low deprivation compared to people living in areas of high deprivation. We have a gap of over eighteen years in healthy life expectancy between people living in the least and most deprived areas. This gap shows no signs of improving.

Inequalities can be seen across many aspects of health. For example, the incidence of cancer is 20 per cent higher and cancer mortality is 50 per cent higher in the most deprived areas compared to the least deprived areas in Wales. Similarly, 29 per cent of all reception year children living in the most deprived areas of Wales are overweight or obese, compared to 21 per cent in the least deprived areas. There are also inequalities in infant mortality and in the number of emergency hospital admissions between areas of high and low deprivation in Wales.

The early years for a child are a critical part of childhood. Many factors influence a child's life chances and progress in the early years. These factors shape the destiny for children as they grow up, their educational achievements, their ability to secure an income, their influences on their own children and their health in older age. The origins of many health inequalities lie in early childhood and before birth and must become an increasing focus if we want to improve the health of our population.

The efforts that have been made to date to reduce the inequalities gap for people living in Wales are simply not having the impact needed. We therefore have to do things differently.

## **1.3 Shifting to a partnership model of prevention**

As more and more people live longer but with increasing ill health, the way our health system is currently designed simply cannot meet increasing demands. Nor is it financially viable for it to do so in its current

model. The current situation was predictable – and the future is equally as predictable – unless we all change our way of working as a society and our way of living as individuals.

Our health services are predominantly organised around our hospitals. Yet much of healthcare can and should be provided in the community through primary and community care services. Such care and support should be driven by a partnership ethos that is about tackling the factors that affect people's health. Helping people to prevent their ill health in the first place and then preventing their exacerbations of ill health must be thoroughly addressed through good self care with the provision of excellent health and social care based on best available evidence.

This partnership begins with individuals - their needs, their choices and their care. It must also reflect real partnership with communities at a local level to achieve a measurable and welcome impact. This is done by actively listening to their needs and working with them to coordinate support and enable people to influence the provision and planning of services both locally and nationally. Essential to this is the partnership with other public services, including local government, and the voluntary and private sectors. This partnership should also achieve maximum impact to improve people's health by building strong working relationships with a common, tangible and measured purpose.

A journey has already started to move us towards this approach. Recent developments have begun to modernise primary and community care services. They include the Welsh Government's *Our plan for a primary care service for Wales up to March 2018* published in 2014. Similarly, the advent of prudent healthcare to ensure that we are providing safe, effective and efficient healthcare services to achieve best outcomes for, and with, patients has heralded a new approach to healthcare provision. In parallel with this, links are being strengthened across the public sector in Wales in the light of the report of the Commission on Public Service Governance and Delivery.

However, as a country we are some way away from a health system that is fit for purpose in the modern day. As a society, we are some way from ensuring that the social, economic and environmental factors are aligned and addressed to enable people to make the choices that we ideally should be making within a locus of control to stay healthier for longer.

Something needs to change and this change, of course, fundamentally involves the NHS. But, it is more about how we embrace an integrated approach to societal health and wellbeing as a country. If we want to become a country where we live to an old age in good health, receive healthcare that delivers the best outcomes for us when we are unwell and contributes towards achieving a healthier, happier and fairer society then we need to make fundamental changes to how:

- we actively ensure that our children and young people have a healthy start in life and are enabled to achieve their educational potential to prepare them for a healthier future and a sense of greater wellbeing
- we work with communities and individuals of all ages to enable people to make better choices for themselves and their children, feel more confident and can exercise a greater degree of control of their lives. This will involve working across the life course, as adopting healthy lifestyles in adulthood and older age can yield health benefits and have a protective effect well into retirement
- public services and other partners work in an integrated way to make sure that every contact counts to help people make healthy choices
- we design and organise our health and social care services to become more focused on primary and community services
- we focus strategies to stimulate employment, improve the wider environment (such as housing) and reduce poverty in areas of high deprivation
- public policy drives an integrated approach to our population's health through a strong and proactive approach that ensures health in all policies.

In short, from our current challenges, we have a real opportunity to help people to live healthier, longer and fulfilling lives. We can do this by focusing on what we know works by shifting from acute services to primary and community care and by galvanising a societal movement that involves an integrated approach by public services and other partners as an organised *Prevention System* centred around communities and working with communities to achieve demonstrable improvements. At its heart, this approach must focus resources and commitment to reducing absolute and relative inequalities in Wales in a way that significantly moves us as a country to focus on **fairness** and, as a consequence, establishing a **healthier** and **happier** Wales.

## 1.4 Improving healthcare outcomes for our patients

In the last few years, progress has been made in improving outcomes for patients across a wide range of conditions. For example, since 2001, death rates from circulatory disease have declined by 44 per cent and those from cancer have declined by 13 per cent. However, we are still not achieving the improvements in patient outcomes that we should be.

Further improvements need to be made with a more driven approach to quality of care, patient safety, innovation and sharing and implementing good practice. Such approaches should be actively targeted in areas that

we know are associated with avoidable harm to our patients and that require improvement.

Factors that cause avoidable harm and unnecessary expenditure, such as patients with healthcare associated infections (HCAIs); the inappropriate management of patients with sepsis; poor medication management and the lack of implementation of evidence based practice, are all areas in which we need to deliver improvements as an NHS. Much of the solution lies with ensuring that the culture in our healthcare facilities is one that does not tolerate harm to patients, which encourages innovation and which strives to learn when things go wrong.

Our 1000 Lives Improvement Service will continue to deliver service improvement expertise and to build improvement skills capacity in Public Health Wales and the wider NHS in Wales.

## **1.5 Protecting the public and continuously improving the services we provide**

Public Health Wales, along with the wider NHS in Wales, face a number of strategic challenges and opportunities over the next five years. These include:

- increased financial and capacity/demand pressures being placed upon services as part of an ever changing operational environment
- the need to ensure our services meet the principles of prudent healthcare
- the need to better align and integrate resources to address major public health issues, such as: HCAIs and antimicrobial resistance; outbreak response; inequalities and lifestyle challenges especially smoking cessation, and participation in screening programmes
- the need to maximise the opportunities afforded through advances in technology
- the age profile of our current workforce and the challenge of recruiting to key specialist roles
- the modernisation of microbiology services and the cervical screening programme
- performance improvements within screening programmes and Stop Smoking Wales
- the implementation of Transforming Health Improvement in Wales
- a commitment to creating a culture that puts the citizen at the heart of what we do as part of continual improvement
- ensuring that we develop a culture where the work we do is informed and inspired by sound knowledge i.e. data and evidence.

We intend to build on the strong platform that we have in many of these areas and further address these challenges and opportunities over the next three years. In so doing, our intention is to undertake significant transformational change to the way we deliver public health services for the people of Wales and our partners. As part of this approach, significant developments and modernisation will be undertaken in relation to our screening programmes and microbiology and health protection services. In addition, we will build on work previously undertaken to develop and implement proposals for the future delivery of smoking cessation services, enhance our safeguarding service and further develop our health intelligence functions.

## **1.6 Our strategic priorities**

This document – our Integrated Medium Term Plan (IMTP) - presents our strategy to make the maximum impact for our population over the next three years. It has been shaped by the context set out above, our engagement with colleagues in health boards and trusts to integrate our approaches and by us challenging ourselves to focus on the areas which will make the most difference.

In many ways, it is radically different to how we have focused our work before. In others, it is about continuing to improve the services that we deliver to ensure they are high quality, safe, efficient and effective.

It has been informed by the state of health and wellbeing in Wales; the experience of effective models in other countries; our reflections on what has worked and what has not worked; and how we can assist and work with other partners in health, other public services and other organisations to mobilise people to focus on making an impact.

In so doing, we have identified seven strategic priorities that will drive the work we do to have maximum benefit for the public. These priorities reflect the challenges facing us as a country today. In order to deliver against them to the highest standard, we must also continue to develop our organisation so we make the best use of the skills of our talented workforce and organise and govern ourselves to achieve maximum impact through our work.

Our strategic priorities and the key outcomes and milestones we will deliver over the next three years are:

### **Priority: Adopting and implementing a multi agency systems approach to achieving significant improvements in our public's health**

#### **Key outcomes:**

- Improvements in a number of defined outcomes, including tobacco, nutrition and obesity, physical activity and alcohol (see 7.3)
- Demonstrable success against quality benchmarks

### **Priority: Working across sectors to improve the health of our children in their early years**

#### **Key outcomes:**

- Reduction in proportion of children who are obese at the age of five and the gap between the most advantaged and disadvantaged
- Reduction in the rate of low birth weight

### **Priority: Developing and supporting primary care services to improve the public's health**

#### **Key outcomes:**

- Reductions in unscheduled admissions for long term conditions
- 10 per cent reduction in the use of antimicrobials in primary care

### **Priority: Supporting the NHS to improve healthcare outcomes for patients**

#### **Key outcomes:**

- Substantial improvements in defined core patient safety areas, including in the prevention of sepsis and medication management
- Reductions in all HCAI rates

### **Priority: Influencing policy to protect and improve health and reduce inequalities**

#### **Key outcomes:**

- Active participant in the development of international policy
- Increased European health research income

### **Priority: Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver**

#### **Key outcomes:**

- Delivery of high quality services that meet or exceed performance targets (see section 14 and appendix 5)
- ISO 15189 (2012) accreditation of an all Wales managed microbiology service network

### **Priority: Developing the organisation**

#### **Key outcomes:**

- Reductions in sickness absence levels to 3.2 per cent
- 85 per cent of all staff receiving regular appraisals.
- Balanced financial plan that ensures resources are aligned to priority work

Together, the above represent an integrated approach to the issues facing us and support key elements of Welsh Government policy (see section 4). There is considerable overlap and interplay between the activity that will be undertaken within each priority area and the systems approach can be seen as overarching other priorities, as indicated in our strategy map (page 12).

Each priority is underpinned by strategic objectives that articulate exactly what we will be focusing on in the next three years. Each is driven by principles that ensure that we must:

- be outcome focused
- reduce absolute inequities
- be informed by, add and contribute to best available knowledge
- adopt and fully exploit all of the principles of prudent healthcare.

To demonstrate our strategy for the next three years, our strategy map overleaf (or our plan on a page) articulates our vision, our mission, the strategic priorities that we will be focusing on and how we will enable the organisation to deliver on the mission.

## **1.7 Concluding remarks**

If ever there was a time for public health to help improve our public's health it is now.

This drive is as much about us in Public Health Wales working differently as it is for others. It is imperative that, directly as an organisation, and indirectly with others, we can achieve and demonstrate over the coming years, improvements in the health and wellbeing of our population and a significant reduction in health inequalities and inequities.

It is a critical time for our country and a time of great opportunities if we have the wisdom, passion and courage to realise them. We believe that our focus over the next three years – as set out in this plan - will make the maximum impact for our population. However, we cannot do it alone and we look forward to working closely with the public, communities, employers, people using services, the NHS, public and voluntary services and the Welsh Government to realise a better future.

Beyond the life of this plan our aim for twenty years time is to have the healthiest eighteen year olds ever having lived in Wales with a healthy future ahead of them.

# Strategy Map 2015 - 2018



**GIG**  
CYMRU  
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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

## VISION

To achieve a healthier, happier and fairer Wales

## MISSION

We exist to protect and improve health and wellbeing  
and reduce health inequalities for people in Wales

## OUTCOMES



Improved health  
and wellbeing  
and reduced health  
inequalities



Improved quality,  
equity and  
effectiveness of  
healthcare services



Protected people  
from infectious  
and environmental  
hazards

## PRIORITIES

Adopting and implementing a multi agency systems approach  
to achieving significant improvements in our public's health

Working  
across sectors  
to improve the  
health of our  
children in their  
early years

Developing  
and supporting  
primary care  
services to  
improve the  
public's health

Supporting  
the NHS  
to improve  
outcomes  
for patients

Influencing  
policy to  
protect and  
improve health  
and reduce  
inequalities

Protecting  
the public and  
continuously  
improving  
the quality,  
safety and  
effectiveness  
of the services  
we deliver

## DEVELOPING THE ORGANISATION

Clarity of  
Purpose

Robust  
finance

Positive  
reputation

Positive work  
environment

Effective  
governance

Driven  
by people's  
needs

Skilled  
people

Delivering  
quality work

Collaborative  
partnerships

Facilities,  
IT and estates

## Part 1: Setting the Scene



## 2 Introduction

We are ambitious for the health of the people of Wales but we know that working alone we would achieve little. Changes in health are dependent on the actions of many, from public agencies including government, local authorities and the NHS, through to communities, voluntary organisations, employers and, of course, individuals. Fundamental to our approach is adopting and implementing a multi agency systems approach to achieving significant improvements in our population's health. This will have a particular focus on aiming to reduce the serious health inequalities that exist between areas of high deprivation and low deprivation in Wales.

In the development of this Integrated Medium Term Plan, we have considered the state of the health of our population and the strategic national and global context in which we work. We have engaged with colleagues in health boards and trusts to understand how we can best support them in improving our public's health and have developed a number of shared priorities in order to galvanise action. These factors have been pivotal in shaping our strategic priorities over the next three years. Throughout the plan, we have also sought to treat the intrinsically related physical and mental components of health with parity.

The successful delivery of this plan will depend on our ability to work in partnership with the public, communities and providers and our ability to measure and demonstrate improvements in the health and wellbeing of our population. A number of our quantitative targets are dependent on our provider-commissioner arrangements between us and health boards. As such, clear inter dependent performance expectations will need to be incorporated and managed within robust service level agreement.

Our plan is ambitious and is presented in five parts:

### **Part 1: Setting the scene**

This includes the 'state of the nation' and a profile of Public Health Wales.

### **Part 2: Our strategy**

This includes our vision, mission, the outcomes we want to achieve, a summary of our strategic priorities and objectives and our 'strategy map'.

### **Part 3: Our strategic priorities**

Here we cover our six external facing strategic priorities in detail. We outline what success will look like at the end of three years, annual milestones to achieving success and the actions we will take each year.

### **Part 4: How we will develop our organisation to enable success**

This details our internal strategic priority – Developing the Organisation. It also covers our financial plan, workforce, our approach to quality, stewardship and governance, innovation and collaboration.

### **Part 5: Appendices**

### 3 State of the nation

This section of our plan provides an overview of the current 'state of the nation' in relation to the health and wellbeing of the people of Wales. It outlines the main areas of health need. It informs and underpins the priorities we have set, and action we will undertake, over the next three years. We present a number of figures and diagrams, including levels of child poverty and the current picture in relation to health inequalities, to illustrate the scale and nature of the public health challenges facing Wales.

The overview presents, and reflects, the complex picture of health in Wales. It demonstrates the gains we have made, such as the continuing rise in life expectancy, but also highlights the significant challenges we continue to face. In particular, it shows improvements have not been realised in relation to health inequalities and differences in healthy life expectancy between our most and least deprived communities.

This chapter sets out to be a 'call to arms' for not only the NHS but wider society as a whole to undertake action at a scale and pace not previously achieved in Wales. We believe it endorses, and in many ways, compels us to undertake the fundamental system shift and change in approach which is reflected by our priorities to deliver and realise meaningful, and long lasting, improvements in the population's health.

#### 3.1 Overview

The population of Wales continues to grow, with projections indicating that it will rise to 3.3 million by 2037 (see figure 1). During this period, those aged 65 and over will be the group with the biggest growth. Estimates suggest it will increase by 50 per cent (2012 based National Population Projections for Wales, Welsh Government, 2013). While gains in life expectancy should be celebrated they will also result in challenges to the way we configure, and deliver, services to our population. This is particularly pertinent due to the burden of disease that significant numbers of our population currently experience (see table 1).

While people in Wales are living longer, and for a greater length of time in good health, these health gains are not distributed equally. Experiences are vastly different for those people living in our most deprived communities compared with the least deprived parts of the country. There are significant gaps in both life expectancy and healthy life expectancy. Figure 2 illustrates the gap in healthy life expectancy in Wales, which is over 18 years for men. Similar levels of inequality exist within many local areas in Wales (Measuring Inequalities: Trends in Mortality and Life Expectancy in Wales, Public Health Wales Observatory, 2011).

**Figure 1 – Projected percentage change in population for key age groups in Wales**

**Projected population estimates, percentage change by age group, all persons by age group, Wales, 2012-2037**

Produced by Public Health Wales Observatory, using national population projections (ONS)

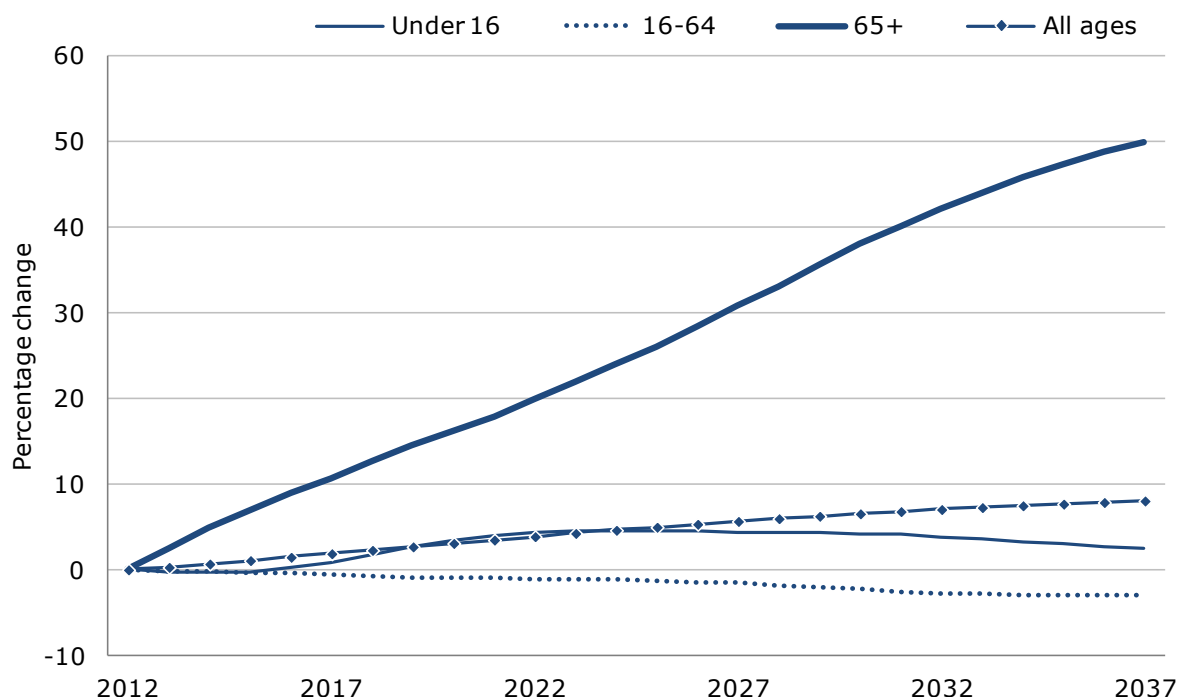
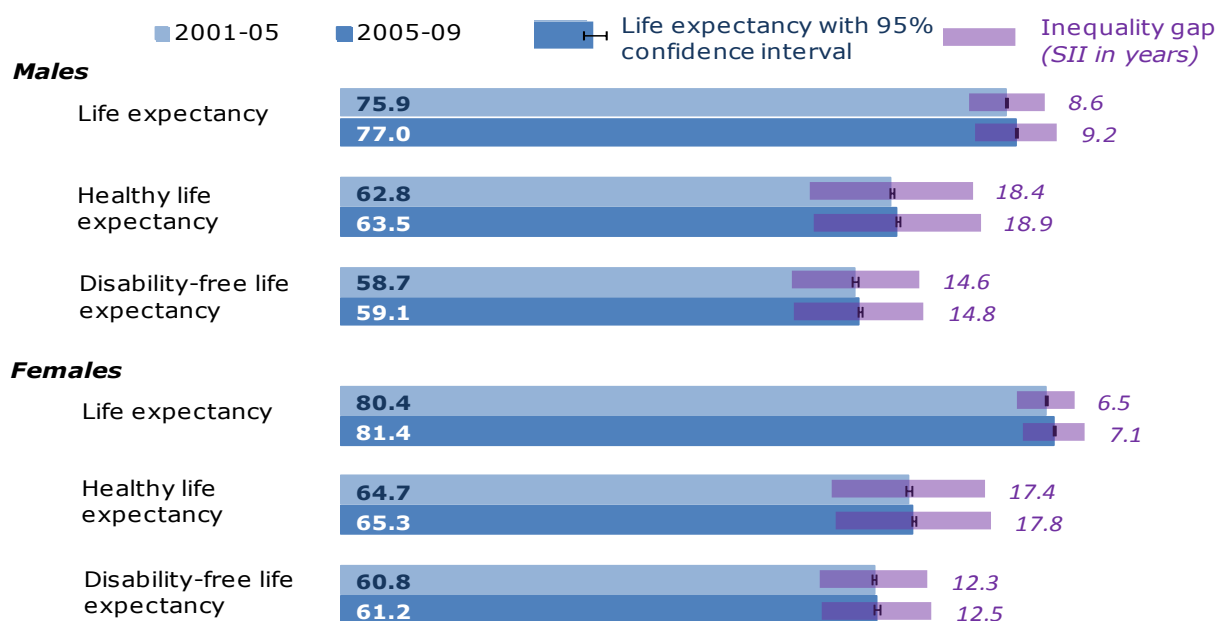


**Figure 2 - Life expectancy, healthy life expectancy and disability-free life expectancy, with inequality gap, males and females, Wales, 2001-05 and 2005-09.**



People in Wales are also living in greater numbers with long term conditions, as gains in life expectancy have overtaken gains in healthy life expectancy. Poor health and premature mortality are strongly associated with deprivation. As a result, 50 per cent of adults in Wales are now being treated for a chronic illness, including 20 per cent for high blood pressure and 14 per cent for a respiratory illness (see table 1). Diabetes UK has estimated that 6.7 per cent of the adult population in Wales were living with 'type two' diabetes in 2013, compared to six per cent of adults in England, 5.6 per cent in Scotland and 5.3 per cent in Northern Ireland.

**Table 1 – Percentages of adults in Wales being treated for chronic illnesses**

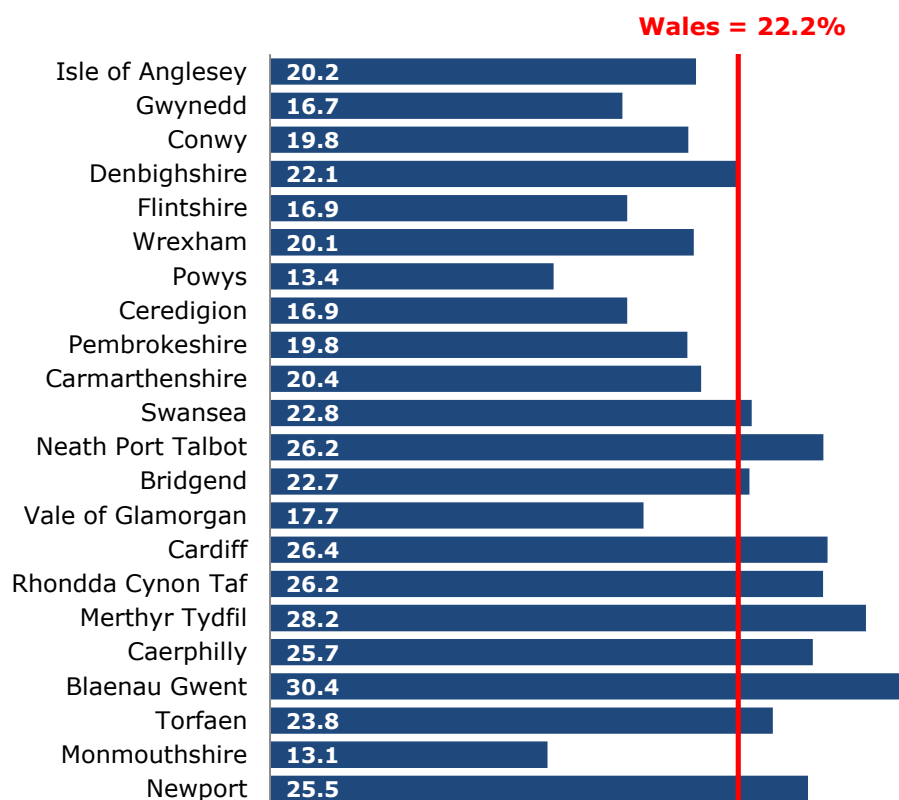
|                                             | Percentage |
|---------------------------------------------|------------|
| Any illness                                 | 50         |
| High blood pressure                         | 20         |
| Heart conditions (exc. high blood pressure) | 8          |
| Respiratory illness                         | 14         |
| Mental illness                              | 12         |
| Arthritis                                   | 12         |
| Diabetes                                    | 7          |
| Limiting long-term illness                  | 33         |
| General health status (fair or poor)        | 20         |

Produced by Public Health Wales Observatory, using WHS (WG)

Child poverty remains worryingly high in Wales and at levels above other UK countries (Consultation on Revised Child Poverty Strategy for Wales, Welsh Government, 2014). More than one in five children and young people aged under 20 in Wales live in poverty. This ranges from 13 per cent in Monmouthshire to over 30 per cent in Blaenau Gwent (Health of Children and Young People in Wales, Public Health Wales Observatory, 2013). This is demonstrated in more detail in figure 3.

The challenges we face in Wales, particularly in relation to health inequalities, are also illustrated by levels of emergency admissions for children and young people. In children aged five to 14 rates of emergency admission for pedestrian injury vary from 51 per 100,000 in areas of high deprivation compared to 15 per 100,000 for those in low deprivation. This pattern is also reflected in differences in the infant mortality<sup>1</sup> rate (2006 – 2010) in Wales, with rates varying from 5.6 per 1,000 births (high deprivation) compared to 3.8 per 1,000 (low deprivation).

<sup>1</sup> Infant mortality is defined as deaths under one year. The rate is deaths per thousand live births occurring in babies under one year.

**Figure 3 - Percentage of persons under 20 living in poverty 2010**

*Source: Health of Children and Young People in Wales, November 2013, Public Health Wales Observatory*

### 3.2 Public health challenges in Wales

While we can see improvement in both overall health and reductions in some specific health risk behaviours, Wales continues to face many serious and complex public health challenges, which are the result of a number of interrelated factors (see table 2).

Significant challenges exist within this context that will create a burden, and level, of disease and poor health that will require changes in the way both health and other public services are delivered.

Supporting and empowering people to make healthy choices and reduce levels of health risk behaviours remains a key challenge. This is not as simple as individual behaviour change. It requires wider changes in society, including legislation and infrastructure, which will result in healthy choices.

The following sections provide an overview of the current picture of health risk behaviours, and their implications, in Wales. The information provided also illustrates the scale of impact they have on our most disadvantaged communities.

**Table 2 - Current issues and future threats to health in Wales**

|                             | <b>Current Concerns</b>                                                                                     | <b>Future threats</b>                                             | <b>Future opportunities</b>                                              |
|-----------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Environmental issues</b> | Environmental hazards<br>Infectious diseases                                                                | Climate change<br>New diseases                                    | Multi agency/<br>multi professional working<br>Review of public services |
| <b>Social issues</b>        | Inherited burden of health problems and inequalities<br>Variations in services                              | Health consequences of existing life circumstances and behaviours | Whole government and whole society approach                              |
| <b>Economic issues</b>      | Current and future consequences of the global financial crisis, public sector stringency and benefit reform |                                                                   | Using the health and social care sector to generate prosperity           |

Source: *Chief Medical Officer for Wales Annual Report 2012-13*

### 3.2.1 Smoking prevalence

Levels of smoking prevalence in Wales remain high, with 21 per cent of our population still smoking compared to 26 per cent in 2003/2004. As a result, approximately one person every 90 minutes dies from a smoking related disease. This equates to nearly one in five deaths and one third of the inequality in mortality in people aged 35 and over in Wales.

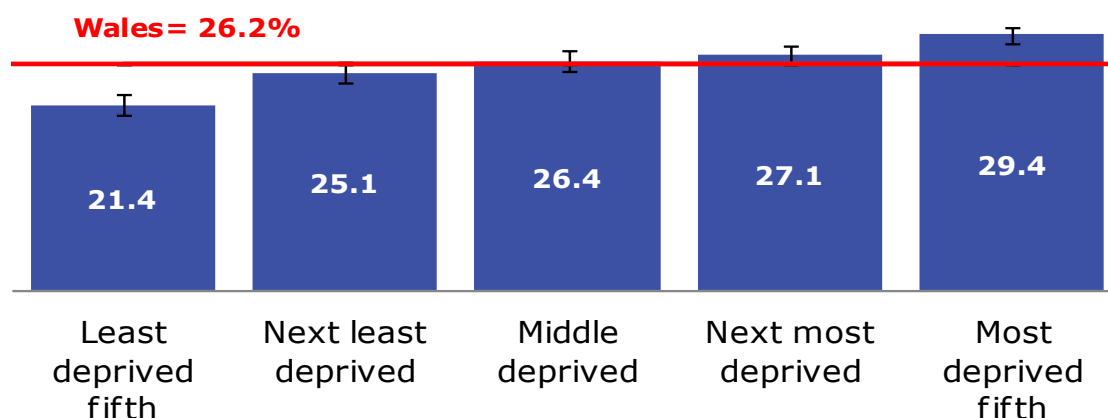
### 3.2.2 Overweight and obesity

Welsh Health Survey data from 2009/12 showed that 28 per cent of adults in the most deprived areas of Wales were obese compared to 17 per cent in the least deprived areas. For overweight and obesity combined, these figures were 61 per cent in the most deprived areas and 53 per cent in the least deprived. This significantly increases the risks of diseases, such as diabetes, heart disease, cancer and stroke.

Even more alarmingly, 29 per cent of all reception year children living in the most deprived areas of Wales are overweight or obese, compared to 21 per cent in the least deprived areas, and 26 per cent at an all Wales level. For children across the age range two to 15, Wales has greater

prevalence of obesity (19 per cent) and overweight plus obesity (34 per cent) than either England (14 per cent/28 per cent) or Scotland (17 per cent/31 per cent).

**Figure 4 - Percentage of children aged 4-5 years who are overweight or obese**

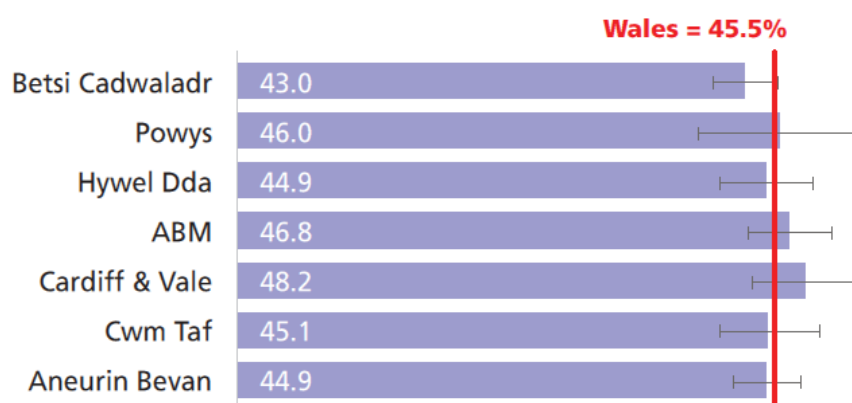


Source: Welsh Index of Multiple Deprivation quintiles, Child Measurement Programme for Wales, 2012/2013- Public Health Wales Observatory using CMP data (NWIS)

### 3.2.3 Alcohol consumption

Alcohol consumption, and the health consequences of it, continues to be a significant issue in Wales. Nearly half of young people report drinking too much and we have the highest proportion of underage drinkers in the UK. Around 1,500 people die each year of an alcohol attributable disease, with a higher rate in areas of higher deprivation. Figure 5 shows the percentage of people aged 16-24 who reported drinking above the recommended guidelines on at least one day in the previous week.

**Figure 5 – Percentage of persons aged 16-24 who reported drinking above the recommended guidelines on at least one day in the previous week, 2008-2011**

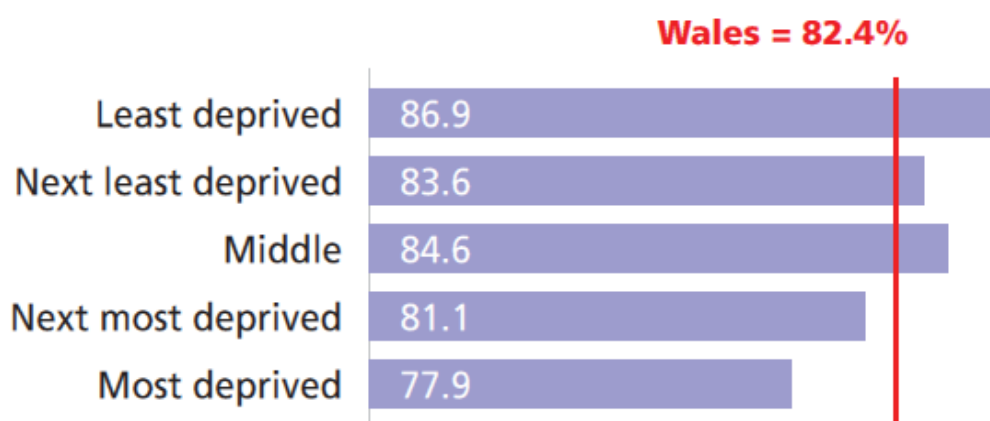


Source: Health of Children and Young People in Wales, November 2013, Public Health Wales Observatory

### 3.2.4 Vaccination and immunisation

Immunisation is the most effective and cost effective way to protect children against serious infectious diseases. Vaccination rates in Wales, particularly for children, have improved over recent years, although continue to be below the recommended target to ensure herd protection. However, significant inequalities in uptake continue to exist. The proportion of four year olds living in the most deprived areas of Wales who are up to date with immunisation is nine per cent below that for those living in the least deprived areas. Immunisation uptake in teenagers is 14 per cent lower in the most deprived areas.

**Figure 6 - Percentage of children who are up to date with their routine immunisations at 4 years of age by deprivation fifth, Wales, 2012**



Source: Health of Children and Young People in Wales, November 2013, Public Health Wales Observatory

### 3.2.5 Mental health and wellbeing

The link between deprivation and prevalence of mental illness is clear. There is a strong body of evidence that living in poverty brings with it poorer mental health and that the stresses of living in poverty increase the risk of developing mental health problems<sup>2</sup>. Furthermore those people with long term mental health problems are less likely to be employed and are more likely to experience financial and health inequalities.

<sup>2</sup> Department of Health 2014 Living Well for Longer

National Support for Local Action to Reduce Premature Avoidable Mortality Online. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/307703/LW4L.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307703/LW4L.pdf) [Accessed 27 October 2014]

There is evidence that people with severe and enduring mental health problems die up to two decades earlier than the general population, and the number of years living with a disability is also increased<sup>3</sup>. People with mental illness are more likely to have a poor diet, take less exercise, and have higher rates of smoking<sup>2</sup> and drug and alcohol misuse. Psychological approaches to support people to adopt health improving activities such as increased physical activity, improved nutrition reduced alcohol consumption also play a part in improving physical and mental health and wellbeing.

### 3.2.6 Communicable disease

Communicable diseases continue to pose a major threat to public health. There are risks of new and emerging diseases, such as pandemic influenza, as well as the possible spread of existing communicable diseases, for example the Ebola Virus Disease. In 2014, the Ebola Virus Disease was declared a global public health emergency due to its rapid spread in Sierra Leone and Liberia and the resulting risks to the globalisation of the disease, which has the potential to impact any country across the world. We need to be prepared for such threats and to support weaker health systems. This has informed our health protection strategy for the coming years.

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<sup>3</sup> Department of Health (2011). *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages*. London: Department of Health

## 4 Strategic context

We recognise that legislation must sit alongside policy solutions if people are to live healthy and long lives with a public service that is organised to promote self care, prevent ill-health and keep people healthier for longer. We articulate within this plan the role we will play to inform future policy and legislation and to ensure benefits to population health are maximised.

The likely introduction of the Public Health Bill, the Wellbeing of Future Generations Bill and the recently enacted Social Services and Wellbeing (Wales) Act will be important for supporting preventative action. They will enable public health to be at the centre of a more integrated approach to social policy, health and wellbeing in Wales. Similarly, the Welsh Government's plan for primary care provides a roadmap to support the development of primary and community services.

This legislative framework and strategic direction provide key drivers for long term planning to address the current 'state of the nation.' It presents a unique opportunity to ensure that health and wellbeing is an integral part of decision and policy making in Wales, now and in the future.

### 4.1 Public Health Bill

The Public Health Bill, currently being drafted, is anticipated to be introduced within the lifetime of this plan. Public Health Wales believes strongly that this 'once in a generation' piece of public health legislation, should be substantial. It should set the direction and framework for public health in Wales for decades to come in order to drive and support changes in the health and wellbeing of our population.

### 4.2 Wellbeing of Future Generations Bill

During the period covered by this plan, we expect that the Welsh Government will take forward the Wellbeing of Future Generations Bill (Wales). This should have a significant impact on the way we work with partners and with our population, because it will place a statutory requirement on all public bodies to work together to create a:

- prosperous Wales
- resilient Wales
- **healthier Wales**
- **more equal Wales**
- Wales of cohesive communities
- Wales of vibrant culture and thriving Welsh language.

The Bill highlights five governance principles, which inform this plan:

- Long term thinking
- An integrated approach

- Preventative action
- Collaboration
- Engagement

These governance principles underpin the proposed development of a multi agency systems based approach to health and wellbeing.

We also anticipate a strong role for Public Health Wales in developing the Public Health Outcomes Framework to support and complement national indicators for wellbeing that will accompany the Bill.

### **4.3 Social Services and Wellbeing (Wales) Act**

The Social Services and Wellbeing (Wales) Act comes into operation in 2016. The Act is intended to transform services to maintain and enhance the wellbeing of people in need by placing a greater emphasis, and focus, on prevention and early intervention.

The legislation will place a duty on local authorities and partners to gain a better understanding of the needs and characteristics of their local populations, in order to ensure organisations are targeting support in the right areas of need.

It provides significant opportunities to support, and align, with work to develop a multi agency systems approach. Public Health Wales will also play a key role in the provision of health intelligence.

### **4.4 Programme for Government and Together for Health delivery plans**

Public Health Wales has an important role to play in delivering the vision of, and specific actions detailed within, the *Programme for Government, Together for Health* and its supporting delivery plans. The content of this plan describes the strategic approach, and action, we will take to support their implementation.

Appendix 2 provides detail on the key actions and contribution we will make to the implementation of specific delivery plans. An overview of how they align to our strategic objectives is also included.

Further detail on specific action we will take is provided in our annual Operational Plan.

### **4.5 Primary and community care developments**

In November 2014, '*Our plan for a primary care service in Wales up to March 2018*', was published. The stated aim of the plan is to develop a more 'social' model of health, which promotes physical, mental and social

wellbeing, rather than just the absence of ill health. It aims to draw in all relevant organisations, services and people to ensure the root causes of poor health are addressed. This includes the NHS, social services, housing, education, transport, environment and leisure services, the voluntary sector, independent sector, carers and people (Welsh Government, 2014).

There are five priority areas for action in the plan, which have helped shape our approach to primary care (see section 9):

- Planning care locally
- Improving access and quality
- Equitable access
- A skilled local workforce
- Strong leadership.

## **4.6 Prudent healthcare**

Prudent healthcare is central to good public health practice and what we aim to deliver, with our partners, over the next three years. The prudent healthcare principles were embedded as key drivers in the development of our priorities and underpin the specific strategic objectives detailed within this plan.

## **4.7 The Strategy for Older People in Wales**

The Strategy for Older People Phase 3 - Living longer, ageing well (2013-23) focuses on improving the social, environmental and financial resources of older people in Wales.

The Commissioner for Older People's Ageing Well in Wales programme is a major national initiative which will help to deliver the strategy outcomes. Public Health Wales is an active partner in Ageing Well in Wales.

## 5 Profile of Public Health Wales

### 5.1 Where we have come from

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

From this stronger base we have been working to align all our functions and services to the key public health challenges.

We have invested in strengthening and developing the organisation including:

- formally reviewing existing programmes and services to ensure they are delivering real health benefits and value for money
- undertaking a number of service specific modernisations and developments
- investing, where possible, in specialist public health posts and our supporting infrastructure
- reorganising our resources internally so they better align.

### 5.2 Our organisational structure

If we are to succeed in delivering our strategy we need a fit for purpose organisational structure which facilitates our culture and executes our mission.

With a radically new three year strategic focus, we have reviewed the structure of the organisation to improve our effectiveness in relation to the delivery of this plan. The new arrangements provide us with an exciting opportunity to better align our organisational structure to our strategy, which will enable more effective delivery and implementation of our work. This is reflected in developments within the public health and quality directorates, along with the supporting corporate enablers.

An overview of our directorates and key functions is provided below and an organogram is included as appendix 6.

**Table 3 – Our directorates**

| Directorate                 | Key Functions                                |
|-----------------------------|----------------------------------------------|
| <b>Health and Wellbeing</b> | Health improvement                           |
|                             | Multi agency engagement                      |
|                             | Primary, community and integrated care       |
|                             | Health intelligence and knowledge management |

|                                                         |                                                  |
|---------------------------------------------------------|--------------------------------------------------|
|                                                         | local public health teams                        |
| <b>Public Health Services</b>                           | Microbiology                                     |
|                                                         | Screening                                        |
|                                                         | Health protection                                |
|                                                         | Professional medical leadership                  |
| <b>Quality, Nursing and Allied Health Professionals</b> | Quality and standards                            |
|                                                         | Clinical and information governance              |
|                                                         | Risk management                                  |
|                                                         | Complaints and claims                            |
|                                                         | Service user engagement                          |
|                                                         | Safeguarding                                     |
|                                                         | Professional oversight                           |
| <b>Policy, Research and International Development</b>   | Policy development                               |
|                                                         | Research and development                         |
|                                                         | Academic liaison                                 |
|                                                         | International development                        |
| <b>NHS Quality Improvement and Patient Safety</b>       | NHS strategic leadership for quality             |
|                                                         | 1000 Lives Improvement                           |
|                                                         | Prudent healthcare                               |
|                                                         | Innovation                                       |
| <b>Operations and Finance</b>                           | Finance                                          |
|                                                         | Communications and stakeholder engagement        |
|                                                         | Operations                                       |
|                                                         | Planning and performance                         |
|                                                         | Information technology                           |
|                                                         | Programme management                             |
| <b>Workforce and Organisational Development</b>         | Human resources                                  |
|                                                         | Organisational development and change management |
|                                                         | Health and safety                                |
|                                                         | Staff engagement                                 |
|                                                         | Welsh language and equality                      |

### 5.3 Transformation to better enable delivery

The development of this plan, and the process we have followed to agree a set of robust organisational priorities, has provided us with the opportunity to reflect on our progress to date. In particular, it has allowed us to look with a fresh perspective at the public health challenges facing Wales, our unique role in addressing them and how we ensure we structure and organise ourselves to deliver. These challenges are outlined in section 3.

To deliver the ambitious strategic objectives detailed in this plan, we need to build on developments made to date and further strengthen and align our services and functions. These changes will support our strategic direction. They will better enable us to deliver at pace. They will also ensure that our supporting infrastructure and all our professional resources are directed towards making real and tangible improvements to the public's health.

This will be a particular focus across the whole of the organisation in the coming years. We will change how we are organised, how we generate and use knowledge, how we manage change, how we develop our people and also how we behave in order to have maximum impact using the resources that we have.

## Part 2: Our Strategy



## 6 A healthier, happier and fairer Wales

Our overarching vision, mission, outcomes and approach were developed and adopted by our Board in 2013. During 2014, we reviewed them when developing this plan. As a result, we have made some minor changes but concluded that they remain appropriate to our strategic direction for the next three years.

### 6.1 Our vision

Our **vision** is to achieve **a healthier happier and fairer Wales**.

### 6.2 Our mission

In support of our vision, Public Health Wales exists to **protect and improve health and wellbeing and reduce health inequalities for people in Wales**.

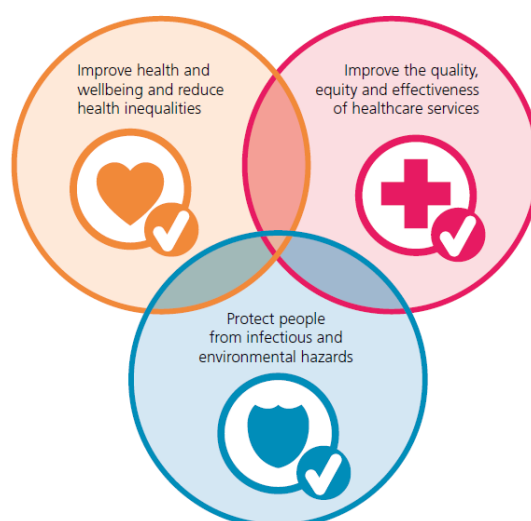
### 6.3 Our ways of working

We will accomplish our mission by:

- **leading** the public health system to define effective services and prioritised actions
- **mobilising** others to develop community solutions to health problems
- **delivering** services directly, where there are distinct advantages in doing so.

### 6.4 Our outcomes

We are determined to achieve better health and wellbeing outcomes for our population so that, by the end of the next three years, we will:



## 6.5 Our strategic priorities

We have determined a more focused number of strategic priorities for the period of this plan. This will enable us to maximise our impact and align our resources to achieve our outcomes.

We have also worked with health boards and trusts for a more integrated approach to public health across NHS Wales. Together we have agreed three shared strategic priorities:

- **Working across sectors to improve the health of our children in their early years**
- **Developing and supporting primary care services to improve the public's health**
- **Supporting the NHS to improve healthcare outcomes for patients**

We intend this to be a first step towards agreeing shared public health priorities across the wider public health system, including local government. We will build on our initial progress in future planning cycles.

In addition to the three shared priorities above, we have also determined three further strategic priorities that are specific to Public Health Wales:

- **Adopting and implementing a multi agency systems approach to achieving significant improvements in our public's health**
- **Influencing policy to protect and improve health and reduce inequalities**
- **Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver**

All our strategic priorities will be enabled by the way we develop the organisation - a further pivotal part of our plan for the next three years and our seventh strategic priority.

## 6.6 Guiding principles

As part of the work with health boards and trusts to develop shared priorities, we also reached agreement on a set of principles, which should be used by all parties to guide the development of strategic objectives and actions across all public health priorities adopted by each organisation. These are that, in working on our priorities, we must:

- be outcome focused
- reduce absolute inequities
- be informed by, add and contribute to best available evidence
- adopt and fully exploit all of the principles of prudent healthcare.

## 6.7 Our strategy map

To summarise our work over the next three years, overleaf is our Strategy Map 2015 – 2018 which represents our plan on a page. It depicts our vision and mission, the outcomes we want to achieve, our strategic priorities and how we will develop the organisation to enable the effective execution of this plan.

# Strategy Map 2015 - 2018



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

## VISION

To achieve a healthier, happier and fairer Wales

## MISSION

We exist to protect and improve health and wellbeing  
and reduce health inequalities for people in Wales

## OUTCOMES



Improved health  
and wellbeing  
and reduced health  
inequalities



Improved quality,  
equity and  
effectiveness of  
healthcare services



Protected people  
from infectious  
and environmental  
hazards

## PRIORITIES

Adopting and implementing a multi agency systems approach  
to achieving significant improvements in our public's health

Working  
across sectors  
to improve the  
health of our  
children in their  
early years

Developing  
and supporting  
primary care  
services to  
improve the  
public's health

Supporting  
the NHS  
to improve  
outcomes  
for patients

Influencing  
policy to  
protect and  
improve health  
and reduce  
inequalities

Protecting  
the public and  
continuously  
improving  
the quality,  
safety and  
effectiveness  
of the services  
we deliver

## DEVELOPING THE ORGANISATION

Clarity of  
Purpose

Robust  
finance

Positive  
reputation

Positive work  
environment

Effective  
governance

Driven  
by people's  
needs

Skilled  
people

Delivering  
quality work

Collaborative  
partnerships

Facilities,  
IT and estates

## 6.8 Our strategic objectives

For each of our strategic priorities we have set strategic objectives showing what we intend to achieve to deliver on the priority by the end of 2017/18. These are summarised below and are described in detail in the subsequent sections of this plan.

### **Strategic Priority 1: Adopting and implementing a multi agency systems approach to achieving significant improvements in our population's health**

#### **Strategic Objectives**

By the end of 2017/18, we will have:

- a national system for health and prevention. (1A)
- transformed our approach to health improvement in priority areas, across the life course and through a settings and systems based approach. (1B)

### **Strategic Priority 2: Working across sectors to improve the health of our children in their early years**

#### **Strategic Objectives**

By the end of 2017/18, we will have:

- mobilised system wide action to improve outcomes in the early years. (2A)
- worked with partners to reduce the number of pregnancies and young children regularly exposed to tobacco smoke. (2B)
- worked with health boards and other partners to halt the year on year increase in maternal and childhood obesity. (2C)
- supported health boards and Welsh Government to implement the *Healthy Child Programme*. (2D)

### **Strategic Priority 3: Developing and supporting primary care services to improve the public's health**

#### **Strategic Objectives**

By the end of 2015/16, we will:

- have a clear agreed focus on primary, community and integrated care within the organisation. (3A)

By the end of 2017/18:

- there will be a stronger population focus in primary care. (3B)
- we will have provided tools and expertise for primary care services to improve a defined number of healthcare outcomes (3C)
- we will have worked with front line primary care staff to include

prevention as treatment. (3D)

- we will be a leading partner in the redesign of primary care services in Wales. (3E)
- we will have improved patient safety in primary care (3F)

#### **Strategic Priority 4: Supporting the NHS to improve healthcare outcomes for patients**

##### **Strategic Objectives**

By the end of 2017/18, we will have:

- developed a framework for action for NHS Wales, through defined evaluation criteria, to focus on equity of access, consumer voice, safety and prevention as part of prudent healthcare. (4A)
- worked with health boards and trusts to understand their patient harm footprint and achieve demonstrable improvement in patient outcomes by reducing harm. (4B)
- led healthcare associated infection (HCAI) reductions in NHS Wales, delivering responsive and flexible support structure, led and contributed to a range of HCAI reductions and identified and managed emerging threats. (4C)
- worked with health boards and trusts to improve the delivery and timeliness of care for patients requiring unscheduled care and planned care. (4D)
- ensured that every patient care pathway starts with a preventive healthcare interaction and should include consideration of a 'minimum appropriate intervention' option. (4E)
- supported people to feel able to successfully manage their care and engage in informed conversations to achieve their best experience, underpinned by the principles of coproduction and evidence based treatment. (4F)

#### **Strategic Priority 5: Influencing policy to protect and improve health and reduce inequalities.**

##### **Strategic Objectives**

By the end of 2017/18, we will have:

- a policy capability in Public Health Wales that supports and informs multi sectoral public health working at local, national and international levels – working in collaborations and increasing international investment in Wales. (5A)

## **Strategic Priority 6: Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver.**

### **Strategic Objectives**

By the end of 2017/18, we will have:

- a fully integrated Public Health Services Directorate. (6A)
- developed an integrated Health Protection Service (combining microbiology and health protection) that will deliver a more efficient and effective response to public health threats. (6B)
- increased our understanding of, and reduced the public health burden from, communicable diseases and environmental hazards in Wales and further enhanced our emergency planning and preparedness processes and practice (6C)
- developed an all Wales microbiology network, based on a three region model managed by Public Health Wales, that brings together high quality clinical and technical expertise and is underpinned by the application of current and emerging technology. (6D)
- ensured that all our screening programmes are meeting or exceeding national standards, using the best available technology to maximise clinical outcomes and have embedded service user engagement. (6E)
- developed our health intelligence resources to deliver high quality products and services supporting Public Health Wales statutory functions and priorities, and informing prudent public health practice. (6F)
- developed an enhanced service that leads across the broader spectrum of safeguarding people. (6G)
- developed and implemented a new model of smoking cessation service delivery that supports smokers in Wales to quit with the level of support that is right for them. (6H)

## **Strategic Priority 7: Developing the organisation.**

### **Strategic Objectives**

We will:

- have provided absolute clarity of our purpose and priorities and all our people and activity will be aligned to that purpose. (7A)
- have enough skilled people with the attitudes and behaviours to work well together (and with others) and committed to our priority work. (7B)
- have robust financial performance that targets resources to the top priorities and delivers the bottom line while creating space for investing in the future and identifying new sources of funding. (7C)
- be delivering quality work that has impact, which we can demonstrate through external recognition. (7D)
- have a positive reputation for delivery, working in partnership,

credibility of our work, our integrity and our objectivity. (7E)

- have a network of collaborative partnerships across health, social care, local government, third sector, academia and industry so that we work with others who can help us to deliver for the population of Wales. (7F)
- have a positive work environment based on mutual respect and trust, characterised by high levels of collaboration and team work, driven by excitement and ambition to exceed expectations. (7G)
- have facilities, IT systems, accommodation and ways of getting our business done that are designed to enable speedy delivery and are regularly reviewed and updated for usefulness. (7H)
- have a well designed organisation which is fit for purpose, underpinned by effective governance. (7I)
- be connected to, and driven by the needs of the people of Wales, whose health and wellbeing are the reason that we exist. (7J)

For each strategic priority, we have outlined why this is important and what we are trying to achieve. For each underpinning strategic objective we have articulated what success will look like at the end of three years. We have also set out the milestones for achieving that success at the end of years one and two and the high level actions each year we will take to achieve these milestones. This is all presented in the following sections for each strategic priority.

**It is important to note that the plan does not go into comprehensive detail for the actions delivered each year. This detail will be contained within each respective annual operational plan that will support the delivery of this three year plan as part of the business planning cycle.**

## Part 3: Our Strategic Priorities



## 7 Strategic Priority 1: Adopting and implementing a multi agency systems approach to achieving significant improvements in our population's health

### 7.1 Drivers for change

Up to now, our attempts to motivate and engage the public have not been as successful as we would have hoped. Health inequalities have remained stubbornly the same, despite the tremendous efforts of staff. This is because the influences on the health are manifold and only an approach to address these many influences is likely to succeed.

#### 7.1.1 New models for systems thinking and social movements

Emerging models for engaging populations at scale focus on new ways of organising and influencing. Better results can be achieved through both supporting 'social movements' (bottom up) and 'systems thinking' (top down) across all sectors. This results in a different local environment and helps people keep healthy. It delivers services that efficiently treat ill health and support those who experience long term health problems to manage their own condition effectively.

Together these approaches try to influence the many systems that determine the quality of our lives. For example, schools, health services, workplaces, sports clubs, communities, peer groups or supermarkets. This approach is characterised by setting up networks that tap into individuals' wishes for a better health and a better future. The model acknowledges the complex nature of behaviour change. It also aims to transfer some influence and responsibility back to individuals and communities.

The two approaches allow everyone to engage whilst ensuring overall coordination, value for money and timely measurement of benefit.

#### 7.1.2 What are the major shifts in this approach?

If Public Health Wales is to focus on community and societal level interventions i.e. 'systems models' and achieve change at large scale, we will need to shift emphasis:

- **from** programme delivery for smaller numbers of people **to** creating of extensive networks representing sectors that truly influence health
- **from** national programme delivery **to** a bias towards action at local level where large numbers of individuals are encouraged to engage by improving their local health environment
- **from** measuring progress by existing process measures **to** measuring success as defined in national quality benchmarks for each network (by

coproduction) in the form of a 'achievement programmes' which reward success

- **from** relying on expert opinion and evidence alone **to** systematically using a mosaic of knowledge **and** increasing our risk appetite for innovation
- **from** relying on limited formal evaluation and research **to** establishing better methods for monitoring and evaluation so that public health policy and innovation can be assessed in a timely way
- **from** long term commitments where initiatives are prescribed in detail and change is slow within the life of the programme **to** constant adaption in programmes to meet the public's needs
- **from** an NHS focusing on reactive pressures **to** an NHS also promoting the importance of prevention.

### **7.1.3 How does a systems approach relate to creating a social movement for health in communities?**

Creating a system for prevention is a major catalyst in creating a social movement for health. We want to create a situation where people demand more from their socio economic, cultural, built and natural environment and public services, with an expectation that this will help them stay healthy. To support this, we need to develop a clear brand and campaign that engages large numbers of people to improve their health and an infrastructure so that local action can be supported.

In addition, bespoke work is needed with more disadvantaged communities and specific groups as they are less likely to benefit from early improvements in the general health environment.

### **7.1.4 How does a systems approach relate to healthcare?**

Healthcare is an example of one system, and the model can be adapted to facilitate a power shift from organisations to patients and carers. In Wales, the Minister for Health and Social Services has launched prudent healthcare, which assumes a rational use of healthcare resources. One example of this would be full and informed participation in clinical decision making. This is one of the central tenets of prudent healthcare.

### **7.1.5 Are there examples where this approach has succeeded?**

A number of systems approaches have a strong evidence base. They include: EPODE where a 22 per cent reduction of obesity was recorded in Belgium in targeted towns; the reduction of smoking prevalence in California to 11.9 per cent in 2011; and initiatives which reduced heart disease prevalence by 85 per cent in 35 years in North Karelia, Finland.

*Healthy Together Victoria* is another initiative which has developed a particularly transparent methodology based on these successes. So far, uptake to the programme after 18 months has been very high, but it is too early to assess population health outcomes.

Similar approaches emphasising prevention focused, consumer driven healthcare where shared responsibility is the norm have been used through the 'Nuka model' in Alaska. The approach has shown a decrease in hospital admissions, hospital days per 1,000 since 1999 and outpatient visits per 1,000 customer owners.

A number of examples of successful community initiatives also exist within Wales, the UK and internationally, which we aim to share learning, and work with, in the implementation of our plan. Specific examples include: Wales' Communities First programme, work undertaken on the Llyn Peninsula in Gwynedd, Well London and the Well Communities Framework.

We will explore and engage with these initiatives as part of the development of our approach, which will establish a number of international partnerships to support learning and the sharing of best practice. As part of this approach, we will build on the strengths and success of initiatives already within Wales and also learn from, and maximise links with, different initiatives and approaches, where they apply to Wales and our context.

## **7.2 What is the specific role of Public Health Wales?**

Public Health Wales would be responsible for coordinating the efforts of a multi sector response, including:

- developing a brand and a compelling and engaging campaign to achieve behaviour change
- coordinating international expertise and support
- transforming the existing health improvement spend so that it is largely spent on a systems approach
- defining which systems would be prioritised
- running social marketing campaigns to achieve behaviour change
- coordinating training
- developing a network of champions and leaders across sectors
- offering support to networks in the initial phases and helping them to become self sustaining
- taking forward complementary work in public health policy
- developing quality benchmarks and achievement programmes for each system
- developing a programme of rewards to acknowledge achievement
- being the strong advocates for a national system of prevention.

### 7.2.1 What are the aims of this new direction?

A new direction to ensure that we are successful in reducing health inequalities should include the following key drivers:

- creating a national community led system for prevention which focuses as the final stage of *Transforming Health Improvement*
- creating a social movement for health, where the public demands and expects to have better health
- promoting population focussed healthcare models characterised by prevention and safety
- developing new ways to measure progress in population health and in quality and safety of health services
- having a clear policy line of sight, so everything is aligned to achieve the same outcomes.

## 7.3 A national system for prevention – our goals

Our goal is to reduce the levels of avoidable ill health and death and to reduce the likelihood of dying early or living in ill health between social groups. A small range of lifestyle factors are responsible for most of the early death and disability – these are not new, we have understood the risks for some time. It is changing however. Whereas smoking was the leading cause of avoidable ill health it is now obesity, which along with other dietary factors account for five of the top 10 leading causes of early death and disability.

We will focus our efforts on five key risks behaviours. These are:

- **tobacco**
- **alcohol**
- **physical activity**
- **nutrition and obesity**

During the first quarter of year one, we will work with our strategic partners to set ambitious targets for change at a population level. We will develop these by taking account of the relevant rates in the best international comparator countries and the scale of change that has been achieved by the most successful intervention programmes internationally.

### 7.3.1 Tobacco

**System Outcome:** Reducing the proportion of the population who smoke to 16 per cent or below by 2020

- Reducing smoking uptake by children and young people
- Increasing the proportion of smokers who quit

Our primary focus, as an organisation, should be to provide leadership to the wider public health system in relation to all aspects of tobacco control and to align action across sectors and organisations to achieve this goal. This would include work to reduce uptake of smoking among young people; to address access to tobacco by young people and adults as a result of illegal or illicit sales; social marketing to mobilise change; and the identification of policy options for the achievement and maintenance of smoke free norms. We also propose a new model of smoking cessation support (see strategic objective 6H). We will be working with the Welsh Government and our partners to ensure that smokers in Wales can access the best support to quit smoking in a way that is right for them. We anticipate that a new model for smoking cessation service provision will be implemented during 2015/16.

### 7.3.2 Alcohol

**System Outcome:** Reducing the harm associated with excess alcohol consumption

- Reducing the proportion of children who report having tried alcohol at age 15
- Reducing the proportion of children who report having been drunk
- Increasing the proportion of adults who report drinking within recommended limits
- Reducing the proportion of adults who report binge drinking

We will work with our partners in local government and the criminal justice sector, among others, to reduce illegal sale and supply of alcohol to children and young people; work with communities to develop alcohol harm reduction partnerships; and work with local authorities to use licensing laws to reduce alcohol sales outlet density, particularly in areas of deprivation.

### 7.3.3 Physical activity

**System Outcome:** Increasing the proportion of the population who report achieving the Chief Medical Officer physical activity guidelines

- Reducing the proportion of adults who report being inactive

We will be working closely with Sport Wales and the Welsh Government, through a new partnership approach, to create opportunities for all ages to become more active and less sedentary. We will be commissioning new insight work to help inform our work to motivate change. We will be

working to create environments that support active living and developing improved mechanisms for measuring change.

### 7.3.4 Nutrition and obesity

**System Outcome:** Increasing the proportion of the adult and child population who are a healthy weight

We will also be shifting our approach to overweight and obesity, moving from helping people to lose weight to helping people to maintain a healthy weight, starting with children and young people. We want to see the year on year rise in levels of obesity in children and adults halt and then decline. We will be working with the food and beverage system to increase the range of healthier options that are available and to help people make healthier choices at the point of sale. We will undertake insight work to inform a programme of social marketing to increase both parents' and professionals' ability to recognise unhealthy weight and take action.

### 7.3.5 Mental health

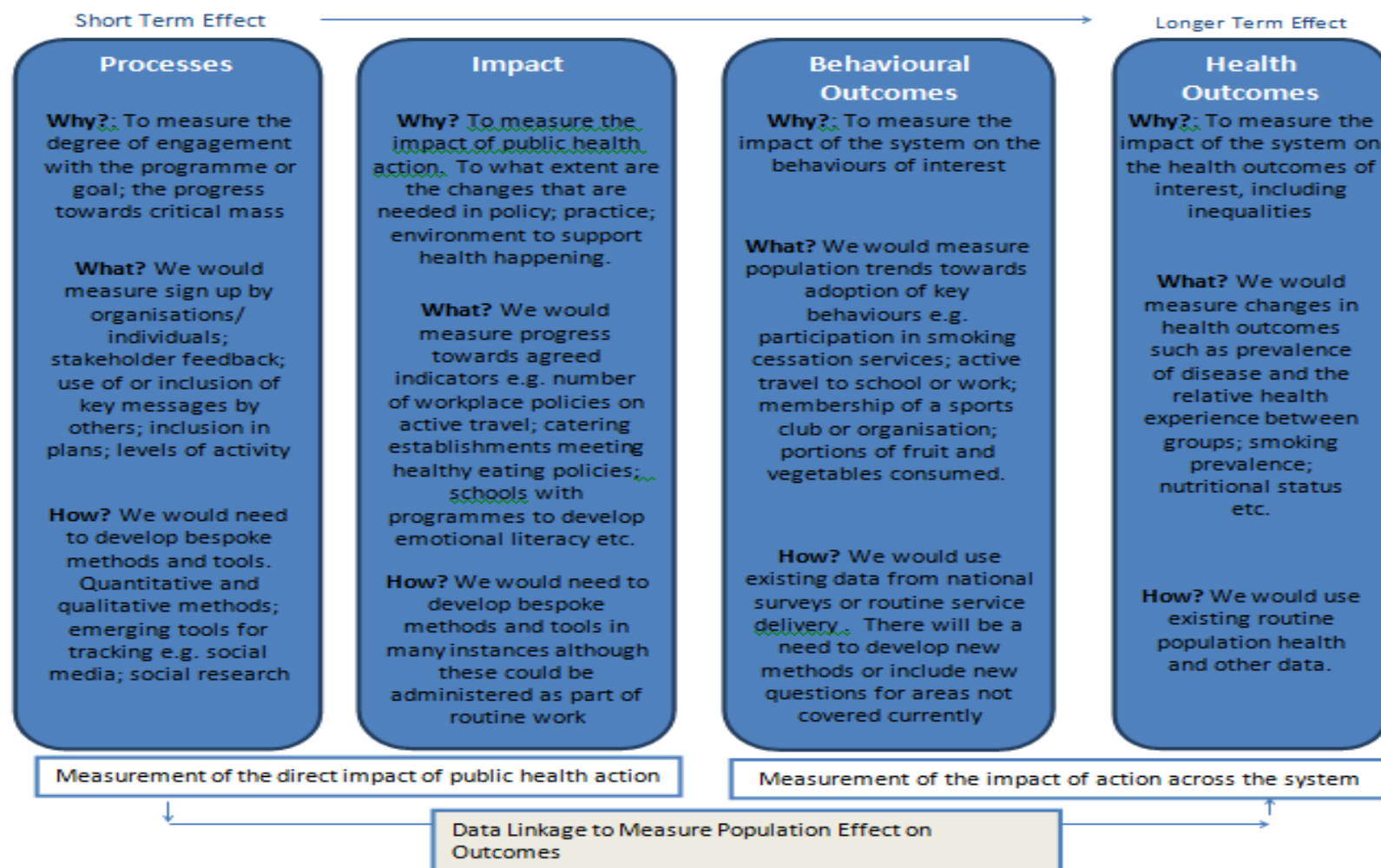
We will also work to increase levels of mental wellbeing in the population as we recognise that how we feel affects our ability to learn, to work and to care for ourselves and those around us. We recognise that more work is needed to improve how we measure and describe aspects of mental health and wellbeing and to increase our work to build resilience and emotional literacy as core preventative strategies.

### 7.3.6 How will we measure success?

We have developed a framework for evaluation (see overleaf) which will enable us to both demonstrate and track the impact of our work and also to support the wider system in measuring change. These approaches will need to reflect changes at an all Wales level and changes at a local level.

We recognise that the outcomes of preventive action are difficult to measure directly and may occur some years into the future. This new approach will mean that we can measure progress towards our ultimate goal – to ensure that the changes we are seeking as a result of our work are happening.

Monitoring and evaluation will be embedded in our work at the start of a programme to enable early decisions to be made about whether initiatives should be continued or stopped or whether innovative approaches are likely to succeed.

**Table 4: Multi-level systems monitoring and evaluation framework**

Our systems approach involves mobilising individuals, communities and organisations across Wales to commit to working to improve health so that we achieve the scale of change that we need. The first stage of our monitoring process will be to measure that mobilisation is taking place. For example, we will measure sign up to support aspects of the work; use of the key campaign messages; and incorporation of goals into strategic and operational plans.

We will develop a range of impact measures for each of our areas of work. For each of the system outcomes above we will agree, with our partners, the areas where change is needed to deliver our goal. We will produce a report card for each area which will be updated regularly (data permitting) to track our progress. An example of a Report Card for Childhood Obesity is included below.

**Figure 7: Childhood Obesity Report Card (example)**

1. Proportion of children breastfed at six weeks
2. Proportion of mothers who gain excess weight in pregnancy
3. Preschool children who play outdoors daily
4. Children who walk or cycle to school
5. Children who attend a regular sport or active leisure group
6. Consumption of sugar containing drinks
7. Children eating fruit and vegetables
8. Access to safe play areas (to be defined)
9. Access to a safe route to school
10. Uptake of free school meals among those who are eligible

Currently we do not have ways of measuring all of the indicators that we would need or may only have measurements on a four year cycle for example. We will increase our investment in developing new data collection systems to support monitoring and evaluation.

We will be adopting a 'basket of indicators' approach so that we can leave the decision about which area to focus on first to communities, schools and other key settings.

The Public Health Outcomes Framework, as it develops, along with those for the Wellbeing of Future Generations Bill and the tackling poverty

programmes will be essential in measuring our progress as a whole system.

### **7.3.7 Our approach to inequity and inequalities**

Reducing the gap in healthy life expectancy between the most advantaged and most disadvantaged group is the primary driver of our approach. We will adopt the approach advocated by Sir Michael Marmot in his work on the social determinants of health, of 'proportionate universalism'. This recognises that targeted action focusing only on those who are most disadvantaged will not reduce inequalities sufficiently, but that actions should be universal but implemented with a scale and intensity proportionate to the level of disadvantage.

Our programmes will be universal in nature but will target disadvantage by:

- using insight work to ensure that social marketing programmes are appropriately tailored to reach and engage all social groups
- increased focus and resources to ensure that progress in the most disadvantaged communities and settings is at least as rapid as in the more advantaged areas, but aim for greater change
- including in our impact measures variation between communities. For example we will report on achievement in schools according to free school meal status. We will report on progress in workplaces by those employers with the majority of the workforce in unskilled manual or semi skilled manual work. We will monitor uptake of programmes in primary care practices serving the most disadvantaged communities.

### **7.3.8 Changing workforce requirements**

Achieving the shift in thinking and working described will require some fundamental changes in our workforce. These changes will be in skills (from programme management to relationship building and maintenance); behaviours (being the experts and doing it ourselves to allowing others to lead and moving into a supporting or facilitative role); potentially in where people work (less being in offices behind desks and in meetings to being out more in the communities at times and in places that work for them) and who with (from the Welsh Government and other senior professional colleagues in academia and inside Public Health Wales to more regular contact with local authorities, charities, local communities and industry).

Currently staff in local public health teams do engage with local authorities and local communities but we will need to review how these staff and colleagues in central teams could work more effectively together in future in a way that is more closely aligned to whole systems working.

Detailed work will be undertaken during the first year of this plan to identify specific actions for learning and development, to set down protocols for new ways of working and for any changes to working practices that may be needed to support cross system multi agency working.

## 7.4 Strategic objectives

The strategic objectives that will be the focus of delivery of this priority over the next three years are as follows.

### Strategic Objective 1A

**By the end of 2017/18 we will have a national system for health and prevention.**

#### What success will look like

- There have been demonstrable improvements in a number of defined outcomes, including those in section 7.3. Additional outcomes will be defined during year one.
- There is an understanding of the importance of systems thinking in achieving sustainable change in health care service delivery and in health improvement.
- Leaders across the system understand systems approaches and can demonstrate their use in achieving change.

#### By the end of Year 1

**2015/16**

#### Milestones

- A detailed plan for a systems model for health is developed and being implemented.
- Evaluation mechanisms are established, including defined outcomes and quality benchmarks.

#### The action we will take to achieve this

- Create a narrative about what we are trying to do and describe what could be done at every level in the system (Quarter 1).
- Secure support from international partners and develop a detailed plan for a systems model (Quarter 1).
- Define areas for targeted action (Quarter 1).
- Develop and commence a training programme on systems thinking, skills and evaluation (Quarter 2).
- Develop an evaluation programme, including outcome measures for success to enable progress to be monitored (Quarter 3).
- Map currently existing networks and assets (e.g. workplaces, schools) (Quarter 1).
- Determine which new networks and communities will be included in implementation phase, for the priority areas for action (Quarter 2).
- Recruit 30 champions and leaders across Wales to act as health advocates (Quarter 1).
- Develop a managed network with appropriate support and governance

which facilitates local and national input on prioritised areas, working with directors of public health.

## By the end of Year 2

2016/17

### Milestones

- A systems model is implemented in initial networks and communities and defined outcomes are being monitored.

### The action we will take to achieve this

- Establish formal support from international partners.
- Expand participation in systems thinking training.
- Develop the role of social media as a communication tool for systems level change.
- Monitor progress, using measures for success.
- Start formal evaluation and learn early lessons.

## By the end of Year 3

2017/18

### The action we will take to achieve this

- Complete the development of a model for a comprehensive system for health.
- Demonstrate achievement in outcomes defined in year 1.

## Strategic Objective 1B

**By the end of 2017/18 we will have transformed our approach to health improvement in priority areas, across the life course and through a settings and systems based approach.**

### What success will look like

- There have been demonstrable improvements in a number of defined outcomes, including those in section 7.3. Additional outcomes will be defined during year one.
- We are measuring and reporting on progress overall for health improvement priority areas and can see where targeted activity leads to additional positive improvements.
- We have demonstrated success against our coproduced quality benchmarks
- There are national partnerships and networks in each key setting, which are sharing expertise and mobilising action.
- We have recognised brands for motivating change and mobilising action.

**By the end of Year 1****2015/16****Milestones**

- Ambitious targets for change in key health behaviours and health outcomes have been agreed with strategic partners.
- Report cards have been developed to track our progress in achieving the changes necessary to achieve our goals
- Revised achievement criteria for the *Welsh Network of Health Promoting Schools* are implemented.
- Plans for an *Early Years Settings Scheme* and a *Healthy Communities Network* are developed and being implemented.
- Revised *Healthy Working Wales* programmes are agreed.
- A new *Healthy NHS Wales* framework is scoped.
- A branding strategy is developed which galvanises behaviour change.
- Key outcomes are agreed for each priority area for older people (informed by the *Ageing Well in Wales Programme*), working age adults and children and young people.

**The action we will take to achieve this**

- Revise the National Quality Award criteria to inform a new *Healthy Schools* standard to reflect and reward excellence (Quarter 4)
- Implement the *Healthy Further Education* and *Healthy Higher Education* schemes as a pilot phase (Quarter 1).
- Develop and evaluate options for revised *Healthy Working Wales* programmes, including a strand relating to NHS staff health (Quarter 3).
- Develop proposals for a *Healthy Communities Framework*, in partnership with WCVA, Community Housing Cymru, the Welsh Government and WLGA (Quarter 4).
- Explore the potential for a *Healthy NHS Wales Framework* with health boards, trusts, Welsh NHS Confederation and the Welsh Government (Quarter 2).
- Review the *Healthy and Sustainable Pre School Scheme* and make recommendations for implementation in 2016 (Quarter 3).
- Develop and agree a health improvement branding strategy (Quarter 4).
- Develop tools for the systematic assessment of progress in achievement against agreed criteria in key settings using quality benchmarks (Quarter 4).
- Establish a project to produce a revised framework for population mental health and wellbeing (Quarter 1)
- In conjunction with Welsh Government agree a population mental health and wellbeing improvement action plan and indicators (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- *Early Years Settings Scheme* is implemented and at least 100 new Early Years Settings are recruited to the scheme.
- *Healthy Communities Scheme* is launched with sign up by 100 'communities'.
- Revised *Healthy Working Wales* programmes are implemented.
- All Wales brands are developed which focus on obesity/healthy weight and tobacco control.

**The action we will take to achieve this**

- Produce revised criteria and assessment approach for the *Early Years Setting Scheme*.
- Develop achievement indicators for the *Healthy Communities Scheme*.
- Formulate social marketing campaigns to achieve behaviour change.
- Implement the *Healthy NHS Wales* framework.
- Produce an annual monitoring report.
- Implement good practice tools for mental wellbeing in key settings.
- Develop proposals for health promotion in the food and beverage system.
- Scope the potential for digital service delivery and the role of social media in delivering health improvement (dependent on available resources).
- Develop plans for coordinated action to empower communities through improved access to health and healthcare information, transparency and health literacy (dependent on available resources).

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Monitor awareness and effect of brands and messages in key population groups.
- Monitor achievement against success criteria.
- Monitor impact gradient between most and least disadvantaged groups

## 8 Strategic Priority 2: Working across sectors to improve the health of our children in their early years

### 8.1 Why this is a priority

The early years, which in Wales is defined as the period of life from pre birth to the end of Foundation Phase, or nought to seven years of age, is a critical part of childhood. A time children should be able to enjoy, when they grow, develop, play and learn in a safe and nurturing environment. Many factors influence a child's life chances and progress in the early years.

There are long lasting and positive effects from early years programmes. This is recognised in *Building a Brighter Future: Early Years and Childcare Plan* which sets out the direction of travel for the next ten years across different policies and programmes impacting on and influencing children and families in the early years. The key themes in the plan are children's health and wellbeing, supporting families and parents, high quality early education and childcare, effective primary education and raising standards.

Public Health Wales will continue to support the Welsh Government, the NHS, local government and other key partners in implementing this plan. We will build on the work developed through the *Early Years Pathfinder Programme* and work to achieve our ambition of Wales in 20 years time having 18 year olds who are among the healthiest in Europe.

### 8.2 Drivers for change

The drivers for change are:

- The need to reduce the enduring inequalities in population health outcomes and the recognition that the origins of these inequalities lie in early childhood and before birth.
- The opportunities presented by the investment in early intervention services through programmes, such as *Flying Start* and the Welsh Government commitment to tackling poverty and child poverty.
- The inequalities that are already evident in child health outcomes, such as childhood obesity and oral health at the age of five.
- The opportunities presented by the revised *Healthy Child Programme*, which should form the basis of early intervention for individual children and families through the identification of risk factors for poor outcomes and by early intervention for those children not reaching their developmental milestones.

### 8.3 What we are trying to achieve

The action we will take to improve outcomes in the early years and throughout childhood are included in other elements of this plan, for example, in section 11.

This section reflects our joint action with health boards to facilitate system level change in achieving improved outcomes for all as described in the *Early Years Outcome Framework*.

Our approach encompasses action at four levels:

- Mobilising system level action on agreed outcomes across agencies through our *Early Years Collaborative*.
- Creating early years settings that support good health.
- Maximising the opportunities presented by the *Healthy Child Programme* to ensure that individual children and families at risk of negative outcomes or harm are identified and receive evidence based early intervention.
- Providing information to support local and national agencies and systems in monitoring change at a population level.

Initially, this work will focus on childhood obesity and exposure to tobacco (low birth weight). **In year one we will agree the next areas of focus through our Early Years Collaborative, for implementation in years 2 and 3.**

#### 8.3.1 Tracking change at a population level

Public Health Wales has worked closely with the Welsh Government and health boards in developing maternity indicators and the *Early Years Outcomes Framework*, which is currently the subject of consultation.

Innovative work has been undertaken in Gwent through the 'Plentyn Gwent Child Early Surveillance Tool'. Working with Aneurin Bevan University Health Board and local authorities, we have published an interactive surveillance tool. The tool provides information for action to give every child a healthy start and will be developed for Wales.

The maternity indicators have also been subject to ongoing development. Considerable additional work is needed to define the data required and how it will be collected and to agree the process for producing reports which are useful for planning and evaluating action.

#### 8.3.2 Childhood obesity

Information from the Child Measurement Programme and the Millennium Cohort Study suggests that children in Wales are more likely to be overweight and obese than in other UK countries. There is an urgent need

to focus action in this area. The following action areas have been highlighted for development and implementation during the three years of this plan:

### **Parental obesity**

This reflects the strong association between parental obesity and risk of childhood obesity, this is particularly strong for maternal body mass index (BMI). This is a complex area as weight loss during pregnancy is not advocated. It is suggested that this should include:

- a clear pathway for pregnancy with a focus on monitoring weight to reduce excessive weight gain
- parental obesity as a goal of health visiting and *Flying Start* services drawing on the promising international evidence regarding home visiting.

### **Breastfeeding**

There is a strong positive association between breastfeeding and child and maternal obesity. Increasing initiation and continuation of breastfeeding is in itself a priority and work is ongoing to revise the current programme in Wales.

### **Early years settings and schools**

There is strong international evidence that multi component interventions in the early years setting and in schools can have a measurable effect on obesity prevalence. These include minimum levels of activity, food provision, nutritional standards, professional education and for older children curriculum activity. The *Healthy Pre School Scheme* and the *Healthy Schools Scheme* provide a platform for implementation of these measures in a systematic way and it is suggested that performance measures should be introduced with the goal of all schools meeting these standards in three years.

### **Social marketing to address normalisation**

There is good evidence that parent and professional ability to recognise an overweight child is limited. There is a need for a coordinated programme of social marketing to influence and reverse these norms. This should be accompanied by a programme to reduce television viewing and promote sleep, which have also been identified as risk factors.

#### **8.3.3 Exposure to tobacco**

Exposure to tobacco during pregnancy is the leading risk for low birth weight. Low birth weight is one of the key indicators of inequality in outcomes in childhood.

Considerable work has been undertaken through the *Models for Access for Maternal Smoking Cessation* (MAMMS) project to test and develop new approaches to identifying pregnant women who smoke and increasing uptake of smoking cessation support services. During 2016, the learning from these pilots will be rolled out across Wales, starting with increasing compliance with NICE guidelines and supporting health boards in adopting the MAMMS models of service.

However, this is only one part of the picture. Further work will be needed to identify innovative approaches to increasing the number of homes that are smoke free. We will work with our partners in health boards and in academia to develop and test new approaches to this enduring issue.

### **8.3.4 Maternity Network**

The *All Wales Maternity Network* will support NHS organisations to improve the quality and safety of maternity services. It will use improvement methods with the intended benefits of sharing practice and learning, encouraging the use of measurement and the provision of purposeful networking across Wales. This will lead to improvements in outcomes and reduced discrepancies in women's experience of the service. The National Stillbirth Working Group, a sub group of the Network, aims to reduce the stillbirth rate in Wales.

### **8.3.5 Systems wide change**

The early years provide an excellent opportunity and platform to develop and apply the systems thinking approaches outlined previously. Change requires system wide action across government and agencies to support widespread engagement in communities, families and individuals.

In reviewing international approaches we have identified the work being undertaken in Scotland – where hundreds of professionals from all sectors have been engaged in an early years collaborative with the goal of improving outcomes in the early years. We would like to explore how this learning may support the Welsh Government in achieving the goals of *Building a Brighter Future*.

Our emerging partnership with the Police and Crime Commissioner for South Wales also recognises our joint interest in early intervention in preventing negative outcomes, particularly those associated with adverse childhood experiences, on health and criminal behaviour in later life.

## 8.4 Strategic objectives

The strategic objectives that will be the focus of delivery of this priority over the next three years are as follows:

### Strategic Objective 2A

**By the end of 2017/18 we will have mobilised system wide action to improve outcomes in the early years.**

#### What success will look like

- We have a successful multi sector and cross Welsh Government collaboration which is tackling some of the most intractable problems in early years in Wales, including the effects on early years of known risks (maternal health, alcohol, substance misuse, domestic violence and child abuse and neglect).
- We have increased the proportion of pregnant women who access help to quit smoking during pregnancy.
- We have reduced the number of women who gain excess weight during pregnancy.
- We have reduced the proportion of children who are obese at age five and the gap between the most advantaged and disadvantaged.
- We have reduced the rate of low birth weight.
- More children are having their development milestones assessed systematically and are receiving appropriate evidence based interventions, including scheduled interventions.
- At least 20 per cent of early years settings in Wales have adopted the *Early Years Settings Framework*.
- Maternity and early years outcomes (including smoking in pregnancy, maternal weight gain in pregnancy, childhood overweight and obesity, low birth weight) are being monitored and reported at a population level.

### By the end of Year 1

**2015/16**

#### Milestones

- Proposals for an *Early Years Collaborative* are developed.
- The existing *Healthy and Sustainable Pre School Pilots* are reviewed and plans for an early years settings scheme are developed.
- The future approach to monitoring maternity strategy indicators is agreed with the Welsh Government and health boards.

#### The action we will take to achieve this

- Evaluate options for supporting large scale change in the early years, informed by international advice, and make recommendations for

implementation (Quarter 2).

- Work with the Welsh Government to assess the impact of policy in delivering improved early years outcomes (Quarter 4).
- Share learning with UK public health agencies to ensure that best practice is recognised and implemented (Quarter 4).
- Review the *Healthy Pre School Scheme* and make recommendations for an early years settings framework, taking account of the regulation and inspection framework (Quarter 3).
- Develop early years setting specific standards and assessment mechanisms and a recognition scheme (Quarter 4).
- Implement the *Healthy Pre School Scheme* in partnership with local authorities (Quarter 4).
- Provide annual population level reports to assist in the surveillance of outcomes (Quarter 4).
- Produce a best practice immunisation guide for *Flying Start* health visitors in Wales (Quarter 2).

## By the end of Year 2

2016/17

### Milestones

- Proposals for an Early Years Collaborative are implemented.
- Annual reports on outcomes are provided.

### The action we will take to achieve this

- Establish up to ten key actions for the Early Years Collaborative.
- Work with the Welsh Government to identify policy options and the alignment of policy to improve early years outcomes.
- Launch the Early Years Setting Scheme recruiting at least 100 settings to the scheme.
- Identify opportunities for funding additional support for early years settings.
- Review and evaluate use of surveillance reports and amend future data collection and analysis as necessary.
- Evaluate the impact of alternative venue intensive immunisation interventions.

## By the end of Year 3

2017/18

### The action we will take to achieve this

- Monitor achievement against success criteria in the early years setting and adapt approach accordingly.
- Increase the early years settings achieving the indicators by a further ten per cent.

**Strategic Objective 2B**

**By the end of 2017/18 we will have worked with partners to reduce the number of pregnancies and young children regularly exposed to tobacco smoke.**

**What success will look like**

- Smoking cessation support is embedded in all antenatal pathways.
- Minimum of 40 per cent of pregnant women who smoke access smoking cessation support.
- There is a reduction in the number of children who are routinely exposed to tobacco smoke.

**By the end of Year 1****2015/16****Milestones**

- Compliance with NICE guidelines can be measured and there is a demonstrable increase.
- All midwives have received training in brief intervention and advice.

**The action we will take to achieve this**

- Facilitate implementation, including brief advice training, tools and data collection (Quarter 1).
- Disseminate learning from *Models for Access to Maternal Smoking Cessation Support* (MAMSS) pilots (Quarter 2).
- Develop evaluation of implementation with Cardiff University (Quarter 3).

**By the end of Year 2****2016/17****Milestones**

- More pregnant women who smoke access smoking cessation support, in line with best practice (40–60 per cent).
- MAMMS models are adopted in all health boards.

**The action we will take to achieve this**

- Support the development of business cases at health board level to support the roll out of MAMMS models.
- Evaluate the implementation of the MAMMS models.
- Develop and test innovative approaches to harm reduction for parents who are unable to quit, to reduce smoke exposure in the home.
- Support action to consolidate the adoption of smoke free play areas and outdoor environments for young children across Wales.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Establish at least two research and development projects to reduce exposure to tobacco smoke in the home environment.

**Strategic Objective 2C**

**By the end of 2017/18 we will have worked with health boards and other partners to halt the year on year increase in maternal and childhood obesity.**

**What success will look like**

- We routinely monitor the number of pregnant women who gain excessive weight in pregnancy and have interventions in place and goals to reduce this level.
- The number of children who are overweight or obese at age five has levelled or begun to decline.
- All maternity services have achieved and maintained *Baby Friendly* status.
- We can describe the number of early years settings and programmes that are taking evidence based action to help children maintain a healthy weight and have goals in place to increase this further.

**By the end of Year 1****2015/16****Milestones**

- Demonstration projects for maternal obesity in pregnancy are implemented.
- Evidence review of best practice is completed.

**The action we will take to achieve this**

- Evaluate options for tackling maternal obesity (Quarter 1).
- Develop early years benchmarks for physical activity and nutrition (Quarter 4).
- Review the breastfeeding/infant feeding programme (Quarter 3).
- Develop a social marketing programme for parents and professionals to reverse the normalisation of obesity (Quarter 3).
- Identify the evidence base for potential interventions at two year check (Quarter 2).

**By the end of Year 2****2016/17****Milestones**

- We have developed plans to increase routine recording of weight in healthcare contacts
- More parents report willingness to accept referral to services to address overweight/obesity (data development required).

**The action we will take to achieve this**

- Develop guidance and tools for early years settings on achieving benchmarks.
- Develop training materials and information for professionals on recognising and acting on childhood obesity.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Develop and implement a programme of professional training, guidance and support to encourage professionals to act on childhood obesity, in conjunction with professional bodies
- Implement evidence based interventions for children aged two who are overweight or obese.
- Identify evidence based action at level 2 and 3 of the obesity pathway for children.

**Strategic Objective 2D**

**By the end of 2017/18 we will have supported health boards and Welsh Government to implement the *Healthy Child Programme*.**

**What success will look like**

- Increase in proportion of children who receive systematic assessment of development milestones and appropriate evidence based early interventions (data development required).

**By the end of Year 1****2015/16****Milestones**

- Systematic approaches to identify children who need early intervention to improve outcomes are developed and implemented.

**The action we will take to achieve this**

- Work with the Welsh Government to develop the *Healthy Child Programme*, particularly in relation to interventions (Quarter 1).

- Identify priorities and links to the *Early Years Outcomes Framework* (Quarter 1).
- Provide strategic advice, training and guidance to support health visiting services to achieve *Baby Friendly* status (Quarter 4).
- Review parent information, including the *Bump, Baby and Beyond* resource, and make recommendations for longer term action (Quarter 3).

**By the end of Year 2****2016/17****Milestones**

- Fifty per cent of neonatal settings have made a commitment to *Baby Friendly* status.

**The action we will take to achieve this**

- Provide strategic advice, training and guidance to support neonatal services to achieve *Baby Friendly* status.
- Develop programmes of work to support agreed priority action areas for implementation.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Evaluate progress to date and focus further action accordingly.

## 9 Strategic Priority 3: Developing and supporting primary care services to improve the public's health

### 9.1 Why this is a priority

Primary care is the first contact element of our care system that should be fair, equitable, accessible, cost effective and sustainable. Above all it should improve the health and wellbeing of the population it serves. It is a priority because it is a:

- **complex public health intervention** in itself that can improve the health of the population and reduce inequalities in health
- **setting for a large number of specific public health interventions**, such as delivering screening programmes, immunisation programmes, individual behaviour change interventions and chronic conditions management.

Primary care encompasses both health and social care but also includes integration with the support provided by other statutory or independent agencies, which enable citizens to live fulfilling lives as members of their communities.

Primary health care includes general medical practices, community nurses, community pharmacies, community or independently contracted dental services, optometrists, and other allied health professionals within the virtual team around the individual and family.

Primary personal care is provided by local authority, third sector and commercial carers but also by huge numbers of families and friends. Wellbeing is enhanced by recreational and leisure activities and clubs provided in communities. Support for health and wellbeing may be provided in places of work, in retail outlets, faith centres or other community facilities and groups.

Almost all of our teams and programmes in Public Health Wales currently engage with primary care in some of their activity. We believe there is a need for this to be enhanced and better coordinated to maximise impact. With its wider view of health and wellbeing and the strong presence of teams with experience in primary care there is the opportunity for the public health community to provide leadership for the development of greater integration of primary and community care and to support primary care systems to take more of a population approach to the provision of services to and with local populations.

The actions contained in this priority have been informed by discussions with health boards and the five priority areas outlined in the Welsh Government's primary care plan, *Our Plan for a Primary Care Service in*

*Wales.* Local public health teams are already working with clusters to enable them to undertake more meaningful needs assessments and to help inform local priorities for action. The Public Health Wales Observatory has produced long term condition prevalence profiles for clusters

During the first year of the plan, we will galvanise activity across the organisation in order to ensure that we are fully supporting and interacting with primary care to enable the necessary shift in models of care required to improve our public's health. Partnership with health organisations, local authorities and third sector organisations will be essential to fully realise the objectives set out in this strategic priority.

It is important to note that changing models and new policy will require us to actively review our plans during year one following extensive engagement with the service.

## **9.2 Drivers for change**

### **9.2.1 The huge reach of the frontline NHS to maximise health improvement interventions**

The public interacts with the NHS through primary care. Over 95 per cent of contacts with the general public are with community pharmacies, general practices, dental surgeries and the community nursing workforce.

### **9.2.2 Taking population approaches to health improvement**

The planning of health and social care services to meet population need is now focussed at locality/cluster level. This is still in the very early stages so offers great opportunities for public health through integration with community wellness services, community assets and with partners such as social care and third sector.

### **9.2.3 Addressing inequities in health**

The impact of health care on inequalities in health outcomes is largely through action at primary care level, mostly through primary and secondary prevention and early intervention.

### **9.2.4 Primary Care Plan**

The Welsh Government's primary care plan seeks to improve the effectiveness of primary care and ensure more care is delivered in the community focussed on patients' needs. It asks health boards to ensure that resources are moved to primary care from other sectors but that changes should produce improved outcomes both from an individual citizen's perspective and from a population perspective.

### **9.2.5 Prudent healthcare**

Well planned and delivered primary care is prudent health care. Countries with strong primary care systems tend to have better health outcomes but also higher health spending. However, they also have a slower growth in spend which is likely to become more important in meeting future changing needs. People are experts on their own lives. Because of their massive reach, local health and social care services can be seen as major assets in our communities to support people to do this.

### **9.2.6 NHS and social care sustainability**

The current care system is not sustainable. There is a consensus that transformation towards prevention, early intervention, self management and coproduction are the only ways forward.

The current primary care workforce is struggling to maintain an effective service because demand is greater than the capacity to respond. Primary care clinicians and others recognise there have to be changes in how primary care is delivered.

### **9.2.7 The need for a multidisciplinary approach**

Traditional working in uniprofessional silos no longer serves the population well. Primary care works well for communities when it is delivered in a multidisciplinary way and there is collaboration between health and social care providers. There is already a willingness and structure to ensure that any approach by Public Health Wales to support the development of primary care is undertaken in a multi-disciplinary way. The *Living Well Living Longer* programme has already successfully brought together primary care professionals, health boards and local authority personnel.

### **9.2.8 New primary health care provider contracts**

There is a willingness by independent contractors providing general medical, dental, optometric and pharmacy services to include health promotion and patient or consumer engagement as parts of their contracts. The General Medical Services (GMS) contract in particular now rewards engagement by practices in cluster development.

## **9.3 What we are trying to achieve**

We are trying to reorient healthcare systems to maximise the health and wellbeing of the population and to address inequities in health. The NHS should shift towards prevention, early intervention and working with other statutory partners addressing the wider determinants of health as much as possible.

**We are trying to achieve a transformation of health care services through a shift of resources towards primary care in an evidence based way that responds to population needs and assets.**

## **9.4 How we can support this**

As part of the public health system, Public Health Wales, health boards and local authorities can work together to support the public health impact of primary care by:

- helping planners and providers take a population approach to health outcomes and reducing inequalities in health
- giving guidance on the implementation of specific prevention and health improvement programmes and projects
- providing quality improvement and quality assurance advice and tools for the Welsh Government and health boards
- providing and shaping effective policy advice
- providing health intelligence including evidence and knowledge services.
- providing data on condition prevalence, interventions and indicators of process and outcomes including morbidity and mortality at cluster level
- developing service improvement capacity and capability supported by the 1000 Lives Improvement Service
- connecting primary care with community assets to improve health

In doing this, we will build upon and work with existing community assets, including the people and organisations working in and for local communities, features of the local natural and built environment and also other services provided by the community.

## **9.5 Changing workforce requirements**

We are bringing together our primary care workforce into one division within the Health and Wellbeing Directorate to strengthen links and encourage greater cross disciplinary working. There will be a need to work with this newly formed group to identify skills needs to support them in working to deliver across the primary care community.

## 9.5 Strategic objectives

The strategic objectives that will be the focus of delivery of this priority over the next three years are as follows:

### Strategic Objective 3A

**By the end of 2015/16 we will have a clear agreed focus on primary, community and integrated care within the organisation.**

#### What success will look like

- All teams in Public Health Wales have an understanding of the value of primary care as an essential means of maintaining and improving the health and wellbeing of the population of Wales.
- All teams know their contribution to strengthening the public health impact of primary care.
- All teams understand and interact (as appropriate) with primary care as a component of an integrated care system.
- All teams have a nominated member linking to the *Public Health Primary Care Network*.
- There is a Division of Primary, Community and Integrated Care.
- A representative from the division is regularly attending meetings of the health board directors of primary and community care, the heads of primary care and the primary care assistant medical directors.

#### By the end of Year 1

**2015/16**

#### The action we will take to achieve this

- Appoint a Director of Primary, Community and Integrated Care and create a Division of Primary, Community and Integrated Care within the Health and Wellbeing Directorate (Quarter 1).
- Identify a link team member for the *Public Health Primary Care Network* from each Public Health Wales team (Quarter 1).
- Produce and distribute materials on the public health impact of primary and community care to all Public Health Wales staff (Quarter 2).
- Promote and enhance the *Public Health Primary Care Network* (Quarter 4).
- Update the *Public Health Primary Care Network* webpage and develop an internal and external stakeholder communications strategy (Quarter 2).

**Strategic Objective 3B**

**By the end of 2017/18 there will be a stronger population focus in primary care.**

**What success will look like**

- All cluster plans include action to address population health priorities and include the patient voice in their development.
- More primary care professionals with population health skills are contributing to service development.
- Vulnerable and deprived populations are identified and actions plans are addressing and targeting inequalities.

**By the end of Year 1****2015/16****Milestones**

- All cluster plans include action to address at least one health improvement priority and/or inequality
- Engagement has taken place with the health and social care system to best identify the actions required by Public Health Wales to enable primary care to develop a stronger focus on population health.
- All health boards have received at least one report on population approaches at cluster level.
- Local public health teams have assisted clusters to achieve measurable improvement in at least two clinical areas.

**The action we will take to achieve this**

- Devise and deliver a training programme to support a population approach in primary care (Quarter 2).
- Establish a Primary Care Collaborative with primary care cluster leads to support population health action (Quarter 3).
- Respond to reports from the health and social system on health needs assessment (Quarter 4).
- Develop a work plan which will support the health intelligence needs of clusters in conjunction with health boards (Quarter 2).
- Provide evidence on the inverse care law for all Health Boards (Quarter 1).
- Build partnerships with internal and external stakeholders to advocate, lead and support the population health and wellbeing agenda (Quarter 2).
- Develop a tool to assess the maturity of primary care clusters in using population based approaches (Quarter 4).
- Include the patient voice where appropriate in primary care development and planning processes (Quarter 1).

- Produce a plan of how to embed coproduction approaches in primary care (Quarter 3).

**By the end of Year 2****2016/17****Milestones**

- All cluster plans include actions to address health priorities and/or inequalities.
- Clusters are applying the principles of coproduction.
- Local public health teams have assisted clusters to achieve measurable improvement in at least two further clinical areas.

**The action we will take to achieve this**

- Maintain a primary care collaborative of cluster leads to further develop a population approach.
- Provide intelligence and evidence to health boards in order to shift mainstream services to match population need and tackle the inverse care law.
- Facilitate clusters to identify and connect with community assets.
- Embed coproduction approaches in primary care.
- Provide access to evidence services through a user friendly gateway.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Provide outcome data in some key agreed areas.
- Support clusters to review outcome data.
- Continue above activity.

**Strategic Objective 3C**

**By the end of 2017/18 we will have provided tools and expertise for primary care services to improve a defined number of healthcare outcomes.**

**What success will look like**

- Primary care risk profiling is in place for people in the community and vulnerable populations and individuals are identified.
- Holistic care plans are provided for those at higher risk of needing care and for those with long term conditions at lower risk.
- Approaches to reduce inequities in health due to cardiovascular disease are implemented.
- An agreed approach is in place to embed prevention as a treatment across primary and community care and hospitals.

- Integration of health and social care delivers the prevention priorities, in particular for the early years and for older people with complex needs.

**By the end of Year 1****2015/16****Milestones**

- GP one web based communication hub/resource for all GP Practices in Wales is developed.
- A Primary Care Network will include all appropriate stakeholders.
- Clearly defined high impact interventions for population health outcomes are identified with guidance for implementation.
- A cardiovascular disease risk quality improvement toolkit for clusters is developed.
- A primary care approach towards the implementation of the prevention and early intervention elements of all Together for Health delivery plans, including the Liver Plan has been proposed.
- Approaches to improving flu vaccination uptake levels, particularly in preschool children are developed.

**The action we will take to achieve this**

- Further develop primary care measures and indicators (Quarter 3).
- Provide access to evidence services with levels of response from scoping to rapid response searches to more in depth reviews as agreed (Quarter 2).
- Identify and provide evidence briefings on key areas / interventions likely to have higher impact on population health (Quarter 2).
- Develop GP one further and explore the opportunities for optometric equivalent (Quarter 1).
- Develop a data collection and quality improvement tool for CVS risk assessment and management (Quarter 2).
- Produce guidance for primary care on prevention and early intervention elements of all Together for Health delivery plans, including the implementation of the Liver Plan (Quarter 2).
- Work with cluster networks to improve practice level flu vaccine uptake (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- GP One is used by the majority of GP clinicians.
- A community practice eye care website will be developed depending on needs assessment undertaking in year one.
- The potential of a multidisciplinary website for cluster development support has been explored.

- There is continuing improving evidence of Primary Care Quality interventions supporting organisational goals.
- There is evidence of increasing prevention and early intervention actions in cluster and practice development plans.

#### **The action we will take to achieve this**

- Contribute to production of a data set for unscheduled care.
- Provide a Community Eye Care website for optometric staff.
- Produce a quality improvement toolkit to support the Liver Plan for primary care.
- Provide two additional quality improvement toolkits in response to service needs.
- Produce evidence products to support the primary care implementation of the prevention elements of the delivery plans and early years interventions.

#### **By the end of Year 3**

**2017/18**

#### **The action we will take to achieve this**

- Continue to provide quality improvement and quality assurance tools and advice to deliver a safe and effective primary care system.
- Adjust approach in light of the experience of the two previous years.
- Collate data and evaluation of products to see if improvements have been made in quality, equity and effectiveness of healthcare services in primary care.

### **Strategic Objective 3D**

**By the end of 2017/18 we will have worked with front line primary care staff to include prevention as a treatment.**

#### **What success will look like**

- Primary care staff are demonstrably discussing public health messages confidently and consistently with staff, patients and communities.
- Frontline primary care staff apply *Make Every Contact Count* (MECC).
- Frontline primary care staff understand and use social prescribing.
- Primary care staff actively signpost to wellness services and are engaged in communities activities.
- Uptake and outcomes of behaviour change services have improved.
- A full range of services to improve health is available according to need, with reduced health inequalities.

| By the end of Year 1                                                                                                                                                                                                                                                                                                                                                                                                | 2015/16 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                   |         |
| <ul style="list-style-type: none"> <li>• A training programme is established for primary care staff for MECC.</li> <li>• All cluster plans include actions on smoking cessation and at least one other local behaviour change service.</li> <li>• All health boards have received at least one report on prevention in primary care.</li> </ul>                                                                     |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                      |         |
| <ul style="list-style-type: none"> <li>• Develop and implement a training programme and tools to support MECC, including smoking cessation and immunisation uptake (Quarter 3).</li> <li>• Develop tools for systematic recording of health promotion interventions as part of routine healthcare encounters in primary care (Quarter 4).</li> <li>• Provide guidance on social prescribing (Quarter 3).</li> </ul> |         |
| By the end of Year 2                                                                                                                                                                                                                                                                                                                                                                                                | 2016/17 |
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                   |         |
| <ul style="list-style-type: none"> <li>• Ten per cent of all primary care clinical staff have had training in MECC.</li> <li>• READ codes are established for all behavioural interventions and social prescribing.</li> <li>• All cluster plans include actions on smoking cessation and at least two other local behaviour change services.</li> </ul>                                                            |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                      |         |
| <ul style="list-style-type: none"> <li>• Provide evidence and guidance on at least two health improvement interventions.</li> <li>• Promote social prescribing.</li> <li>• Establish an appropriate READ code formulary for behavioural interventions and social prescribing and share with primary care staff.</li> </ul>                                                                                          |         |
| By the end of Year 3                                                                                                                                                                                                                                                                                                                                                                                                | 2017/18 |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                      |         |
| <ul style="list-style-type: none"> <li>• Expand the training programme to more primary care staff.</li> <li>• Provide feedback to primary care practitioners on level of training, number of brief interventions and numbers of people who have made significant behavioural changes.</li> </ul>                                                                                                                    |         |

## Strategic Objective 3E

**By the end of 2017/18 we will be a leading partner in the redesign of primary care services in Wales.**

### What success will look like

- Services are more responsive to population need and are beginning to reduce inequalities in health demonstrably.
- More care is provided in the community and by the community.
- The management of more patients with long term conditions is based in primary care.
- Unscheduled admissions for long term conditions have reduced.
- Social prescribing has increased.
- The morale of the primary care workforce has increased.
- Reduction in the professional isolation of community practitioners.
- Patients report increased confidence in self management.
- There is more integrated service delivery across sectors with the use of appropriate care pathways.
- Access to relevant services for all has improved (as reported in patient access survey).

### By the end of Year 1

**2015/16**

#### Milestones

- Health boards are considering new service models.
- Health boards have taken account of predicted future population needs for service development.
- Awareness of the benefits of social prescribing has been raised.

#### The action we will take to achieve this

- Facilitate at least one awareness raising event in each health board area discussing the evidence described in the Public Health Wales rapid review of models paper 2014 and reviewing action plans from clusters (Quarter 2).
- Create a training programme for prudent primary care, coproduction and social prescribing (Quarter 3).
- Evaluate Cwm Taf social prescribing project (Quarter 1).

### By the end of Year 2

**2016/17**

#### Milestones

- More clinical pharmacists are working closely with GPs.
- A curriculum and CPD framework for primary care nursing is agreed.

- More clusters are fully multidisciplinary.
- Explore the enablers and barriers of direct access to dental therapists/hygienists in care homes.
- More secondary care providers are integrated into the community.

#### **The action we will take to achieve this**

- Work with primary care nurses and postgraduate institutions to provide more training opportunities.
- Promote competent clinical pharmacists working in general medical practice.
- Run an action learning set for improving primary, secondary and social care integration in the community.
- Provide development opportunity to clusters and consider new ways of working collaboratively.

#### **By the end of Year 3**

**2017/18**

#### **The action we will take to achieve this**

- Work with health boards to pilot new models of primary care delivery.
- Work with communities to encourage coproduction using community organisers and champions from primary care.
- Promote the development of evidence based pathways for multi morbidity.

### **Strategic Objective 3F**

#### **By the end of 2017/18 we will have improved patient safety in primary care.**

#### **What success will look like**

- There is a standard approach to minimising harm from medication
- There are agreed pathways to promote prudent use of investigations.
- There is an awareness of the potential for patient harm from interventions by care providers and patients.
- There is a 10 per cent reduction in the use of antimicrobials in primary care.

#### **By the end of Year 1**

**2015/16**

#### **Milestones**

- 90 per cent of General Medical Services (GMS) practices in Wales are engaged with the revised Clinical Governance Self Assessment Tool.
- 94 per cent of General Dental Services (GDS) contracted practices with a revised quality assurance systems programme are engaged.

- GP patient safety trigger tool (used to search GP records to identify characteristics, results or interventions that are known to be associated with an increased risk of harm to patients) is designed and piloted.
- Patient safety programme has been designed for primary care.
- Increased clinical pharmacy input into General Medical Practices (GMP) and general dental practices (GDP).
- Guidance on prudent antimicrobial use in place.

#### **The action we will take to achieve this**

- Engage with opportunities for quality improvement and public health impact in the GMS, GOS and GDS contracts 2016/17 (Quarter 4).
- Promote the role of safe prescribing in primary care (Quarter 4).
- Explore and promote the concept of 'over medicalisation' and coproduction in personal care decision making (Quarter 4).
- Complete design of GMP trigger tool and pilot in three practices (Quarter 4).
- Work with microbiology and others to produce a guide on prudent management of infections and use of antimicrobials for primary care practitioners (Quarter 3).

### **By the end of Year 2**

**2016/17**

#### **Milestones**

- 90 per cent completion by the general medical practices across Wales of the Clinical Governance Practice Self Assessment Tool.
- 95 per cent of GDS practices across Wales complete the Quality Assurance System.
- Ten per cent of practices are using the GMP trigger tool.
- An audit on antimicrobial use is completed.

#### **The action we will take to achieve this**

- Engage with opportunities for quality improvement and public health impact in the GMS, GOS, and GDS contracts for 2017/18 and beyond and consider how to influence other professional contracts.
- Promote trigger tool to health boards, clusters and practices.
- Promote possible inclusion of trigger tool in GMS contract for 2017/18.
- Explore the use of the trigger tool in dental and optometric practice.
- Refresh and implement audit on antimicrobial use.

### **By the end of Year 3**

**2017/18**

#### **The action we will take to achieve this**

- Specific actions to be developed for year 3, following work undertaken during years 1 and 2.

## **10 Strategic Priority 4: Supporting the NHS to improve healthcare outcomes for patients**

### **10.1 Why this is a priority**

Supporting NHS Wales to improve healthcare outcomes is key to enabling the vision set out in *Achieving Excellence - The Quality Delivery Plan for the NHS in Wales*.

Prudent healthcare is at the heart of successfully enabling optimum outcomes for patients, reducing harm, increasing efficiency and effectiveness and maximising mutual engagement with people using services to enable them to make informed decisions – if they wish to do so.

In rebalancing our healthcare system through strengthened primary and community based care and establishing equal relationships between patients and professionals, Public Health Wales has a significant role to play in securing improved healthcare outcomes.

The following summary combines work to identify the priorities and actions to support health boards and trusts to improve healthcare outcomes for patients. These priorities and actions were identified through:

- a series of workshops with health boards and trusts to identify shared priorities which clearly identified this to be a key priority for Public Health Wales to support colleagues in the NHS and shaped the actions contained in this priority
- a three month process established by the 1000 Lives Improvement Service with NHS Wales to identify the strategic priorities for support to improve healthcare outcomes and patient experience
- a discussion with the National Quality Forum and Welsh Government to map these strategic priorities to specific system level measures in the NHS Outcomes Framework.

The priorities build upon learning from local, national and international good practice and evidence, and recognise the need to integrate the principles of prudent healthcare. The 1000 Lives Improvement Service is supporting the Welsh Government to do this and is engaged in an ongoing work programme to embed prudent healthcare principles in NHS Wales.

These actions complement the early years and primary care plans, and this section reflects the joint action for health boards and Public Health Wales in ensuring that appropriate national support is provided to primary, community and acute care to achieve improved healthcare outcomes.

## 10.2 Drivers for change

Recent investigations into patient safety in Wales, including the *Trusted to Care* (2014) report, have highlighted the need to develop a culture of patient safety, improvement, learning and innovation.

The 1000 Lives Improvement Service offers a range of interventions, resources and expert support which link directly to national measures in the NHS Delivery Framework for Wales which support the drive to improve patient safety.

Unscheduled care continues to be a priority for NHS Wales. The 1000 Lives delivered Patient Flow Programme was launched in December 2013 to support organisations with improving patient flow from the emergency department through to discharge. This supports improvements in the timeliness of patients in ambulances being handed over to emergency department staff, improved adherence to the four hour and 12 hour targets in the emergency department and reduced mortality.

In considering unscheduled care, we also support health boards and trusts to ensure that surgical patients in Wales receive appropriate planned care.

Healthcare Associated Infections (HCAI) are a continuing priority for NHS Wales. The Welsh Government has published new targets for *Clostridium difficile* (*C. difficile*) and *methicillin-resistant staphylococcus aureus* (MRSA) bacteraemia. The new targets require substantial reduction in infection rates by 30 September 2015.

Progress is being made and, although not responsible for direct delivery of patient care, we will continue to support NHS Wales organisations to eliminate preventable HCAs.

## 10.3 What we are trying to achieve

Public Health Wales will support NHS Wales organisations to drive improvements in patient safety with work programmes aimed at reducing harm. We will have a particular focus on reducing HCAI, the improved management of sepsis, appropriate medicines management, implementing evidence based healthcare bundles where they exist and providing customised support to build capacity and capability for staff in healthcare facilities when and where required. Our 1000 Lives Improvement Service is highly experienced in these areas and will lead much of this work.

We will promote and support a culture of patient safety and quality of care through delivering support, development and leadership coaching. This support includes:

- **Quality improvement** – building sustainable capacity and capability within and throughout NHS Wales organisations through 1000 Lives Improvement work including *Improving Quality Together*.
- **Promoting innovation** – initiatives such as the *Education Programme for Patients Cymru* and NHS Atlas of Healthcare Variation in Wales are all leading edge programmes which are driving forward improvement in Wales.
- **Sharing knowledge and good practice** – in a structured way including national and international solutions.
- **Improvements informed by data and knowledge of evidence based best practice** through our Welsh Cancer Intelligence and Surveillance Unit and other health intelligence services.
- **Improving health and reducing inequalities** - through the best available public health intelligence, comprehensive laboratory services, strategic leadership for HCAI reductions and high quality screening programmes.

A clear focus on improving health outcomes, underpinned by the principles of prudent healthcare, will deliver tangible benefits to the people of Wales.

Key to supporting the NHS to improve healthcare outcomes for patients is our 1000 Lives Improvement Service. To best support the needs of the NHS, the team will continue to develop and provide active improvement support for the NHS, with the NHS. This will involve the appointment of a *Director for NHS Quality Improvement and Patient Safety/Director of the 1000 Lives Improvement Service* to lead the team who will also provide strategic leadership for the NHS and Welsh Government. The team will take on an added focus in four areas: **quality improvement, patient safety, innovation and disseminating best practice**. In doing so, we will continue to work with health boards and trusts to develop and deliver annual improvement programmes which combine national themes with tailored local support and capacity building.

## 10.4 Strategic objectives

The strategic objectives that will be the focus of delivery of this priority over the next three years are as follows:

### Strategic Objective 4A

**By the end of 2017/18 we will have developed a framework for action for NHS Wales, through defined evaluation criteria, to focus on equity of access, consumer voice, safety and prevention as part of prudent healthcare.**

#### What success will look like

- Health boards and trusts have implemented new models of healthcare methods to monitor and evaluate them.
- Health boards and trusts have embedded programmes similar to *Better Care, Better Value*, medicines management, to ensure appropriate use of scarce health resources.
- Prescribing practices are optimised and demonstrate improved efficiency.
- An informed approach to the development of new drugs, treatments and diagnostics has been adopted by NHS Wales and assessed.
- The identification and prioritisation of antimicrobial resistance research methods has statistically improved.
- Medicines management campaigns are addressing important public health priorities.
- The 1000 Lives Improvement Service has developed and delivered local bespoke support to health boards and trusts.
- At least 50 per cent of NHS staff with direct patient contact receive the flu vaccine.

#### By the end of Year 1

**2015/16**

#### Milestones

- Increasing service user involvement in the planning and delivery of services through the Service User Experience and Learning Panel.
- Tools are developed to optimise the presentation of antimicrobial resistance research needs and to support local audit of antimicrobial use.

#### The action we will take to achieve this

- Develop the model by which we will support the NHS as part of prudent healthcare, using at least one health board as a prototype for the following areas: Primary Care Model and NUKA Model of Care/Better

Care, Better Value(Quarter 4).

- Develop learning sets and dissemination frameworks for those involved in the start up projects (Quarter 4).
- Provide public health expertise across NHS Wales to implement the Quality Delivery Plan at an organisational and locality level (Quarter 4).
- Develop the model by which we will engage with service users in the planning and delivery of services (Quarter 4).
- Coordinate national public health campaigns through community pharmacy in line with recognised public health priorities (Quarter 4).
- Develop key indicators for prudent antimicrobial use (Quarter 4).
- Develop mapping applications to deliver timely, integrated antimicrobial usage and resistance data to local users across Wales (Quarter 4).
- Develop and deliver prudent healthcare workshops to health boards and trusts (Quarter 2).
- Review and enhance the *Flu Fighters* programme in partnership with health boards to support staff vaccination (Quarter 2).

## By the end of Year 2

2016/17

### Milestones

- Frameworks for action are piloted in 2015/16 and expanded across NHS Wales.
- The model for service user engagement in the planning and delivery of services is expanded across NHS Wales.

### The action we will take to achieve this

- Recruit all health boards to the new support model.
- Evaluate the framework for action for NHS Wales to continue to deliver the Quality Delivery Plan.
- Embed service user engagement in the planning and delivery of services through the Service User Experience and Learning Panel.

## By the end of Year 3

2017/18

### The action we will take to achieve this

- Evaluation of the milestones and actions undertaken in Years 1 and 2, including assessment of their impact and success in delivering the strategic objective, is complete.

## Strategic Objective 4B

**By the end of 2017/18 we will have worked with health boards and trusts to understand their patient harm footprint and achieve demonstrable improvement in patient outcomes by reducing harm.**

### What success will look like

- A *National Strategy for Quality Improvement and Patient Safety*, and associated implementation plan, has been developed.
- A model for our improvement support to NHS Wales is developed which includes defined evaluation criteria.
- Tailored strategies to drive improvements, including specified measures to improve patient safety, have been developed with support from 1000 Lives Improvement.
- Healthcare staff have been supported to achieve full implementation of evidence based quality care bundles where they exist.
- Substantial improvements in defined core patient safety areas have been achieved, including in the prevention of sepsis and medication management.
- All organisations have actively reduced harm and have implemented robust quality improvement methods to achieve this.
- The Nursing and Midwifery Strategy has been implemented with resultant reductions in harm.
- An established surveillance to provide reassurance of safe practice to the public, healthcare professionals and policy makers in the use of clinical instrumentation and devices within hospitals in Wales.
- NHS Wales has extended patient safety beyond the hospital e.g. social services and third sector, through proactive training and education to improve aftercare on discharge.

### By the end of Year 1

**2015/16**

#### Milestones

- A *National Strategy for Quality Improvement and Patient Safety*, and associated implementation plan, has been developed.
- All organisations reduce harm rates by using recommended good practice, and where appropriate, supported through dedicated improvement programmes and networks.
- Additional short and long term evaluation mechanisms for our improvement support to NHS Wales are established.
- Service improvement expertise is provided to the Welsh Government to produce a co designed, definite Outcomes Framework for future years.
- Actions identified within the implementation plan of the Nursing and

Midwifery Strategy are implemented.

### The action we will take to achieve this

- In collaboration with the Welsh Government, the NHS and service user groups, develop a *National Strategy for Quality Improvement and Patient Safety* together with an associated implementation plan (Quarter 3).
- In collaboration with partners, develop and implement a unified, strategic national approach to quality improvement and harm reduction (Quarter 4).
- Agree what 'standardised' care looks like and coproduce evidence based guidance (Quarter 1).
- Provide national improvement support and customised support, including from 1000 Lives Improvement, for local services where patient safety challenges exist (Quarter 4).
- Develop a community for learning to increase and contribute to the knowledge base surrounding the prioritised areas (Quarter 1).
- Consider the implications of the *National Strategy for Quality Improvement and Patient Safety* for primary, community and acute care (Quarter 4).
- Equip health board and trust staff with the skills, tools and resources to change practice to improve patient safety (Quarter 4).
- Develop appropriate tools and data collection methods (Quarter 4).
- Deliver local and national events to facilitate learning in quality improvement and patient safety (Quarter 4).
- Evaluate the impact of work undertaken (Quarter 4).
- Provide reassurance of patient safety during the change over from single use to reusable tonsillectomy instruments in Wales (Quarter 4).
- Set up and deliver a surveillance system to monitor safety of spinal / epidural procedures during the change-over from current luer to non-luer connectors in Wales (with the aim to minimise in part the risk of wrong route injections) (Quarter 4).
- Deliver an agreed schedule of work with the Welsh Government to co design a definite outcomes framework for future years (Quarter 4).
- Develop and deliver a professional development framework for NHS Wales' communications professionals to support the service in delivering the best and highest quality care for the people of Wales (Quarter 4).

### By the end of Year 2

**2016/17**

### Milestones

- The year 1 actions in the *National Strategy for Quality Improvement and Patient Safety* as they relate to Public Health Wales are implemented.

- All organisations are reducing adverse incident rates to deliver demonstrable improvement in patient outcomes
- All organisations have developed robust measures for improvement to meet measures from the NHS Wales outcomes framework.

#### **The action we will take to achieve this**

- Deliver dedicated programmes and networks to enable organisations to reduce their rates of harm.
- Based on the evaluation of the above measure, refine and implement Year 1 actions.

#### **By the end of Year 3**

**2017/18**

#### **The action we will take to achieve this**

- Implement year 2 actions in the *National Strategy for Quality Improvement and Patient Safety* as they relate to Public Health Wales.

### **Strategic Objective 4C**

**By end of 2017/18 we will have led healthcare associated infection (HCAI) reductions in NHS Wales, delivering responsive and flexible support structure, led and contributed to a range of HCAI reductions and identified and managed emerging threats.**

#### **What success will look like**

- Health boards have achieved reductions in all HCAI rates and are meeting Welsh Government targets. Where outliers are identified support will be provided in terms of training, audit tools and additional analysis where required.
- The current quality of care provided in Wales for patients requiring advanced intravenous access devices will be evaluated.
- The total burden of HCAI, medical device usage and antimicrobial usage in hospitals in Wales will be estimated by conducting a point prevalence study endorsed by the Welsh Government.
- Standards for Infection Prevention and Control (IPC) and HCAI in Wales are being implemented.
- We are providing expert assessment of emerging HCAI threats.
- We are representing Wales across the UK and EU and identifying and introducing best practice and innovation from within and outside Wales.

| By the end of Year 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2015/16 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
| <ul style="list-style-type: none"> <li>• Information and recommendations have been provided to healthcare organisations to support their efforts to reduce cases of methicillin-resistant staphylococcus aureus bacteraemias (MRSA) to 2.6 per 100,000 population.</li> <li>• Bespoke support has been provided to healthcare organisations unlikely or unable to achieve a rate of clostridium difficile (<i>C. Difficile</i>) of 31 per 100,000 population within the target timeframe and/or during outbreaks.</li> <li>• In conjunction with the Communicable Disease Surveillance Centre (CDSC), a protocol for surveillance of outbreaks in community and secondary care settings has been developed.</li> </ul>                                                                                                                                     |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| <ul style="list-style-type: none"> <li>• Provide up to date infection prevention and control policies, guidance, recommendations and education to support healthcare organisations (Quarter 4).</li> <li>• Plan, develop and implement new surveillance schemes and updates to data capture and reporting tools for current HCAI surveillance, including in response to any new Welsh Government HCAI targets (Quarter 4).</li> <li>• Collaborate with NHS organisations, academic institutions and others to develop and implement quality improvement measures and undertake relevant research (Quarter 4).</li> <li>• Provide tailored epidemiological, analytical and infection prevention and control support to health boards and the community at their request, during outbreaks and where improvement is not satisfactory (Quarter 4).</li> </ul> |         |
| By the end of Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2016/17 |
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
| <ul style="list-style-type: none"> <li>• The next tranche of model policies is published.</li> <li>• Updates to data capture and reporting tools for HCAI surveillance is implemented.</li> <li>• Expert assessment of emerging HCAI threats and expert specialist support to wider health protection/communicable disease threats is provided.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| <ul style="list-style-type: none"> <li>• Review and update compendium of HCAI guidance.</li> <li>• Draft and publish the priority model policies identified in year 1.</li> <li>• Regularly review health board/trust surveillance data and notify organisations of unusual activity.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |

- Implement an agreed support plan for any new Welsh Government HCAI targets.
- Use web reporting tool developed for orthopaedic SSI as a model for planned changes to other surveillance schemes.
- Implement quality improvement work to reduce infections associated with CVC in non critical care areas.
- Undertake a review of revised reporting systems using business intelligence tools.
- Develop expanded HCAI reduction programmes in SSI beyond orthopaedics and c-section.
- Undertake and participate in HCAI research.
- Implement a range of quality improvement interventions for SSI including orthopaedic and c-section.
- Host 3rd HCAI learning event.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Review and update model policies for Standard Infection Control Precaution Policies (SICPs) and Transmission Based Precaution Policies (TBPs).
- Review and update compendium of HCAI guidance.
- Implement agreed support plan for any Welsh Government HCAI targets.
- Regularly review health board surveillance data and notify organisations of any unusual activity.
- Review outbreak surveillance against previously agreed criteria.
- Develop HCAI reduction schemes for surgery outside of current schemes, urinary tract infections and CVC infections outside of critical care.
- Host 4<sup>th</sup> HCAI learning event.

**Strategic Objective 4D**

**By the end of 2017/18 we will have worked with health boards and trusts to improve the delivery and timeliness of care for patients requiring unscheduled care and planned care.**

**What success will look like**

- NHS Wales is effectively managing the whole systems flow, including ensuring that surgical patients receive appropriate planned care.
- NHS Wales has achieved improvements against defined measures in the

NHS Outcomes Framework.

- We have strengthened the effective general use of evidence and data analyses to inform improvement.
- Health boards have access to information on population factors to inform decisions on unscheduled care delivery.

|                             |                |
|-----------------------------|----------------|
| <b>By the end of Year 1</b> | <b>2015/16</b> |
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**Milestones**

- NHS Wales organisations' issues are identified and tailored plans to support improvement against defined measures are developed and implementation begun.
- Stakeholders' needs for public health information and support are mapped.

**The action we will take to achieve this**

- Assess the implications and impact for NHS Outcomes Framework on primary, community and acute care to develop an approach to whole systems flow (Quarter 3).
- Continue to deliver the Improving Patient Flow programme both at a national level and also tailored to specific needs at a local level. (Quarter 3).
- Evaluate the impact of work undertaken (Quarter 3).
- Deliver local and national events to facilitate learning and develop resources (Quarter 4).
- Establish and deliver intense improvement support for health boards that are challenged (Quarter 1).
- Informed by national and international examples, establish and implement a process to disseminate best practice for local and national improvement solutions for unscheduled care (Quarter 4).
- Establish and implement a process to support and share innovation in unscheduled care (Quarter 4).
- Work with the unscheduled care programme board to access priority areas for public health, information and support (Quarter 4).
- Consider development of an agent-based model (depending on outcome of feasibility and resource bids) (Quarter 4).
- Consider use of Atlas of Healthcare Variation and potential for further development (Quarter 4).

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| <b>By the end of Year 2</b> | <b>2016/17</b> |
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**Milestones**

- Organisations are supported to redesign their system to tackle identified issues.

**The action we will take to achieve this**

- Provide tailored support for individual organisations using workshops, WebEx and other tools to identify methods for improving whole systems flow.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Provide tailored support for individual organisations using workshops, WebEx and other tools to meet the measures in the NHS Outcomes Frameworks.

**Strategic Objective 4E**

**By the end of 2017/18 we will have ensured that every patient care pathway starts with a preventive healthcare interaction and should include consideration of a 'minimum appropriate intervention' option.**

**What success will look like**

- Evidence based preventative action has been defined and coproduced with stakeholders and implemented across Wales.
- Preventative action performance measures are developed and implemented
- Variation from accepted practice is investigated and learnt from.

**By the end of Year 1****2015/16****Milestones**

- Patients have been engaged with through the Service User Experience and Learning Panel and every patient care pathway is clearly defined.
- Public/patient engagement strategy is scoped, signed off and implemented.
- Preventative action is defined and co produced across all patient care pathways.

**The action we will take to achieve this**

- Agree prioritisation of pathways to be developed and implemented in year 1 (Quarter 4).
- Actively promote the approach through a variety of means (Quarter 4).
- Develop appropriate evidence based bundles, in partnership with the public, and develop mechanisms to produce appropriate evidence-based bundles that include representation from the public (Quarter 4).
- Identify leaders - 'variation busters' (Quarter 4).

- Ensure bundles incorporate joint decision making with the public (Quarter 4).
- Develop and implement a mechanism for identifying and investigating non application of agreed bundles (Quarter 4).
- Implement defined preventive interventions as required (Quarter 4).
- Identify and involve local stakeholders (Quarter 4).
- Develop plans to improve public engagement and service user experience (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- Patient care pathways are implemented and maintained.
- The public/patient engagement strategy is implemented complementing coproduction.
- Co produced preventative action is implemented and evaluated.

**The action we will take to achieve this**

- Monitor and evaluate patient care pathways.
- Implement public/patient engagement strategy.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Continue to monitor and develop patient care pathways through consistent public/patient engagement.

**Strategic Objective 4F**

**By the end of 2017/18 we will have supported people to feel able to successfully manage their care and engage in informed conversations to achieve their best experience, underpinned by the principles of coproduction and evidence based treatment.**

**What success will look like**

- Health boards and trusts have invested in shared decision making
- Health care professionals can support patients to reach a decision about their treatment.
- Service users feel able to successfully manage their care and engage in informed conversations to achieve their best experience, underpinned by the principles of coproduction and evidence-based treatment.

| By the end of Year 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2015/16 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| <ul style="list-style-type: none"> <li>• Pilot groups of health professionals, the third sector and service users are able to engage in informed conversations to achieve their best experience, underpinned by the principles of coproduction and evidence-based treatment.</li> <li>• The individual client level <i>Mental Health Core Data Set Support</i> is implemented.</li> <li>• Person centred care is an integral part of strategic and locality plans.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
| <ul style="list-style-type: none"> <li>• Advance the national approach to measuring learning from service user experience (Quarter 4).</li> <li>• Coproduce training in shared decision making and supported self-management (Quarter 1).</li> <li>• Deliver co production training and engagement workshops, lectures and training (Quarter 4).</li> <li>• Develop a common suite of person centred care support that can be offered to NHS Wales organisations, other public sector organisations, and the third sector (Quarter 4).</li> <li>• Pilot the common suite of person centred care support with health boards and trusts in response to requests for customised support (Quarter 4).</li> <li>• Work with partners to support better integrated health and social care services (Quarter 4).</li> <li>• Support development of nationally standardised service outcome measures/indicators (and systems for monitoring) under the <i>Mental Health Core Data Set</i> (Quarter 4).</li> </ul> |         |
| By the end of Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2016/17 |
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| <ul style="list-style-type: none"> <li>• Roll out of the common suite of Person Centred Care support to all health boards and trusts.</li> <li>• The individual client level <i>Mental Health Core Data Set Support</i> is evaluated and assessed.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
| <ul style="list-style-type: none"> <li>• Continue to support delivery of targets under the <i>Together for Mental Health Strategy</i>.</li> <li>• Build on actions undertaken in year 1.</li> <li>• Develop e-learning tools as part of the national person centred care improvement support.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |

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| <ul style="list-style-type: none"> <li>• Deliver a campaign to raise public awareness of the importance of taking responsibility for their own health and wellbeing.</li> <li>• Work with key partners and NHS staff to promote self management methodologies, courses and training for those individuals who will benefit most.</li> </ul> |
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| <b>By the end of Year 3</b> | <b>2017/18</b> |
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| <b>The action we will take to achieve this</b> |
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| <ul style="list-style-type: none"> <li>• Build on actions undertaken in Year 2.</li> <li>• Build on and develop the common suite of person centred care support.</li> </ul> |
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## **11 Strategic Priority 5: Influencing policy to protect and improve health and reduce inequalities**

### **11.1 Why this is a priority**

Policy development and its implementation are major drivers of better health and a reduction of health inequalities and poverty. While Public Health Wales fully recognises that it is the role of the Welsh Government to develop national policy we can add substantive value to the development, implementation and evaluation of joined-up policy that supports the improvement of health across Wales and the reduction of health inequalities.

Public Health Wales already works collaboratively with the Welsh Government and local government across a wide range of policy issues, including major developments such as Wellbeing of Future Generations and Public Health Bills.

We plan to improve our supporting role by developing a systematic response to policy needs at local, national and international levels that focuses on health issues and is delivered through a dedicated expert resource. We recognise the need to work in partnership with all aspects of the health and health care systems in delivering this service but also the critical importance of engaging criminal justice, education and other key stakeholders in the process.

Our aims are to ensure that:

- health is a consideration in all policy issues
- such consideration is informed by the best intelligence and evidence available
- the benefits of health improving policy are understood by the public and professionals on a multi-sectoral basis.

We recognise that significant policy impacting on health in Wales is developed on a UK, European and even wider basis. So we aim to ensure that key stakeholders in Wales better understand the opportunities to influence and use international policy for the benefit of the Welsh population. Public Health Wales has already made some inroads into international issues, including work through World Health Organization Regions for Health and Healthy Cities, the European Union and the global co-coordinating activities of the International Health Coordinating Centre.

Additional investment in international activity will be targeted specifically to increase our engagement with policy, access to evidence, expertise and

experience in other countries and opportunities to increase international income into Wales.

## 11.2 Drivers for change

Our drivers for change are:

- enormous potential for policy to drive and support health improvement and reductions in inequalities and levels of poverty
- economies of effort and substantively greater impacts are possible for public health if the activities of all public sector bodies and other key stakeholders are aligned.
- Improvement of the health benefits arising from the formulation and implementation of policy by providing expert support, evidence and evaluation of the policy process.
- urgent need to engage with and understand the opportunities provided by policy development at European and other international levels while suitable national policies are a critical element for improving health across Wales.
- low levels of investment in health promotion and prevention interventions in Wales is low compared to other UK countries. A strong professional advocacy for investment and policies that support health improvement is vital to wellbeing in Wales and to reducing pressures on health care systems.
- opportunity for public health to lead and contribute to integrated multi sectoral approaches to prevention that improve health, reduce antisocial behaviour and increase economic growth.

At the outset of this plan, our policy development expertise is limited, while the number of topics that require policy work is substantial and growing. The development of this three year plan provides an opportunity for us to better align our organisational objectives with the policy objectives of the Welsh Government.

## 11.3 What we are trying to achieve

We are trying to achieve a nationally coordinated multi agency and inclusive approach to tackling public health issues which is better evaluated, better funded, prevention focused, more cost effective and influences policy at local, national and international levels. This includes:

- supporting the development of public health policy across Wales and more widely on a UK and international basis.
- making a compelling professional and public case for increased investment in health promotion and prevention interventions in Wales, by assembling the relevant evidence and demonstrating the wider benefits, including economic benefits, to society.

- advocating on behalf of public health organisations responsible for, and with an interest in, the development and implementation of legislation and policy that impacts on the population of Wales.
- helping ensure policy developments within Wales and on an international basis are used to their full extent to improve population and increase resources available for such purposes.
- facilitating multi sectoral approaches to prevention and health improvement through engagement with education, social services, criminal justice and other public services.
- analysing and evaluating national and international policy developments and providing the evidence base to support advocacy to legislators and other policy makers.

## 11.4 How we are going to achieve this

We will achieve this by:

- **working with government** - providing evidence informed options to maximise the health benefits and minimise the health harms from policy development and implementation across all departments.
- **using evidence** - providing health impact assessment through the policy development process and continuing into the empirical assessment of implemented policy in order to help ensure policy improves health and reduces health inequalities.
- **working across boundaries** - facilitating integrated policy at national and local level across multiple organisations (including education, criminal justice, social and health bodies) with a public health ethos at its core.
- **making the case** - advocating for public health based policies through the use of evidence communicated to professionals and the public in order to increase understanding and support of health improvement.
- **learning with others** - working on an international basis with organisations including the WHO and EU in order to ensure policy in Wales uses, learn from and influences the best practice globally.
- **empowering stakeholders** - from a public health perspective we will increase the understanding of policy, the capacity to implement and use policy and the ability to develop health improving policy.

This will involve working on a multi sectoral basis in the following areas:

- **Health policy support** – working with the Welsh Government, local government and other key stakeholders.
- **Health impact assessment** – local and national support and delivery, developing capacity.

- **International health research and policy** – connecting with global policy, generating international income and providing development opportunities for our staff.
- **Research and development** - understanding what policy should stipulate, measuring policy impact.

## 11.5 Strategic objectives

The strategic objectives that will be the focus of delivery of this priority over the next three years are as follows:

### Strategic Objective 5A

**By the end of 2017/18 we will have a policy capability in Public Health Wales that supports and informs multi sectoral public health working at local, national and international levels – working in collaborations and increasing international investment in Wales.**

#### What success will look like

- Public Health Wales is a trusted source of evidence and expertise to inform policy development at all levels across Wales.
- Our support is available on a multi sectoral basis and we are able to articulate and inform cross sector working to tackle the major threats to public health in Wales.
- Our Health Impact Assessment (HIA) team is supporting health policy work as well as developing HIA capacity across Wales.
- Our policy work is complemented by work: through communications, to increase advocacy to support health improving policy; through our evidence services to ensure our policy work is evidence informed; and through our research and development team to increase understanding of policy impact.
- Through deliberate efforts to contribute to and use a substantive international body of evidence and other resource, we are an active participant in the development of international policy, especially at EU level and are helping to generate increasing levels of income from international sources.

#### By the end of Year 1

**2015/16**

#### Milestones

- A public health policy team is providing support and expertise on a multi sectoral basis.
- Activities, assets and shared objectives with other public sector stakeholders are mapped in order to inform a programme of multi sectoral working.
- Increased engagement and use of European Union (EU) and World Health Organization (WHO) routes into international policy and tactical plans to increase income generation.
- An expanded Health Impact Assessment resource that includes a developing health in all policies expertise and publication of a 'Health in

All Policies' guidance for practitioners.

### The action we will take to achieve this

- Establish policy links with the Welsh Government to provide support in policy development (Quarter 4).
- Map joint agenda and develop the rationales for combined preventative approaches on a multi agency basis (Quarter 4).
- Develop public health policy capacity nationally and increase interface internationally (Quarter 4).
- Support and advise the Welsh Government about Health Impact Assessment and health in all policies, including responding and reacting to any developments which emerge from the Wellbeing of the Future Generations of Wales and Public Health Bills (Quarter 4).
- Provide advice, support, training and guidance to public sector organisations and communities about Health Impact Assessment as appropriate with a focus on communities (Quarter 4).
- Publish 'Health in All Policies' guidance for Wales (Quarter 3).
- Establish an office to secure European and other funding (Quarter 4).

### By the end of Year 2

**2016/17**

### Milestones

- Multi agency SMARTER working is established, linking the existing objectives of multi agency stakeholders to generate shared targets and objectives
- European health research income into Wales and support advising others on effective ways to increase their international income is established.
- A Health Impact Assessment Quality Assurance Review Tool for Wales is in use.

### The action we will take to achieve this

- Develop multi agency platforms and plans for tackling alcohol, obesity, physical inactivity and tobacco (for early years and across life course) and begin implementation - including mechanisms for monitoring multi agency shared objectives.
- Undertake strategic review and dissemination of the international policy, strategy and income opportunities provided by Health 2020 and Horizon 2020.
- Increase international income through collaborative working with the Welsh Government and both developing and working with other key stakeholders.
- Increase the number of policies that have HIA.
- Develop and publish a Health Impact Assessment Quality Assurance

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| Review Tool for Wales. |
|------------------------|

| By the end of Year 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2017/18 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| The action we will take to achieve this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |
| <ul style="list-style-type: none"> <li>• Further increase international income and increase Welsh leadership role in selected European health initiatives.</li> <li>• Increase the number of policies that have HIA.</li> <li>• Continue to support multi agency working locally through a core team and increasing local skills.</li> <li>• Begin outcome evaluation cycle of multi agency working using established shared objectives and identify benefits, bottle necks, etc.</li> <li>• Use learning to refresh work plans.</li> <li>• Inform policy options for next planning round.</li> </ul> |         |

## **12 Strategic Priority 6: Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver**

### **12.1 Why this is a priority**

We have previously detailed our commitment to focus on, and continually drive improvements in, the quality, safety and efficiency of the services we deliver. Our previous plans have included detail of work on:

- the modernisation of microbiology services and the cervical screening programme
- performance improvements within screening programmes and Stop Smoking Wales
- the implementation of *Transforming Health Improvement in Wales*
- a commitment to create a culture that puts the citizen at the heart of what we do as part of continual improvement.

We intend to build on these developments further over the next three years and undertake truly transformational change to the way we deliver public health services for the people of Wales and our partners.

### **12.2 Drivers for change**

Along with the wider NHS Wales, we face a number of strategic challenges and opportunities over the next five years. These include:

- increased financial and capacity/demand pressures being placed upon services as part of an ever changing operational environment
- the need to ensure we meet the principles of prudent healthcare
- the need to better align and integrate resources to address major public health issues, such as healthcare associated infections and antimicrobial resistance, outbreak response, inequalities and lifestyle challenges, especially smoking cessation and participation in screening programmes
- the need to maximise the opportunities of advances in technology
- the age profile of the current workforce and the challenge of recruiting to key specialist roles
- demand for support to key services outstripping capacity.

## **12.3 What we are trying to achieve**

### **12.3.1 Public Health Services Directorate**

#### **Integrated Public Health Service Directorate**

The Directorate aims to transform, and develop, into a fully integrated service over the next three years. This will be underpinned by the effective use of technology, skills and knowledge across the full spectrum of its functions. We will seek to maximise existing synergies and new opportunities, including aligning services and functions, to realise benefits wherever they present themselves. This will include a more efficient and effective use of technology and exploring the possibility for co locating services. We will capitalise upon areas of alignment, particularly in relation to the modernisation of scientific careers, to develop more innovative solutions, including developments in the skills mix of our staff.

We will have discussions with health boards and the Welsh Government in relation to the consolidation of additional specialist services, including the delivery and configuration of wider pathology and diagnostic services for Wales.

We will also explore, and exploit wherever possible, opportunities for joint ventures and partnerships, via a greater business focus with social enterprises and the wider commercial sector. This will, in part, support our intention to further enhance and develop our international reputation through the delivery of high quality services and high impact research.

Genomic sequencing provides us with an opportunity to enhance our response to infectious diseases significantly. We have worked with partners to develop an approach for Wales. We will build on this to develop and establish an All Wales Genome Sequencing Service. As part of this development, we will work closely with partners in academia and the wider NHS and also support wider developments across Public Health Wales in relation to epigenetics and its application to public health.

Over the next three years we will explore new opportunities and maximise investment through the development of a commercial unit within Public Health Services. As part of this more commercial focus, we will look to increase revenue through the marketing of our services to other UK countries and internationally, including screening programmes, surveillance tools and point of care testing. Any surplus income generated through this will be reinvested to further enhance our services.

#### **Integrated Health Protection Service**

We will develop an integrated Health Protection Service, under the leadership of a new Director of Health Protection, which will bring together the existing health protection and microbiology divisions. This

will allow us to focus upon and deliver a more effective response to infection prevention and control and the protection of population health from communicable and non communicable hazards. This should lead to measurable improvements for patients (reduced infection prevalence and more timely and appropriate interventions), clinicians (timely results to inform action) and the wider community (reduced risk of infections).

### **Modernisation of microbiology services**

We have already commenced a major modernisation programme with the objective being to develop an all Wales managed network (delivered through a regional model). This will be further developed, at an all Wales and regional level, to bring together high quality clinical and technical expertise underpinned by the application of current and emerging technology, including molecular diagnostics and next generation sequencing, supported by efficiencies derived from automation.

The creation of an all Wales managed network will ensure the delivery of high quality and equitable services, in support of prudent healthcare. It will maximise skills through the development of critical mass and allows for a more efficient response to public health priorities and threats.

### **Developments within health protection**

We will develop an enhanced model for local health protection services, aligned to the modernisation of microbiology services. This aims to better enable working, at a local level, with key partners through releasing assets to drive change, while also enabling career and role development. Service developments will be underpinned by the introduction of new platforms, including a case and incident management system, which will support the management and response to public health incidents and outbreaks and provide stronger governance and greater transparency.

### **Delivering effective screening programmes that maximise clinical outcomes**

We will continue our relentless drive to improve performance standards across the full range of our screening programmes in areas where targets are not currently being met. This will involve:

- specific actions at a programme level using quality and change management skills
- further engagement with health boards to ensure services are delivered to agreed standards
- developing innovative solutions through engagement with service users
- continued implementation of a systems approach aimed at improving uptake, with a particular focus on targeting hard to reach communities in order to support a reduction in health inequalities.

The introduction of Human Papilloma Virus (HPV) testing within the cervical screening programme will radically reshape and redesign the programme through a paradigm shift in approach. Implementing testing for HPV, the cause of cervical cancer, will allow us to move from manual detection of early signs of cellular abnormality to the identification of the specific infection itself, via automated molecular testing. This approach will provide a more sensitive test and will allow us to identify women requiring treatment more effectively than we can at present. These changes will deliver significant and enhanced benefits, such as increasing quality and effectiveness (including cost effectiveness) and improved service user experience, in line with the principles of prudent healthcare.

A phased approach will be adopted to the introduction of HPV testing, including partial roll out of test of cure during 2015/16. This approach will be further developed over the next three years. As part of this approach, we will undertake discussions with the Welsh Government in relation to the implementation and funding of these developments. Detail on the key steps in implementing HPV are provided within our annual Operational Plan.

Further technological developments across the full range of programmes will act as a key driver to the way screening services are both delivered and managed over the coming years. This will include the development of:

- digital platforms to develop more flexible and innovative solutions to the way people interact and use our services
- a common informatics platform for all programmes to improve effectiveness and increase efficiencies.

### **12.3.2 Health and Wellbeing Directorate**

The services and functions delivered by the Health and Wellbeing Directorate will undergo significant developments as part of the adoption of a systems approach to health improvement and implementation of *Transforming Health Improvement in Wales Programme*. We will establish a new Primary, Community and Integrated Care Division (see section 9). In addition, there will be changes in the following functions within the directorate.

#### **Smoking cessation services**

Public Health Wales and its predecessor bodies have been responsible for the delivery of specialist smoking cessation services in Wales since their inception. Pilot services were established in 1999 and subsequently an independent evaluation was commissioned in April 2002 (Moore, Best, West, Roberts, Cohen, & Louis, 2003), using and building upon the data collected by the services. The evaluation made 19 recommendations including a 'more unified national smoking cessation service with a

stronger identity and national coordination'. This was implemented by the newly formed National Public Health Service for Wales in 2004, initially named the All Wales Smoking Cessation Service and later becoming Stop Smoking Wales.

In contrast to other areas of the UK, Wales was relatively late in establishing targets for the uptake of smoking cessation services, introducing a Tier 1 target to 'treat' 5 per cent of smokers per annum. Progress towards achieving this target to date has been challenging, although a considerable amount of resources and commitment has been made by both Public Health Wales and health boards in Wales. Health boards have made investments in the development of Pharmacy Level 3 smoking cessation support and Public Health Wales has undertaken a major mass media campaign and development of a new range of service options, including online support and mobile outreach into communities.

The Tier 1 target also needs to be seen in the context of wider goals to reduce smoking prevalence in the Welsh population to 16 per cent by 2020. An extensive review of international evidence and best practice was undertaken in 2013, alongside modelling work, which indicated that, based on current trends, Wales was unlikely to meet that target. A series of recommendations were made in relation to smoking cessation and wider tobacco control action.

The last two years has seen rapid development and expansion in the market for electronic cigarettes or electronic nicotine delivery systems (ENDS) which have the potential to reduce individual harm from tobacco smoking substantially. Their introduction has, however, provoked unprecedented disagreement with the public health and tobacco control communities internationally on the best approach to achieving this potential. A decline in uptake of smoking cessation services across the UK, up to 19 per cent in England during 2013/14<sup>4</sup>, has been attributed at least in part to the rise in use of e-cigarettes.

Smoking cessation services have now become established as part of mainstream healthcare provision in the United Kingdom and it is appropriate that consideration is given to their future delivery.

International best practice suggests that smoking cessation support services are only a small part of achieving significant declines in smoking rates. Public Health Wales recognises the need to create capacity to address wider tobacco control measures. Detail on our approach to tobacco control is included in section 7.

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<sup>4</sup> <http://www.hscic.gov.uk/catalogue/PUB14610>

The new service options and developments implemented by health boards and Public Health Wales only address some of the challenges that have been identified, many of which stem from wider 'system' related factors. Therefore, further work will be undertaken during 2015/16 to develop proposals for the optimum approach to the future provision of smoking cessation services in Wales as one component of our work to reduce smoking prevalence.

**These proposals are currently being developed at the time of submission and, subject to a Ministerial decision, it is anticipated that Public Health Wales will be in a transition period during 2015/16 that will involve a changed role in reducing smoking prevalence.**

**An overview of the key aspects of implementing a new model is included in strategic objective 6H, along with ongoing delivery of Stop Smoking Wales. A detailed implementation plan will be finalised following Ministerial decision.**

### **Health Intelligence Division**

The Health Intelligence Division aims to improve health and reduce inequalities by providing and promoting the best available public health intelligence in a way that inspires, informs and maximises the impact of public health action. It is essential that we ensure that this intelligence is of the highest quality and readily available, and accessible, to all stakeholders that require it.

During 2015/16, existing services will be further developed, as required, to ensure that they are operating as effectively and efficiently as possible. In addition, a number of specific developments will need to be scoped, including proposals for their phased implementation. These include: leading the development of a strategy for knowledge mobilisation (moving knowledge, especially research evidence, into active practice and policy) for the organisation; an indicator and surveillance team; setting standards for health intelligence; and undertaking an assessment of work across Public Health Wales.

Further work to determine the potential of anonymised record linkage to evaluate health improvement programmes is also required.

### **12.3.3 Safeguarding Children Service**

We will enhance the Safeguarding Children Service in line with the direction of travel in the Social Services and Wellbeing (Wales) Act 2014. The new service will be in line with arrangements adopted by our stakeholders and will help NHS Wales to deliver improved outcomes and life chances for the most vulnerable in society. We will further enhance and develop the service to be the national provider of professional and

NHS system leadership across the wider 'people' spectrum of safeguarding. The service is ideally positioned to act as an enabler to improve quality and the reduction of variation in relation to safeguarding and promoting the wellbeing of adults and children.

## **12.4 Changing workforce requirements**

### **12.4.1 Microbiology**

Following the introduction of new technology there is a requirement for a different skill mix, which presents uncertainty when forecasting exact future workforce requirements. From our experience to date the implementation of automation is likely to reduce the number of scientific staff working on the bench, but require a different skill set elsewhere in the workforce. We are currently anticipating a reduction in staff of 25-35 per cent with the introduction of automation. However, the detail on workforce grades and roles is yet to be determined and will depend upon possible 24/7 working. Plans are required to retrain and redeploy some staff on different work such as genomics, so net reductions will be lower.

There are potential risks of some experienced staff leaving as a consequence of the planned changes. In addition, changes in working practice and work patterns will not suit all staff, who may be restricted to specific working hours. Resourcing the required working patterns within the existing workforce may present difficulties. These are matters being addressed by the Microbiology Development Programme.

### **12.4.2 Cervical screening**

A modernisation programme is underway and a new service model will mean changes for the workforce. While full details are not yet available it is anticipated that the changes in techniques for cervical screening will see a reduction in staff by 30 per cent. However, the age profile for the service suggests this will be achieved largely through the retirement of existing staff. This is being closely monitored and staff fully engaged to minimise the risk of losing too many staff too quickly. Contingency plans are in place to cover any shortfall.

### **12.4.3 Stop Smoking Wales (subject to Ministerial decision)**

We need to revise the delivery models to meet service user requirements that in many cases will see a move to seven day working and extended working hours. This requires changes to terms and conditions. We will need to review our attraction and selection approach to ensure we recruit the right staff. We will design a development programme to refresh skills of existing staff and enhance the skills of the stop smoking advisors to cover advice and support on other behavioural changes.

## 12.5 Strategic objectives

The strategic objectives that will be the focus of delivery of this priority over the next three years are as follows.

### Strategic Objective 6A

**By the end of 2017/18 we will have a fully integrated Public Health Services Directorate.**

#### What success will look like

- The delivery of high quality integrated services that exploit new technology and meet or exceed performance targets (see supporting trajectories).
- An integrated informatics function working across the directorate wherever possible.
- An integrated business management unit working across the directorate.
- Opportunities with social enterprises and commercial partners are fully exploited.
- Working collaboratively, sharing best practice and undertaking joint research within Public Health Wales and with partners.

#### By the end of Year 1

**2015/16**

#### Milestones

- Strengthened governance within the Public Health Services Directorate to drive strategic change.
- Development of plans for an integrated business and management unit.
- Development of a directorate workforce plan.

#### The action we will take to achieve this

- Strengthen role of directorate leadership team, particularly in relation to modernisation and development of services and areas of cross directorate working (Quarter 1 and ongoing work).
- Review service workforce issues/pressures and produce a cross directorate plan to address these (Quarter 3).
- Review current resources/requirements and development proposals for a single business management and support function, including quality and health and safety (Quarter 3).
- Scope future informatics requirements for public health services (Quarter 4).
- Produce proposals in relation to the development of a commercial unit for the Public Health Services Directorate (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- An integrated business management unit working across the Public Health Services Directorate.
- Development of a commercial unit.

**The action we will take to achieve this**

- Implement arrangements for a single business management and support function.
- Establish a commercial unit within the Public Health Services Directorate.
- Implement informatics developments in line with integrated service requirements.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Exploit and maximise commercial opportunities through the newly established Commercial Unit. Targets will be set for income generation and business development.
- Deliver enabling informatics platforms that support specific service requirements.

**Strategic Objective 6B**

**By the end of 2017/18 we will have developed an integrated Health Protection Service (combining microbiology and health protection) that will deliver a more efficient and effective response to public health threats.**

**What success will look like**

- An integrated and modernised health protection service delivering a more effective response to infection prevention and the control of communicable/non communicable hazards.
- The delivery of timely and appropriate interventions for specific patients and the wider population.
- The provision of timely results to clinicians to inform action both for patient and healthcare setting.
- A reduced risk of infections within the wider community (see HCAI reduction trajectory in supporting spreadsheets).

| <b>By the end of Year 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>2015/16</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| <ul style="list-style-type: none"> <li>• Appointment of Director of Health Protection and additional management capacity.</li> <li>• A strategic review of health protection services is underway.</li> <li>• Development of proposals for an enhanced and modernised local health protection team.</li> <li>• Agreed programme of surveillance modernisation and enhancement.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| <b>Integration of health protection services</b> <ul style="list-style-type: none"> <li>• Recruitment and appointment of a Director of Health Protection and additional management and professional capacity (Quarter 2).</li> <li>• Alignment of the existing microbiology modernisation programme with developments in health protection (Quarter 1 and ongoing).</li> </ul> <b>Developments within health protection</b> <ul style="list-style-type: none"> <li>• Develop proposals for an enhanced model for local health protection services (Quarter 4).</li> <li>• Deliver improved and integrated surveillance outputs as part of a programme of service modernisation and enhancements (Quarter 4).</li> <li>• Development of a case and incident management system to underpin local health protection developments (two year project commencing in Quarter 1, subject to informatics support and to securing development funding).</li> <li>• Lead and contribute to the introduction of immunisation programmes, including against new emerging threats and influenza, and contribute to achieving high vaccine uptake (Quarter 1-4).</li> <li>• Provide up to date immunisation training materials to health boards (Quarter 1-4).</li> </ul> |                |

| <b>By the end of Year 2</b>                                                                                                                                                                                                                                                                           | <b>2016/17</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                     |                |
| <ul style="list-style-type: none"> <li>• Establishment of an enhanced model for local health protection services.</li> <li>• Development of a field epidemiology and surveillance unit for Wales (subject to funding).</li> <li>• Implementation of a case and incident management system.</li> </ul> |                |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                        |                |
| <b>Integration of health protection services</b> <ul style="list-style-type: none"> <li>• Implement enhanced model for local health protection services aligned to the regional model being developed by microbiology.</li> </ul>                                                                     |                |

- Implement enhanced model for surveillance and analytical support, including web based survey tools.

#### **Developments within health protection**

- Demonstrate closer alignment and working at a local level through agreed actions within local government/health board plans.
- Finalise development of case management system and support roll out across health protection services.

### **By the end of Year 3**

**2017/18**

#### **The action we will take to achieve this**

- Conclude implementation of an integrated health protection service for south east Wales, co located where public health and business case opportunities exist.
- Deliver relevant and timely surveillance outputs to support needs assessments, evaluation of interventions and outbreak detection.

### **Strategic Objective 6C**

**By end of 2017/18 we will have increased our understanding of, and reduced the public health burden from, communicable diseases and environmental hazards in Wales and further enhanced our emergency planning and preparedness processes and practice.**

#### **What success will look like**

- Strong collaborative working arrangements with partners across and beyond Public Health Wales to facilitate needs and evidence based action.
- Increased resilience in the health protection workforce.
- Increased expertise, capability and capacity across the public health community to manage risks associated with incidents and outbreaks

### **By the end of Year 1**

**2015/16**

#### **Milestones**

- Strategic review of health protection services undertaken.
- Development of proposals for an enhanced and modernised local health protection team.
- Agreed programme of surveillance modernisation and enhancement.
- Outbreak and incident learning points process agreed.

**The action we will take to achieve this**

- Work with partners to obtain and provide appropriate data, information and other resources on the health burden associated with environmental hazards, to inform evidence based prioritisation, decision making and action (Quarter 4).
- Publish health burden assessments and peer reviewed evidence to inform prioritisation and decision making (Quarter 4).
- Review evidence to assess the effectiveness of interventions to minimise exposures to, and impacts of, environmental hazards e.g. radon in schools, air pollution reduction interventions, injury prevention (Quarter 4).
- Design and pilot use of customer satisfaction surveys (Quarter 2).
- Agree an all Wales systematic process to document and review learning points from communicable outbreaks and non communicable incidents, and take actions to address them and evaluate impacts (Quarter 4).
- Undertake an audit of the Public Health Emergency Planning and Response System against the Cabinet Office Expectation Set to benchmark the current planning and response arrangements and implement any necessary improvements (Quarter 4).
- Develop streamlined, consistent standard operating procedures for use reactively and proactively across Wales (Quarter 4).
- Develop the established relationships with health board infection prevention teams (Quarter 2).
- Appoint a lead Consultant in Communicable Disease/Consultant in Health Protection role for HCAIs across Wales (Quarter 2).
- Appoint a lead health protection nurse in Wales (Quarter 3).

**By the end of Year 2****2016/17****Milestones**

- Customer satisfaction surveys used routinely.
- Implementation of all improvements identified in the audit of Public Health Emergency Planning and Response System.
- Use of system for lessons learned and implementation of improvement actions is routine.

**The action we will take to achieve this**

- Review and fully implement implementation of customer satisfaction surveys.
- Work with the Welsh Government to develop risk communications materials and resources and raise awareness around air pollution, review the effectiveness of interventions and clarify roles and responsibilities of agencies involved in local air quality management
- Complete implementation of all improvements needed that were identified in the audit undertaken in 2015/16.

- Support partners, especially the Welsh Government, to establish a mechanism to consider and take action to minimise the public health impact of climate change effects.
- Advocate for, and establish a mechanism that facilitates Public Health Wales, health boards and local planning authorities (and linked policy) to consider development control issues in a wider public health context 'upstream' to minimise public health impacts 'downstream'.
- Work with public and private sector partners to make carbon monoxide alarms more accessible and more affordable.
- Continue to advocate for implementation of Graduated Driver Licensing.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Target action informed by evidence of need to reduce CO poisoning, air pollution, land and water contamination, injuries and the impact of environmental incidents.
- Complete audit of lessons learned system and refine system in light of Public Health Emergency Planning and Response System.
- Increase awareness around, and support partners to take action to address, the health impacts associated with the home environment.
- Continue to design and deliver tailored training programme for multi-agency incident managers.
- Develop an enhanced public health focused local air quality management regime by carrying out work to identify what changes might be required to enhance the current regime and why, and how such changes may be facilitated.

**Strategic Objective 6D**

**By the end of 2017/18 we will have developed an all Wales microbiology network, based on a three region model managed by Public Health Wales, that brings together high quality clinical and technical expertise and is underpinned by the application of current and emerging technology.**

**What success will look like**

- An all Wales managed microbiology service network that is ISO 15189 (2012) accredited.
- Improved laboratory efficiency through the introduction of automated specimen processing.
- Using molecular technology and next generation sequencing (where

possible).

## By the end of Year 1

**2015-16**

### Milestones

#### Microbiology Division

- Participation in a UKAS Assessment to ISO 15189 (2012).
- Publication and consultation on a plan to secure Strategic Objective 6D.
- Publication of an All Wales Service Specification.
- Review of Reference Units commenced.

#### North Wales

- Current change project in north Wales (based on 2012 review) implementation concluded and assessment of further need for service modernisation completed.

#### Mid and West Wales

- ABMU service consolidation concluded.

#### South East Wales

- Production of a Strategic Outline Case (SOC) for the consolidation of laboratory services.

### The action we will take to achieve this

#### Microbiology Division

- Conduct a review of current arrangements for Reference Units and make proposals for future service (Quarter 4).
- Undertake gap analysis and other preliminary work to ensure readiness for assessment to ISO 15189 (2012) (Quarter 1).
- Draft and consult on an All Wales Service Specification (Quarter 1).
- Finalise plan to secure delivery of Strategic Objective 6D (Quarter 2).
- Develop proposals for the establishment of an All Wales Whole Genome Sequencing Service, including agreement for the delivery of enteric microbiology (Quarter 4).

#### North Wales

- Complete any residual work in relation to staff transfer to Rhyl Laboratory (Quarter 1).
- Complete an assessment of the requirements for further service modernisation reflecting changes over the last three years, including automation (Quarter 3).

#### South East Wales

- Develop SOC for the consolidation of microbiology services within south east Wales (Quarter 4).

#### Mid and West Wales

- Conclude service consolidation within ABMU (Quarter 1).
- Develop options for future service delivery (Quarter 4).

**By the end of Year 2****2016-17****Milestones****Microbiology Division**

- Implementation of recommendations from the review of reference laboratories.

**South East Wales**

- Securing health board support for consolidation of services in south east Wales.

**Mid and West Wales**

- Options analysis and consultation on service model.
- Completion of transfer of Withybush staff (subject to outcome of options analysis).

**The action we will take to achieve this****Microbiology Division**

- Conduct a strategic review of clinical services.
- Implement recommendations from the review of reference laboratories.
- Develop expertise and commence establishment of an All Wales Whole Genome Sequencing Service and put in place key infrastructure, including bio-informatics, IT and data analysis.
- Implement molecular methods for enteric microbiology.
- Further use and maximise the benefits of LIMS, including development of the Welsh Clinical Portal.

**South East Wales**

- Present SOC and delivery plan to health boards for approval (subject to outline business case recommendations).
- Initiate implementation of south east Wales regional service model.

**Mid and West Wales**

- Undertake options analysis for mid and west service model and consult on findings.
- Complete transfer of Withybush staff (subject to outcome of options analysis).

**By the end of Year 3****2017-18****The action we will take to achieve this**

- Ongoing implementation of south east Wales microbiology modernisation programme (dependent upon approval of business case)

in year 2).

- Commence implementation of service consolidation within mid and west Wales.
- Finalise establishment of All Wales Whole Genome Sequencing Service and implement sequencing for agreed set of initial deliverables, including HIV resistance and *M.Tuberculosis*.

## Strategic Objective 6E

**By the end of 2017/18 we will have ensured that all our screening programmes are meeting or exceeding national standards, using the best available technology to maximise clinical outcomes and have embedded service user engagement.**

### What success will look like

- Fully established timely and sustainable patient pathways delivered across all programmes.
- Meeting or exceeding national standards in service performance.
- Improved uptake, user engagement and reduced inequalities in uptake.
- New and innovative ways of engaging with programme participants.

## By the end of Year 1

**2015/16**

### Milestones

- Continued improved programme performance and timeliness.
- Expansion of HPV testing within identified resources.
- Improved service user experience, engagement and uptake.
- Cervical screening informatics solution secured.

### The action we will take to achieve this

#### Programme performance improvements

- Take forward identified initiatives within all programmes to improve timeliness and embed appropriate sustainable clinical and managerial models (see programme performance trajectories in supporting spreadsheets) (Quarter 4).

#### Expansion of HPV Testing

- Expand test of cure for all women on surveillance (subject to agreement and availability of funding) (Quarter 2).
- Introduce HPV triage in cytology (subject to funding) (Quarter 3-4).

#### Development of digital service user platforms

- Produce scoping document and business case for digital service user platforms (Quarter 3).

**Improved service user experience and engagement**

- Work with GP clusters to increase engagement with primary care (Quarter 4).

**Informatics**

- Develop an overarching informatics infrastructure with a new cervical screening module in line with arrangements for the wider organisation (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- Continued compliance with performance standards.
- Continued expansion of HPV testing.
- Continued improvements in uptake and user participation.

**The action we will take to achieve this****Sustain programme performance improvements**

- Review and test commissioning arrangements for health board services against performance required and performance delivered.

**Expansion of HPV testing**

- Roll out HPV testing in accordance with developed plan and in line with national policy.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Review the commissioning model for diagnostic breast surgery and produce recommendations for future arrangements.

**Strategic Objective 6F**

**By the end of 2017/18 we will have developed our health intelligence resources to deliver high quality products and services supporting Public Health Wales statutory functions and priorities, and informing prudent public health practice.**

**What success will look like**

- A clear focus for work on indicators and strengthened surveillance arrangements for non communicable diseases through the development of a Public Health Indicator and Surveillance Team.
- Key products, including a programme of official statistics and the *Public Health Outcomes Framework*.
- A knowledge mobilisation strategy that enables knowledge to be used

across the organisation to best effect.

- Delivery of high quality work and fulfilment of statutory functions.
- Strategic approach agreed to maximise use of linked databases to evaluate population health outcomes.

## By the end of Year 1

2015/16

### Milestones

- Programme of official statistics successfully delivered.
- *Public Health Outcomes Framework* development on track.
- Knowledge mobilisation strategy developed.
- Completion of essential IT infrastructure developments.
- Decision reached on extension of Child Measurement Programme to include children in year 4 (age 8-9).
- Plan to maximise and evaluate use of SAIL agreed with CIPHER.
- A strategy and implementation plan for knowledge mobilisation is developed.
- Innovation framework is developed.

### The action we will take to achieve this

- Develop and deliver a programme of official statistics (Quarter 4).
- Deliver agreed work programme for development of *Public Health Outcomes Framework* indicators in line with national indicators for the Wellbeing of Future Generations Bill (Quarter 4).
- Develop a knowledge mobilisation strategy (Quarter 3) and action plan for implementation (Quarter 4).
- Complete essential upgrades to health intelligence databases (Quarter 4).
- Agree future direction regarding extension of Child Measurement Programme to include children in year 4 (age 8-9) (Quarter 4).
- Develop and deliver an action plan for implementation of recommendations from the review of the Child Death Review Programme and All Wales Perinatal Survey (Quarter 2).
- Review work with CIPHER and agree work and evaluation programme (Quarter 3).

## By the end of Year 2

2016/17

### Milestones

- Programme of Official Statistics successfully delivered.
- Further development of *Public Health Outcomes Framework*.
- Implementation of knowledge mobilisation strategy.
- Costed plans for Indicator and Surveillance Team developed.

- External quality review of Health Intelligence Division completed.
- Future arrangements for SAIL agreed and implemented.

#### The action we will take to achieve this

- Continue official statistics programme and assess potential to expand programme to other datasets.
- Deliver agreed work programme for further development of *Public Health Outcomes Framework indicators* (as required).
- Implement knowledge mobilisation strategy.
- Develop or commission work to scope and cost proposal for establishment of Indicator and Surveillance Team.
- Further develop specialist database infrastructure, including cancer data warehouse and registry.
- Undertake external quality review of Health Intelligence Division and develop an action plan based on findings.

#### By the end of Year 3

**2017/18**

#### The action we will take to achieve this

- Develop Indicator/Surveillance Team.
- Develop mechanisms to assess all health intelligence work undertaken by Public Health Wales against agreed quality standards.
- Evaluate the impact of the knowledge mobilisation strategy

### Strategic Objective 6G

**By the end of 2017/18 we will have developed an enhanced service that leads across the broader spectrum of safeguarding people.**

#### What success will look like

- A service that takes an approach to safeguarding people across the age spectrum and provides leadership and strategic focus to NHS Wales.
- Skills and expertise to facilitate and lead key aspects of safeguarding people, across the age spectrum in NHS Wales.

#### By the end of Year 1

**2015/16**

#### Milestones

- Expanded remit of Safeguarding Children NHS Network to include adults at risk.
- Publication of *Adult Mental Health Standards of Practice* with regard to safeguarding children.
- Report on domestic abuse scoping exercise of engagement by NHS

**The action we will take to achieve this**

- Complete a domestic abuse scoping exercise across health boards and trusts that identifies best practice and data for inclusion in the Quality Outcomes Framework Self Assessment (Quarter 2).
- Work with adult mental health services to develop standards of practice with regard to safeguarding children and undertake initial audit (Quarter 3).
- Redevelop the current safeguarding children NHS Network to address the 'wider' people approach to safeguarding (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- Co produced training standards for all areas of adult safeguarding.
- Report on the implementation of the all Wales risk assessment tool in respect of children's admissions to non paediatric areas.
- Report on implementation of NICE public health guidance 50 (domestic violence and abuse by NHS Wales).

**The action we will take to achieve this**

- Evaluate the implementation of the All Wales risk assessment tool in respect of children's admissions to non paediatric areas.
- Work with stakeholders and the Welsh Government to co produce a set of training standards with respect to all aspects of adult safeguarding modelled on *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Intercollegiate Document (2013)*.
- Audit compliance with NICE guidance on domestic violence and abuse incorporated into *Quality and Outcomes Framework report*.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Analyse and present findings from the Quality Outcomes Framework Self Assessment.
- Audit NHS Wales compliance against Child Practice Review and Adult Practice Review guidelines.
- Collate and report on thematic findings from Child Practice and Adult Practice reviews.
- Audit the compliance with quality standards for medical advisors in adoption by health boards in Wales.

## Strategic Objective 6H

**By the end of 2017/18 we will have developed and implemented a new model of smoking cessation service delivery that supports smokers in Wales to quit with the level of support that is right for them.**

### What success will look like

- Stop smoking service that recognises that smokers are not all the same and that some require only a small amount of help to quit and that others will require more intensive support to achieve their goal.
- Support to stop smoking is available as part of routine healthcare in communities and online.
- The proportion of smokers in Wales which accesses help to quit is in line with best practice in the UK.

## By the end of Year 1

**2015/16**

### Milestones

- A model for delivering specialist smoking cessation services in Wales is agreed.
- Standards and minimum data set for all NHS funded smoking cessation services in Wales are agreed.
- Agreed mechanisms for reporting population level uptake of smoking cessation services in Wales and variation between groups.

### The action we will take to achieve this

- Deliver smoking cessation services to deliver 2.8 per cent treated smokers (future model subject to Ministerial decision) (Quarter 1-4).
- Deliver smoking cessation provision in line with agreed quality measures (Quarter 4).
- Implement and evaluate Stoptober in Wales (Quarter 2-4).
- Work with the Welsh Government and health boards to ensure that the specialist smoking cessation service model is fit for purpose (Quarter 4).
- Facilitate a smoking cessation community of practice, across providers, to drive the development of quality standards, unified data collection and uptake (Quarter 2).
- Work with the Welsh Government to produce a format for population reporting of smoking cessation uptake (Quarter 4).

## Part 4: How we will work



## 13 Strategic Priority 7: Developing the organisation

### 13.1 Why this is a strategic priority

We want to develop the organisation to enable us to be the very best that we can be. We want to improve the quality and impact of the work that we do and build our credibility in the eyes of our stakeholders, partners and ultimately the people of Wales, whose health and wellbeing are the reason that we exist. To achieve these ambitions we need to pay attention to the factors that are critical to our success in particular the things that enable the structure, systems and people to deliver as best they can.

How we go about developing the organisation is an integral part of the medium (and indeed longer) term plan for Public Health Wales. For every priority action we have to test whether we have created the conditions for optimal delivery.

After work done by the Executive Team, and consulted on with staff, we have produced a ten point plan for developing Public Health Wales. As part of this approach, we will:

- 1. have provided absolute clarity of our purpose and priorities and all our people and activity will be aligned to that purpose.*
- 2. have enough skilled people with the attitudes and behaviours to work well together (and with others) and committed to our priority work.*
- 3. have robust financial performance that targets resources to the top priorities and delivers the bottom line while creating space for investing in the future and identifying new sources of funding.*
- 4. be delivering quality work that has impact, which we can demonstrate through external recognition*
- 5. have a positive reputation for delivery, working in partnership, credibility of our work, our integrity and our objectivity.*
- 6. have a network of collaborative partnerships across health, social care, local government, third sector, academia and industry so that we work with others who can help us to deliver for the population of Wales.*
- 7. have a positive work environment based on mutual respect and trust, characterised by high levels of collaboration and team work, driven by excitement and ambition to exceed expectations.*
- 8. have facilities, IT systems, accommodation and ways of getting our business done that are designed to enable speedy delivery and are regularly reviewed and updated for usefulness.*
- 9. have a well designed organisation which is fit for purpose, underpinned by effective governance.*

***10. be connected to, and driven by the needs of the people of Wales, whose health and wellbeing are the reason that we exist.***

Each of these ten points represents a strategic objective that supports the development of the organisation with a definition of success, annual milestones and action for the three year period of this plan. A composite Developing the Organisation plan for these 10 strategic objectives will be regularly reviewed by an Organisational Development Board Committee, which will oversee delivery and the ongoing development of the developing the organisation plan.

## **13.2 Drivers for change**

Public Health Wales was formed from a number of predecessor bodies in October 2009. At the time, it transferred functions across as they previously existed and, while a number of new posts were created at senior level, little was done to restructure the organisation or reshape the functions. Since then, a number of additional programmes and functions have transferred into the organisation without considering new structures and functions.

During the first few years of existence we were concerned with continuing to deliver work and to fill gaps in the workforce. Now is the right time to reconsider our purpose and the functions and structures needed to make us fit for the future. It is also time to consider the development of our people, governance, systems and processes and enabling functions to make sure that every part of the organisation is optimising its contribution to achieving our priorities and strategic objectives over the coming years.

It is clear that, while much good work has been done in the early years, it is still not enough to have made a significant improvement in the health of the people of Wales or to reduce health inequalities. In order to tackle these challenges, and to continue to improve the delivery of services that we are responsible for, we need to effect a step change in our thinking and approaches, and start to work in a different way.

## **13.3 What we are trying to achieve**

In order to be the very best that we can be we want our structures to support our strategic intent, enable flexible working across traditional boundaries and enable staff to contribute to priority work. We want efficient processes and ways of working that enable us to get business done quickly and effectively. And we want skilled, motivated, engaged people to work for us and with us so that we can optimise our contribution to achieving a significant improvement in health outcomes and inequalities.

We want to deliver high quality work that has impact and to have a positive reputation for being easy to work with and for our integrity and passion for health in Wales. We want Public Health Wales to be a great place to work that attracts the best candidates to work for us. And we want the people of Wales to recognise the work that we do to help them be safe and well for as long as possible in their lives.

## 13.4 Strategic Objectives

We will deliver key aspects of a number of these strategic objectives within a shorter timescale than the three year life of this plan. Specific delivery milestones are included for each year one action and further detail is provided in our supporting operational plan.

*Please note: Several actions support more than one of the strategic objectives. In such cases, the action is included once only, but the other relevant strategic objectives are shown in brackets after the action.*

### Strategic Objective 7A

**We will have provided absolute clarity of our purpose and priorities and all our people and activity will be aligned to that purpose.**

#### What success will look like

- All of our staff understand our purpose, and understand and are involved in developing our direction and priorities.
- The Executive Team and other leaders are visible to staff and 'tell the story' consistently and clearly.
- Everyone understands the contribution they can make as individuals and in teams and this is reflected in daily work.
- Staff feedback shows credibility of, and trust in, our leadership.
- Our stakeholders understand who we are, what we stand for and what we do, and help us shape our future direction and priorities.
- We have clarity of our role and responsibilities and those of other contributors and we work productively together across the system.

#### By the end of Year 1

**2015/16**

#### Milestones

- The Board has set clear purpose and priorities and these are well known and understood within and outwith Public Health Wales.
- We have relationships with health boards that mutually support delivery on shared priorities.
- The visibility of the Board and Executive Team has increased with members visiting every part of the organisation throughout the year.
- Simple clear messages are disseminated to internal and external audiences.
- We better understand what success looks like for our stakeholders.
- We use the appraisal system more effectively to share priorities and align objectives for each individual against strategic priorities.

**The action we will take to achieve this**

- Deliver a plan to increase the visibility of the Board and Executive Team (Quarter 4).
- Develop and share the narrative of our strategy and ensure we have a core communication plan in place to support this (7E, 7J) (Quarter 1).
- Develop service level agreements and memoranda of understanding to formalise delivery arrangements with our partners across the system.
- Launch an appraisal framework (Quarter 1).
- Develop, in consultation with our stakeholders, an approach to control new work to check alignment with priorities and strategic objectives and to ensure resources are available to deliver (Quarter 3).
- Produce clear descriptors of what each part of the organisation does, to share internally and externally as appropriate (Quarter 1).
- Develop a process for helping staff see how their work contributes to the delivery of the key priorities (Quarter 4).
- Undertake an external stakeholder engagement survey (Quarter 3).

**By the end of Year 2****2016/17****Milestones**

- We better understand who our stakeholders are, who our potential partners are and we know what they think about our priorities and how we can work together more effectively.
- The new appraisal system is successfully implemented and staff clearly identify the role they play to contribute to the delivery of priorities.

**The action we will take to achieve this**

- Participate in the NHS Wales Staff Survey.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Evaluate the effectiveness of the approach and build learning into the next three year planning cycle.

## Strategic Objective 7B

**We will have enough skilled people with the attitudes and behaviours to work well together (and with others) and committed to our priority work.**

### What success will look like

- We understand our current and future workforce needs and we are attracting and retaining sufficient people with the skills we need.
- Everybody in the organisation knows their contribution to our strategy.
- We have roles and responsibilities that are aligned to our priorities.
- We are investing in our people to enable them to develop and grow as individuals and members of effective teams.
- People have clear accountabilities, know what is expected of them and are supported and encouraged to do well.
- We resolve poor performance issues and act fairly in doing so.
- We have a skilled wider public health workforce across Wales.

### By the end of Year 1

**2015/16**

### Milestones

- We have a revised performance and development framework.
- Job planning is consistently and regularly conducted to reinforce effective linkages between priorities and individual contributions.
- We achieve our 85 per cent target for all staff receiving regular appraisals.
- Workforce plans (including succession planning) have been reviewed to check there are no gaps in capability and we have plans in place to meet demand and establish career progression arrangements.
- We have a fit for purpose recruitment policy and tools and methods.
- We have a reduced level of sickness absence overall, but have addressed underlying issues of attendance at work when unwell.
- The Electronic Staff Record (ESR) system is fully implemented.
- The skills base and learning and development needs of staff are known.
- Target statutory and mandatory training compliance levels are reached.

### The action we will take to achieve this

- Map the recruitment process and develop a policy for attracting and selecting best available candidates to fill vacancies (Quarter 4).
- Identify recruitment difficulties and develop plans to address them (Quarter 4).
- Implement the ESR improvement plan (Quarter 4).
- Implement and evaluate the new performance review process (Quarter

4).

- Implement the recommendations of the Staff Health and Wellbeing Task and Finish Group regarding supporting staff who become ill (Quarter 3).
- Review occupational health service provision and propose a new model (Quarter 3).
- Identify current skills and training and development needs and develop a strategy for learning and development (Quarter 3).
- Scope our professions and identify opportunities and mechanisms to support their development (Quarter 4).
- Embed the public health practitioner development support programme across the public health system in Wales (Quarter 4).
- Pilot an advanced practice route for accreditation and investigate advanced practice as a tool to support grade/skill mix changes (Quarter 4).
- Develop sustainable methods of delivery of statutory and mandatory training for the organisation (Quarter 4).
- Develop the induction process and implement across the organisation (Quarter 3).

## By the end of Year 2

**2016/17**

### Milestones

- A succession planning and talent management framework is in place.
- We track individual/team contributions to overall delivery and impact.
- We measure the impact of learning and development on performance.
- 90 per cent of staff report that they have regular appraisals.
- Sickness absence levels have been reduced to 3.2 per cent.

### The action we will take to achieve this

- Implement phase 2 of the Staff Health and Wellbeing Plan.
- Undertake a 'pulse check' on the appraisal system.
- Use the ESR system to identify training and development needs.
- Examine the career structures for every professional group.
- Expand the practitioner development support programme.
- Review the current mechanism for recognising and rewarding staff.
- Develop a process to support work experience and student placements.

## By the end of Year 3

**2017/18**

### The action we will take to achieve this

- Complete the plan of actions to support staff who have become ill.
- Define career frameworks for every professional group, linked to

workforce planning and development of a succession pipeline.

- Develop a process of revalidation for public health practitioners.
- Implement work based learning for development of the workforce.
- Engage with the wider public health workforce to identify opportunities to increase public health capacity.

## Strategic Objective 7C

**We will have robust financial performance that targets resources to the top priorities and delivers the bottom line while creating space for investing in the future and identifying new sources of funding.**

### What success will look like

- We have a balanced financial plan that ensures resources are aligned to priority work and individual budgets match tasks committed to.
- We have secured new sources of funding to fund new initiatives.
- We have a clear scheme of delegated budgets that are well managed and deliver value for money.
- We have disinvested in work that does not produce impactful outcomes.
- We demonstrate value for money using recognised tools.

## By the end of Year 1

**2015/16**

### Milestones

- An integrated planning timetable that brings together the key milestones for the production of delivery plans and budgets.
- An effective 2015/16 budget strategy, underpinned by detailed budgets.
- Identification of potential additional sources of funding.
- All financial information is clearly linked to programmes and priorities.
- Finance reporting information is accessible, timely and presented in the appropriate level of detail.

### The action we will take to achieve this

- Identify potential sources of funding (Quarter 1).
- Provide advice on costing and pricing for contracts (Quarter 2).
- Provide ad hoc costing information for grant bids and projects (Quarter 2).
- Produce ad hoc reports on specific areas of expenditure (Quarter 4).
- Providing advice and support to programmes reviewing or evaluating the cost effectiveness of services (Quarter 2).
- Develop training for staff involved in monitoring information (Quarter 1).

- Implement a business partnering structure (Quarter 2).

**By the end of Year 2****2016/17****Milestones**

- Microbiology and screening unit costs are benchmarked.
- All finance staff are engaged in a programme of development.
- Programme based budgeting techniques are routinely used.

**The action we will take to achieve this**

- Provide advice and support to benchmarking exercise(s).
- Undertake a 360 degree assessment of the finance function
- Increase health economics awareness across the finance team
- Continue to provide advice and support to programmes reviewing or evaluating the cost effectiveness of services.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Provide advice and support to benchmarking exercise(s).
- Continue to provide advice and support to programmes reviewing or evaluating the cost effectiveness of services.

**Strategic Objective 7D**

**We will be delivering quality work that has impact, which we can demonstrate through external recognition.**

**What success will look like**

- Our work stands scrutiny at national and international levels.
- We are approached regularly for collaboration by universities in the UK and internationally.
- We are demonstrating quality and continuous improvement.
- We have high quality internal systems that are efficient and effective.
- We compare favourably to internationally recognised standards.
- Peers recognise our work and collaborate with us.
- We have better ways of knowing what is effective and what is not working well.
- The Executive Team and the Board regularly talk about quality and improvement and this is replicated across the organisation.
- We work in partnership with the people of Wales to improve services and interventions that improve health outcomes.

| By the end of Year 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2015/16 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |
| <ul style="list-style-type: none"> <li>• Our approach to quality is defined.</li> <li>• A quality assurance framework is in place for our services and programmes.</li> <li>• The <i>Public Health Outcomes Framework</i> is completed and we have clarity about our contributions and areas of focus.</li> <li>• We use appropriate benchmarks.</li> <li>• We have a sub group of the Quality and Safety Board Committee to increase focus on quality matters.</li> </ul>                                                                                                                                                                                                                                                                              |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
| <ul style="list-style-type: none"> <li>• Establish leadership for quality and establish the new sub committee to oversee scrutiny and monitoring (Quarter 2).</li> <li>• Establish the coordination process for peer reviews (Quarter 4).</li> <li>• Investigate which quality 'kite marks' would be appropriate and develop implementation plans for the next two years (Quarter 3).</li> <li>• Development of a Quality Assurance Framework (Quarter 3).</li> <li>• Establish a Quality Improvement Hub (Quarter 4).</li> <li>• Run a self assessment to understand our baseline position (Quarter 4).</li> <li>• Collect service user and stakeholder feedback through variety of methods including complaints and incidents (Quarter 2).</li> </ul> |         |
| By the end of Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2016/17 |
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |
| <ul style="list-style-type: none"> <li>• We have a horizon scanning forward look capability and have learnt from what works in other countries.</li> <li>• We showcase the good work that we deliver and share good practice.</li> <li>• We have increased service user and stakeholder participation to improve feedback collection and use.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
| <ul style="list-style-type: none"> <li>• Review service user involvement and develop ways to improve input and impact.</li> <li>• Implement the Quality Improvement Hub.</li> <li>• Implement plans for benchmarking work for non clinical areas.</li> <li>• Review service quality in the Health Improvement Division.</li> <li>• Investigate ways to test ourselves against international comparators using an appropriate assessment tool.</li> </ul>                                                                                                                                                                                                                                                                                                |         |

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Ensure that the Quality Assurance Framework is fully embedded.
- Review changes made to service user and stakeholder engagement and review how feedback is being used to improve service delivery.
- Achieve recognition through the adopted benchmark processes for non-clinical areas.
- Ensure that health and safety standards meet the appropriate International Organization for Standardization (ISO) accreditation.

**Strategic Objective 7E**

**We will have a positive reputation for delivery, working in partnership, credibility of our work, our integrity and our objectivity.**

**What success will look like**

- A high proportion of people across Wales and beyond know who we are and what we do.
- We have demonstrated delivery on key outcomes and targets and shown how our work is improving the public's health.
- The media see us as an authoritative source and a good partner.
- We regularly invite honest feedback and act on it.
- We have positive, collaborative working relationships with directors of public health and health boards and a clear jointly agreed understanding of the work delivered by our local public health teams.
- We have an established mechanism for political engagement and politicians want to hear what we have to say and refer to our work.
- We understand who we can work with to achieve our goals and ambitions and they know about us.
- Our websites are the 'go to' place for public health information.

**By the end of Year 1****2015/16****Milestones**

- All our staff and partners understand and recognise our corporate identity.
- We have a clear narrative about our purpose and our successes.
- We have a greater focus on delivery and share the outcomes with our stakeholders and partners.
- Our performance reporting is transparent and understood by lay people.
- Service user feedback is collected and used to inform service

improvement in a way that the users recognise.

- We have a system for political engagement and we regularly share our policy on key topics.

### **The action we will take to achieve this**

- Conduct and act on a review of internal staff communications including the complete redevelopment of our intranet site (7G) (Quarter 4).
- Implement Phase 3 of our Social Media Strategy (7J) (Quarter 1).
- Implement a public affairs strategy that includes a programme of political engagement (7F) (Quarter 4)<sup>5</sup>.
- Review our branding strategy and develop a shared corporate identity that staff and partners can easily understand (7A, 7J) (Quarter 3).
- Develop transparent performance reporting and develop reports that are easily understood by lay people (Quarter 3).
- Undertake stakeholder and public surveys of our reputation (7A, 7F, 7J) (Quarter 4)<sup>6</sup>.
- Collect service user feedback to inform service improvement (Quarter 2).
- Review and redevelop our websites and web strategy (7F, 7J) (Quarter 4)<sup>7</sup>.
- Investigate how to use communications tools to support systems working and build a social movement for good health (7J) (Quarter 4)<sup>8</sup>.
- Procure and implement a stakeholder management system (7F) (Quarter 1).

### **By the end of Year 2**

**2016/17**

#### **Milestones**

- Improved reputation indicators with our staff, stakeholders and public.
- Increased reference to our information and advice by the media, politicians, stakeholders and the public.
- Staff have improved communications and engagement skills.
- Increased use of our websites and social media channels.

### **The action we will take to achieve this**

- Implement the brand strategy following year 1 review (7A).
- Run and act on a staff survey to improve internal communications.
- Use outcomes of stakeholder and public surveys to inform ongoing

<sup>5</sup> Subject to availability of resource.

<sup>6</sup> IBID.

<sup>7</sup> IBID.

<sup>8</sup> IBID.

engagement and publish report.

- Develop a training and development programme on stakeholder engagement, political engagement, presentations and writing skills and effective use of social media.
- Evaluate the effectiveness of surveys and the quality of material obtained and how it was used.
- Check understanding where we have widely shared our performance data to find out if stakeholder, partners and the public found it useful.

### By the end of Year 3

2017/18

#### The action we will take to achieve this

- Deliver year 3 phases of the branding, online and communications strategies.
- Continue to build on the platform of feedback mechanisms already in place and continue to evaluate material collected and used.
- Continue to develop communication tools and methods and improve skills based on feedback received.

## Strategic Objective 7F

**We will have a network of collaborative partnerships across health, social care, local government, third sector, academia and industry so that we work with others who can help us to deliver for the population of Wales.**

#### What success will look like

- We maximise our influence by making the most of every contact.
- We have a network building approach and invest in maintaining and developing relationships across our networks.
- We have clearly governed arrangements in place with health boards and others where we commission and/or provide services.

### By the end of Year 1

2015/16

#### Milestones

- We have a small number of shared priorities with partners.
- We have consolidated and are building network databases.
- Have closer working relationships with colleagues including local government, community housing, education, police, voluntary sector, academia and fire and rescue.

#### The action we will take to achieve this

- Identify the networks needed to effectively implement our strategy

(Quarter 2).

- Fully develop a systems approach (see sections 7 and 8).

## By the end of Year 2

2016/17

### Milestones

- Demonstrable arrangements are in place that formalise collaborative working with key partners with clear actions to work together.

### The action we will take to achieve this

- Evaluate the networks that exist in order to assess the mutual value of the partnership and adapt as appropriate.
- Implement actions of the Stakeholder Engagement Strategy and Plans.
- Conduct a stakeholder survey and report on findings.

## By the end of Year 3

2017/18

### The action we will take to achieve this

- Implement actions of the Stakeholder Engagement Strategy and Plans.
- Conduct stakeholder survey and report on findings.

## Strategic Objective 7G

**We will have a positive work environment based on mutual respect and trust, characterised by high levels of collaboration and team work, driven by excitement and ambition to exceed expectations.**

### What success will look like

- We have effective managers and motivational leaders who are known for listening to staff and responding positively.
- Staff report that this is a great place to work.
- Staff are advocates for Public Health Wales.
- Staff are trusted to innovate, be creative and do a good job and our policies and processes are designed with this in mind.
- Staff are well connected across the organisation, can easily find colleagues to share knowledge and expertise and regularly collaborate.
- Staff take pride in their work by providing information on achievements against goals and demonstrate how work is contributing to success.
- We have a proactive approach to health and wellbeing at work and we achieve the top level of recognition of the Corporate Health Standard.

| By the end of Year 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2015/16 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
| <ul style="list-style-type: none"> <li>• We explicitly state our expectations of all staff.</li> <li>• We have clear expectations of managers and leaders and have development in place to support them.</li> <li>• We have developed our understanding of staff engagement.</li> <li>• We have improved our capacity to support organisational change projects and provide sound organisational design advice.</li> <li>• We have established a process for reviewing policies to ensure they are up to date and fit for purpose.</li> </ul>                                                                                                                                                                                                                                                                                                                            |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| <ul style="list-style-type: none"> <li>• Refine our values, behaviours and principles of working with our staff (Quarter 2).</li> <li>• Implement year 1 of the Leadership and Management Development Programme (Quarter 4).</li> <li>• Implement phase 1 of the Staff Health and Wellbeing Plan (Quarter 4).</li> <li>• Review our internal communication infrastructure and design new ways of reaching staff and enabling them to engage with managers (Quarter 1).</li> <li>• Provide alternative solutions to workplace disputes, including mediation (Quarter 3).</li> <li>• Ensure that OD, engagement and communications are included appropriately in all projects (Quarter 4).</li> <li>• Define and embed our approach to creativity and innovation (Quarter 4).</li> <li>• Develop an improved approach to handling employment cases (Quarter 4).</li> </ul> |         |

| By the end of Year 2                                                                                                                                                                                                                                                                                                                                                                        | 2016/17 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Milestones</b>                                                                                                                                                                                                                                                                                                                                                                           |         |
| <ul style="list-style-type: none"> <li>• We have identified opportunities for staff to get to know each other better and started to build networks across the organisation.</li> <li>• Staff have told us that our Health and Wellbeing Plan is working.</li> </ul>                                                                                                                         |         |
| <b>The action we will take to achieve this</b>                                                                                                                                                                                                                                                                                                                                              |         |
| <ul style="list-style-type: none"> <li>• Agree and implement a behavioural competency framework.</li> <li>• Ensure values are reflected in competencies, job descriptions, objectives, policies and procedures.</li> <li>• Conduct a 'pulse survey' of understanding and living of the values.</li> <li>• Review our rewards, recognitions and benefits to encourage creativity.</li> </ul> |         |

- Investigate giving staff discretionary time to undertake activity of mutual benefit.
- Develop criteria to measure effectiveness of management development.
- Roll out a development programme for aspiring managers and develop a programme for identifying and developing potential senior managers.
- Continue to develop partnership working with unions and roll out workshops to line managers.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Implement a rolling programme of workshops on management and leadership essentials for all managers and leaders.
- Check effectiveness of feedback mechanisms.
- Measure the effectiveness of management development programme.
- Evaluate impact of initiatives to improve creativity and innovation.

**Strategic Objective 7H**

**We will have facilities, IT systems, accommodation and ways of getting our business done that are designed to enable speedy delivery and are regularly reviewed and updated for usefulness.**

**What success will look like**

- We have developed and implemented an eStrategy that optimises e-working internally and how we interface with partners and the public.
- Staff report having the tools and support they need to do their jobs.
- We are an e-enabled organisation with streamlined processes.
- We are using informatics solutions to support 'physical' service delivery and the delivery of innovative, targeted, interactive digital services.
- We have substantially implemented our estates/spatial strategy.
- We have a more flexible approach to where and how people work.
- We regularly engage with service users and the wider public through a wide range of digital methods.
- We have a sustainable working environment.

**By the end of Year 1****2015/16****Milestones**

- We understand how to use technology better to enable us to do our work and build the case for informatics investment.
- We have reviewed the effectiveness of our enabling services and

externally provided services.

- We have implemented our *Our Space* programme in south east Wales.
- We have developed and implemented the first year actions in a new eStrategy.
- We have created an integrated informatics service, addressing the needs of the whole organisation.

#### **The action we will take to achieve this**

- Develop a new eStrategy to guide the future development of our:
  - informatics infrastructure
  - clinical systems
  - management information systems
  - digital engagement with the public and service users including web based (Quarter 2).
- Establish a programme to deliver the eStrategy and commence implementation (Quarter 4).
- Complete a review of our informatics services, with an aim of creating an integrated service, and implement the recommendations (Quarter 4).
- Complete Phase 1 of *Our Space* rehousing 500 staff in the Cardiff area (Quarter 4).
- Start reviewing or developing our sustainability strategy to ensure we are embedding sustainable practices across our working environments (Quarter 2).

#### **By the end of Year 2**

**2016/17**

#### **Milestones**

- We have reviewed the effectiveness of our enabling services for fitness of purpose and alignment to our longer term aims.
- We understand the accommodation needs of the rest of Public Health Wales and have developed a spatial strategy.
- We have a better understanding of our environmental impact.

#### **The action we will take to achieve this**

- Continue implementation of the eStrategy.
- Complete year 2 of the policy and process review plan.
- Implement environmental policies.

#### **By the end of Year 3**

**2017/18**

#### **The action we will take to achieve this**

- Continue implementation of the eStrategy.
- Complete the policy and process review plan.

## Strategic Objective 7I

**We will have a well designed organisation which is fit for purpose, underpinned by effective governance.**

### What success will look like

- We have structures that best enable the delivery of our strategy.
- We work in a way that is safe, legal, fair and transparent and accountable and meet all our legal and statutory obligations.
- People work in effective teams and with other teams in a way that optimises synergies and collaboration.
- We give time and attention to service user experiences to improve the quality and safety of the services we provide.

### By the end of Year 1

**2015/16**

#### Milestones

- We have simple organisational design principles in place.
- We have a system for the oversight of organisational change.
- We have completed an organisational design programme that involves redesign across the organisation.
- We have reviewed our current structures for fit with the strategy.
- Overarching agreement in place with health boards.
- We will ensure our Board are working effectively and efficiently.
- We have undertaken a full review of our risk management arrangements.
- Our revised planning framework is implemented.
- Our revised performance framework is implemented.

#### The action we will take to achieve this

- Design and implement organisation design criteria and guidance (Quarter 1).
- With staff, develop and implement an organisational design programme (Quarter 4).
- Implement the new organisational design (Quarter 2).
- Establish executive to executive meetings with health boards with specific focus upon performance issues (Quarter 1).
- Undertake a process with health boards to develop an overarching service agreement (Quarter 3).
- Sign agreement with health boards for 2016/17 (Quarter 4).
- Further develop and implement a board development plan (Quarter 1).
- Develop a succession plan for non executive directors (Quarter 4).
- Review our risk management arrangements and implement actions for

year 1 (Quarter 1).

- Review and implement a revised planning framework (Quarter 2).
- Develop and implement a revised performance reporting framework (Quarter 2)

## By the end of Year 2

2016/17

### Milestones

- We can demonstrate that our clinical and corporate governance arrangements are effective and fit for purpose.
- We have a revised Board assurance framework.
- We will have successfully recruited a number of new non executive directors.

### The action we will take to achieve this

- Implement year 2 actions from the review of risk management arrangements.
- Conduct a holistic review of our governance arrangements and implement identified actions.
- Develop and implement a Board assurance framework
- Implement a succession plan for non executive directors

## By the end of Year 3

2017/18

### The action we will take to achieve this

- Implement any necessary improvements to our governance arrangements identified in year 2.
- Review board effectiveness following appointment of new non executive directors.

## Strategic Objective 7J

**We will be connected to, and driven by the needs of the people of Wales, whose health and wellbeing are the reason that we exist.**

### What success will look like

- A high proportion of people in Wales know who we are and what we do.
- We have built a depth of understanding about what people need in order to achieve improvement in public health and wellbeing.
- We treat all people – including those with protected characteristics – equitably and actively address inequalities.
- We are known for being passionate advocates for the health and wellbeing of the people of Wales and for reducing health inequalities.

- People can engage with us as easily in Welsh as in English.

**By the end of Year 1****2015/16****Milestones**

- We have clarified what our profile is and what we want to be known for and have a clear narrative to use externally and internally (7A, 7E) (Quarter 4).
- We know how to communicate with the public in a way that is meaningful to them, is person centred and makes best use of a diverse range of communication methods and digital and social media (7E).
- We are meeting the targets of *More than Just Words*.
- We are prepared for complying with the Welsh Language Standards.

**The action we will take to achieve this**

- Undertake a strategic review of external communications (Quarter 4).
- Scope and assess current levels of expertise in social marketing (Quarter 2).
- Develop a Welsh Language Skills Strategy (Quarter 4).
- Develop a plan for compliance with the Welsh Language Standards (Quarter 4).

**By the end of Year 2****2016/17****Milestones**

- Improved reputation indicators with our staff, stakeholders and public.
- Establish a modern approach to digital and social media as a means of communicating with different populations.
- Increased levels of engagement in person.

**The action we will take to achieve this**

- Evaluate our new approaches to social marketing and social media.
- Report on compliance against Welsh Language Standards.

**By the end of Year 3****2017/18****The action we will take to achieve this**

- Report on compliance against Welsh Language Standards.
- Implement recommendations from the review of our approaches to social marketing and social media.

## 14 Our delivery framework for 2015/16

This section of our plan details Public Health Wales' delivery framework for 2015/16. The delivery framework details our key service, quality and resource indicators that will be monitored through our internal performance arrangements.

The framework will be underpinned by a series of more detailed performance indicators for each key service and programme. Performance trajectories for 2015/16 have been developed for each of these indicators. These are detailed in appendix 5.

| Service Delivery                                                               |                 |                                                   |
|--------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| Indicator                                                                      | Standard/Target | Frequency                                         |
| <b>Stop Smoking Wales</b>                                                      |                 |                                                   |
| per cent of smoking population treated by Stop Smoking Wales                   | 2.8% (annual)   | Quarterly                                         |
| per cent smokers CO- validated as successful                                   | 40%             | Quarterly                                         |
| <b>Health Improvement Programmes</b>                                           |                 |                                                   |
| National Exercise Referral Scheme (NERS) - take up                             | 12,984          | Quarterly                                         |
| Healthy Working Wales - organisations completing a full assessment             | 28              | Progress against annual target reported quarterly |
| Healthy Working Wales - organisations achieving a Small Workplace Health Award | 122             | Progress against annual target reported quarterly |
| NERS - number of 16 week consultations                                         | 6,492           | Quarterly                                         |
| NERS - number of 52 week consultations                                         | 3,244           | Quarterly                                         |
| <b>Screening</b>                                                               |                 |                                                   |
| Breast screening uptake                                                        | >=70%           | Quarterly                                         |
| Adominal aortic aneurysm screening uptake                                      | >=80%           | Quarterly                                         |
| Newborn hearing screening per cent entering screening programme                | >=95%           | Quarterly                                         |
| Newborn bloodspot screening uptake                                             | >=99%           | Quarterly                                         |
| Breast screening: normal results sent within two weeks of screen               | 90%             | Quarterly                                         |
| Breast screening: assessment appointments within three weeks of screen         | 90%             | Quarterly                                         |
| Breast screening: per cent women invited within 36 months previous screen      | 90%             | Quarterly                                         |
| Bowel screening waiting times for screening test results                       | 95%             | Quarterly                                         |
| Bowel screening waiting time for colonoscopy                                   | 95%             | Quarterly                                         |

|                                                                                         |                 |                                              |
|-----------------------------------------------------------------------------------------|-----------------|----------------------------------------------|
| Cervical screening laboratory turnaround times: within three weeks                      | 100%            | Quarterly                                    |
| Cervical screening waits for results: within four weeks                                 | 100%            | Quarterly                                    |
| Microbiology                                                                            |                 |                                              |
| Microbiology - CPA accreditation status and move to ISO 15189                           | Full            | Quarterly                                    |
| Strategic change programmes                                                             | RAG Update      | Frequency                                    |
| Stop Smoking Wales                                                                      | Red/Amber/Green | Quarterly                                    |
| Microbiology Modernisation Programme                                                    | Red/Amber/Green | Quarterly                                    |
| Expansion of HPV testing                                                                | Red/Amber/Green | Quarterly                                    |
| Our Space Programme                                                                     | Red/Amber/Green | Quarterly                                    |
| Public Health Indicators                                                                |                 |                                              |
| Indicator                                                                               | Standard/Target | Frequency                                    |
| Healthcare Associated Infections                                                        |                 |                                              |
| Clostridium difficile rate (per 100,000 population)                                     | <= 31 by 09/15  | Quarterly                                    |
| MRSA rate (per 100,000 population)                                                      | <=2.6 by 09/15  | Quarterly                                    |
| Vaccination and Immunisation                                                            |                 |                                              |
| Uptake of all scheduled childhood vaccinations at age 4                                 | >=95%           | Quarterly                                    |
| Influenza vaccination uptake among the over 65s                                         | >=75%           | Quarterly (data available during flu season) |
| Influenza vaccination uptake among under 65s in high risk groups                        | >=75%           |                                              |
| Influenza vaccination uptake among pregnant women                                       | >=75%           |                                              |
| Influenza vaccination uptake among healthcare workers                                   | >=50%           |                                              |
| Quality                                                                                 |                 |                                              |
| Indicator                                                                               | Standard/Target | Frequency                                    |
| Evidence of lessons learned from patient feedback                                       | Report          | Quarterly                                    |
| Number of written concerns/complaints received                                          | N/A             | Quarterly                                    |
| Written concerns/complaints responded to within target timescales                       | 100%            | Quarterly                                    |
| Number of serious untoward incidents (SUIs) reported                                    | N/A             | Quarterly                                    |
| SUI investigations completed within target timescales                                   | 100per cent     | Quarterly                                    |
| Workforce and Resources                                                                 |                 |                                              |
| Indicator                                                                               | Standard/Target | Frequency                                    |
| Workforce                                                                               |                 |                                              |
| Sickness absence rate                                                                   | <=3.25%         | Quarterly                                    |
| Percentage of non medical staff undertaking PADR in past 12 months                      | 85%             | Quarterly                                    |
| Percentage of medical staff undertaking performance appraisal within the last 15 months | 100%            | Quarterly                                    |

|                                          |                                            |                   |
|------------------------------------------|--------------------------------------------|-------------------|
| Statutory and mandatory training         | 90%                                        | Quarterly         |
| <b>Resources</b>                         |                                            |                   |
| Financial position                       | Red/Amber/Green update & supporting report | Monthly/Quarterly |
| Forecast year end position               | Red/Amber/Green update & supporting report | Monthly/Quarterly |
| Public sector payments policy compliance | 95%                                        | Monthly/Quarterly |
| Progress against capital programme       | Red/Amber/Green update & supporting report | Monthly/Quarterly |
| Progress against savings plan            | Red/Amber/Green update & supporting report | Monthly/Quarterly |

## 15 Our financial plan

We have successfully broken even in each financial year without any financial support. Furthermore, we have assisted the NHS Wales financial position by brokering back funding on two occasions.

Our systems of financial management are built on sound systems of control and effective operating procedures. We have successfully managed our capital programme each year and have focused performance improvement on our payment processes.

We are very proud of this record of sound financial management, which has been achieved in a period when there has been substantial expansion of the organisation (over 25 per cent) but no growth funding. We will build upon this success over the next three years.

### 15.1 Baseline position (2014/15)

In 2014/15 we will once again achieve our statutory duty and will breakeven.

This is a result of active management of expenditure against our budget, including close monitoring of the savings plan. In addition, we undertook an exercise to review all budgets and spending profiles in year.

As a result the Executive Team made additional, non recurring, investment this year in:

- smoking cessation services
- human resources and organisational development
- communications
- public/patient engagement
- the development of the *Public Health Outcomes Framework*.

The 2014/15 position included underlying pressures of £450k of brokerage funding from 2013/14 which is offset by the full year effect of recurring savings schemes of £30k. This has resulted in an underlying deficit of £420k.

During 2014/15, there have been several increases to our baseline income, as a result of additional non core funding; an increase to microbiology test income from the transfer of the microbiology laboratory in Wrexham; and additional seconded staff income.

These increases have been offset by reductions in capital charges income.

The movement in income is summarised in table 5.

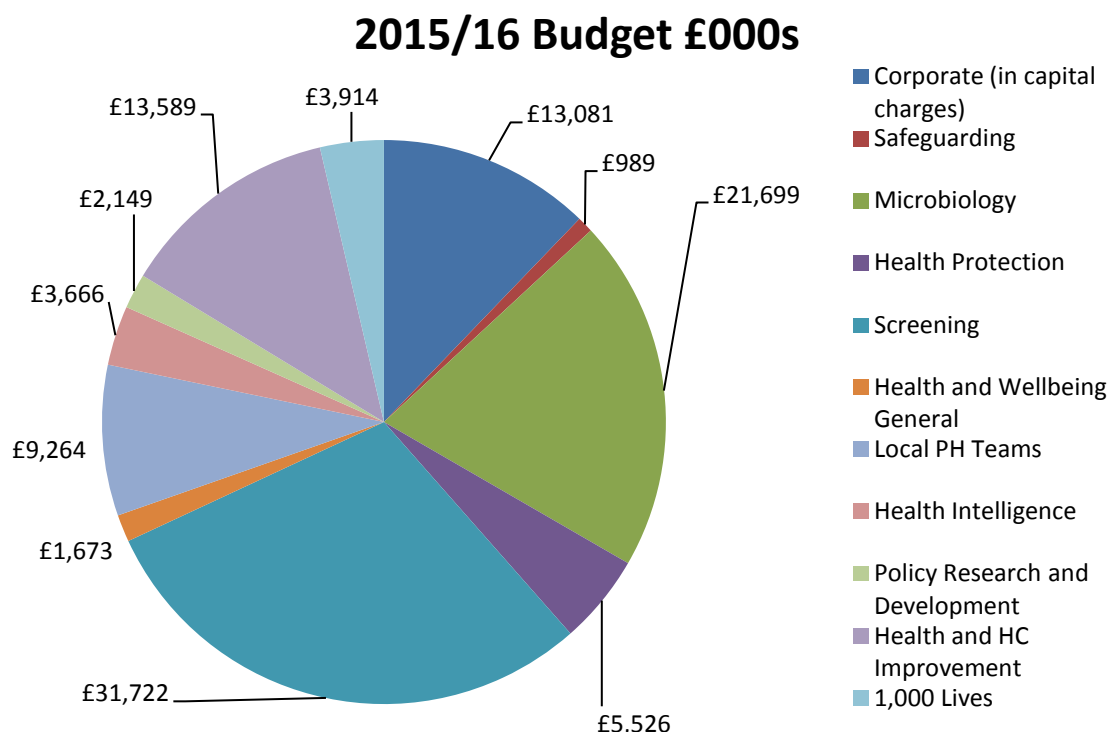
**Table 5 – Movement in income 2014/15 to 2015/16**

|                                  | <b>2014/15<br/>Budget<br/>strategy<br/>£000s</b> | <b>2015/16<br/>Base<br/>budget<br/>£000s <sup>1</sup></b> | <b>Movement<br/>£000s</b> |
|----------------------------------|--------------------------------------------------|-----------------------------------------------------------|---------------------------|
| Welsh Government core funding    | 81,577                                           | 81,702                                                    | 125                       |
| Capital charges income           | 3,375                                            | 2,850                                                     | -525                      |
| Microbiology test income         | 14,027                                           | 14,510                                                    | 483                       |
| Non core grant /programme income | 3,234                                            | 3,592                                                     | 358                       |
| Non recurring brokered funding   | 450                                              |                                                           | -450                      |
| Other income                     | 2,338                                            | 4,619                                                     | 2,281                     |
| <b>Total funding</b>             | <b>105,001</b>                                   | <b>107,272</b>                                            | <b>2,272</b>              |

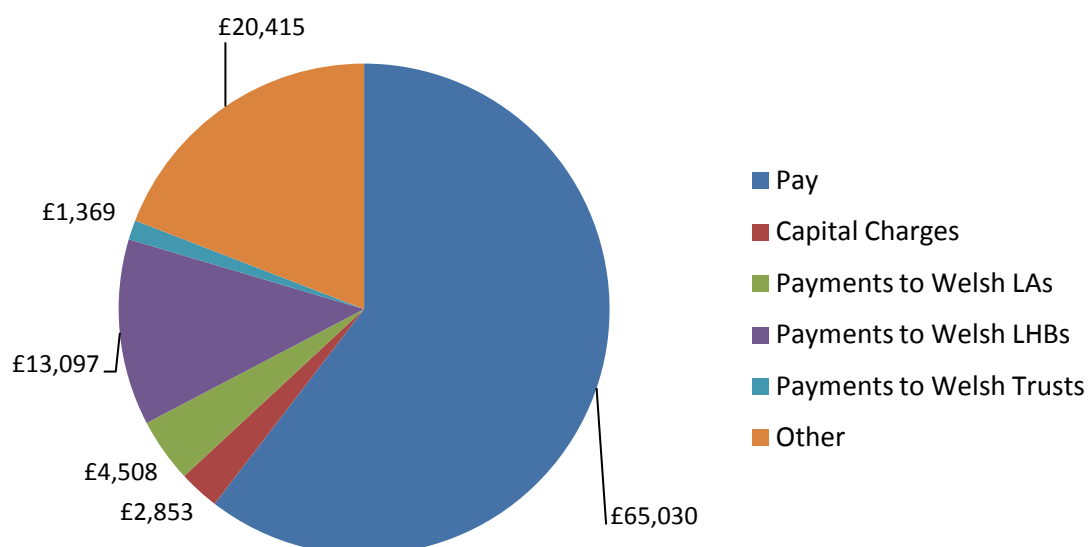
<sup>1</sup>month 6 2014/15 budget has been used for this purpose

## 15.2 Expenditure profile

Figure 8 shows the baseline expenditure of £107.272m by division. The divisional breakdown reflects the current structure of the organisation.

**Figure 8 – Expenditure by division**

It is also important to consider the recipients of our expenditure of £107.272m as any efforts to remodel the expenditure profile will need close working with partners across the public sector. This breakdown is shown in figure 9 below.

**Figure 9 – Recipients of our expenditure**

The organisation currently sets and manages budgets according to its scheme of delegation and organisational structure. As part of the development of the IMTP, an initial assessment of budget by priority has been undertaken. The table below illustrates the current assessment and highlights the need to consider realignment of resources during the lifetime of this plan.

**Table 6- Budget by priority**

| Priority                                             |                |             |
|------------------------------------------------------|----------------|-------------|
| 1. Multi Agency Approach                             | 15,536         | 14.6%       |
| 2. Early Years                                       | 3,289          | 3.1%        |
| 3. Primary care services                             | 3,038          | 2.9%        |
| 4. Supporting the NHS to improve healthcare outcomes | 21,581         | 20.3%       |
| 5. Influencing policy                                | 1,408          | 1.3%        |
| 6. Quality, safety and effectiveness of services     | 45,836         | 43.0%       |
| 7. Developing the Organisation                       | 1,782          | 1.7%        |
| Enabler                                              | 14,024         | 13.2%       |
| <b>Grand Total</b>                                   | <b>106,494</b> | <b>100%</b> |

### 15.3 Financial planning approach

We have once again aligned our financial planning with our strategic and operational plans. The financial planning process has been integrated into the planning cycle for the Integrated Medium Term Plan (IMTP) with no stand alone budget setting process. We have made a clear assumption that we will receive no financial uplifts for 2015/16.

A number of clear assumptions have been communicated across the organisation and these include:

- Each Directorate was expected to demonstrate a one per cent reduction in expenditure
- An investment pot was created from these savings
- No funding for inflationary or operational cost pressures was made available
- No funding was allocated for incremental drift
- Investment plans are linked to priorities
- The financial plans considered, at all times, the principles of prudent healthcare
- Capital investment plans are also linked to programmes, which are in turn linked to agreed priorities or supporting enablers
- Our priorities guide our actions and the deployment of resources, and we have directed more resources and more effort to those areas that have been prioritised

Our Board agreed in 2011/12 that it would continually seek assurance that operational efficiency is being maintained and that a minimum cost improvement plan would be set at 1.5 per cent of all budgets over the planning period. This approach continues this year.

The plans to deliver on our priorities have formed a key focus of the budget setting and workforce planning process for 2014/15 and will continue to do so in subsequent years. The overall financial approach taken has been to **invest to save and save to invest**.

## 15.4 Our revenue plan

Table 7 demonstrates that financial plans are balanced, as part of a viable and sustainable plan.

They are set clearly within the resource allocation and planning parameters set out in the NHS Allocation Letter and Planning Framework.

These figures include the following assumptions:

- the pay award will be funded in 2016/17 and 2017/18
- the pension increase will be funded in 2016/17
- increases in microbiology activity will be reflected in appropriate income
- any changes in income assumptions adequately reflect the costs of service changes

**Table 7 - Revenue plan 2015/16 to 2017/18**

|                                                          | 2015/16<br>£000s | 2016/17<br>£000s | 2017/18<br>£000s |
|----------------------------------------------------------|------------------|------------------|------------------|
| <b>Baseline budget (month 6 figure)</b>                  |                  |                  |                  |
| Expenditure                                              | <b>106,731</b>   | <b>108,190</b>   | <b>108,525</b>   |
| Income                                                   | <b>-106,731</b>  | <b>-108,190</b>  | <b>-108,525</b>  |
| <b>Net budget</b>                                        | <b>0</b>         | <b>0</b>         | <b>0</b>         |
| Brokered funding                                         | 450              | 0                | 0                |
| FYE of recurring savings schemes                         | <b>-30</b>       | <b>0</b>         | <b>0</b>         |
| <b>Total underlying position</b>                         | <b>420</b>       | <b>0</b>         | <b>0</b>         |
| <b>Inflationary cost pressures</b>                       |                  |                  |                  |
| Pay                                                      | 1,463            | 1,665            | 876              |
| Non pay                                                  | 314              | 673              | 682              |
| <b>Total inflationary cost pressures</b>                 | <b>1,777</b>     | <b>2,338</b>     | <b>1,558</b>     |
| Welsh Government funding (pay award and pension)         | <b>-542</b>      | <b>-1,388</b>    | <b>-335</b>      |
| <b>Net position before savings - Deficit / (Surplus)</b> | <b>1,655</b>     | <b>950</b>       | <b>1,223</b>     |
| Savings plans                                            | <b>-2,715</b>    | <b>-1,950</b>    | <b>-2,223</b>    |
| Transforming Health Improvement resource realignment     | <b>-1,121</b>    | 0                | 0                |
| <b>Available resource for reinvestment</b>               | <b>-2,181</b>    | <b>-1,000</b>    | <b>-1,000</b>    |

## 15.5 Cost pressures

Our overall financial pressure in 2015/16 is 1.53 per cent or £1,628m. The individual elements of this are shown in table 8.

**Table 8 – Cost pressures 2015/16**

|                               | Cost Pressure<br>£000s | Cost Pressure<br>per cent |
|-------------------------------|------------------------|---------------------------|
| Underlying position           | 420                    | <b>0.39</b>               |
| <b>Pay inflation</b>          |                        |                           |
| - Pension costs               | 150                    | <b>0.14</b>               |
| - Increments                  | 771                    | <b>0.72</b>               |
| <b>Non pay cost pressures</b> | 314                    | <b>0.29</b>               |
| <b>Total cost pressures</b>   | <b>1,655</b>           | <b>1.54</b>               |

Although we face many of the normal cost pressures resulting from national contractual agreements and inflationary price increases, this is expected to be below the national cost assessment figure for NHS Wales, for 2015/16.

## 15.6 Savings

In order to set a balanced budget, and create an investment reserve we agreed and implemented a savings plan of £2.545m (2.38 per cent), as shown in table 9.

**Table 9 – Savings 2015/16**

| Type of Saving                          | Amount<br>£000s | Per cent    |
|-----------------------------------------|-----------------|-------------|
| Budget holders consuming cost pressures | 1,235           |             |
| General CIP                             | 825             |             |
| Targeted corporate savings              | 655             |             |
| <b>Total</b>                            | <b>2,715</b>    | <b>2.54</b> |

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

## 15.7 Reinvestment of our resources

As set out above savings have been identified through two sources:

- the budget scrutiny process and
- the *Transforming Health Improvement in Wales Review*

These will be reinvested in the manner set out in tables 10, 11 and 12 below which should be considered together. To match our stated priorities the largest total investment is in the systems approach with over £1.2m investment.

**Table 10 – Investments by strategic priority**

| Strategic priority                                                                                            | 2015<br>/16<br>£000s | 2016<br>/17<br>£000s | 2017<br>/18<br>£000s |
|---------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Multi agency systems approach to achieving significant improvements in our public's health                    | 1,219                | 1,238                | 1,238                |
| Improving the health of children in their early years                                                         | 57                   | 0                    | 0                    |
| Supporting primary care services to improve the public's health                                               | 50                   | 60                   | 60                   |
| Supporting the NHS to improve outcomes for patients                                                           | 15                   | 0                    | 0                    |
| Influencing policy                                                                                            | 126                  | 151                  | 151                  |
| Protecting the public and continuously improving the quality, safety and effectiveness of services we deliver | 250                  | 294                  | 294                  |
| Developing the organisation                                                                                   | 465                  | 438                  | 438                  |
| <b>Grand total</b>                                                                                            | <b>2,181</b>         | <b>2,181</b>         | <b>2,181</b>         |

**Table 11 – Investments by directorate**

| <b>Directorate</b>                               | <b>2015/16<br/>£000s</b> | <b>2016/17<br/>£000s</b> | <b>2017/18<br/>£000s</b> |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Operations and Finance                           | 199                      | 222                      | 222                      |
| Quality, Nursing and Allied Health Professionals | 142                      | 165                      | 165                      |
| Workforce and Organisational Development         | 294                      | 232                      | 232                      |
| Public Health Services                           | 167                      | 200                      | 200                      |
| Health and Wellbeing                             | 1,253                    | 1,211                    | 1,211                    |
| Policy, Research and International Development   | 126                      | 151                      | 151                      |
| <b>Grand total</b>                               | <b>2,181</b>             | <b>2,181</b>             | <b>2,181</b>             |

We have agreed that funding will be assumed for 10/12ths next year and drawn down to match spend. The benefit of this will be used for non recurrent investment (primarily organisational development support to change programmes).

The expenditure on health improvement identified in the *Transforming Health Improvement in Wales Programme* was £17.5 million, with £11.6 million being held in Public Health Wales.

The *Transforming Health Improvement in Wales Programme* considered a number of programmes within the £11.6million budget, but excluded the National Exercise Referral Programme and Stop Smoking Wales.

**Table 12 – Reinvestment of funding within the scope of Transforming Health Improvement in Wales**

| <b>Initiative</b>          | <b>2014/5<br/>Budget<br/>£000s</b> | <b>Proposed reinvestment</b>                                                                                  |
|----------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Former Cooking Bus Funding | 534                                | Early Years Settings Framework (strengthen local capacity; monitoring and evaluation; national co-ordination) |
| MEND                       | 375                                | Childhood Obesity Prevention programmes (including insight work and social marketing)                         |
| MHFA                       | 137                                | Mental Health Development to feed through settings frameworks                                                 |
| Smokebugs                  | 75                                 | Tobacco Control (emphasis on illegal and illicit tobacco work)                                                |
|                            | <b>1,121</b>                       |                                                                                                               |

From the programmes considered, money will be reinvested so resources are more efficiently employed to achieve population health outcomes (as

set out in table 12). The investments will be made under the agreed methodology of 'systems working' and therefore all investment is currently categorised as such.

In addition, the *Transforming Health Improvement in Wales Programme* is still considering the schemes set out in table 13.

**Table 13 – Transforming Health Improvement in Wales – programmes currently under consideration**

| Initiative                                             | 2014/15 Budget<br>£000s | Proposed reinvestment                            |
|--------------------------------------------------------|-------------------------|--------------------------------------------------|
| Breastfeeding                                          | 211                     | Early Years (Year 2)                             |
| Alcohol Brief Intervention                             | 112                     | MECC (Possible shift from SSW pending new model) |
| ASSIST                                                 | 310                     | School Smoking Prevention                        |
| Early Years Pathfinder                                 | 97                      | Early years Collaborative                        |
| Health Challenge Wales Wellbeing Activity Grant Scheme | 508                     | Healthy Communities Framework (Local capacity)   |

## 15.8 The need for external investment

Whilst extensive efforts have been made to generate internal savings and to realign expenditure to fund the investment in priorities, it is apparent that we will need additional external funding to fully progress the developments outlined in this plan. No additional funding has been received over recent years from additional monies secured for NHS Wales but it is now our view that the desired progress and pace with critical developments will only be achieved with additional funding. The three key areas are set out below.

### 15.8.1 Primary care £358k (on a recurring basis)

Proposals have been developed in relation to additional investment to support the delivery of, *Our plan for a primary care service in Wales*. The additional investment will support the pace of change, and level of support, that will be provided by Public Health Wales. This will help underpin the shift to a more 'social' model of health and from hospital based care to improving population health outcomes.

The investment proposals will help underpin this shift through the provision of specialist support to primary care, particularly enabling the development of clusters and the competences of the workforce in considering population and community health and wellbeing.

Detail to support this proposed investment has been shared with the Welsh Government.

### **15.8.2 HPV test of cure £213k (pump priming over the first two years)**

The objective is to offer 'test of cure' to all women on surveillance following treatment. Currently only women newly discharged from colposcopy are eligible. Given progress with the introduction of HPV testing elsewhere in the UK, Public Health Wales would like to start offering 'test of cure' from April 2015. This requires additional pump priming funding.

HPV testing is being introduced elsewhere in the UK and offers an evidence based clinically and cost effective service. Public Health Wales would like to start introducing this in 2015-16.

Detail to support this proposed investment has been shared with the Welsh Government.

### **15.8.3 Systems working**

Public Health Wales has detailed an ambitious new approach to mobilise action at scale across Wales to reduce health inequalities and improve outcomes.

During 2015/16, we will focus on realigning our existing resources to lay the foundations for this work and begin action on agreed priorities. We will also develop a greater understanding of the areas where resource gaps will limit further progress.

We anticipate undertaking more detailed discussions with Welsh Government in relation to potential future investment requirements during 2015/16 and for the second and third year of this plan.

## **15.9 Financial risk**

We manage our financial risk on a monthly basis. As part of the finalisation processes for the plan, all savings schemes will be risk assessed and regularly reviewed.

## **15.10 Our capital plan**

In 2014/15 we managed a capital programme of £3.279m as set out below:

- Health Technology Fund - colposcopy and colonoscopy imaging £1.165m

- Health Technology Fund - bacteriology automation in Rhyl laboratory £1.285m
- Discretionary capital £0.829m.

The allocation of funding against the discretionary capital is strictly prioritised using a scoring matrix and each bid must link to the priorities of the organisation.

In December 2014 we received notification of £0.5m additional in year capital allocation and then a £0.2m recurring increase to discretionary capital. Within the constraints of procurement, we used this additional allocation to advance as much as possible from future years.

The draft outline plans for our discretionary capital are set out in table 14. There are assumptions made for a rolling IT replacement programme whilst replacement of equipment elsewhere is based upon the aged asset register. We must address issues with our estate next year and have used the opportunities created by the additional allocation in 2014/15 to create room for this. This will need to be supplemented with receipts from the sale of any asset.

**Table 14 – Draft outline capital programme 2015/16 to 2019/20**

| <b>Description</b> | <b>2015/16</b> | <b>2016/17</b> | <b>2017/18</b> | <b>2018/19</b> | <b>2019/20</b> |
|--------------------|----------------|----------------|----------------|----------------|----------------|
|                    | <b>£000s</b>   | <b>£000s</b>   | <b>£000s</b>   | <b>£000s</b>   | <b>£000s</b>   |
| Microbiology       | 39             | 40             | 18             | 50             | 50             |
| Screening          | 167            | 123            | 135            | 140            | 140            |
| IT                 | 250            | 450            | 450            | 450            | 450            |
| Estates            | 597            | 440            | 450            | 413            | 413            |
| <b>Total</b>       | <b>1,053</b>   | <b>1,053</b>   | <b>1,053</b>   | <b>1,053</b>   | <b>1,053</b>   |

We have a modest discretionary capital programme and have benefited from All Wales capital funding for a number of large scale programmes. These will clearly need replacing in future years or, in the case of Health Technology funding, will require roll out if successful. Items of this size cannot be accommodated from within the discretionary funding.

Table 15 overleaf, updates the information supplied to the Welsh Government in the summer of 2014 which identifies areas in which we will require larger scale support. We have agreed with the Welsh Government that an urgent capital review meeting will be convened to discuss the replacement and roll out programme which cannot be accommodated within our discretionary allowance.

**Table 15 – Proposed strategic capital schemes 2015/16 to 2019/20**

| <b>Item</b>                                                          | <b>2015/<br/>16</b> | <b>2016/<br/>17</b>             | <b>2017/<br/>18</b> | <b>2018/<br/>19</b> | <b>2019/<br/>20</b> |
|----------------------------------------------------------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
|                                                                      | <b>£'000</b>        | <b>£'000</b>                    | <b>£'000</b>        | <b>£'000</b>        | <b>£'000</b>        |
| Digital mammography replacement                                      |                     | 360                             | 880                 | 2,260               | 2,260               |
| Cervical information system NHAIS replacement                        | 218                 | 218                             | 308                 |                     |                     |
| Colposcopy and colonoscopy imaging systems                           |                     |                                 |                     |                     | 1,205               |
| Bacteriology automation                                              | 7,500               | 4,000                           |                     |                     |                     |
| Implementation of eStrategy                                          |                     | To be determined during 2015/16 |                     |                     |                     |
| <b>Total capital requirements in excess of discretionary funding</b> | <b>8,081</b>        | <b>4,678</b>                    | <b>1,188</b>        | <b>2,260</b>        | <b>3,465</b>        |

## 16 Our workforce

### 16.1 Overview

Within our strategic priority to develop the organisation two of our strategic objectives are to:

**Have enough skilled people with the attitudes and behaviours to work well together (and with others) and committed to our priority work.** (Strategic Objective 7B)

**Create a positive work environment based on mutual respect and trust characterised by high levels of collaboration and teamwork, driven by excitement and ambition to exceed expectations.** (Strategic Objective 7G)

We currently have a workforce that largely reflects the predecessor bodies that formed Public Health Wales and that, in some areas, retain the silos of previous organisations and structures. In order to build greater flexibility and to enable a more agile and flexible workforce we will be looking at ways of accessing skills across the whole organisation and encouraging greater cross team working. We have already started to examine the current structures and are looking for synergies and opportunities to build greater collaboration and team working across traditional boundaries.

There has been a historic corporate underinvestment in learning and development activity which will be addressed over the course of this three year plan. This will ensure that development and learning interventions are designed and delivered to specifically support the delivery of the strategic objectives set out in this plan.

There has been little leadership or management development in the early years of Public Health Wales or in its predecessor organisations. This was addressed in 2014/15 by investment in a leadership and management development programme, which began with the procurement of providers and design of the programme. The first cohorts will experience the programme at the end of 2014/15 and the programme will run over the following two to three years to ensure all managers and people in leadership roles across the organisation have a good grounding in the essentials of leading and managing people and managing the business. This is supplemented with a series of master classes.

Public Health Wales currently has a number of service improvement and change programmes that will profoundly impact the workforce and the work that they do, requiring the introduction of new ways of working and building new relationships with partners across the system. Not all of the detail is clear at the time of writing this plan but the workforce profile and

plans will be kept under constant review and updated over the next year to ensure that they reflect changing business needs.

A planned move to new accommodation for staff in the Cardiff area in 2015 brings the opportunity to work more effectively by introducing greater flexibility into working practices and modernising our approach to getting basic elements of our business done which should free up time for other work. Accommodation across the rest of Wales will be reviewed during the period of this plan and good practice shared widely.

Our approach to optimising the workforce contribution focuses on three key areas: **capacity** (have we got enough people and what is getting in the way of being productive); **capability** (have people got the right skills to do current jobs and are we planning for the future) and **motivation and engagement** (are we supporting our workforce and providing clear management and inspiring leadership).

## 16.2 Workforce capacity

### 16.2.1 Structures and numbers

At the start of January 2015, our workforce of 1,454 people, 1,286 full time equivalents (FTE), were deployed as follows:

**Table 16 – Deployment of staff (FTE and per cent)**

| <b>FTE</b>  | <b>Division</b>                   | <b>per cent of Staff</b> |
|-------------|-----------------------------------|--------------------------|
| 333         | Screening                         | 26%                      |
| 313         | Microbiology                      | 24%                      |
| 79          | Health Protection                 | 6%                       |
| 10          | Safeguarding                      | 0.8%                     |
| 20          | Health and Wellbeing (central)    | 2%                       |
| 157         | Health and Healthcare Improvement | 12%                      |
| 69          | Health Intelligence               | 5%                       |
| 21          | Policy, Research and Development  | 2%                       |
| 155         | Local Public Health Teams         | 12%                      |
| 126         | Enabling Functions *              | 10%                      |
| 3           | Nursing Directorate               | 0.2%                     |
| <b>1286</b> | <b>Total</b>                      | <b>100%</b>              |

\*Enabling functions include Board members, Finance, Workforce, L&D and OD, Corporate Admin, Communications, IM&T, PMU and former NLIAH employees.

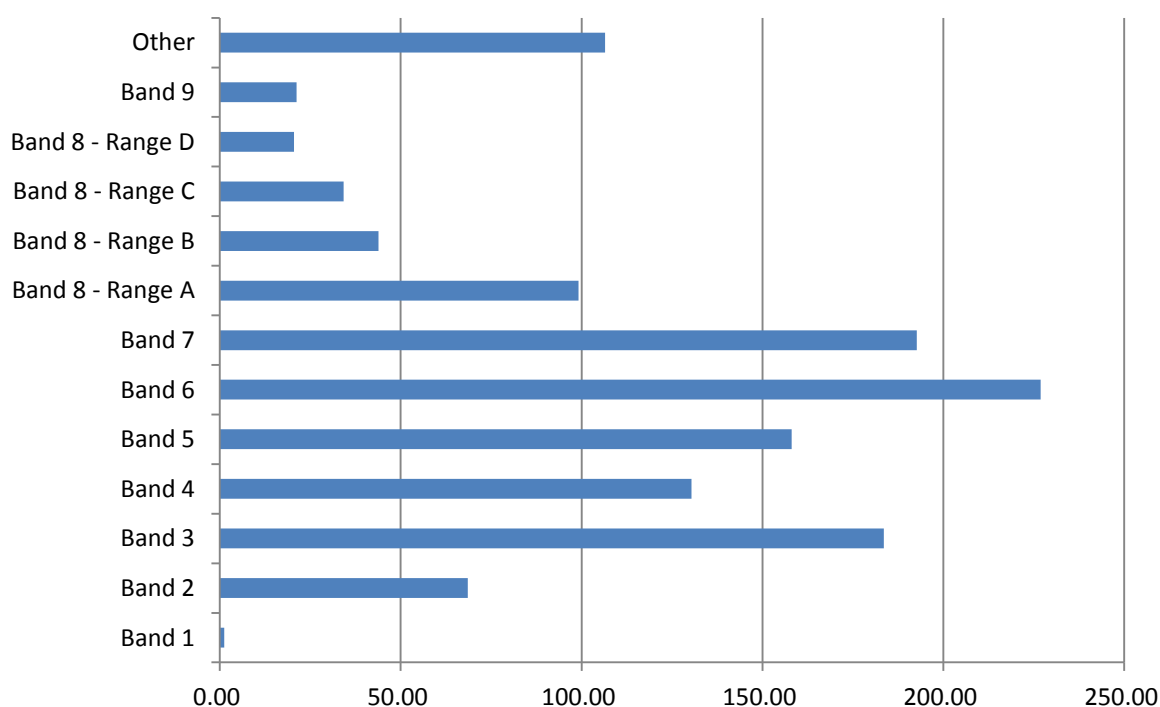
Some key features of the Public Health Wales workforce are that the:

- administrative and clerical group appears larger than may be expected (see Appendix 1). This group includes all managers and all corporate function staff as well as administrative staff and all non medical public health consultants. We are seeking to improve the way data is recording in ESR to help us report more accurately in future.
- numbers represent a growth over the past year of 38 FTEs
- spend on staff is 60.4 per cent of total Public Health Wales budget.

### 16.2.2 Grade mix

We are a professionally rich organisation, with a large proportion of our staff graded at band 6 and above, as illustrated in figure 10. This is to be expected given the professional nature of our work.

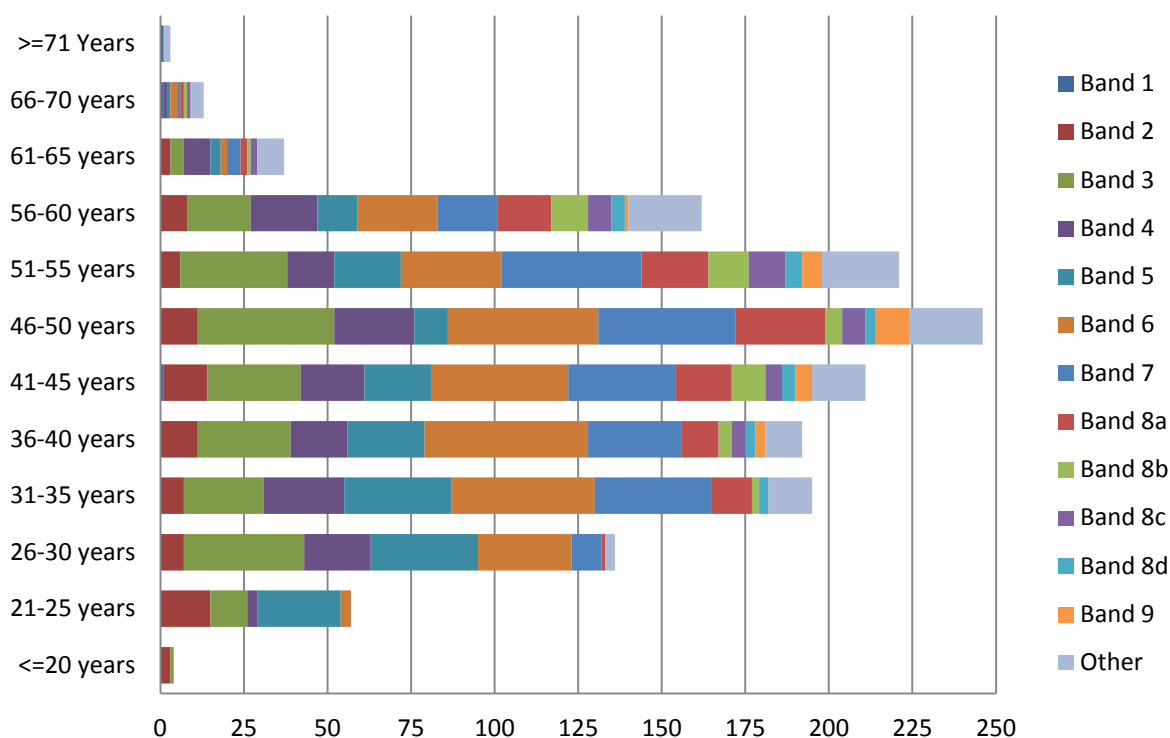
**Figure 10 – Grade profile of staff in post**



### 16.2.3 Age profile

Figure 11 shows the age profile of our workforce by pay band.

We might also expect to have a slightly higher proportion of older workers in our workforce due to the need for highly experienced professionals in a number of roles in the organisation and experience develops over time. Challenges of an ageing workforce include the likelihood of more part time working patterns and increased sickness absence. This makes the importance of developing a succession pipeline even more important.

**Figure 11 – Age profile of staff in post by pay grade**

We have more than 200 people over the age of 55 and as there is no longer a retirement age, this makes some aspects of workforce planning more complicated. We are considering a number of solutions including succession planning and job redesign.

Another key issue is how to capture and transfer knowledge and experience. We need to put a more robust mentoring scheme in place and ensure that adequate time is allocated to this. We are looking at ways to prepare staff who are considering retirement so that we can help them plan their later working years better including carefully designed part time roles to allow for knowledge transfer. We also intend to make better information available in terms of pension information and financial planning to help people make an informed choice of when to retire. We will work with those who have retired and returned to identify the types of intervention that would be most valued to support life stage transition.

#### 16.2.4 Sickness absence

As at 1 December 2014 the average annual sickness absence rate for Public Health Wales was 3.59 per cent.

While this rate of absence is significantly lower than other parts of the NHS in Wales, and slightly less than other UK public sector levels of absence at 3.8 per cent, we believe that it could be reduced to three per cent or less.

In 2014 Public Health Wales developed an approach to staff health and wellbeing which will be implemented starting in 2015. This aims to improve the experience of working for Public Health Wales and to improve the support provided to staff to keep them well and support them when they become ill.

The approach is built around six themes:

- Build an open supportive work environment
- Help staff to live healthy lives
- Support staff who become ill
- Get a healthy balance between life in work and life outside work
- Give something back (to society/community)
- All the above underpinned by excellent staff engagement.

The focus will be on mental wellbeing and resilience as well as a range of practical initiatives to support living and working healthily. We will also look at ways of helping people with long term health problems back to work and how we can support them to be in work.

#### **16.2.5 Length of service and turnover**

Average turnover for the year to 1 December 2014 was 9.97 per cent. This is at the highest end of an acceptable range.

Too little churn leads to stagnation and lack of innovation. Too much causes disruption and loss of productivity. Further work will be undertaken later in 2015, once work on the ESR system is completed, to investigate the reasons for the higher level of turnover that we experience.

We do not have high numbers of staff with long service. Nonetheless, we do have a cohort of people who are mid or late career with significant years of service with us. We aim to work with staff to investigate ways for people to maintain their skills and refresh their experience throughout their careers with Public Health Wales.

#### **16.2.6 Workforce planning and succession pipeline**

Work has been completed in 2014 that has highlighted where there are potential gaps in the workforce as some staff members approach retirement. There are around 75 people who are over 60 and who are highly likely to retire during the term of this plan and up to another 150 who may decide to leave the organisation over the next three to five years. The workforce plans that have been completed show that, in most cases, there are healthy numbers of people at the pay bands and age group below who are potential successors. More detailed work will be done in 2015 to get to individual level and examine potential and development plans to ensure that we are growing sufficient numbers of people to

provide a succession pipeline for the future. Specific areas of concern are noted below.

### **16.2.7 Scarce skills and recruitment hotspots**

We have identified a number of scarce skills where we are reliant on a small number of experts many of whom are approaching potential retirement age and where we anticipate some difficulty in replacing them. Skills areas include: radiologists; radiographers, public health consultants working within a specialist area (pharmacy, primary care, dental) and consultants in communicable disease control. There are known skills shortages across the system and insufficient numbers coming through the training schemes to fill the roles in the foreseeable future as the lead time to develop proficiency runs to several years. In some cases we only employ one or two people so there is no opportunity to create a critical mass and robust succession plan. In some areas we are reliant on health boards to provide services under service level agreements and are concerned that they are experiencing skills gaps too.

It is recognised that other roles, such as health protection nurses, currently have limited career development opportunities and are not fully used in the current system so the opportunity to redefine these roles needs to be explored.

For consultant microbiologist roles there is an opportunity to establish a biomedical scientist interface around infection management. Specialist technical advice needs to be fully explored and incorporated into workforce development plans. We can also utilise the Modernising Scientific Careers (MSC) programme to produce a new model for developing the healthcare science workforce with the aim to simplify existing complex models to ensure effective career pathways.

Other scarce skills include evidence and knowledge analysts, where development plans for the function and people are being developed; public health researchers and policy advisors where we are building working relationships with academic centres to influence research areas.

A number of other solutions are being considered. We can review the consultant role to identify the tasks that need to be done by consultants and those that could be taken on by others. We will fully explore the advanced practitioner route to identify those with the skills and expertise (for example, health protection nurses and biomedical scientists) to cover these tasks. We will design clear career paths that formalise the use of advance practice as part of job design and succession planning. This is in line with prudent healthcare principles – up skilling staff and making sure people only do the work that they should do. We will investigate new approaches to recruitment such as joint appointments with health boards where we are competing for the same skills.

## **16.3 Changing workforce requirements**

### **16.3.1 Multi agency systems approach**

Achieving the shift in thinking and working described under strategic priority 1 will require some fundamental changes in our workforce. These changes will be in: skills (from programme management to relationship building and maintenance); behaviours (being the experts and doing it ourselves to allowing others to lead and moving into a supporting or facilitative role); potentially in where people work (less being in offices behind desks and in meetings to being out more in the communities at times and in places that work for them); and who with (from Welsh Government and other senior professional colleagues in academia and inside Public Health Wales to more regular contact with local authorities, charities, local communities and industry).

Currently staff in local public health teams do engage with local authorities and local communities but we will need to review how these staff and colleagues in all Wales teams could work more effectively together in future in a way that is more closely aligned to whole systems working.

Detailed work will be undertaken during the first year of this plan to identify specific actions for learning and development; to set down protocols for new ways of working; and for any changes to working practices that may be needed to support cross system multi agency working.

### **16.3.2 Primary care**

We have plans to bring together our primary care workforce into one division within the Health and Wellbeing Directorate to strengthen links and encourage greater cross disciplinary working. There will be a need to work with this newly formed group to identify skills needs to support them in working to deliver across the primary care community.

### **16.3.3 Microbiology**

Following the introduction of new technology there is a requirement for a different skill mix, which presents uncertainty when forecasting exact future workforce requirements. From our experience to date the implementation of automation is likely to reduce the number of scientific staff working on the bench, but require a different skill set elsewhere in the workforce. We are currently anticipating a reduction in staff of 25-35 per cent with the introduction of automation, however the detail on workforce grades and roles is yet to be determined and will depend upon possible 24/7 working. Plans are required to retrain and redeploy some staff on different work such as genomics, so net reductions will be lower.

There are potential risks of some experienced staff leaving as a consequence of the planned changes. In addition changes in working practice and work patterns will not suit all staff, who may be restricted to specific working hours, and resourcing the required working patterns within existing workforce may present difficulties. These are matters being addressed by the microbiology programme.

#### **16.3.4 Cervical screening**

A modernisation programme is underway and a new service model will mean changes for the workforce. While full details are not yet available it is anticipated that the changes in techniques for cervical screening will see a reduction in staff by 30 per cent. However, the age profile for the service suggests this will be achieved largely through the retirement of existing staff. This is being closely monitored and staff fully engaged to minimise the risk of losing too many staff too quickly. Contingency plans are in place to cover any shortfall.

#### **16.3.5 Stop Smoking Wales**

We need to revise the delivery models to meet service user requirements that in many cases will see a move to seven day working and extended working hours. This requires changes to terms and conditions. We will need to review our attraction and selection approach to ensure we recruit the right staff and we will design a development programme to refresh skills of existing staff and enhance the skills of the stop smoking advisors to cover advice and support on other behavioural changes.

**The future approach to reducing smoking prevalence in Wales is currently being considered by the Minister for Health and Social Services (see section 12).**

#### **16.3.6 Other**

As our role and services continue to develop, other requirements are emerging for additional groups of skilled staff, including: IT staff to develop new management systems, policy and research staff to further develop the evidence base and organisational development and change expertise to support the successful delivery of organisational change. These skills exist in the market place but are in demand from organisations other than the NHS. In response to difficulties of attraction and recruitment, we are looking at current structures and delivery models to identify opportunities to work more closely with partners such as academia or to bring together appropriate skills to create a critical mass and/or a more efficient structure.

The Our Space programme will see a significant number of staff come together on one site in Cardiff. There are no planned job losses and we

will encourage as many staff to stay with us as possible, using the range of flexible working practices already available.

## **16.4 Workforce capability**

### **16.4.1 Learning and development**

Public Health Wales currently spends 0.2 per cent of the pay bill on planned learning and development activities for the workforce. Other spend is incurred locally by teams but this is not currently captured and evaluated. If management and leadership development is included the figure rises to 0.26 per cent of the pay bill.

This is inadequate to develop a skilled workforce for the future aligned to the organisational change that is planned. For comparison, a similar public sector organisation (where the workforce is mainly made up of professional and technically qualified people) spend is currently 3 per cent of their pay bill.

A skills analysis and analysis of learning and development needs will be carried out in 2015 to underpin a strategy to address this over the term of this three year plan. This will encompass modernising scientific careers, moving to systems thinking and working and a number of cross cutting skills which are core to our ability to deliver this plan and our change agenda. These include skills in: leadership and management skills, transformational/large scale change, advocacy skills, influencing and relationship building skills, stakeholder engagement and evidence synthesis.

We need to complete the needs analysis to quantify the audience sizes of each intervention. However, we have already commissioned a management and leadership skills programme, which will roll out from 2015. We will be working with the suppliers and Academi Wales to source master classes, particularly for skills which are related to our role in leading the system.

### **16.4.2 Statutory and mandatory training**

Compliance has generally improved or been maintained over the last year. This needs to be maintained as refresher deadlines arise and there needs to be a further effort to achieve over 90 per cent compliance across all areas.

### **16.4.3 Revalidation**

Revalidation for those registered with the General Medical Council (GMC) is well established within the organisation and plans are in progress for the new requirements from the Nursing Midwifery Council (NMC), for revalidation of nurses and midwives to be implemented by December

2015. Processes to support revalidation for those on the UK Public Health Register are well underway.

#### **16.4.4 Advanced practice**

Work across the organisation to support the development of advanced practice has been established with a consultation on the development of advanced practice for public health due to complete January 2015.

#### **16.4.5 Appraisals**

We have already improved the number of Agenda for Change (AfC) staff who have reported receiving an annual appraisal from 53 per cent (Staff Survey 2013) to 77 per cent. A target has been set for further improvement to 90 per cent by the end of this plan.

A refreshed framework for performance management and appraisal is in development and will be launched in early 2015/16. Feedback from the 2014 survey indicated that, for the majority of staff that had an appraisal, the experience was a positive one. A number of areas for improvement were identified which have been built into the new framework which will be introduced in 2015.

#### **16.4.6 Induction**

Public Health Wales recognises the importance of providing staff with a good understanding of the whole organisation and helping individuals see how their contribution fits in. It is also important to foster networking across the organisation and sharing of knowledge.

During 2015, it is planned to have in place guides for managers and teams on induction and their roles and responsibilities. Plans also include the development of web pages for new starters with relevant and timely information for their first three months followed on a quarterly basis by an organisation wide induction day where new starters will have the chance to meet members of the executive team and interactively learn about the work of and challenges facing Public Health Wales.

#### **16.4.7 Public Health workforce skills**

We recognise that we have a significant role to play in the development of public health skills across the whole system not just within Public Health Wales. In order to better understand what more we could do to facilitate people doing more in their own settings to make health everybody's business, we will work with stakeholders and partners to scope needs. We will then shape a programme of interventions to develop awareness and skills and identify appropriate ways of delivering these interventions in partnership across the whole system.

There is already a well developed approach in place for public health specialists to train to be consultants and a portfolio development scheme for public health practitioners. We are currently working on advance practice for public health and, in 2015, will examine the career step between principal and consultant to see if we are making the best use of very experienced public health specialists.

#### **16.4.8 Career paths and career development**

There is a pressing need to provide more support to scientific career development and to supporting other professional career paths across the organisation. Over the three year course of this plan we intend to map the existing career paths and examine development needs. We will link this work to the succession pipeline work described above.

### **16.5 Workforce engagement and motivation**

#### **16.5.1 Leadership and management**

This has benefitted from investment in 2014. A full development programme will be in place and running over the term of this three year plan. The outcome will be more capable, confident managers who accept responsibility for creating the local environment in which their workforce can be successful. In addition, any individual who has responsibility for leading in a particular area, not necessarily with line management responsibility, will have access to development. This will enable them to improve their influencing skills and their ability to build effective relationships and have powerful conversations to ensure progress is made with issues that are often complex or difficult. We will also roll out a development programme for aspiring managers and develop a programme for identifying and developing potential senior managers.

#### **16.5.2 Values and behaviours**

Work will begin in 2015 to refresh the Public Health Wales values and to clarify the behaviours we need to see in the workforce and workplace in order to deliver our priority work and work in new ways such as building a systems approach to health improvement. This will be based on the outputs of a series of staff engagement workshops held in the autumn of 2014 and will continue to engage a significant number of our staff as we take the work forward. These values and the new leadership framework will also allow us to attract and recruit people who best align with our organisational needs.

#### **16.5.3 Staff health and wellbeing**

Public Health Wales has developed an approach to staff health and wellbeing that will begin implementation from 2015 onwards. Our overall

progress will be measured by assessment for recognition under the *Corporate Health Standard* scheme. Our aim is to achieve platinum standard by 2018.

#### **16.5.4 Great place to work/positive work environment**

This is a fundamental strand of 'Developing the Organisation' and our aim is to build a positive work environment based on mutual respect and trust, characterised by high levels of collaboration and team work, driven by excitement and ambition to exceed expectations. Clearly developing our leadership and management capability, refreshing our values and describing the associated behaviours are a major part of achieving this aim.

Our intention is to find a suitable external standard or benchmark to measure ourselves against such as *Best Companies to Work For*, or *Great Place to Work* and measure ourselves against the very best.

### **16.6 Workforce and Organisational Development (OD) team development**

Until April 2011 there was no Workforce and OD team, nor a Learning and Development function, in Public Health Wales. Over the past three years significant progress has been made to establish and grow a professional team that can deliver effective and efficient services to the organisation and that can provide professional and trusted advice on strategic change and people matters.

In 2013, the team was reorganised to provide strategic workforce and OD advice through the HR business partners backed up by a geographically based HR support and advisory service to provide help locally with more practical HR matters.

Over the past 12 months the workforce and OD teams have benefitted from investment. Our ESR capability has been strengthened so that we can finally start to get the best out of the staff record system and to provide useful management information and data to the business. We have also been able to supplement the part time OD consultant role with additional external capacity to support change programmes. Investment has been provided to create a senior post dedicated to organisational change from 2015 onwards.

The next three year period will see more change as we appoint a new Assistant Workforce Director to support the Director of Workforce and Organisational Development in taking the function forward to a new level of service delivery and organisational support.

The relationship and relative responsibilities of line managers and HR professionals will be reviewed to ensure there is clarity of expectations of both and the expectation is that line managers will take more responsibility for the management and development of their people and HR will increasingly have a coaching and consulting role to support the newly skilled managers.

Learning and professional development functions will also be reviewed to seek to create capacity to offer greater support to the development of public health specialists and other professional groups, to focus on career paths and career development and support the development of a succession pipeline for key roles and functions, as well as improve our general offering on learning and development in line with skills needs identified throughout this plan.

## 17 Our approach to quality

### 17.1 Overview

Public Health Wales has continued to develop and form since its establishment in 2009. It comprises many pre existing functions and services, for example, screening and microbiology, which have been brought across into Public Health Wales bringing with them previous quality and safety assurance mechanisms. A significant amount of public money is also spent through Public Health Wales on improving population health outcomes and tackling inequalities. It is therefore crucial that we focus on doing the right things using the best available evidence base where it exists, or creating the evidence in a timely way in order to stop doing things where impact cannot be demonstrated.

Over the next three years we aim to incrementally strengthen our arrangements and approach to quality. We will do this by creating environments where people who work for the organisation are encouraged to be ambitious and passionate about making a difference to the people of Wales, by providing services/programmes/systems or producing work, which is prudent and of the best quality, producing outcomes which benefit the public's health in Wales. We will support this by bringing together, and aligning, our quality functions under one directorate, led by an Executive Director of Quality, Nursing and Allied Health Professionals.

It is essential that our workforce is developed and supported in doing the right things in order to excel. This requires a prevailing culture of continual listening and learning from feedback provided by the public, a wide range of stakeholders and staff, using safety and other monitoring systems to good effect in order to improve services, programmes and outcomes. We will encourage and enable our people to work with our 1000 Lives Improvement Service to follow the Improving Quality Together (IQT) framework to develop skills and gain accreditation in quality methodology.

We will further progress our commitment to working with the public and users of our services and programmes, to ensure quality improvements and approaches are informed by the experiences and views of the people of Wales. This will be captured by information collected from service user experience, from concerns/complaints/accolades and the views of the public for any new or existing approaches to improving population health outcomes.

Working with our 1000 Lives Improvement Service, we will develop and implement a quality assurance framework, which will support the organisation in using existing quality markers and identification of new ones as and when innovations and new approaches to tackling inequalities and improving health outcomes emerge. For example, we want to take

new methods to using a systems based approach. This will require different ways of monitoring quality with national/international benchmarking and will include prudent healthcare as a quality marker.

## 17.2 Quality assurance overview

The Chief Executive, as the accountable officer, together with our Board and Executive Team, are accountable for ensuring that systems, processes and people both support and provide services and programmes which are safe and of optimal quality. Innovation and creativity which impacts on improved outcomes for population health should be encouraged while, subject to enough levels of assurance and scrutiny and ensuring appropriate use of public funds.

There is a need to ensure that we are doing the right things well in consultation with the public and other stakeholders. We do need to trust our workforce to get on and do things. However, we also need to have a clear line of sight from the Public Health Wales Board and Executive Team through to programmes and services. This makes us more transparent and able to give the right level of assurance to all relevant stakeholders. Directorates, divisions, teams and individuals will all play an important role in maintaining and/or improving quality.

We intend to strengthen our approach and arrangements for quality both structurally and in developing the organisation as a whole. We intend to develop and fully implement a quality framework over the next three years, with more visible leadership in this area at executive level. With support from our 1000 Lives Improvement Service, we will provide opportunities for our people to learn and develop quality improvement skills through the IQT programme and, where required, specific and targeted quality improvement initiatives.

The Quality and Safety Committee assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety. There are a number of existing corporate sub groups which support the work of the Quality and Safety Committee. An additional sub group will be created in order to provide more detailed scrutiny and monitoring functions, ensuring the right level of detail and reporting reaches the Quality and Safety Committee.

It is acknowledged that the quality agenda is interdependent with our corporate governance arrangements. An example of this is in the area of risk management. There is also the need for close alignment with the quality and performance monitoring framework, to ensure that we are measuring both quantitative and qualitative data which demonstrates both performance and quality outcomes. We need to ensure that the principle of collecting meaningful data which can be used in many ways and avoids unnecessary duplication and bureaucracy is embedded.

The implementation of a quality assurance framework will be in three phases (phase 0-2). It is envisaged that these phases will be implemented over the course of the next three year planning cycle (2015-2018), recognising that it is essential that phase 0 (gaining additional resources) is realised in year one, in order to support the progression of the quality agenda.

Phase 0 will identify the resources and structures which are thought to be necessary to support and strengthen existing arrangements.

Phase 1 will focus on systematising assurance processes within the Public Health Services Directorate.

Phase 2 will focus on the Health Improvement Division to determine where and how programmes/systems demonstrate and capture quality, to better integrate into organisational wide quality and governance assurance frameworks.

The key areas to be addressed by the first phase relate in particular to services which are provided directly to the public, strengthening some of our organisational systems in managing clinical governance.

### **17.3 Quality improvement approaches**

Over the next three years Public Health Wales aims to embed quality improvement approaches in addition to other methods, to support the realisation of our strategic aims and optimise the quality of our services and programme delivery

Pockets of the organisation have been involved in quality improvement initiatives. However, we can improve how good work is shared and celebrated across the organisation to gather the momentum required to promote a wider culture of quality improvement.

We will promote this organisational shift by working with the 1000 Lives Improvement Service in establishing a quality improvement hub, to support and inspire innovation and continuous improvement for our services and programmes.

Our **Annual Quality Statement** will provide an overview of where we have been leading, mobilising and delivering services, programmes or initiatives. In the future we will aim to reflect improvements within the report on timeliness, quality and efficiency of our services and programmes in a format that the public can understand, including the base line and quality indicators.

## 17.4 Actions required to improve

The actions required to strengthen and improve our quality and safety arrangements are summarised as:

- visible leadership in relation to the quality agenda
- investment to appointment key resources to drive and support the quality agenda
- structural and reporting changes (see 5.2)
- encouragement and facilitation for staff to pursue IQT training and accreditation
- implementation of a quality assurance framework
- establishment of a quality improvement hub
- increasing engagement and learning from service user experience and the views of the public in shaping how improved population health outcomes will be achieved.

## 17.5 Supporting quality improvement in NHS Wales

The 1000 Lives Improvement Service is a key resource for driving quality improvement across NHS Wales. This will primarily be achieved through the Improving Quality Together (IQT) learning programme, which provides a common language for quality. This national approach supports NHS Wales staff at every level and in all professions as they work towards the common goals of improved patient experience and outcome. Local IQT initiatives are aligned with organisational and national improvement priorities to ensure system-wide quality improvement.

The 1000 Lives Improvement Service also supports every health board, trust and university to integrate IQT into their training and facilitates the establishment of local 'improvement hubs' to build capacity and sustainability.

Further detail on the role of the 1000 Lives Improvement Service is included in section 10.

## **18 Stewardship and governance**

### **18.1 Introduction**

Our Board is accountable for setting our strategic direction, satisfying itself that there are robust systems of governance and internal control and overseeing the delivery of the strategy by holding the executive to account.

As the accountable officer, the Chief Executive has responsibility for implementing the strategy set by the Board in a high quality, safe and effective way, maintaining appropriate governance arrangements throughout the organisation.

Together, they ensure a sound system of internal control which supports, facilitates and ensures the achievements of our strategy, aims and objectives.

The Board functions as a corporate decision making body, with executive and non executive directors being full and equal members and sharing corporate responsibility for all its decisions.

The Board seeks assurance that we are executing our strategy and achieving the outcomes intended through a well governed system of effective performance and delivery. It does so in a number of ways including:

- receiving and scrutinising service, workforce and financial performance reports
- engaging with service users, stakeholders and staff
- internal and external audit
- reporting on governance in line with NHS Wales guidance.

The Board has ultimate responsibility for the delivery of this plan. Implementation is the responsibility of the Executive Team. This responsibility is both a collective corporate responsibility and individual delegated responsibility through the respective executive portfolio areas.

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

## 18.2 Planning model and cycle

### 18.2.1 Our approach

This plan has been informed by a number of strategic drivers, including:

- the health and wellbeing of the people of Wales - our 'state of the nation' (see section 3)
- the legislative and strategic policy context in Wales (see section 4)
- specific service development requirements (see part 3)
- engagement with our partners and stakeholders (see part 3).

An overview of how each of these drivers has shaped and supported the development of our plan is provided below. Further detail on each is provided within the specific section of the plan referenced.

The **state of the nation** has informed our priorities and planned action over the next three years. It provides an overview of current, and projected, health and wellbeing challenges and identifies the impact these will have, particularly on the future delivery of services. We have used this to inform the development of our plan and as the foundations and rationale for the systems shift proposed to deliver real improvements.

This approach is further informed by the **legislative and policy context** set for Wales. The move towards a greater focus on prevention, a commitment to reduce inequalities, long term planning and a shift towards primary care has helped support and shape the development of our plan.

An **assessment of our recent progress and performance**, particularly in relation to service developments, has informed key aspects of this plan and our priorities. This assessment has been based on:

- service performance and trajectories
- service pressures and challenges
- engagement with service users and a commitment to coproduction
- quality improvements.

An overview of these challenges and the specific action that we will take in response is detailed within our priorities, with strategic section 12 providing a particular focus on improving the quality, safety and effectiveness of the services that we deliver. Further detail is provided within our service performance reports, Annual Quality Statement and supporting programme/project plans.

Our finance and workforce position and future challenges within these areas have also informed the development of this plan. The plan reflects the challenges we face and action we will take, from a service, workforce and financial perspective, as part of the integrated approach we have adopted. This is reflected in:

- the rationale for why we have selected priorities
- areas of specific workforce focus from an organisational and service perspective
- our areas for investment and allocation of resources to deliver our priorities, as part of our wider financial plan.

### **18.2.2 Integrated public health planning and engagement with partners and our staff**

Significant engagement was undertaken with health boards and trusts during 2014 to develop a small number of shared public health priorities, which are reflected within the content of this plan. This is the first time, during the lifetime of the current NHS Wales planning arrangements, that organisations have come together in this way to discuss the key public health challenges and opportunities that we face in Wales.

We have also developed priorities specific to us, as the national public health organisation for Wales. These reflect the challenges we have identified, and our response to these, through an assessment of the current state of health in Wales (the state of the nation), significant and far reaching engagement with partners from across the full public health system and diagnostic work undertaken at a service and organisational level. This has involved an assessment of our current activities and in year assessment of performance.

We have also engaged extensively with partners and stakeholders from the wider public health system in Wales, including police, local authorities, Natural Resources Wales and Sport Wales. This engagement has demonstrated both the strategic alignment around prevention and opportunities for joint action and working. This approach is reflected in the content of this plan, including specific actions within our strategic objectives. We will build on this further in the future, as part of a more integrated approach to planning, both at a strategic and operational level.

As part of the development of this plan, significant engagement work has also been undertaken with our staff. This has been at an organisational level through a series of regional workshops and also in more detail on a priority and strategic objective level. This is, in part, reflected in the cross organisational action detailed within each strategic objective.

### **18.2.3 System wide public health planning**

An overview of alignment between health board plans in relation to the shared public health priorities developed during 2014/15 is included as appendix 4. The table demonstrates significant join up between organisations, as part of a system wide approach, and focus, on key areas of public health action.

The momentum developed within this planning cycle will be built upon in 2015/16 to undertake further work in relation to strengthening and developing these joint priorities. In particular, work will be undertaken to further develop the alignment and complementary action underpinning this that will be undertaken by respective organisations. This will be within the strategic framework set by the Welsh Government, as detailed in section 4, and build upon the foundations set within respective organisational plans (see appendix 4).

As part of this approach, it has also been agreed with colleagues in health boards and trusts that we will undertake an annual business planning event each autumn. This will allow us to review the delivery and alignment of shared public health priorities across NHS Wales and support the development of a more integrated approach to improving our public's health.

The work detailed above will be undertaken as a matter of priority as part of what we see as a transformational year for both us, as an organisation, and the wider public health system in Wales.

#### **18.2.4 Overarching agreement with health boards**

The performance of the public health system will require clear accountabilities and performance management arrangements. In 2015/16 we have established regular 'Executive to Executive' meetings to establish working relationships, develop shared priorities and deal with urgent issues.

In 2015/16, we will further enhance this relationship with the development of an overarching service level agreement covering all services commissioned, provided and planned between the organisations. To complement this, the 'Executive to Executive' meetings will have part of the agenda dedicated to performance management of issues from this agreement which need escalation to achieve satisfactory resolution.

Detail on the specific actions to develop this agreement is included in strategic objective 7I.

#### **18.2.5 Our plans**

##### **Integrated Medium Term Plan (three year plan)**

Our IMTP is our overarching strategic plan and guides our action, and resources we allocate, over the next three years. It articulates what we will achieve over three years and how we will use our skills and resources in order to have maximum impact on health and wellbeing.

## **Operational Plan (annual plan)**

Our Operational Plan describes in more detail the specific actions that we will undertake to deliver each priority and strategic objective. The plan, which is intended to provide a level of detail beyond our IMTP, details the specific actions, by quarter, that will be delivered during 2015/16.

## **Programme and project specific plans**

Programme and project plans will be in place for the major developments and changes detailed within this plan. These will be monitored at an organisational and divisional level, dependent upon the nature, and associated risks, of the specific development.

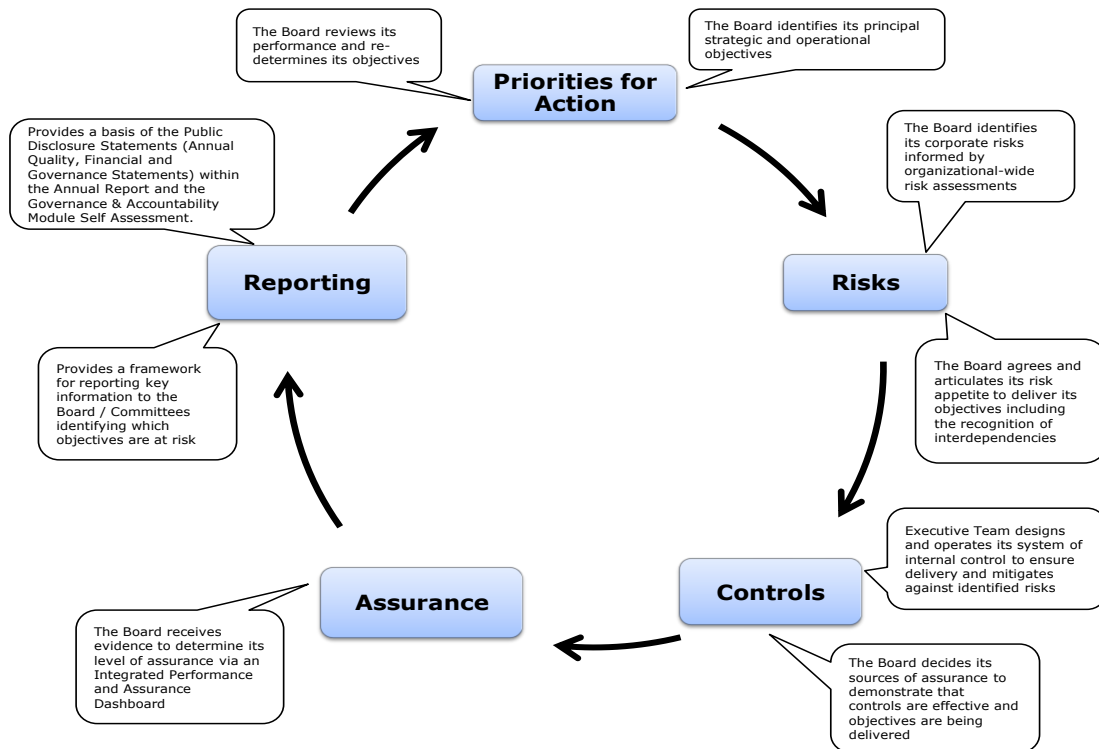
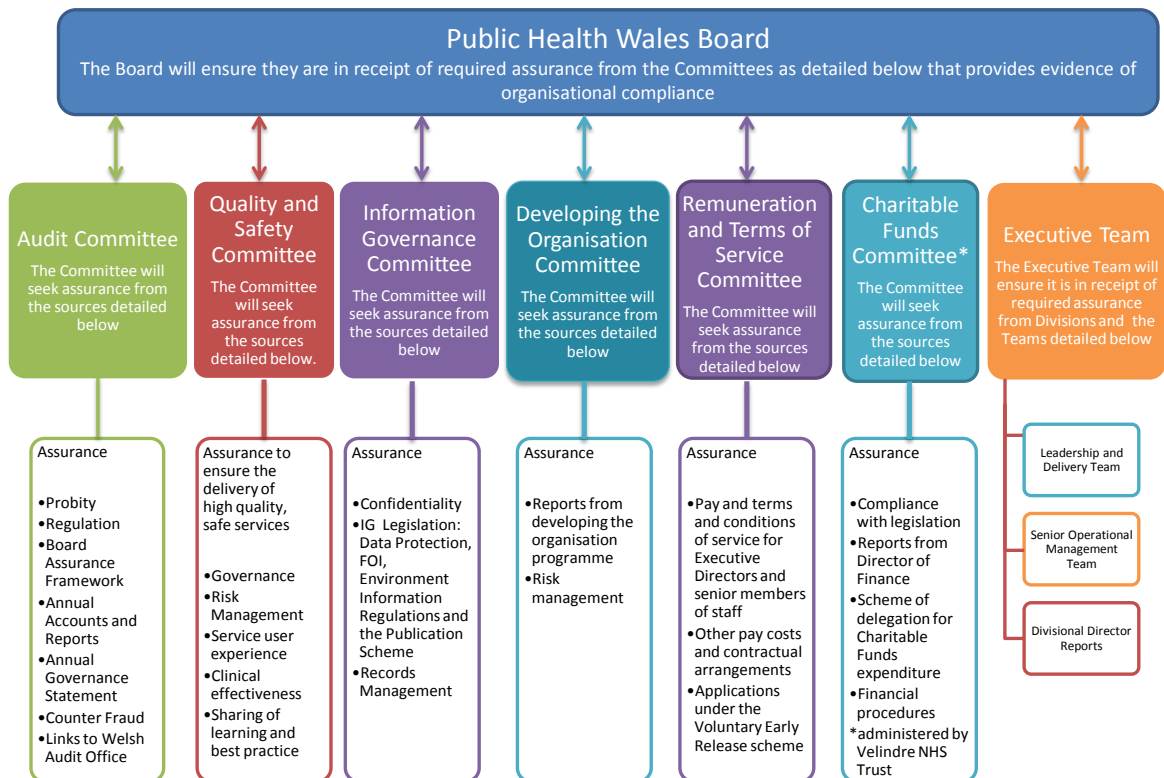
## **Individual objective setting**

As part of our performance management development system, each individual in the organisation will have annual objectives that articulate how they support the achievement of strategic objective(s) and the associated strategic priority. This will ensure that every member of staff understands their role, and is supported, in achieving our strategic priorities.

## **18.3 Assurance framework**

We use an assurance framework to monitor, seek assurance and ensure shortfalls are addressed through the scrutiny of the Board and its committees. The assurance framework is illustrated in figure 12 overleaf.

The Board has established four standing committees, each chaired by a non executive director, with roles in relation to the system of governance and assurance, decision making, scrutiny, development discussions, an assessment of current risks and performance monitoring. In addition, in the interest of cost effectiveness, Velindre NHS Trust administers charitable funds on our behalf. The committee reporting framework is shown in figure 13 overleaf.

**Figure 12 – Assurance framework****Figure 13 - Committee reporting framework**

## 18.4 Performance management and reporting framework

Public Health Wales produces reports on performance that satisfy the needs to:

- inform the operational management of programmes and services
- inform the Executive Team of the performance of all aspects of Public Health Wales, in a way that allows decisions to be made to improve performance, where necessary, in a timely manner
- provide the Board with assurance of satisfactory performance and information about unsatisfactory performance
- provide the Welsh Government with robust performance information.

This is achieved through the production of specified reports, as explained in table 17.

**Table 17 - Summary of reporting arrangements**

| Reported to:                       | Frequency                                                    |                                                                                                                                                        |
|------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | Monthly                                                      | Quarterly                                                                                                                                              |
| Welsh Government                   |                                                              | Quality and Delivery Framework Performance Report (with additional content six monthly and annually)                                                   |
| Board                              |                                                              |                                                                                                                                                        |
| Executive Team                     | Performance score card (full)                                | Quality and Delivery Framework Performance Report (with additional content six monthly and annually)<br>Operational Plan Action Progress Report (full) |
| Leadership and Delivery Team       |                                                              |                                                                                                                                                        |
| Divisional Management Teams        | Performance score card (relevant sections only)              | Operational Plan Action Progress Report (relevant sections only)                                                                                       |
|                                    | Individual programme/service operational performance reports |                                                                                                                                                        |
| Programme/service management teams | Individual programme/service operational performance reports |                                                                                                                                                        |

## 18.5 Risk management

Risk is an inevitable and ever present element of our daily working lives. In order for any organisation to deliver on its objectives, allow innovation

and create opportunities, it must take risks. Therefore, if properly planned and constructively managed, taking risks can provide opportunities to develop and deliver services in new and innovative ways.

Risks are therefore a perfectly acceptable part of what we do. It's how we identify, assess and control these risks which is important. It is nevertheless recognised that from time to time things will go wrong and failures will occur. It is important that we learn from our failures, along with those from elsewhere, and use these experiences to help inform and improve our services and practices.

Nine strategic risks have been identified during the development and evaluation of this plan. These nine risks may impact our ability to deliver our strategic objectives and are listed below.

The management of risk is therefore an essential organisational function with the Board taking overall responsibility for ensuring that effective risk management arrangements are in place. The Executive Team is responsible for the overall management of risk on a day to day basis.

In addition, risks are captured at every level in Public Health Wales, from day to day risks faced by the staff on the ground, to the strategic risks at Board level. Individual divisions, service areas, teams, programmes and laboratories are responsible for maintaining their own risk registers. These risks are prioritised according to a wide range of criteria, enabling principal risks to be escalated to the Board. Risks are allocated to executive leads and are reviewed at each Executive Team meeting.

Divisional directors review their divisional risks regularly, ensure action plans are in place and monitor progress against the action plans. These arrangements will be further strengthened in 2014/15.

The Board receives the corporate risk register regularly and has been reviewing the assurance in place for each risk. The Audit Committee reviews the risk management process and provides assurance to the Board on the system of assurance. The Information Governance Committee reviews and scrutinises all information governance risks. The Quality and Safety Committee reviews all risks relating to quality and safety.

### **18.5.1 Strategic risks**

At the time of writing, the following strategic risks have been identified for the delivery of this plan. These risks have formed the revised corporate risk register for Public Health Wales. Each risk will have clear controls in place and mitigating actions to minimise the risk and will be reviewed on an ongoing basis and amended accordingly.

**Table 18 – Strategic risks**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | There is a risk that we do not implement all actions in the IMTP due to insufficient organisational capacity and capability resulting in a failure to meet all our objectives and targets.                                                                                                                                                                                                                                                      |
| <b>2</b> | There is a risk that we are unable to realise the necessary savings and additional income required due to inefficient processes and behaviours resulting in an ability to implement new developments outlined in the plan.                                                                                                                                                                                                                      |
| <b>3</b> | There is a risk that we fail to establish and implement a multi-sector systems approach to improve population health caused by the inability to: transform assets and behaviours, attract sufficient resource, establish sufficient capacity or develop effective relationships with partner organisations resulting in a continued failure to reduce health inequalities in Wales.                                                             |
| <b>4</b> | There is a risk that we fail to deliver the tier 1 target for smoking cessation, or implement the necessary changes in the service model required in 2015/16, caused by the inability to attract sufficient resource to maintain the expanded service model for smoking cessation, mitigate external factors such as e-cigarettes or to agree the service model with key partners resulting in a failure to reduce smoking prevalence in Wales. |
| <b>5</b> | There is a risk that we will not be able to achieve some of our strategic objectives, caused by competing pressures or other demands on NHS partners who we rely on for delivery, resulting in a failure to implement key service performance and development in our IMTP.                                                                                                                                                                      |
| <b>6</b> | There is a risk that we could cause harm to users of our services due to insufficient quality and safety resources, assessments and monitoring arrangements, resulting in adverse events, widening inequalities and lack of evidence of improved health outcomes.                                                                                                                                                                               |
| <b>7</b> | There is a risk that we fail to lead and manage change effectively in the organisation due to insufficient development of capacity and capability to manage change or tackle resistance to change, resulting in a failure to realise benefits and deliver on priorities.                                                                                                                                                                        |
| <b>8</b> | There is a risk that we will not be able to achieve the full desired impact of our new eStrategy, caused by insufficient strategic and operational informatics capacity and capability in the organisation and wider NHS resulting in a failure to deliver the necessary digital developments set out in the IMTP.                                                                                                                              |
| <b>9</b> | There is a risk that we are unable to secure a fit for purpose and affordable single site for south east Wales due to the current lack of available suitable properties, resulting in delays to the programme.                                                                                                                                                                                                                                  |

## **18.6 Financial controls, reporting and audit arrangements**

Our financial control framework is set out within the Standing Financial Instructions (SFI) adopted by our Board. The SFIs set out the regulation of financial proceedings and business and are designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business. They translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders and Reservation and Delegation of Power (SO), they provide the regulatory framework for our business conduct.

Internal Audit provides the Board, through the Audit Committee, with a flow of assurance on the system of internal control. An annual programme of audit work is commissioned, which is delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee, and is focused on significant risk areas and local improvement priorities approved by the Board.

The overall opinion by the Head of Internal Audit, NHS Wales Shared Services Partnership, on governance, risk management and control is a function of this risk based audit programme. It contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office undertakes the external auditor role for Public Health Wales on behalf of the Auditor General.

Financial reporting for Public Health Wales follows a firm monthly cycle. The financial position is reported to the Welsh Government by the fifth working day following the end of the month. A financial performance report is produced on a monthly basis and presented to each Board meeting.

## **18.7 Stakeholder engagement and support**

Public and stakeholder engagement is fundamental to our work protecting and improving the health and wellbeing of the population and reducing inequalities. There are few services which Public Health Wales provides alone; and there are no services which are not dependent for their success on the support or active engagement of other organisations and individuals.

We engage with the public and/or stakeholders on an ongoing basis at the point of service delivery to seek feedback about services, performance and

approach and to inform decisions Public Health Wales makes about the way they are run and improved.

Specifically, we engage the public and/or stakeholders when:

- considering options for a decision that will have a significant or widespread impact on any community
- planning or significantly changing a national or local service or project that faces the public or stakeholder(s)
- developing organisational strategy or policies that will be visible to service users or impact upon them
- required by law to consult.

Public and stakeholder engagement needs to be embedded into the culture of Public Health Wales, rather than being an action for one team or division to take forward. All teams and divisions, both national and local, need to understand their own public and stakeholder engagement priorities and, at the time of developing work plans and action plans, consideration should be given at the earliest stage to whether public engagement is appropriate.

## **19 Knowledge mobilisation, research, innovation and evaluation**

Public Health Wales is committed to the protection and improvement of public health in Wales through better use of knowledge alongside the development, introduction and delivery of new and innovative services underpinned by a strong research evidence base and robust evaluation.

### **19.1 Knowledge mobilisation**

NHS organisations should have a systematic approach to accessing and assessing the knowledge base that is available to them and to ensuring that this is used to inspire, inform or otherwise maximise the impact of the work that they do. Knowledge mobilisation is key to the delivery of our strategy. The importance of knowledge mobilisation is reflected in all of our priorities and their underpinning strategic objectives.

At present, knowledge (for example published evidence, data analyses, and new knowledge generated from research and evaluation) is used variably across the organisation. Approaches to accessing and then using existing or new knowledge need to be challenged and strengthened to ensure they are fit for purpose.

We are therefore developing a knowledge mobilisation strategy. Its vision is that Public Health Wales will develop a culture of systematically and appropriately using knowledge to inform every aspect of what we do. This will be underpinned by a skilled and capable workforce, which understands the need for decisions. In turn, this will be underpinned by robust knowledge, how best to exploit innovation and how to demonstrate efficient and effective implementation by robust evaluation of projects, and robust systems and processes to make this happen. This vision will be shared with partner organisations who co deliver interventions in partnership with Public Health Wales.

The knowledge mobilisation strategy will ensure that knowledge is utilised across Public Health Wales to best effect. In order to achieve this it needs to be at the heart of Public Health Wales' thinking and act as a central system, interacting with other strategies and systems across the organisation at multiple points. In many ways it will be the glue that binds different systems together, ensuring knowledge outputs (such as from research, innovation and evaluation) are 'moved on' around the organisation and properly used.

### **19.2 Innovation**

Where relevant knowledge is lacking, but there is an important health need to be addressed, innovation will be required. The Welsh

Government's *Innovation Wales* strategy defines innovation as "the successful exploitation of new ideas. Sometimes it is the result of the application of brand new knowledge, but more often it is the result of experimental changes, or new combinations of existing ideas and experience. It can involve the development of new or improved products, of different or better processes for producing goods or services, or the introduction of entirely new services. And these do not have to be for sale; they might also be the way public services are offered or delivered."

The importance of innovation is reflected in all of our priorities and their underpinning strategic objectives, each of which depends on the development or adoption of new approaches and/or new technology.

What is essential is that innovation takes place within an agreed framework where the need for the innovation is clearly articulated and accepted, sufficient resources are available and, crucially, where innovative practice is appropriately evaluated and the results of that evaluation determine whether the new practice should be continued and adopted more widely. The new knowledge generated through innovation will then add to the knowledge base through knowledge mobilisation systems.

We will ensure that we have:

- a systematic approach to identifying and addressing unmet needs
- dedicated resources and expertise to accelerate selected innovation projects
- a systematic approach to the identification and adoption of better value practice
- a structured approach to managing partnerships with external organisations including industry and investors
- visibly committed leadership at senior level
- a clear line of sight to the Board.

The development of our new e-Strategy (see section 13.4), will ensure that the use of informatics supports all aspects of our service delivery and the management of the organisation.

### **19.3 Evaluation**

The need for evaluation runs through all of our priorities and their underpinning strategic objectives. It is essential that we have a systematic and fit for purpose approach to evaluating current and innovative practice and products and to discarding approaches that do harm or offer poor value. We need to move from relying on limited formal evaluation and research to establishing better methods for monitoring and evaluation so that public health policy and action can be assessed in a timely way.

Evaluation methodology is a form of research and its development will be supported by our research strategy (see 19.4.2).

For every area of work we will ensure that:

- we have a clear monitoring, evaluation and measurement plan which will collect both qualitative and quantitative data to allow evaluation of process and outcome.
- monitoring and evaluation begins at the start of a programme to enable early decisions to be made about whether initiatives should be continued or stopped or whether innovative approaches are likely to succeed.
- success is monitored by quality benchmarks/ achievement programmes within each system and ultimately by the *Public Health Outcomes Framework*.
- knowledge generated through evaluation is effectively mobilised so that learning influences future action.

## **19.4 Research and development**

### **19.4.1 Research governance**

All Public Health Wales research and development should be conducted within well designed and ethically approved studies in full accordance with the Research Governance Framework for Health and Social Care in Wales (2009).

Since the creation of Public Health Wales work has been steadily developing to support Research and Development within the organisation.

This has initially focused on ensuring that the mechanisms necessary to ensure appropriate Research Governance were in place, including the establishment of a Research and Development Office and the creation of the Research, Development and Innovation Governance Strategy.

### **19.4.2 Research strategy**

The case for, and importance of, an increased focus on research within Public Health Wales is clearly articulated. To date, Public Health Wales has not yet systematically identified and collated its research priorities. Therefore, there is a need to develop a research strategy that provides the framework for deciding on the priorities for research and that underpins a culture within Public Health Wales of generating and using research evidence in public health policy and practice.

The Policy, Research and International Development Directorate will consult with internal and external stakeholders to develop a research strategy that will outline Public Health Wales' research priorities over the next three years (2015 - 2018) and describe how Public Health Wales will

facilitate the conduct of high-quality, relevant public health research. This strategy will be published in April 2015.

The research priorities for 2015 - 2018 will aim to achieve better integration of research into the Public Health Wales' strategy for a healthier, happier and fairer Wales, and is likely to focus on improving our understanding of:

- the impact of Public Health Wales services on the health of population
- health returns on investment in different health protection, promotion, prevention and healthcare quality activities
- how we reduce health inequalities, give children the best start in life, respond to an ageing demographic and emerging health threats, and make maximum use of emerging technologies.

Key actions within the new strategy are to:

- **Generate new knowledge** to protect and improve the public's health and promote sustainable health care
- Develop and strengthen **collaborative research relationships** with health professionals, academics and the public, within Wales and internationally
- Effectively **communicate the findings from our research**
- Link with the Knowledge Mobilisation Strategy to ensure that public health action across the organisation is informed and inspired by a robust research evidence base
- Build and share a high quality **research and development infrastructure** to support and develop relevant research capacity in Public Health Wales and elsewhere
- Provide a **rigorous governance structure** for research across Public Health Wales to ensure quality, ethical integrity and efficiency in its delivery
- Review and restructure **external investment** in research and development so that it aligns with the organisational objectives of Public Health Wales and offers value for money.

### 19.4.3 Research and development staffing

Additional staffing is required. The location of such staffing should be optimised between Public Health Wales and academic sites (including a proposed International Health Research and Policy Unit) in order to achieve optimum growth, all assets available across Wales and attract the best possible staff. Public Health Wales already invests substantial resource in supporting academic posts and research collaborations with academics in many Welsh universities - including the primary care team and the health economics team (Bangor University) and professorial level public health staff in Swansea and Cardiff university. We will be increasing

the impact of these investments by better aligning their work to provide the insight and evidence base necessary for us to deliver this plan and measure its impact on public health in Wales.

## 20 Collaboration and partnerships

### 20.1 Current relationships

We work closely with partners across all public services and with other stakeholders to provide high quality public health services for our population.

These relationships vary in type according to the span of public health. They include working closely with health boards and trusts in:

- providing local health protection and health improvement services
- providing information on the state of health in the nation through our health intelligence teams
- supporting healthcare quality improvement through our 1000 Lives Improvement Service
- commissioning diagnostic and other services from health boards
- delivering microbiology services for the majority of Wales.

We work closely with colleagues in local authorities across a range of areas including public protection and environmental health and with schools to help enable healthy children. Similarly, we have strong relationships with our police colleagues particularly in common areas of prevention, including brief intervention, where concerns exist around excessive alcohol intake.

Close working with the third sector, including the Wales Council for Voluntary Action (WCVA), across a range of areas continues to grow. Regular engagement takes place to explore areas of common work.

Our Healthy Working Wales programme engages with a wide range of partners representing one quarter of all employers across the country.

We work closely with academia through formal collaborative agreements in order to enable meaningful research to inform and shape our public health policy and services.

Our relationship with the Welsh Government is both a commissioning relationship and also one of collaboration in areas of common working such as health protection or shaping public health policy.

We also engage in partnership working internationally, with agencies in the other UK countries, Europe and the wider world. We are an active member of the International Association of National Public Health Institutes (IANPHI).

These collaborations and partnerships have, on the whole, worked well in supporting the delivery of an effective public health system. However,

going forward, we require a more formalised relationship with some partners, such as health boards. In doing so, we will clearly articulate the specific elements of the respective relationship in order to ensure the best use of resources for maximum impact through a clearly governed process. Similarly, as we move towards a prevention system for Wales, we see our relationships with non health partners substantially increasing in order to galvanise a common momentum for improving health. Such relationships are outlined below.

## **20.2 Our partnerships of the future**

Everything we do, we do in partnership with others. If we are to achieve a healthier, happier and fairer Wales, we need to increase and develop the breadth and depth of these partnerships. We need to more actively seek new and maintain existing relationships so that partnership is more than a word. It is about a shared vision, shared priorities and concerted, collaborative action.

We will build on existing relationships with non health partners and develop new relationships. We have established regular meetings with the Welsh Local Government Association (WLGA), and met with a large number of local authority chief executives, in order to begin a closer working collaboration focused on improving community health.

We will develop relationships with colleagues in community housing to develop close working within communities and endeavour to ensure that every contact counts. We will work closely with the South Wales Police and Crime Commissioner and deputy commissioners to address common priorities and tackle areas of harm in early years and the impact of alcohol.

We will be working closely with Natural Resources Wales and Sport Wales as part of engagement with a range of key partners in relation to joint public action. This has included jointly appointing to a role with Sport Wales that will further drive improvements in sport and exercise across the country.

We will work closely with the Bevan Commission and newly established NHS Wales Health Collaborative, both of which are hosted by Public Health Wales, on relevant strategic developments and areas of alignment. This will include specific focus on work to further develop alignment with, and our approach to, prudent healthcare, health improvement and supporting improvements in NHS outcomes.

We will continue to develop and improve our approach to working in partnership with the public, particularly around improving our service user, and wider, engagement through various media, particularly social

media. This is essential for us if we are to really reach all people across society in a way that is relevant to them.

At all times, it will be driven by our aim of protecting and improving people's health and reducing health inequalities.

## 21 Concluding remarks

As the national public health organisation in Wales, we believe that, if ever there was a time for public health to help improve our public's health, then it is now. This change in approach is just as much about us in Public Health Wales working differently to how we have done before as it is for others to do as well. We are facing an imperative to ensure that, directly as an organisation, and indirectly with others, we can achieve and demonstrate over the coming years, improvements in the health and wellbeing of our population and begin to reduce significantly the levels of poverty and health inequalities and inequities that currently exist.

It is a critical time for our country and a time of great opportunities if we have the wisdom, passion and courage to realise them. We believe that our focus over the next three years – set out in this plan, will have a significant impact on improving the health and wellbeing of the population and reducing poverty. However, we cannot do it alone and we look forward to working closely with our public, communities, employers, people using services, NHS, public and voluntary services and the Welsh Government to realise the future that we can have as a nation.

Our aim beyond the life of this plan is through how and what we influence, shape and improve today and in the coming years so that, in twenty years time, we will have the healthiest eighteen year olds living in Wales with a healthy destiny ahead of them.

## Part 5: Appendices



## Appendix 1 - Additional workforce information

**Table 19 – Staff in post by staff group**

| Staff group                       | FTE             | Headcount    |
|-----------------------------------|-----------------|--------------|
| Add Prof Scientific and Technical | 9.30            | 11           |
| Additional Clinical Services      | 180.20          | 208          |
| Administrative and Clerical       | 721.69          | 808          |
| Allied Health Professionals       | 50.86           | 64           |
| Estates and Ancillary             | 1.91            | 3            |
| Healthcare Scientists             | 182.89          | 200          |
| Medical and Dental                | 89.60           | 104          |
| Nursing and Midwifery Registered  | 50.53           | 56           |
| <b>Grand Total</b>                | <b>1,286.80</b> | <b>1,454</b> |

**Figure 14 – Staff in post by staff group**

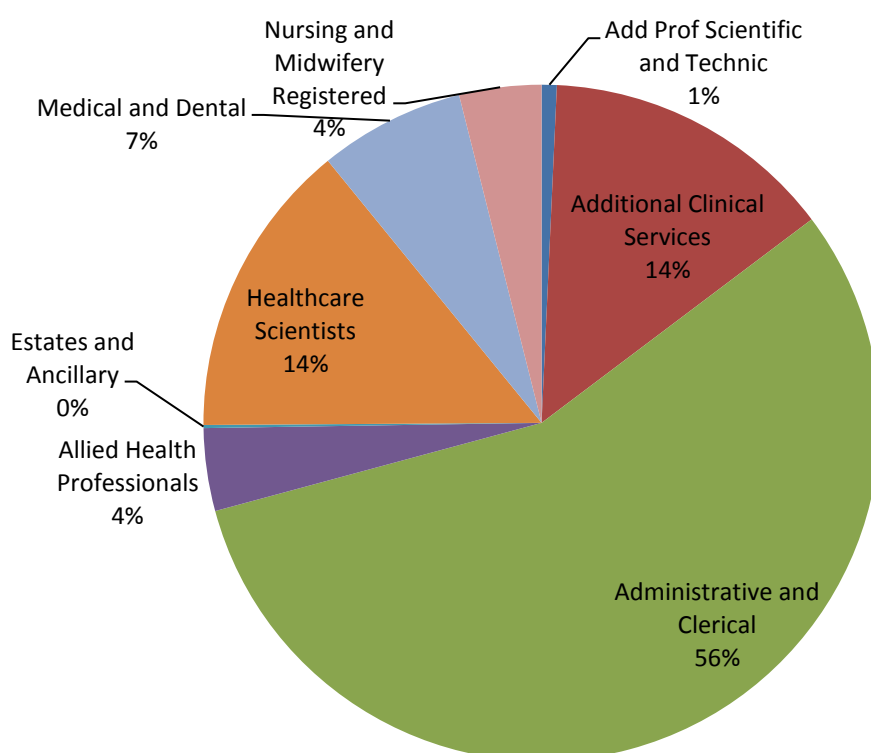


**Table 20 – Staff in post by grade**

| <b>Pay Grade</b>   | <b>FTE</b>      | <b>Headcount</b> |
|--------------------|-----------------|------------------|
| Band 1             | 1.23            | 3                |
| Band 2             | 68.58           | 83               |
| Band 3             | 183.56          | 221              |
| Band 4             | 130.35          | 148              |
| Band 5             | 158.04          | 176              |
| Band 6             | 226.89          | 261              |
| Band 7             | 192.70          | 208              |
| Band 8 - Range A   | 99.19           | 105              |
| Band 8 - Range B   | 43.89           | 46               |
| Band 8 - Range C   | 34.19           | 36               |
| Band 8 - Range D   | 20.50           | 22               |
| Band 9             | 21.20           | 23               |
| Other              | 106.47          | 122              |
| <b>Grand Total</b> | <b>1,286.80</b> | <b>1,454</b>     |

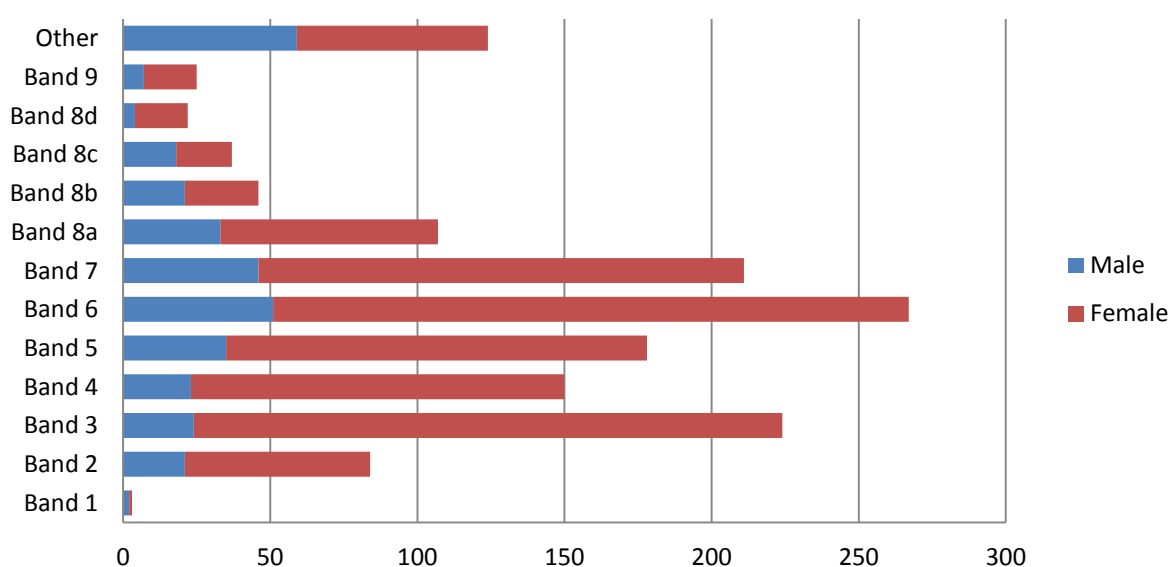
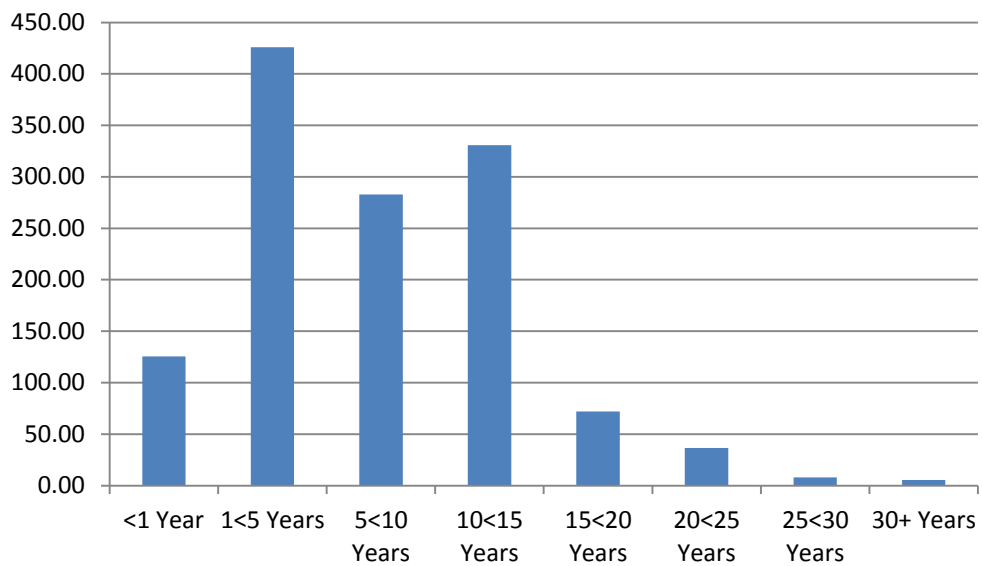
**Figure 15 - Gender profile of staff in post by grade**

**Figure 16 – Length of service of staff in post (FTE)**

## Appendix 2 – Overview of actions to support Welsh Government delivery plans

| Delivery Plan                                     | Overview of actions to support Welsh Government delivery plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Strategic Objective        |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Together for Health - Stroke Delivery Plan        | <ul style="list-style-type: none"> <li>• Improve identification and management of people with atrial fibrillation</li> <li>• Raise awareness to lower risk of strokes delivered through community pharmacies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1B, 2A, 2B, 2C, 3B, 3C     |
| Together for Health - Diabetes Delivery Plan      | <ul style="list-style-type: none"> <li>• Deliver Healthy and Sustainable Pre-School Scheme, the Welsh Network of Healthy School Schemes and Healthy Working Wales</li> <li>• Continue to promote and deliver Over 50s Health Check</li> <li>• Prevent diabetes through development of primary care interventions and behaviour change models</li> <li>• Improve patient experience through service user groups and the work of 1000 Lives Improvement</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                      | 1A, 1B, 2A, 2C, 3B, 3C     |
| Together for Health – Cancer Delivery Plan        | <ul style="list-style-type: none"> <li>• Increase uptake, reduce inequities and develop our screening programmes</li> <li>• Deliver smoking cessation services to deliver Tier 1 target</li> <li>• Establish project group to develop tobacco control programme</li> <li>• Commission insight work to inform and develop a strategic tobacco social marketing programme for Wales</li> <li>• Deliver Stoptober campaign</li> <li>• Provide official statistics and reports on specific cancers</li> <li>• Progress collaborative cancer research with Bangor University</li> <li>• Continue to promote and deliver Over 50s Health Check</li> </ul>                                                                                                                                                                                                                                   | 1B, 3A, 3B, 4A, 4F, 6E, 6F |
| Together for Health – Mental Health Delivery Plan | <ul style="list-style-type: none"> <li>• Establish a joint project with the Welsh Government to develop and agree a revised approach to Health at Work ensuring mental health resilience remains an integral</li> <li>• Healthy Working Wales to refresh website to highlight importance of mental health wellbeing in workplace</li> <li>• Improving treatment for those suffering with mental health disorders through 1000 Lives Improvement</li> <li>• Raise awareness and promote mental wellbeing through the Public Health Networks</li> <li>• Enable the delivery of Mental Health First Aid Scheme</li> <li>• Continue to promote and deliver Over 50s Health Check</li> <li>• Improve patient experience through service user groups and the work of 1000 Lives Improvement</li> <li>• Collaborate in the development of nationally standardised service outcome</li> </ul> | 1B,3C,4F                   |

|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                                                                          | <ul style="list-style-type: none"> <li>measures (and systems for monitoring) under the Mental Health Core Data Set.</li> <li>Publish Adult Mental Health Standards of Practice with regard to safeguarding children</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      |                            |
| Together for Health – A Strategic Vision for Maternity Services in Wales | <ul style="list-style-type: none"> <li>Develop, establish and coordinate an All Wales Maternity Network</li> <li>Promote free flu and pertussis vaccination to pregnant women and maternity services</li> <li>Work with local public health teams and health board maternity services to implement NICE guidance regarding smoking cessation support in pregnancy</li> <li>Establish demonstration projects for maternal obesity in pregnancy</li> <li>Deliver maternal and early years indicators and produce statistical releases concerning congenital anomalies and childhood weight</li> </ul> | 2A, 2B, 2C, 4A             |
| Together of Health – Eye Health Delivery Care Plan for Wales             | <ul style="list-style-type: none"> <li>Develop an optometric equivalent to GPOne for optometrists</li> <li>Work with Welsh Government and eye care professionals to develop an eye health promotion and public education strategy for the general public, at risk groups and children.</li> <li>Link eye health issues to other health awareness campaigns</li> <li>Regional optometric advisors to work with key partners and provide advice and support</li> <li>Ensure the over 50s Health Check includes a flag for sight tests</li> </ul>                                                      | 1A, 1B, 3A, 3B, 3C         |
| Together for Health – Heart Disease Delivery Plan                        | <ul style="list-style-type: none"> <li>Provide health intelligence advice and support to Secure Anonymised Information Linkage (SAIL) database</li> <li>Work with local public health teams and GP clusters to develop smoking cessation referral pathways</li> <li>Produce quality improvement guides for heart failure, atrial fibrillation and anti-coagulation based on 1000 Lives methodology</li> </ul>                                                                                                                                                                                       | 1B, 2A, 2B, 2C, 3B, 3C, 6F |
| Together for Health – A Respiratory Health Delivery Plan                 | <ul style="list-style-type: none"> <li>Implement smoking cessation referral pathways</li> <li>Produce guidance for primary care on prevention and early intervention</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                     | 1B, 3C, 6E                 |
| Together for Health – Delivery Plan for Critically Ill                   | <ul style="list-style-type: none"> <li>Specialist support through 1000 Lives Improvement Service, particularly in relation to reducing sepsis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4B                         |
| Together for Health – Public Information Delivery Plan                   | <ul style="list-style-type: none"> <li>Improve public engagement through support from 1000 Lives Improvement to health boards and trusts with development of their Annual Quality Statements</li> <li>Promote and develop 'Add to your Life'</li> </ul>                                                                                                                                                                                                                                                                                                                                             | 1A, 7F                     |
| Sexual health and                                                        | <ul style="list-style-type: none"> <li>Monitor and record trends in sexual health of the population, including teenage</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1A, 1B, 6G                 |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| wellbeing action plan for Wales                                       | <ul style="list-style-type: none"> <li>pregnancies</li> <li>Continue to work with partner organisations to educate and encourage use of long-acting reversible contraception (LARC)</li> <li>Work with partners to address healthy relationship education following curriculum review</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| Tobacco Control Action Plan                                           | <ul style="list-style-type: none"> <li>Establish project group to develop tobacco control programme of work</li> <li>Commission insight work to inform development of strategic long term tobacco social marketing programme for Wales</li> <li>Discourage people from smoking through promotion of awareness raising campaigns</li> <li>Provide support to current smokers including staff to help them quit through Stop Smoking Wales</li> <li>Work with businesses to promote the services of Stop Smoking Wales</li> <li>Produce all Wales guidance for midwives on implementation based on learning from MAMMS pilots</li> </ul>                                                                                                                                                         | 1A, 1B, 5A, 2B, 6H             |
| Plan for a Primary Care Service for Wales up to March 2018            | <ul style="list-style-type: none"> <li>Agree and deliver forward programme of health intelligence work that has been scoped with primary care group</li> <li>Engage with GP practices and promote web based communication resource through the Primary Care Quality Service</li> <li>Reduce inequalities in health and tackle the inverse care law through production of quality improvement toolkits</li> <li>Support and embed coproduction approaches in primary care</li> <li>Cluster plans include actions to address at least one health improvement priority and/or inequality and include the patient voice where appropriate in development and planning processes</li> <li>Screening service to work within GP Cluster structure to increase engagement with primary care</li> </ul> | 3A, 3B, 3C, 3D, 3E, 4E, 6E     |
| Working Differently – Working Together                                | <ul style="list-style-type: none"> <li>Increase number of appraisals undertaken within Public Health Wales</li> <li>Promote health and wellbeing of staff through work of Health Working Wales</li> <li>Review occupational health provision and propose a new model</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7A, 7B, 7C, 7D, 7E, 7F, 7G     |
| Achieving Excellence – The Quality Delivery Plan for the NHS in Wales | <ul style="list-style-type: none"> <li>Further develop and deliver Improving Quality Together through 1000 Lives Improvement</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4A, 4B, 4D, 4E, 4F, 6B, 6D, 6E |

## Appendix 3 – Mapping of outcomes, indicators, measures and targets

| IMTP priority                                                                                                                                   | Sub-area                                                     | Framework / plan               | Existing indicators/measures/targets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Priority 1</b><br>Adopting and implementing a multi-agency systems approach to achieving significant improvements in our population's health | tobacco                                                      | Our Healthy Future             | Percentage of adults who smoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                 |                                                              | Tobacco action plan            | Overarching target – reduce adult smoking prevalence levels in Wales to 16per cent<br>Supported by the following indicators:<br>Reducing smoking prevalence in adolescents<br>Reducing smoking in pregnancy levels<br>Reduce childhood exposure to second hand smoke<br>Reduce smoking prevalence amongst the three highest quintiles of deprivation at a faster rate than quintiles one and two<br>Increase the proportion of smokers accessing NHS smoking cessation services in Wales to 5 per cent of the adult smoking population |
|                                                                                                                                                 |                                                              | NHS Outcomes Framework         | 5 per cent of smokers make a quit attempt via smoking cessation services                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                 | nutrition and obesity (childhood obesity incl in Priority 2) | Our Healthy Future             | Proportion of adults eating five proportions of fruit and vegetables (16yoa+)<br>Proportion of adults who are overweight or obese                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                 | physical activity                                            | Our Healthy Future             | Average days of physical activity (16yoa+)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                 | substance use                                                | Our Healthy Future             | Alcohol specific hospital admissions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                 |                                                              | NHS Outcomes Framework         | Reduction in the no of drug and alcohol related deaths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                 | mental wellbeing                                             | Our Healthy Future             | Free from a common mental disorder (proportion of population with MHI 5 score over 60)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                 |                                                              | Social Care Outcomes Framework | per cent of children with MH problems<br>Self reported happiness score (DD)<br>per cent of children/young people with life satisfaction scores                                                                                                                                                                                                                                                                                                                                                                                         |

| IMTP priority | Sub-area | Framework / plan                                                                                                       | Existing indicators/measures/targets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |          | Early years outcomes framework (in consultation phase) and Building a Brighter Future – early years and childcare plan | per cent of 7yo reaching foundation phase o/come level 5 or above in PSD, wellbeing and cultural diversity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|               |          | NHS Outcomes Framework                                                                                                 | Achieve and sustain mental health measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|               |          | Together for mental health (strategy)                                                                                  | <p>The MH and wellbeing of the whole population is improved –16 indicators</p> <p>The impact of the MH problems and or more mental illness on individuals of all ages, their families and carers and communities and the economy more widely is better recognised and reduced – 5 indicators</p> <p>Inequalities, stigma and discrimination suffered by people experiencing MH problems and mental illness are reduced – 5 indicators</p> <p>Individual have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions – 3 indicators</p> <p>Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result – 13 indicators</p> <p>The values, attitudes and skills of those treating or supporting individuals of all ages with MH problems or mental illness are improved – 1 indicator</p> <p>Measurements above to be complemented by the development of the mental health core dataset</p> |

| IMTP priority                                                                                                                                                                       | Sub-area | Framework / plan                                                                                                       | Existing indicators/measures/targets                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Priority 2</b><br>Working across sectors to improve the health of our children in their early years                                                                              |          | Our Healthy Future                                                                                                     | Childhood vaccination uptake per cent                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                     |          | Early years outcomes framework (in consultation phase) and Building a Brighter Future – early years and childcare plan | Infant and child mortality rates<br>Low birth weight<br>per cent breastfeeding at 10 days<br>per cent 4yo up to date with vaccinations<br>Dental caries at age 5<br>Hospital admission due to injury<br>per cent children at ages 3 and 5 whose general health is good or very good<br>per cent children who are normal weight at age 5<br>(Range of educational, developmental, housing and child protection o/c)                     |
|                                                                                                                                                                                     |          | Social care outcomes Framework                                                                                         | per cent of children with up to date immunisations<br>per cent children aged 5 and over with up to date dental checks                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                     |          | NHS Outcomes Framework                                                                                                 | Achievement of national vaccination target rates<br>Reduction in % of children aged 4/5 classified as overweight or obese                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                     |          | Child poverty strategy (out to consultation)                                                                           | To close the gap in life expectancy between each of the 5 quintiles of deprivation by 2020<br>To reduce the proportion of babies born under 2500g in the most deprived fifth of the population by 19per cent by 2020<br>To improve the dental health of 5 and 12 yo in the most deprived fifth of the population to that found in the middle fifth by 2020<br>(Range of educational attainment, school meals, Flying Start indicators) |
| <b>Priority 3</b><br>Developing and supporting primary care services to improve their public's health<br><br><b>Priority 4</b><br>Supporting the NHS to improve healthcare outcomes |          | Fairer health outcomes for all (proposed indicators, not implemented)                                                  | Access to GP services, measured by the reported difficulty obtaining an appointment at GP surgeries                                                                                                                                                                                                                                                                                                                                    |
| <b>Priority 5</b><br>Influencing policy to protect and improve health and                                                                                                           |          | Child poverty strategy (out to consultation)                                                                           | To close the gap in life expectancy between each of the 5 quintiles of deprivation by 2020                                                                                                                                                                                                                                                                                                                                             |

| IMTP priority       | Sub-area | Framework / plan                                                     | Existing indicators/measures/targets                  |
|---------------------|----------|----------------------------------------------------------------------|-------------------------------------------------------|
| reduce inequalities |          | Fairer health outcomes for all (proposed indicators not implemented) | Proportion of children <20 living in relative poverty |
|                     |          | Our Healthy Future                                                   | Inequality gap in Healthy LE<br>Inequality gap in LE  |

## 22 Appendix 4 – Alignment of public health priorities

| Health Board                                   | Public health priorities                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | Early years                                                                                                                                                                                                                                                                  | Primary care                                                                                                               | Healthcare outcomes                                                                                                                                                                                                                                        | Alignment to shared priorities and additional areas of focus                                                                                                                                                                                                                                                                                             |
| Aneurin Bevan University Health Board          | <ul style="list-style-type: none"> <li>Reducing inequalities in children (part of wider reducing inequalities strategic change programme). Includes vaccination and immunisation, maternal smoking cessation services and addressing childhood obesity</li> </ul>            | <ul style="list-style-type: none"> <li>Primary care and provider services</li> <li>Bringing care closer to home</li> </ul> | <ul style="list-style-type: none"> <li>Continuing healthcare (e.g. stroke services)</li> <li>Urgent and emergency care</li> <li>Planned care</li> </ul>                                                                                                    | <ul style="list-style-type: none"> <li>Prevention and improving population health strategic change programme explicitly references Public Health Wales strategy map/priorities and the alignment</li> </ul>                                                                                                                                              |
| Abertawe Bro Morgannwg University Health Board | <ul style="list-style-type: none"> <li>Incorporated into priority area- 'Excellent Population Health' to reduce health inequalities</li> <li>Changing for the better- Clinical Services Programme includes tackling obesity in children and childhood vaccination</li> </ul> | <ul style="list-style-type: none"> <li>Changing for the better Clinical Services Programme</li> </ul>                      | <ul style="list-style-type: none"> <li>Develop and implement patient reported outcome measures across all major clinical areas</li> <li>Delivery of priorities for stroke services</li> <li>Campaign targeting C Diff and antibiotic resistance</li> </ul> | <ul style="list-style-type: none"> <li>Public Health Wales strategy map referenced and 'Excellent health' priority aligned with those set out in Public Health Wales IMTP.</li> <li>Reduce health inequalities by reducing smoking rates, reducing unhealthy eating and increasing physical exercise, increasing vaccination and immunisation</li> </ul> |

| Health Board                             | Public health priorities                                                                                                                                                                                             |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                               |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          | Early years                                                                                                                                                                                                          | Primary care                                                                                                                                                                                                       | Healthcare outcomes                                                                                                                                                                                                                        | Alignment to shared priorities and additional areas of focus                                                                                                                                                                                                                                                  |
| Betsi Cadwaladr University Health Board  | <ul style="list-style-type: none"> <li>Included in prevention and health improvement. References healthy pregnancy, working with communities to improve health</li> </ul>                                            | <ul style="list-style-type: none"> <li>Strengthening primary and community care</li> <li>Collaborative models of working for GPs</li> <li>Urgent care/minor injury services</li> <li>Pharmacy diversion</li> </ul> | <ul style="list-style-type: none"> <li>Delivering outcomes</li> <li>Urgent and emergency care</li> <li>Planned care</li> </ul>                                                                                                             | <ul style="list-style-type: none"> <li>References a particular focus on shared priorities with Public Health Wales and other health boards</li> <li>Prevention and early intervention referenced as a key design principle</li> <li>Systematic implementation of prevention and early intervention</li> </ul> |
| Cwm Taf University Health Board          | <ul style="list-style-type: none"> <li>Included in service change plans for 'prevention' and within partnership priorities including maternal smoking, childhood vaccination and child and family obesity</li> </ul> | <ul style="list-style-type: none"> <li>Primary and community care plans</li> <li>Critical care</li> </ul>                                                                                                          | <ul style="list-style-type: none"> <li>Improve scheduled and unscheduled care</li> <li>Pain management</li> <li>Diabetes</li> <li>Heart disease</li> <li>Respiratory disease</li> </ul>                                                    | <ul style="list-style-type: none"> <li>References alignment with Public Health Wales IMTP focus on the agreed shared priorities</li> </ul>                                                                                                                                                                    |
| Cardiff and Vale University Health Board | <ul style="list-style-type: none"> <li>Early years and maternal health a service priority. Includes childhood vaccination and reducing prevalence of childhood obesity</li> </ul>                                    | <ul style="list-style-type: none"> <li>Proactive primary care</li> </ul>                                                                                                                                           | <ul style="list-style-type: none"> <li>Continuation of emergency/planned care pathways</li> <li>Service priorities:               <ul style="list-style-type: none"> <li>Stroke</li> <li>Diabetes</li> <li>Dementia</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>References agreed shared priorities and working closely with Public Health Wales in these areas.</li> <li>Oral and eye health and mental health referenced as priorities</li> </ul>                                                                                    |

| Health Board                      | Public health priorities                                                                                                                                                                                             |                                                                                                                           |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | Early years                                                                                                                                                                                                          | Primary care                                                                                                              | Healthcare outcomes                                                                                                                                         | Alignment to shared priorities and additional areas of focus                                                                                                                                                                                                                                                                                     |
| Hywel Dda University Health Board | <ul style="list-style-type: none"> <li>• Healthy early years</li> <li>• Childhood and maternal obesity</li> <li>• Promoting immunisations and vaccinations</li> </ul>                                                | <ul style="list-style-type: none"> <li>• Vaccination and immunisation</li> <li>• Providing care closer to home</li> </ul> | <ul style="list-style-type: none"> <li>• Prevention as a treatment e.g. dementia</li> </ul>                                                                 | <ul style="list-style-type: none"> <li>• Directly refers to Public Health Wales strategy and shared priorities and public health focus is included in the plan</li> <li>• Alcohol and substance misuse</li> <li>• Mental wellbeing</li> <li>• Overweight and obesity</li> <li>• Tobacco control</li> <li>• Increase physical activity</li> </ul> |
| Powys Teaching Health Board       | <ul style="list-style-type: none"> <li>• Primary prevention programme - tobacco smoke in pregnancy</li> <li>• Childhood and maternal obesity</li> <li>• Increased resilience of children and young people</li> </ul> | <ul style="list-style-type: none"> <li>• Making Every Contact Count</li> <li>• Vaccination and immunisation</li> </ul>    | <ul style="list-style-type: none"> <li>• Unscheduled care</li> <li>• Planned care</li> <li>• Prevention as a treatment</li> <li>• Patient safety</li> </ul> | <ul style="list-style-type: none"> <li>• References system wide priorities and commitment to work with Public Health Wales to address the agreed priorities.</li> <li>• Integrated care for older people</li> <li>• Reduce alcohol misuse</li> </ul>                                                                                             |

## 23 Appendix 5 - Performance trajectories for 2015/16

### 23.1 Health improvement

|                                                                                                                         | Target | 14/15 | Planned 15/16 |       |       |       |
|-------------------------------------------------------------------------------------------------------------------------|--------|-------|---------------|-------|-------|-------|
|                                                                                                                         |        |       | Q1            | Q2    | Q3    | Q4    |
| Stop Smoking Wales                                                                                                      |        |       |               |       |       |       |
| Percentage of smokers treated by smoking cessation services (of which Stop Smoking Wales will provide service for 2.8%) | >=5%   |       | 0.78%         | 1.46% | 1.96% | 2.8%  |
| Carbon Monoxide (CO) validated quit rate at 4 weeks (across all services)                                               | >=40%  |       | 40.0%         | 40.0% | 40.0% | 40.0% |
| Smoking Prevention Programme                                                                                            |        |       |               |       |       |       |
| Number of secondary schools targeted by ASSIST                                                                          | 60     |       | 20            | 0     | 20    | 20    |
| Welsh Network of Healthy School Scheme                                                                                  |        |       |               |       |       |       |
| Schools achieving level 1 – 5 award                                                                                     | 90     |       | 30            | 0     | 30    | 30    |
| Schools undertaking National Quality Award (NQA)                                                                        | 30     |       | 10            | 0     | 10    | 10    |
| Healthy Working Wales                                                                                                   |        |       |               |       |       |       |
| Organisations completing a Corporate Health Standard mock assessment                                                    | 29     |       | 9             | 5     | 7     | 8     |
| Private sector organisations completing a mock assessment                                                               | 4      |       | 1             | 1     | 1     | 1     |
| Organisations completing a full assessment                                                                              | 28     |       | 9             | 5     | 7     | 7     |
| Private sector organisations completing a full assessment                                                               | 4      |       | 1             | 1     | 1     | 1     |
| Organisations achieving a Small Workplace Health Award                                                                  | 122    |       | 31            | 30    | 30    | 31    |
| Number of Workboost interventions delivered                                                                             | 450    |       | 110           | 110   | 110   | 120   |
| Brief Intervention training                                                                                             |        |       |               |       |       |       |

|                                                      |        |  |      |      |      |      |
|------------------------------------------------------|--------|--|------|------|------|------|
| Training sessions delivered                          | 60     |  | 15   | 15   | 15   | 15   |
| <b>National Exercise Referral Scheme performance</b> |        |  |      |      |      |      |
| Number of referrals                                  | 23,184 |  | 5796 | 5796 | 5796 | 5796 |
| Number of 1 <sup>st</sup> consultations              | 16,228 |  | 4057 | 4057 | 4057 | 4057 |
| Take up                                              | 12,984 |  | 3246 | 3246 | 3246 | 3246 |
| Number of 16 week consultations                      | 6,492  |  | 1623 | 1623 | 1623 | 1623 |
| Number of 52 week consultations                      | 3,244  |  | 811  | 811  | 811  | 811  |

## 23.2 Microbiology

| Microbiology services                                         | Target            | 14/15 | Planned 15/16 |    |    |    |
|---------------------------------------------------------------|-------------------|-------|---------------|----|----|----|
|                                                               |                   |       | Q1            | Q2 | Q3 | Q4 |
| Microbiology - CPA accreditation status and move to ISO 15189 | Full              | Full  | Full          |    |    |    |
| EQA performance – bacteriology                                | >=95%             |       | >=95%         |    |    |    |
| EQA performance – virology                                    | >=95%             |       | >=95%         |    |    |    |
| Turnaround time compliance – bacteriology                     | >=95%             |       | >=95%         |    |    |    |
| Turnaround time compliance – virology                         | >=95%             |       | >=95%         |    |    |    |
| Turnaround time compliance – urgent samples                   | >=95%             |       | >=95%         |    |    |    |
| Non processed samples – bacteriology/virology                 | <=2%<br>/<br><=2% |       | <=2%/<=2%     |    |    |    |

## 23.3 Screening

| Screening programmes         | Target | 14/15 | Planned 15/16     |       |       |       |
|------------------------------|--------|-------|-------------------|-------|-------|-------|
|                              |        |       | Q1                | Q2    | Q3    | Q4    |
| Breast screening uptake      | >=70%  |       | 69.0%             | 70.0% | 71.0% | 72.0% |
| Breast screening coverage    | >=70%  |       | Measured Annually |       |       | 70.0% |
| Bowel screening coverage     | >=60%  |       | Measured Annually |       |       | 55.0% |
| Cervical screening coverage  | >=80%  |       | Measured Annually |       |       | 80.0% |
| Laboratory CPA accreditation | Full   |       | Full              |       |       |       |

|                                                                           |       |  |       |       |       |       |
|---------------------------------------------------------------------------|-------|--|-------|-------|-------|-------|
| Abdominal aortic aneurysm screening uptake                                | >=80% |  | 75.7% | 75.8% | 75.9% | 76.0% |
| Abdominal aortic aneurysm screening coverage                              | >=80% |  | N/A   |       |       |       |
| Newborn hearing screening percentage offered screening                    | >=99% |  | 99.0% |       |       |       |
| Newborn hearing screening percentage entering screening programme         | >=95% |  | 99.0% |       |       |       |
| Newborn bloodspot screening uptake (newborn babies)                       | >=99% |  | 99.0% |       |       |       |
| Newborn bloodspot screening coverage (all babies)                         | >=95% |  | 96.0% |       |       |       |
| Antenatal screening informed choice                                       | >=90% |  | 92.0% |       |       |       |
| Breast screening: normal results sent within two weeks of screen          | 90%   |  | 95.0% |       |       |       |
| Breast screening: assessment appointments within three weeks of screen    | 90%   |  | 50.0% | 60.0% | 70.0% | 80.0% |
| Breast screening: per cent women invited within 36 months previous screen | 90%   |  | 50.0% | 65.0% | 80.0% | 90.0% |
| Bowel screening waiting times for screening test results                  | 95%   |  | 95.0% |       |       |       |
| Bowel screening waiting time for colonoscopy                              | 95%   |  | 85.0% | 88.0% | 90.0% | 95.0% |
| Cervical screening lab turnaround times: within three weeks               | 100%  |  | 92.0% | 95.0% | 98.0% | 100%  |
| Cervical screening waits for results: within four weeks                   | 100%  |  | 95.0% | 95.0% | 98.0% | 100%  |

## 23.4 Health Protection

| Healthcare Associated Infections                                             | Target        | 14/15 | Projected 15/16 |           |           |           |
|------------------------------------------------------------------------------|---------------|-------|-----------------|-----------|-----------|-----------|
|                                                                              |               |       | Q1              | Q2        | Q3        | Q4        |
| Reduction in the rate of <i>Clostridium difficile</i> per 100,000 population | <=31 by 09/15 |       | 242 cases       | 484 cases | 726 cases | 968 cases |
|                                                                              |               |       | (cumulative)    |           |           |           |

|                                                                                          |                      |  |             |             |             |             |
|------------------------------------------------------------------------------------------|----------------------|--|-------------|-------------|-------------|-------------|
| Reduction in the rate of <i>Staphylococcus aureus</i> bacteraemia per 100,000 population | <=2.6<br>By<br>09/15 |  | 20<br>cases | 41<br>cases | 61<br>cases | 81<br>cases |
| (cumulative)                                                                             |                      |  |             |             |             |             |

Notes - to achieve the rate of 31/100,000 population for *C. difficile* and 2.6/100,000 population for MRSA bacteraemia, there should be no more than 1,452 cases of *C. difficile* and 122 cases of MRSA bacteraemia in Wales between April 14 and September 15 (inclusive). This is equivalent to approximately 242 cases of *C. difficile* and 20 cases of MRSA bacteraemia per quarter. Since all quarters of the 2014/15 financial year will be included in the target calculation, the quarterly trajectories represent aggregate numbers of cases from the beginning of Quarter 1

| Vaccination and Immunisation                                     |                       | Target | 14/15 | Projected 15/16 |       |       |       |
|------------------------------------------------------------------|-----------------------|--------|-------|-----------------|-------|-------|-------|
|                                                                  |                       |        |       | Q1              | Q2    | Q3    | Q4    |
| Uptake of all scheduled childhood vaccinations at age 4          | 5 in1 age 1           | >=95%  |       | 96.7%           | 95.5% | 96.4% | 97.3% |
|                                                                  | MenC age 1            |        |       | 97.1%           | 96.6% | 97.1% | 97.5% |
|                                                                  | MMR1 age 2            |        |       | 96.8%           | 95.7% | 96.5% | 97.2% |
|                                                                  | PCV age 2             |        |       | 96.6%           | 95.8% | 96.6% | 97.3% |
|                                                                  | HibMenC Booster age 2 |        |       | 95.9%           | 95.2% | 95.8% | 96.4% |
| Influenza vaccination uptake among the over 65s                  |                       | >=75%  |       | 69.7%           |       |       |       |
| Influenza vaccination uptake among under 65s in high risk groups |                       | >=75%  |       | 52.1%           |       |       |       |
| Influenza vaccination uptake among pregnant women                |                       | >=75%  |       | 71.9%           |       |       |       |
| Influenza vaccination uptake among healthcare workers            |                       | >=50%  |       | 42.5%           |       |       |       |

## 24 Appendix 6 – Design of the organisation

