

Ein Cynllun Strategol Our Strategic Plan 2016 - 2019



GIG
CYMRU
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WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



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

About Us



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1 Executive summary

1.1 Introduction

We are building on a successful first year where we have made considerable progress delivering our organisational priorities set in 2015. This has involved both laying the foundations for future action and also delivering improvements against key public health areas. As a result, we have undertaken a process to refresh this plan to sharpen its focus, where required, consider changes in the wider legislative and social environment and build on the priorities we have previously agreed.

However, we continue to face significant challenges to improve the health and well-being of the people of Wales. These challenges will only increase in the coming years if what we do in the future is the same as we have done in the past.

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

This plan, and the priorities and actions outlined within it, serves as our compass over the next three years. It sets out, at a high level, the action we will undertake and how we will direct our resources to achieve the maximum impact. Throughout the plan, we have also sought to treat the intrinsically related physical and mental components of health with parity. This is reflected in the content of a number of our priorities and the specific objectives and actions within each.

The plan's development was informed by a strategic 'look back and forward' to ensure our priorities remained right and our actions would have the biggest impact possible (see section 18.2). This has resulted in a sharpening of focus within the plan, including changes to some of our strategic objectives (see appendix 6).

1.2 Our challenges

1.2.1 Tackling inequalities in our health

Across Wales, we have a substantial gap between the health and well-being of people living in areas of low deprivation compared to people living in areas of high deprivation. This gap is over eighteen years in healthy life expectancy and shows no signs of improving yet.

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 with 21 per cent in the least deprived areas.

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.

1.2.2 Our early years development

The early years for a child are a critical part of childhood. Many factors influence a child's life chances and progress. 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 differential experiences in early childhood and before birth and must become an increasing focus if we want to improve the health of our population and address inequalities.

1.2.3 Mental well-being

Mental well-being is a fundamental component of good health. Mental illness is hugely costly to the individual and to society. Lack of mental well-being 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.

Public Health Wales recognises and promotes the importance of mental health as an integral part of overall health and wellbeing. It is our intention that our general approach to improving population health will always include a holistic interpretation of health, which places physical and mental health of equal importance. In many parts of this plan we have not specifically labelled mental health as a separate health issue, as it is our view that our strategic intent to achieve a '*Happier Healthier and Fairer Wales*' could not be attained without mental health being of high level importance in achieving this vision.

Public Health Wales has a number of specific work streams which will support the delivery of the Mental Health Delivery Plan, particularly through our 1000 lives improvement function and work we will support in the area of Community Adolescent and Mental Health Services (CAMHS). We also aim to ensure that where we provide direct services to the public and that our staff are equipped with the right skills and knowledge to support and sign post people appropriately.

We also recognise the importance of our workforce experiencing positive mental health and wellbeing. We therefore intend to focus on improving recognition and support in this area to prevent and minimise the impact of stress experienced either at home or in the workplace as the two are inextricably linked, which is reflected in the Developing the Organisation section of this plan.

We have identified the Executive Director of Quality, Nursing and Allied Health Professionals as the executive sponsor for mental health across all of our internal and external activities, as we have mental health elements in a number of portfolio areas. This role will provide oversight and coordination at Board level to monitor mental health contribution made by Public Health Wales. It will be complimentary to the role of the Vice Chair as a champion for mental health as attributed to Independent Members within all NHS organisations across Wales.

1.2.4 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 these 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 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 evidence of effectiveness.

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 light of the report of the Commission on Public Service Governance and Delivery.

1.2.5 Improving healthcare outcomes

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.

Further improvements need to be made, with a more driven approach to quality of care, patient safety, innovation, 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, that encourages innovation and that strives to learn when things go wrong.

Public Health Wales is committed to safeguarding and promoting the health and well-being of all individuals, including older people. Our work will support individuals, including the older population of Wales, to have clear information to ensure they can access and take up screening services and appropriate immunisations, which will promote and protect their health.

The Safeguarding Service is supporting NHS Wales, working through a network approach, to improve systems and processes across the NHS to better safeguard and protect vulnerable people (including children and older people), in line with the Social Services and Wellbeing (Wales) Act.

The health and well-being of older people will also be addressed through a range of broader health improvement programmes of work, via the community settings work, and through our Healthy Working Wales workplace programmes of activity and our NHS settings approach.

1.2.6 Continuously improving the services we provide

Public Health Wales, along with the wider NHS in Wales, faces 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 our key services
- 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 changes in the way we deliver public health services for the people of Wales and our partners.

1.3 Our opportunities

1.3.1 Well-being of Future Generations (Wales) Act

The Well-being of Future Generations (Wales) Act is a pivotal piece of legislation that aims to improve the social, economic, environmental and cultural well-being of Wales. The Act provides us with a legislative framework and driver for adopting a more radical and transformational approach to the way we work as an organisation and with partners.

It will provide an opportunity to introduce a fundamental shift in approach to the development of plans and delivery of action with the increased focus that it will place on:

- Long-term thinking

- an integrated approach
- preventative action
- collaboration
- engagement
- sustainability and resilience

As part of the refresh of this plan, we have undertaken initial work to assess ourselves against the goals and governance principles set out in the Act. This will provide us with a road map for how we plan our work and carry out our business in the future.

Public Health Wales will provide support in relation to the use of Health Impact Assessments (HIAs), particularly through the policy development process. This will include providing support and advising the Welsh Government on HIAs and *Health in All Policies*, including responding to the developments which emerge from the Well-being of the Future Generations of Wales Act. In addition, we will support improvements in the quality of HIAs through the development of a quality assurance tool.

1.3.2 System wide public health system planning

Work has been undertaken to strengthen arrangements during 2015, particularly on joint planning around key public health issues. This is intended to strengthen and develop the alignment of organisational plans, particularly with health boards and our local public health teams, to enable complementary action to be taken by respective organisations in relation to each priority. Also, more collaboration has taken place with the broader public services and other partners in focusing together on public health challenges.

The focus of the public health system planning during 2015/16 was:

- reducing childhood obesity
- tobacco control to reduce smoking prevalence
- vaccination and immunisation uptake rates
- primary care

The integrated planning process will support agreement on the best approach and specific organisational action required to deliver improvements within a defined number of priority areas. It aims to develop clarity and agreement on the specific nature of the challenge and the actions each organisation will need to undertake to deliver improvements.

1.3.3 Prudent healthcare

Public Health Wales aims to ensure that all of the work taken forward within our priorities is underpinned by the prudent principles. Public Health Wales also has a national role in supporting the implementation of prudent healthcare through our Quality Improvement and Patient Safety Directorate which includes the NHS 1000 lives Improvement Service.

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.

A particular focus for us within our strategic priorities is systems-working. This can only be done with effective and mutually beneficial partnerships locally and nationally across all sectors.

Consequently, applying a prudent approach to public services – and broader sectors – is, and will continue to be, essential for us to achieve improvements in health and well-being.

1.4 Our response

This strategic plan 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, our colleagues across the broader public services and other partners, and by us challenging ourselves to focus on the areas that will make the most difference. It has been informed by the state of health and well-being 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.

These priorities reflect the challenges facing us as a country today and for the coming years. The approach outlined within this plan represents an integrated approach to the issues facing us and supports key elements of Welsh Government policy. 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.

Our strategy map on page 14 (or our 'plan on a page') articulates our vision, our mission, the strategic priorities on which we will be focusing and how we will enable the organisation to deliver on the mission. Each priority is underpinned by strategic objectives that articulate what we will be focusing on in the next three years. Each is driven by principles that ensure that we must:

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

1.5 Our priorities and deliverables

The table below provides an overview of our seven strategic priorities and the key deliverables we will achieve for each over the next three years:

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

Key deliverables:

- There is evidence of mobilisation across sectors around the first 1000 days
- There are demonstrable changes in policy and practice in schools, workplaces, communities and the NHS which create supportive environments for health
- There are demonstrable changes in policy and practice in schools, workplaces, communities and the NHS which create supportive environments for health
- An agreed integrated model of support for smokers who wish to quit

Priority: Working across sectors to improve the future health and well-being of our children

Key deliverables:

- Proposals for an Early Years Collaborative are implemented in pathfinder areas for the first 1000 days
- Early Years Settings Scheme is implemented and at least 100 new Early Years Settings are recruited to the scheme
- We have increased the proportion of pregnant smokers who access help to quit smoking during pregnancy
- Systematic approaches to identify children who need early intervention to improve outcomes are developed and implemented

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

Key deliverables:

- Delivery of our shared and agreed contribution to developing the primary and community care system in Wales
- Effective support mechanisms to clusters coordinated through the Primary Care Hub

Priority: Supporting the NHS to improve outcomes for people using services

Key deliverables:

- Delivery of key agreed actions within Prudent Healthcare – *Securing Health and Well-being for Future Generations*
- Development and implementation of Choosing Wisely Wales
- Health boards have achieved reductions in HCAI rates

- At least 50 per cent of NHS staff with direct patient contact receive the flu vaccine

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

Key deliverables:

- 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 team is supporting policy work capacity across Wales

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

Key deliverables:

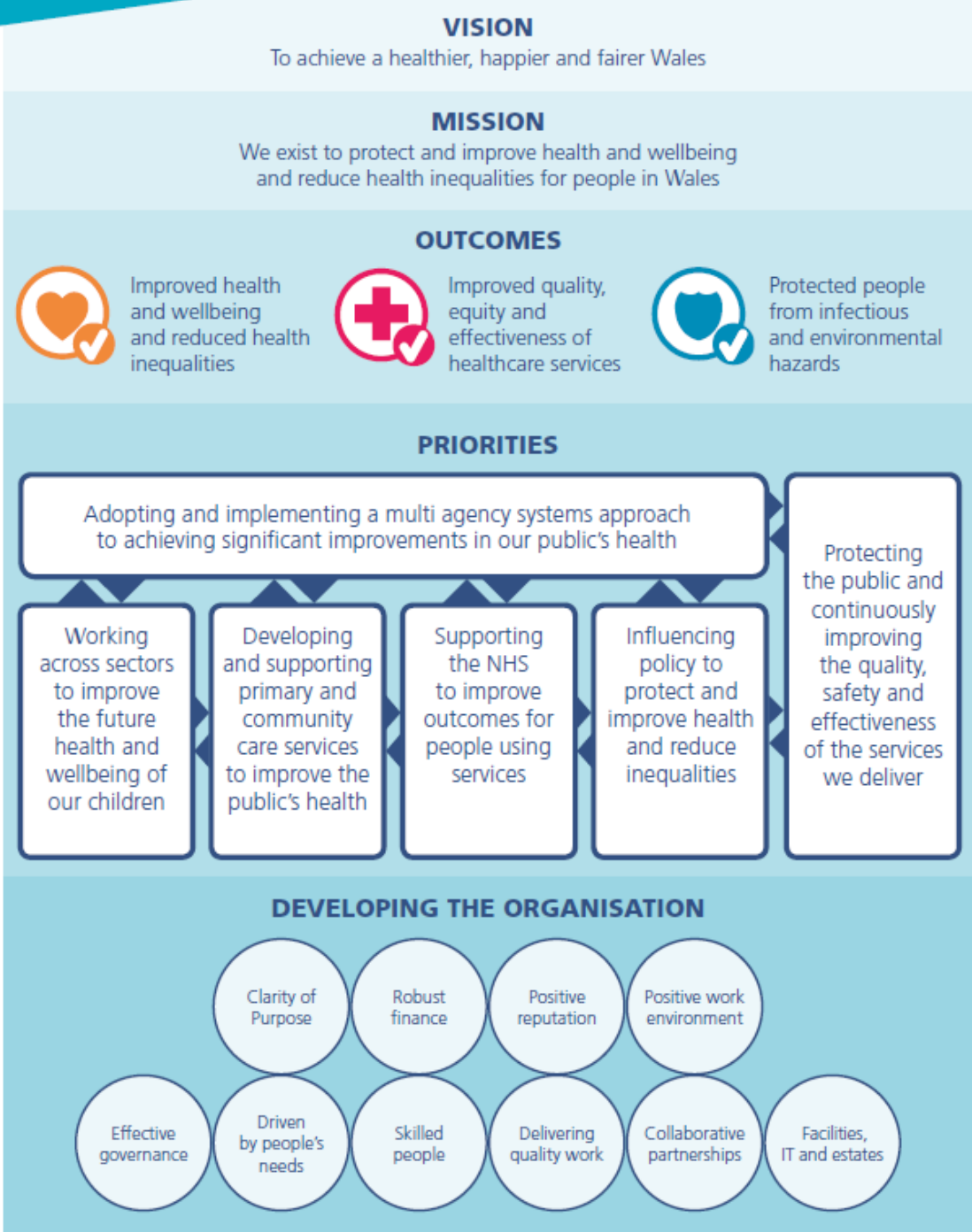
- An integrated and modernised health protection service
- An all-Wales microbiology network based on a three region model
- Meeting or exceeding national screening standards in service performance

Priority: Developing the organisation

Key deliverables:

- Establishment of a modern approach to digital and social media
- A vision for the future workforce underpinned by a new workforce plan
- Reversed the trend on sickness absence and, as a minimum, returned to 2014 levels
- Implementation of an integrated corporate governance framework

Strategy Map 2016 - 2019

Part 1: Setting the Scene



2 Introduction

As we enter year two of our strategic plan, we have challenged ourselves to ensure that we are delivering action that will have the maximum impact for the people of Wales. This has required us to look back at the priorities we agreed and plans we put in place and look forward and 'horizon scan' the strategic challenges and opportunities facing Wales over the next five to ten years.

We have agreed that the priorities we set in 2015 are right and that focusing our action and resources on these areas will deliver real benefits to the people of Wales. However, in reviewing our priorities we have recognised the need to sharpen the focus of some of this action. This has resulted in us refining, in some cases, the strategic objectives that sit under each priority. This is informed by our experiences in delivering the first year of this plan and also by wider environmental, social and legislative factors.

In refreshing our strategic 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 we have agreed and adopted more integrated approaches to addressing public health challenges. We have engaged with colleagues across the wider public services and with partners, including beginning specific areas of collaboration.

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 well-being of our population. 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, including changes made as part of the refresh, 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

3.1 Introduction

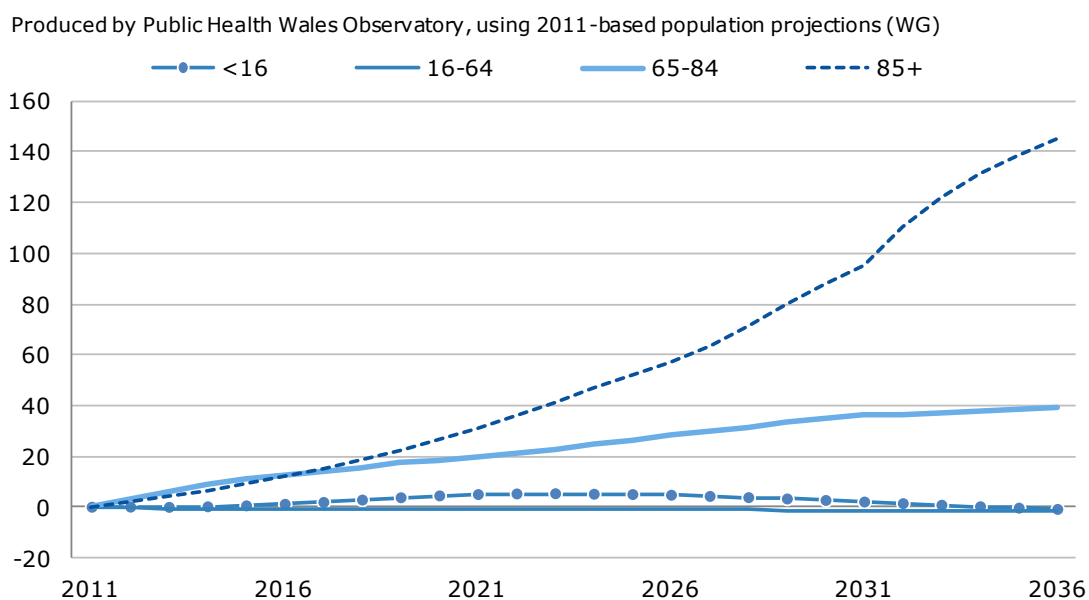
This section of our plan provides an overview of the current 'state of the nation' in relation to the health and well-being of the people of Wales. It outlines the main areas of health need and informs and underpins the priorities we have set, and action we will undertake, over the next three years. It presents, and reflects, the complex picture of health in Wales. It demonstrates the gains we have made 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' to improve the health of our society for not only the NHS, but wider public and voluntary services and other partners in undertaking 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.

3.2 Population

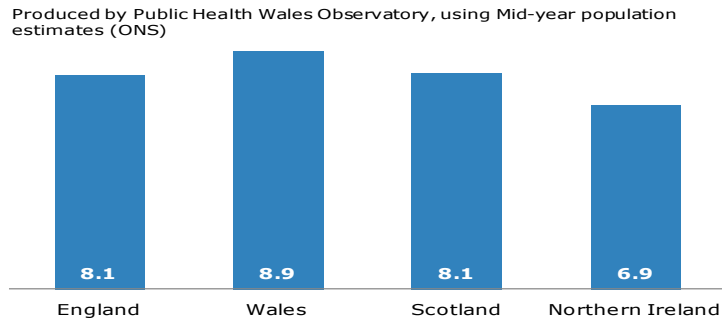
The population of Wales is continuing to grow, although not evenly across Wales, with a significant increase in those aged between 65 to 84. The latest estimates indicate the population is projected to increase from 3.06 million in 2011 to 3.33 million by 2036.

Figure 1.1: Projected percentage change in the population of Wales by age group



An ageing population is a success that should be celebrated but also presents some challenges. Figure 1.2 shows that the proportion of the population in Wales aged 75 years or over is higher than the rest of the United Kingdom. As the population grows older, the number of people living with (often multiple) chronic conditions will continue to increase.

Figure 1.2: Percentage of population aged 75+, UK nations, 2014

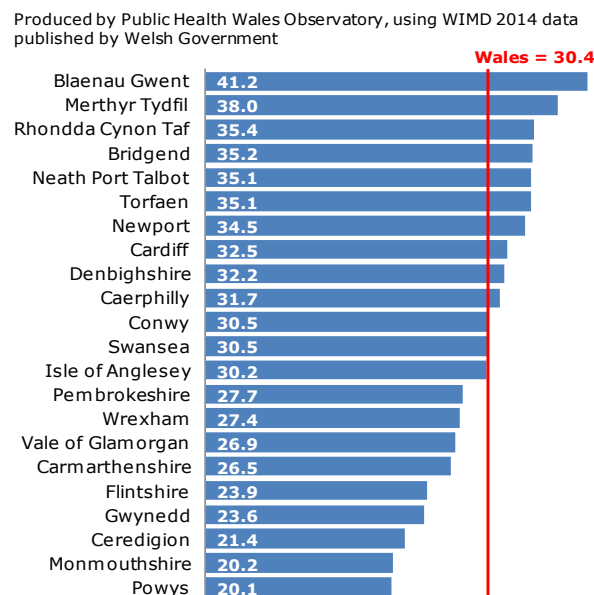


3.3 Wider determinants of health

Wider determinants of health are factors that have a significant impact on the health of the population but lie beyond the direct control and influence of health services. Progress towards improving health in Wales and, in particular, reducing health inequalities is very much reliant on tackling these wider determinants.

In Wales, 30 per cent of children aged 0-4 years are living in income deprivation. The life chances of children living in poverty are reduced in comparison to those who are not. This means that poor children are much more likely to become poor adults, perpetuating the cycle of inequality. Figure 1.3 shows the proportion of children living in income deprivation by local authority area.

Figure 1.3: Percentage of children aged 0-4 living in income deprivation, 2012/13

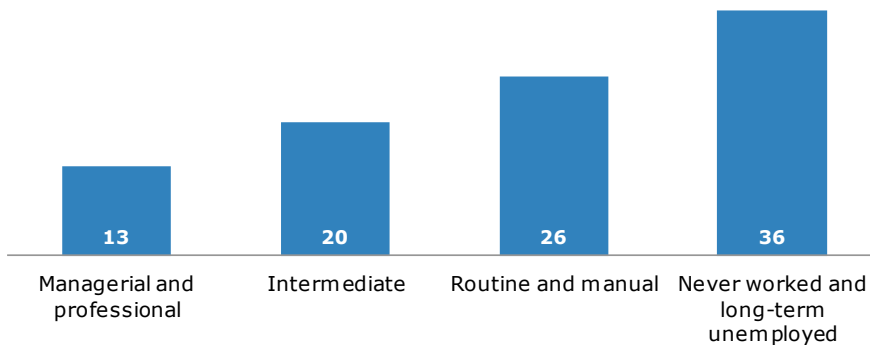


3.4 Health behaviours

The actions we take and the choices we make have a direct influence on our health. However, responsibility for improving health lies not only with individuals but with government and wider society in promoting living conditions that help people to live healthy lives. The ability to make and sustain health choices is determined not only by the provision of information but also by mental well-being. Equally, the pursuit of unhealthy lifestyles can have a direct impact on how people feel and view their lives. Figure 1.4 shows that the percentage of people who smoke in Wales ranges from 13 to 36 per cent depending on socio-economic group.

Figure 1.4: Age standardised percentage of adults reporting to be a current smoker by socio-economic classification, Wales, 2014

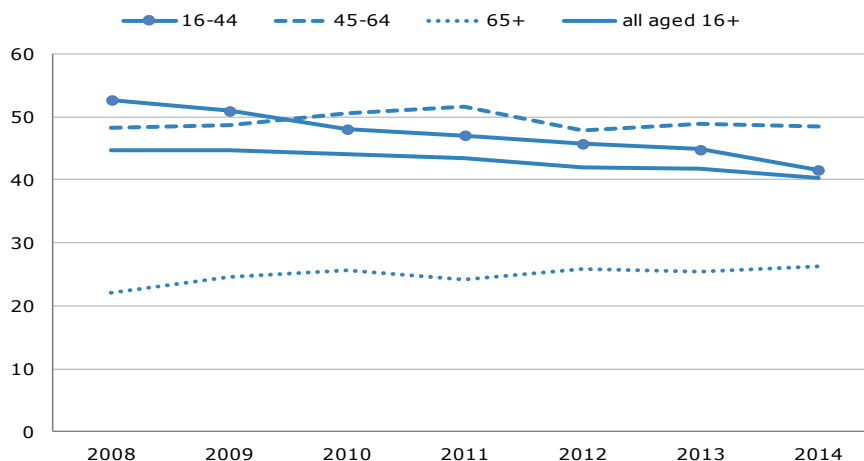
Produced by Public Health Wales Observatory, using WHS data published by WG



Alcohol use and its consequences also remain a major public health challenge in Wales. The misuse of alcohol either through heavy (binge) drinking or regular drinking above guidelines is linked with a number of health problems. Figure 1.5 shows trends in self-reported drinking above guidelines among adults in Wales, illustrating that younger adults are leading the way in reducing above guideline drinking with middle-aged and older adults not exhibiting a reduction.

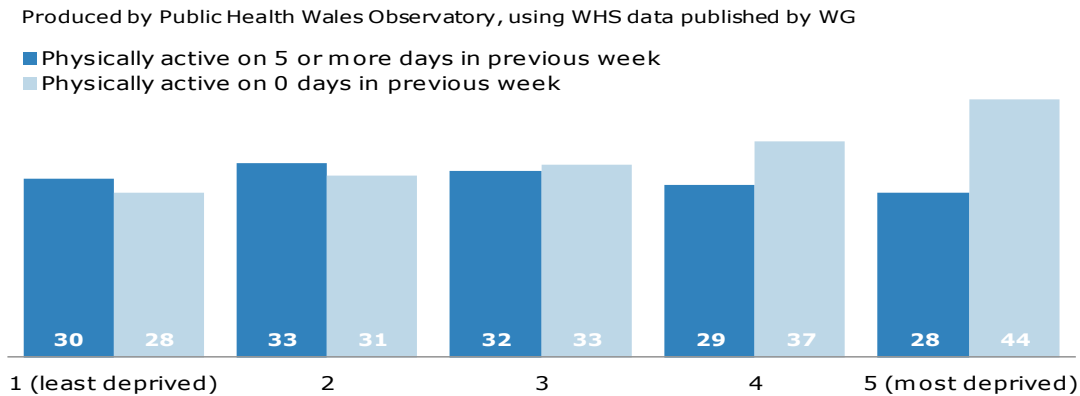
Figure 1.5: Percentage of adults reporting drinking above guidelines on at least one day in the past week, Wales

Produced by Public Health Wales Observatory, using WHS data published by WG



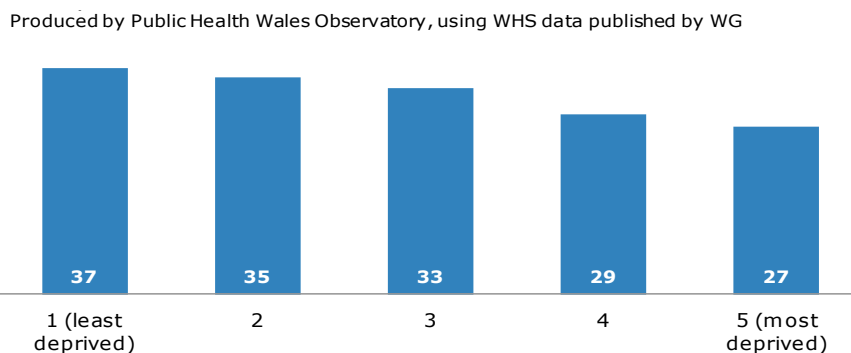
Regular physical activity can play an important role in maintaining both physical and mental well-being. Figure 1.6 shows that the majority of adults in Wales do not meet physical activity guidelines. A significant minority of adults reported no physical activity in the past seven days, reaching almost half of adults in the most socio-economically deprived areas of Wales.

Figure 1.6: Age standardised percentage of adults physically active the previous week by deprivation fifth, Wales, 2014



A healthy diet is important for maintaining good health. Data from the Welsh Health Survey shows that the percentage of adults consuming at least five portions of fruit and vegetables each day is low. Figure 1.7 shows that this is particularly the case in the most socio-economically deprived areas where only just over a quarter of adults reported eating at least five portions of fruit and vegetables the previous day.

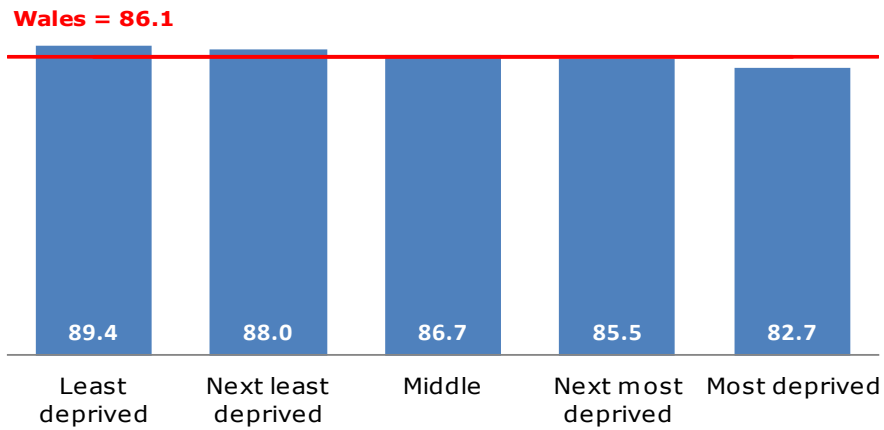
Figure 1.7: Age standardised percentage of adults eating five portions of fruit and vegetables the previous day by deprivation fifth, Wales, 2014



Parents who have their children vaccinated are protecting the health and well-being, not only of their own children, but the population as a whole by helping to achieve 'herd immunity'. Figure 1.8 shows that the most deprived areas of Wales have a lower uptake of childhood vaccinations compared with the least deprived areas.

Figure 1.8: Percentage of children aged four who are up to date with vaccinations by deprivation fifth, 2014-15

Produced by Public Health Wales Observatory, using Public Health Wales Communicable Disease Surveillance Centre and Vaccine Preventable Disease Programme data

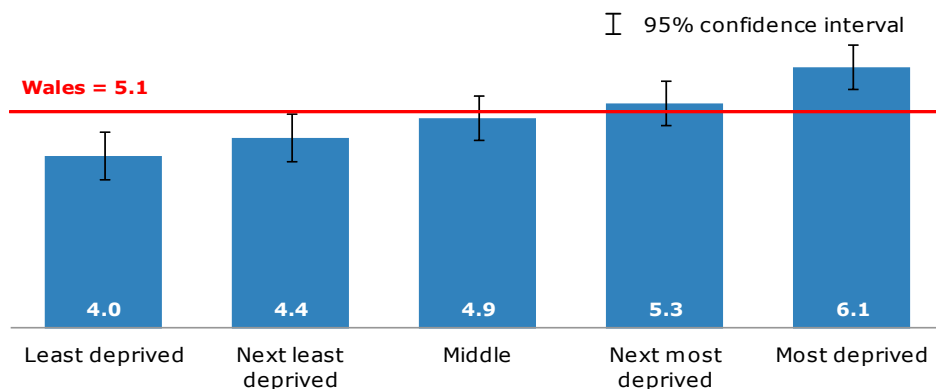


3.5 Health and well-being outcomes

Some health outcomes are determined before we are even born. One such outcome is birth weight. Maternal smoking and nutrition are important risk factors associated with low birth weight. Low birth weight babies are not only at a greater risk of problems occurring during and after birth but there is also an association with poor health and increased risk of chronic diseases in adulthood. Figure 1.9 shows how the percentage of babies who are of low birth weight is higher in the most deprived areas of Wales.

Figure 1.9: Percentage of low birth weight* babies (<2,500g) by deprivation fifth**

Produced by Public Health Wales Observatory, using NCHD (NWIS) and WIMD 2014 (WG)



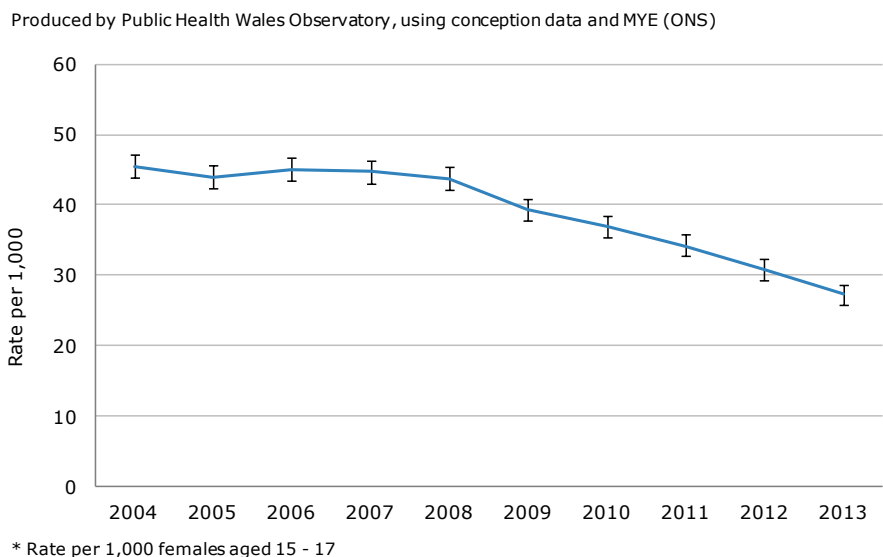
* singleton live births

**does not include births where the Lower Super Output Area (LSOA) of residence is unknown

Higher teenage conception rates are associated with areas of higher deprivation and areas of higher unemployment. Higher teenage conception rates are associated with lower contraception use and are therefore also associated with higher rates of sexually transmitted infections.

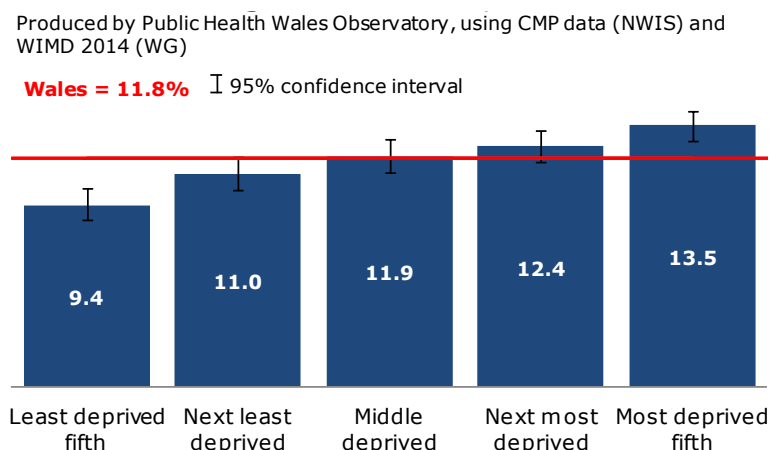
The children of teenage mothers also tend to experience poorer outcomes as young adults. They tend to have a poorer educational attainment, to be at greater risk from economic inactivity and may end up as teenage mothers themselves. Figure 1.10 shows how the rate of teenage conceptions in Wales has exhibited a sharp fall representing a considerable success for the public health system.

Figure 1.10: Trend in teenage conception rates <18 years, Wales 2004-2013



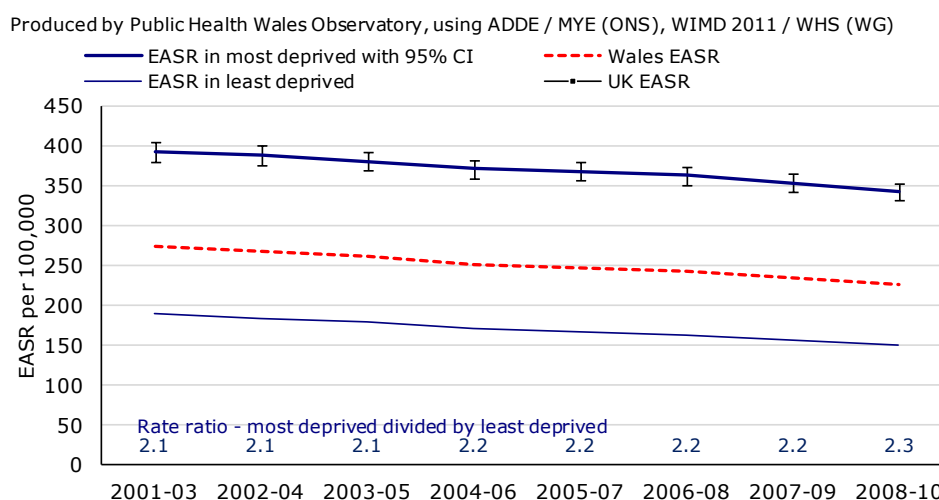
One of the most important challenges public health is facing in the twenty-first century is obesity. Obesity increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension and cardiovascular disease including stroke, as well as some types of cancer. The percentage of adults in Wales who are obese has risen steadily over the past ten years and now stands at 22 per cent. The problem of obesity can begin at a very young age. Figure 1.11 shows how the percentage of children in this age group who are obese is highest in the most deprived areas of Wales.

Figure 1.11: Percentage of children aged 4-to-5 years who are obese by fifth of deprivation, 2013/14



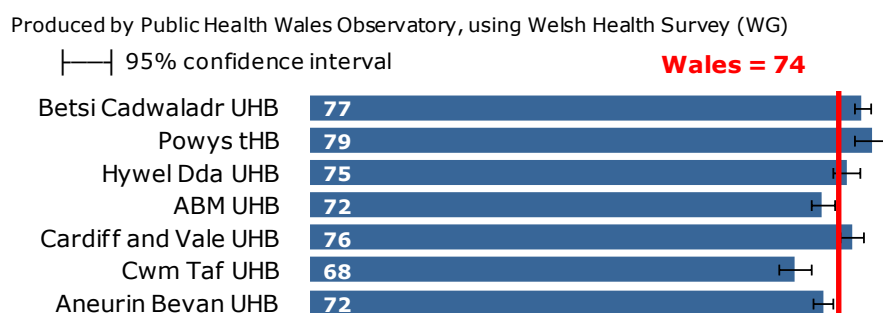
Smoking remains the single largest cause of avoidable deaths in Wales. In 2010, around 5,450 deaths in people aged 35-and-over were caused by smoking, which is 17.8 per cent of all deaths in this age group. The main causes of death attributable to smoking were cancer, heart disease and respiratory disease. Figure 1.12 shows how deaths due to smoking follow the same pattern seen for smoking prevalence, with a marked increase with deprivation. As a result, the death rate in the most deprived areas in Wales is more than twice that of the least deprived areas.

Figure 1.12: Smoking-attributable mortality by fifth of deprivation, all persons aged 35-plus



Mental health problems are very common, with a quarter of the population experiencing some kind of mental health problem in any one year. Figure 1.13 uses survey data to show the percentage of adults who are estimated to be free from a common mental health disorder in each health board area.

Figure 1.13: Percentage of adults free from common mental health disorder*, 2013-14

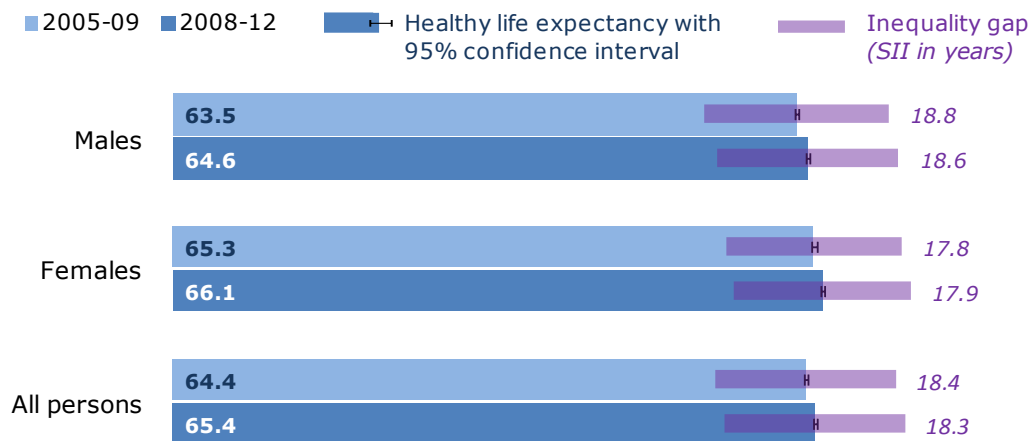


*Age standardised, as measured by a Mental Health Inventory score >60

Figure 1.14 shows healthy life expectancy for males, females and persons. The chart shows that overall healthy life expectancy has increased but that stark differences remain in years between healthy life expectancy in the most and the least deprived areas of Wales.

Figure 1.14: Healthy life expectancy at birth with inequality gap, Wales

Produced by Public Health Wales Observatory, using ADDE and MYE (ONS), WIMD and WHS (WG)



4 Strategic context

We recognise that legislation and policy solutions are important if our public services are organised to prevent ill-health and enable people to be healthier for longer. We articulate within this plan the role we will play to influence and inform future policy and legislation that ensures maximum benefits to population health.

The introduction of the Well-being of Future Generations (Wales) Act provides a framework that acts as a key 'link' to other legislation in Wales, including the:

- Planning (Wales) Act
- Active Travel (Wales) Act
- Social Services and Well-being (Wales) Act
- Housing (Wales) Act
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act

This is as well as proposed legislation such as the Draft Public Health Minimum Price for Alcohol Bill.

Together, this legislation is important for supporting preventative action, enabling public health to be at the centre of a more integrated approach to social policy, and health and well-being 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 well-being is an integral part of decision- and policy-making in Wales, now and in the future.

Legislation in Wales will need to be seen in the context of the Draft Wales Bill, published by the UK Government in Autumn 2015. The Draft Bill proposes new powers for Welsh Government including areas such as energy and transport (including speed limits), which could have possible health impacts.

4.1 Well-being of Future Generations (Wales) Act

The Well-being of Future Generations (Wales) Act is a pivotal piece of legislation that aims to improve the social, economic, environmental and cultural well-being of Wales. The Act has a significant impact on the way we work with partners and with our population, because it places 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
- globally-responsible Wales.

The Act highlights five governance principles that inform this plan:

- Long-term thinking
- An integrated approach
- Preventative action
- Collaboration
- Engagement

The inclusion of 'a healthier Wales' and 'a more equal Wales' as goals for all public bodies facilitates 'inter-sectoral action for health'. In addition, the Act will help to tackle the wider determinants of health, which is pivotal to achieving the types of improvement in health and well-being – and the reduction in health inequalities – that are required in Wales. As such, the Act demonstrates a commitment to, and provides the vehicle for, achieving a Health in All Policies approach. By providing support for Health Impact Assessments, Public Health Wales will help to strengthen the delivery of Health in All Policies.

The requirement of the Act for public bodies to ensure that "*the needs of the present are met without compromising the ability of future generations to meet their own needs*" links closely to the emphasis placed on early years in this plan.

The governance principles have already underpinned the development of a multi agency, systems-based approach to health and well-being. Through the lifespan of this plan, the governance principles will be embedded across the organisation and will inform how we make decisions.

The Public Health Outcomes Framework, which supports and complements national indicators for well-being that accompany the Act, is being developed with significant input from Public Health Wales.

4.2 Other legislation and policy in Wales to support prevention

4.2.1 Draft Public Health Minimum Price for Alcohol Bill

The aim of the draft Bill is to tackle harm due to alcohol misuse by setting a floor price for a unit of alcohol, ensuring that it is sold at a price to reflect its alcohol content.

4.2.2 Social Services and Well-being (Wales) Act

The Social Services and Well-being (Wales) Act comes into operation in 2016. The Act is intended to transform services to maintain and enhance the well-being 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.

4.2.3 The Planning (Wales) Act

The Act includes a strengthened 'plan-led' approach to planning, as well as the use of Strategic Development Plans to tackle issues such as housing supply and areas for economic growth and regeneration. The Act makes provision for pre-application consultation and for planning applications for nationally-significant projects to be made to the Welsh Ministers.

4.2.4 Housing (Wales) Act

This Act places a duty on local authorities to prevent homelessness and to provide sites for Gypsies and Travellers where a need has been identified.

4.2.5 Active Travel (Wales) Act

The Active Travel (Wales) Act places a requirement on local authorities to continuously improve facilities and routes for walkers and cyclists and to prepare maps identifying current and potential future routes for their use.

4.2.6 Food Hygiene Rating (Wales) Act

This includes provision for food businesses to display their food hygiene rating at their establishment.

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

The aim of the Act is to ensure that the public sector supports the prevention of these issues, protects victims and supports those affected.

4.3 Green Paper: Our Health, Our Health Service

The Green Paper consultation gained views on additional action that could improve the quality of healthcare services and governance in the NHS in Wales. Other issues consulted upon in the Green Paper include the role of Healthcare Inspectorate Wales, leadership in the Welsh NHS and the role of patient feedback. Decisions on the shape of further work in these areas including further guidance, policy development, or legislative proposals will be taken in accordance with the next Welsh Governments requirements and priorities.

4.4 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. The *Prudent Healthcare- Securing Health and Well-being for Future Generations* paper published by the Minister on 11 February 2016 details further actions to progress the prudent healthcare agenda in Wales and these will be taken forward over the next 12 months.

4.5 Programme for Government

Public Health Wales has an important role to play in delivering the vision of, and specific actions detailed within, *Programme for Government* in areas such as *Together for Health* (and its supporting delivery plans) and *Tackling Poverty and Together for Children and Young People*.

The content of this plan describes the strategic approach, and action, we will take to support the implementation of *Together for Health*. Appendix 3 (*to be drafted by March*) provides detail on the key actions and contribution we will make to the implementation of specific delivery plans. Further detail on specific action we will take is provided in our annual Operational Plan.

Clearly, with the Assembly elections taking place in 2016, a new Programme of Government will be developed and we will need to consider any such changes in relation to public health.

Our focus on early years will contribute to improving outcomes in the health of children, young people and families living in poverty.

4.6 Together for children and young people

Together for Children and Young People is a major Welsh Government programme that seeks to address the mental health and mental wellbeing of all children and young people in Wales. The scope of this work is universal, to give all children the opportunity to have optimum mental health, but also targeted so that those who need support can receive appropriate attention, care and if necessary treatment at the right time, from the right service. This includes consideration of all the tiers of mental health services including the specialist Child and Adolescent Mental Health Service. As such, this programme fits seamlessly with Public Health Wales' strategic ambitions and priorities, particularly our multi agency systems approach and aim of achieving significant improvements in the health of our children in their early years.

4.7 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 that promotes physical, mental and social well-being, 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 11):

- planning care locally
- improving access and quality
- equitable access
- a skilled local workforce
- strong leadership

A Planned Primary Care Workforce for Wales: Approach and development actions to be taken in support of the plan for a primary care service in Wales up to 2018 describes the actions needed to develop the primary care workforce in order for them to take the plan forward. This includes specific actions for Public Health Wales.

4.8 Reforming local government

Significant consultation has been undertaken since 2014 in relation to local authority mergers and reform in Wales. This process will be concluded with the Draft Local Government (Wales) Bill, which is currently

being consulted upon. The direction of travel signalled with this series of legislative proposals coupled with the Well-being of Future Generations Act makes this a key strategic driver for Public Health Wales over the coming years. This is due to the need to further develop and enhance the strong and robust partnership arrangements at a local level, particularly through the newly established Public Service Boards, and the key role local government has in delivering improved public health outcomes.

5 Profile of Public Health Wales

5.1 Where we have come from

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

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

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

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

From this stronger base we have been working to align all our functions and services to the key public health challenges. This has involved significant redesign of our organisation (see table 2.1) to better support us in delivering our priorities.

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

We also host a number of national bodies and functions with key synergies and alignment with Public Health Wales. An overview of these is provided in section 20.

5.2 Our statutory functions

Public Health Wales has four statutory functions. These are to:

- provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases;
- develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters;
- undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies; and
- provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.

5.3 Our organisational structure

If we are to succeed in delivering our strategy we need a fit-for-purpose organisational structure that 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, which we have implemented during 2015, 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. These are now more closely aligned to our priorities to support delivery through the remainder of this plan.

An overview of our directorates and key functions is provided below and included as Appendix 9.

Table 2.1 – Our directorates

Directorate	Key Functions
Health and Well-being	Health improvement
	Multi agency engagement
	Primary, community and integrated care
	Health intelligence and knowledge management
	Local public health teams
Public Health Services	Microbiology
	Screening
	Health protection
	Professional medical leadership
	Professional oversight
Policy, Research and International Development	Policy development
	Research and development
	Academic liaison
	International development
NHS Quality Improvement and Patient Safety	NHS strategic leadership for quality
	1000 Lives Improvement
	Prudent healthcare
	NHS Innovation
Quality, Nursing and Allied Health Professionals	Quality and standards
	Clinical and information governance
	Risk management
	Complaints and claims
	Service-user engagement
	Safeguarding
	Mental health
Operations and Finance	Finance
	Communications and stakeholder engagement
	Operations
	Planning and performance
	Information technology
	Programme management
People and Organisational	Human resources

Development	Organisational development and change management
	Health and safety
	Staff engagement
	Welsh language and equality

5.4 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.

To deliver the ambitious strategic objectives detailed in this plan, we have been working to further strengthen and align our services and functions to support our strategic direction. This will better enable us to deliver at pace and 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 continue to be a focus across the whole of the organisation in the coming years. We will challenge, and change as required, 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.

5.5 Working with our NHS partners

We have undertaken significant work with health boards during 2015 and early 2016 to develop and strengthen our collective arrangements, particularly in relation to service delivery. This is reflected in the development of a Memorandum of Understanding (MOU), which aims to articulate the specific arrangements and management of services between Public Health Wales and health boards.

The MOU provides a summary of services provided by both parties, including reference to specific service level agreements (where applicable). It includes detail on the services that we provide to health boards, such as microbiology diagnostic and a range of health protection functions.

It also provides an overview of services that we commission from health boards, particularly in relation to our various screening programmes. The MOU underpins these arrangements with a clear process for the escalation of issues and dispute resolution.

Public Health Wales is also committed to working in partnership with health boards to deliver collectively, such as the 5% target for treated smokers in each health board area. In 2016/17, Stop Smoking Wales has committed to treating 10,624 smokers in Wales. This equates to 2.01% of all smokers nationally, although the proportion treated by Stop Smoking Wales will vary by health board (from 1.3% to 2.8% depending on local need and circumstance).

Further detail on the MOU is provided in section 18.2.7 and a high level overview of service provision between organisations is included as appendix 7, along with a draft escalation process in appendix 8.

5.6 Progress against year one of our plan

The following section provides an overview of our key achievements during 2015/16:

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

- Establishment of United in Improving Health strategic partnership to create a positive future for our current and future generations of young people in Wales through better alignment of multi agency systems
- Revising our programmes of work to deliver change on the leading causes of preventable morbidity and mortality
- Development, in conjunction with young people, of a youth-focused brand 'Smokefree', which will have a strong social media presence
- Revision of our existing settings-based frameworks and networks and developing new programmes of work to support the NHS and communities in taking action to improve health
- Delivery of a series of 'connecting the specialist public health system' workshops that have focused on improving the strength and alignment of plans to achieve shared priorities

Working across sectors to improve the future health and well-being of our children

- Development of a 10 Steps to a Healthy Weight Programme to impact on rates of childhood obesity and obesity at age five
- Process mapping of current 'early years' system in two pilot areas (Torfaen and Wrexham)
- Implementation of an improvement programme to deliver increased uptake of smoking cessation support in pregnancy based on the learning from the Models for Access to Maternal Smoking Cessation Support (MAMSS) pilot schemes

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

- Local public health team and health intelligence support to clusters
- Further development of GP One, including expansion of content
- Evaluation of Cwm Taf social prescribing model
- Development of a Primary, Community and Integrated Care Division

Supporting the NHS to improve outcomes for people using services

- Leading role in supporting the NHS in the development of prudent healthcare work across Wales
- Establishment, in partnership with the Academy of Medical Royal Colleges in Wales, of 'Choosing Wisely Wales'
- Provision of bespoke support to health boards across Wales

Influencing policy to protect and improve health and reduce inequalities

- Worked with partner agencies to develop a joint preventative approach e.g. Memorandum of Understanding and joint post with Criminal Justice
- Led the delivery of the research strategy and have established a recent collaboration with the police in South East Wales
- Increased European profile and activity through WHO Regions for Health Network

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

- Consultation on all-Wales microbiology service specification and outline proposal for all-Wales managed microbiology service complete
- Installation and implementation of automated microbiology platform in North Wales and new Liquid Based Cytology and HPV testing platforms in Cervical Screening Wales
- Completion of North Wales microbiology reconfiguration

Developing the organisation

- Implementation of *My Contribution* (new approach to appraisal)
- Implementation of Leadership and Management Development Programme
- Staff events (*Mission Possible*) to support launch of our IMTP
- Development and delivery of *Our Space* Programme Implementation Plan
- Review of risk management arrangements and improvement actions implemented
- Revised planning and performance management frameworks developed and implemented
- Implementation of revised organisational structures to support and enable delivery

Part 2: Our Strategy



6 A healthier, happier and fairer Wales

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 well-being and reduce health inequalities for people in Wales**.

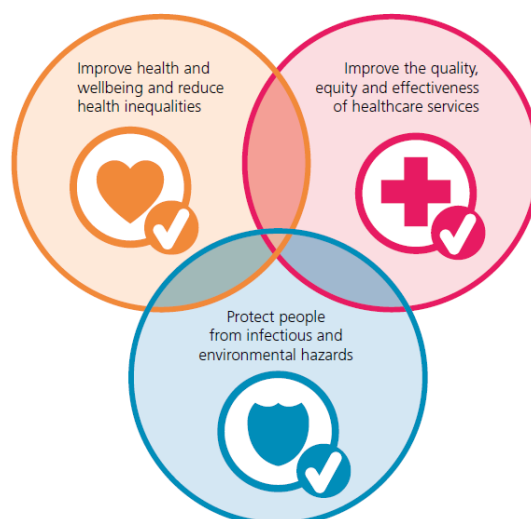
6.3 Our ways of working

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 well-being 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 future health and well-being of our children**
- **Developing and supporting primary and community care services to improve the public's health**
- **Supporting the NHS to improve outcomes for people using services**

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 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 2018/19. These are described in detail in the subsequent sections of this plan. In refreshing our plan for 2016/17, we have refined and sharpened the focus for some of the strategic objectives under our priorities. An overview of these changes is included as Appendix 6.

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 we will take each year to achieve these milestones. This is all presented in the following sections for each strategic priority.

Strategy Map 2016 - 2019



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



DEVELOPING THE ORGANISATION



7 Underlying principles

7.1 Well-being of Future Generations (Wales) Act

7.1.1 At the heart of what we do

The Well-being of Future Generations (Wales) Act presents a unique opportunity to deliver meaningful improvements in social, environmental, economic and cultural well-being for the people of Wales. Through the well-being goals and principles, Wales has created an opportunity to deliver real and tangible long-term improvements for our population.

Public Health Wales intends to be at the heart of this approach and the system shift to a greater focus on:

- Long-term thinking
- integration
- collaboration
- involvement
- prevention

This approach is not an 'add on' to us or the work that we do. It is what we do and how we should work as the national public health organisation for Wales. We believe the strategic direction, and specific action, set out in this plan demonstrates our commitment and the unique role we will undertake to turn this into a reality. This aligns with, and is complementary to, the approach we have adopted to implement the principles of prudent healthcare (see section 7.2).

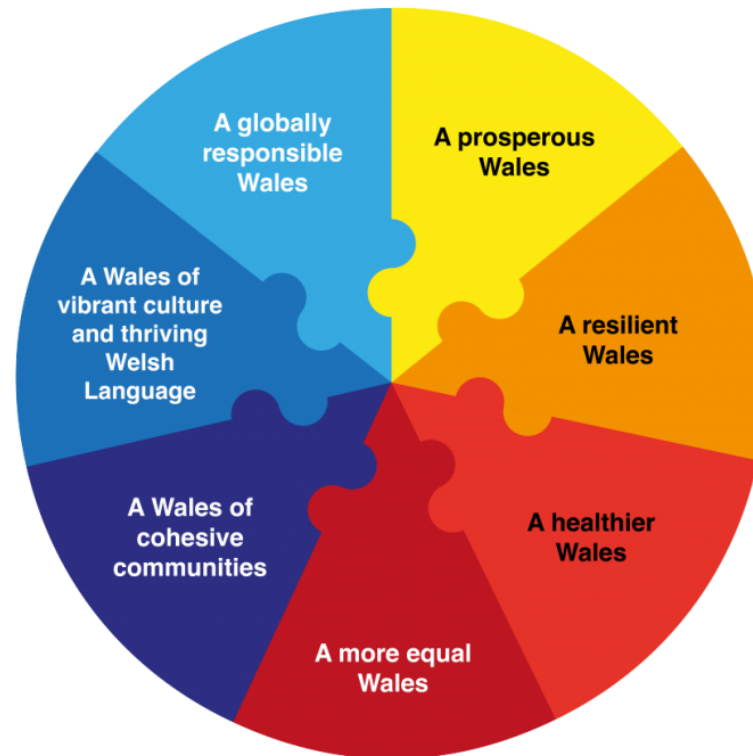
We set the foundations for this in 2015/16, particularly through our adoption of a systems approach (see section 9) to improving the public's health with a specific focus on the health of our children. As part of the refresh process, we have assessed ourselves against the well-being goals set out by the Act and challenged ourselves to ensure we are delivering the maximum impact that we can. In many ways we believe that these align and, in others, we recognise that we have further work to do that will be taken forward during year one of this plan.

We also recognise that we have a key role to play in support organisations across Wales, particularly through Public Service Boards. This will be through work at a national level, particularly the provision of health intelligence, policy advice and more specialist public health input at a local level.

7.1.2 Aligning of goals and our priorities/strategic objectives

We have assessed our priorities and strategic objectives against the well-being goals and their definitions. This has shown us that in many areas the action we will undertake over the next three years will deliver real and tangible benefits within these areas.

Figure 3.1: Well-being Goals for Wales



Alignment between Well-being Goals and Public Health Wales Priorities and Strategic Objectives

The seven Well-being Goals for Wales

A Prosperous Wales (1)	A Resilient Wales (2)	A Healthier Wales (3)	A More Equal Wales (4)	A Wales of Cohesive Communities (5)	A Wales of Vibrant Culture and Thriving Welsh Language (6)	A Globally-responsible Wales (7)
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7

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

We will have led, in partnership with the Welsh Local Government Association, a strategic approach to aligning action across sectors to improve population outcomes and reduce inequalities now and for future generations							
We will be delivering action to improve health, taking settings- and systems-based approaches							
We will have led and enabled collective action on the leading lifestyle causes of avoidable early ill health, disability and death (tobacco; obesity and nutrition; physical inactivity; substance use; and mental well-being)							
We will have influenced system-wide action through a focus on common outcomes and intelligence							
There will be a modernised approach to the delivery of health information for the public to support an informed and prudent public							

Working across sectors to improve the future health and well-being of our children

We will have mobilised system-wide action to improve outcomes in the early years, with a focus on the first 1000 days							
We will have supported health boards and Welsh Government to implement the <i>Healthy Child Programme</i>							

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

We will have worked with health boards and other partners to support a sustainable primary and community care system fit for future generations							
The well-being agendas are aligned between public health teams, primary care clusters and public							

service boards										
We will have developed the Primary, Community and Integrated Care Division of Public Health Wales to be able to support and deliver rapid, transformational change										
Supporting the NHS to improve outcomes for people using services										
We will have enabled the NHS to apply the principles of prudent healthcare to achieve measurable improvements in priority areas										
We will have worked with health boards and trusts to achieve demonstrable improvements by reducing harm and improving patient safety										
By end of 2018/19 we will have reduced healthcare associated infection (HCAI) rates in NHS Wales, provided strategic leadership and delivered responsive and flexible support with the aim of increasing immunisation uptake rates in Wales										
We will have led improvements in prescribing and medicines management in NHS Wales, delivering equitable, safe and preventative care for patients										
We will have increased quality improvement capacity and capability within NHS Wales and its partner organisations										
We will have developed an enhanced service that leads across the broader spectrum of safeguarding people.										
Influencing policy to protect and improve health and reduce inequalities										
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.										
Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver										
We will have a fully integrated Public Health Services Directorate										
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										
We will provide expertise to support Wales’s contribution to global health										
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										
We will have ensured that all our screening programmes meet or exceed national standards, using the best available technology to maximise clinical outcomes and have embedded service user engagement.										

Developing the organisation						
We will have provided absolute clarity of our purpose and priorities and all our people and activity will be aligned to that purpose.		Orange	Red	Dark Red		
We will have enough skilled people who have the attitudes and behaviours to work well together (and with others) and who are committed to our priority work.			Red	Dark Red		
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.			Red			
We will deliver high quality work that has impact that we can demonstrate through external recognition.		Orange	Red	Dark Red	Blue	
We will have a positive reputation for delivery, working in partnership, credibility of our work, our integrity and our objectivity.		Orange	Red	Dark Red		
We will have a network of collaborative partnerships across health, social care, local government, the third sector, academia and industry so that we work with others who can help us to deliver for the population of Wales.		Orange	Red	Dark Red	Blue	
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.		Orange	Red			
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.			Red			
We will have a well designed organisation that is fit for purpose, underpinned by effective governance.		Orange	Red	Dark Red	Blue	
We will be connected to, and driven by, the needs of the people of Wales, whose health and well-being are the reason why we exist.		Orange	Red	Dark Red		

7.1.3 Our commitments for 2015/16

We have only just begun to realise the opportunities that this approach offers. We intend to build on this and take forward specific actions during 2016/17 to ensure we will truly embed this approach.

This will include:

- developing an engagement programme with public bodies and other sectors to maximise the potential for population health improvement and the reduction of health inequalities afforded by the Well-being of Future Generations Act
- increasing understanding through briefing papers, workshops and opportunities to share learning
- supporting and advising Welsh Government on HIA and *Health in All Policies*, including responding to the developments that emerge from the Act
- undertaking stakeholder (including public) engagement, in line with the Act, to identify future organisational priorities and our well-being goals
- ensuring our internal corporate and governance systems/procedures are fit for purpose

The specific action to deliver these commitments is detailed within this plan. We believe it will enable us to publish in March 2017, well-being objectives aligned to the strategic priorities and objectives of our organisation.

7.2 A prudent approach to public health

7.2.1 Embedding the prudent healthcare principles

The prudent healthcare principles were embedded as key drivers in the development of our priorities, which were agreed in 2015, and our strategic objectives that underpin each of them.

This plan sets out a clear vision and the specific activities that we will continue to embed and drive forward both within our own activities and through the support and enabling activities that we provide to health boards, trusts and partners across the broader public and voluntary sectors.

The challenge we have set for ourselves over the next three years is to ensure that:

- the prudent healthcare principles are truly embedded in all of the patient services that we deliver

- we provide leadership and support to the wider NHS in Wales to embed a prudent approach
- we support the systematisation of this approach beyond healthcare to wider public sector services.

The strategic objectives and actions set out within this plan demonstrate our commitment to embedding a prudent approach to the work we will undertake.

As part of this approach, we will ensure that we are:

- delivering optimum services, reducing inappropriate variation and reducing harm
- making the most effective use of all skills and resources and targeting action at those with the most to gain at an individual and population level

7.2.2 Leadership and support

We will continue with our role supporting the embedding of prudent healthcare across the NHS through the work of our quality improvement services. Through this work we will enable the NHS to integrate the principles of prudent healthcare to achieve measurable improvements in priority areas (see section 12).

This approach builds on the work we have undertaken to date in support of the development and strategic thinking around prudent healthcare and its principles.

7.2.3 Prudent approach to public services

We will also adopt and implement a prudent approach to our work around implementing a systems approach to achieving improvements in the public's health. This is reflected in the work we will be undertaking as part of '*United in Improving Health*' and other partnerships with the public and voluntary sectors. Through this work, which draws together work across Wales and makes the best use of our collective assets, we will create the foundations for a positive future for the population of Wales.

The first phase of this work, which we outlined in sections 9 and 10, focuses on improving outcomes for children on their second birthday – the first 1000 days of life. We know this life period is the most significant in determining health outcomes in later life. In order to succeed, we will be focusing on better aligning systems through multi agency working, including: communities, schools, local authorities, health, housing, police, fire and rescue services, our environment, workplaces, sports and activities.

Through this work we will make the most effective use of all skills and resources available to support a good start for our children and will target action at those with the most to gain at an individual and population level.

7.3 Our approach to quality

7.3.1 Overview

Over the next three years we aim to continue to strengthen our arrangements and approach to quality.

In order to monitor the overall quality of the organisation, we will develop and implement a quality framework which will identify suitable quality indicators from across the organisation. We will use information and systems based approaches which will involve different ways of monitoring quality with national/international benchmarking and will include prudent healthcare as a quality marker.

To support our staff in improving quality we will encourage and enable them 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 include individuals of all ages (children to older people) and also individuals with a range of physical and mental health needs. 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 services and approaches to improving population health outcomes, underpinned by accurate, complete, pertinent information.

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.

There is a need to ensure that we are doing the right things well in consultation with the public and other stakeholders and through interrogation of our data. We 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. The Executive and 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. We have established a Quality Management Group to harness and bring together approaches to quality assurance and improvement across the diverse functions of PHW.

We will also work towards better integration between quality and performance monitoring framework, to ensure that we are measuring both quantitative and qualitative data which demonstrates both performance and quality outcomes, including improvements identified as part of the Health and Care Standards.

It is acknowledged that the quality agenda is interdependent with our corporate governance, information governance and risk management arrangements. It also provides additional scrutiny and opportunities to share learning and successful approaches implemented across the organisation.

7.3.2 Quality improvement approaches

Public Health Wales continues to embed quality improvement approaches in addition to other Public Health 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 establish our quality improvement approach e.g. hub, to support and inspire innovation and continuous improvement across 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 build on improvements that have been made in relation to producing information in a format that the public can understand.

7.3.3 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

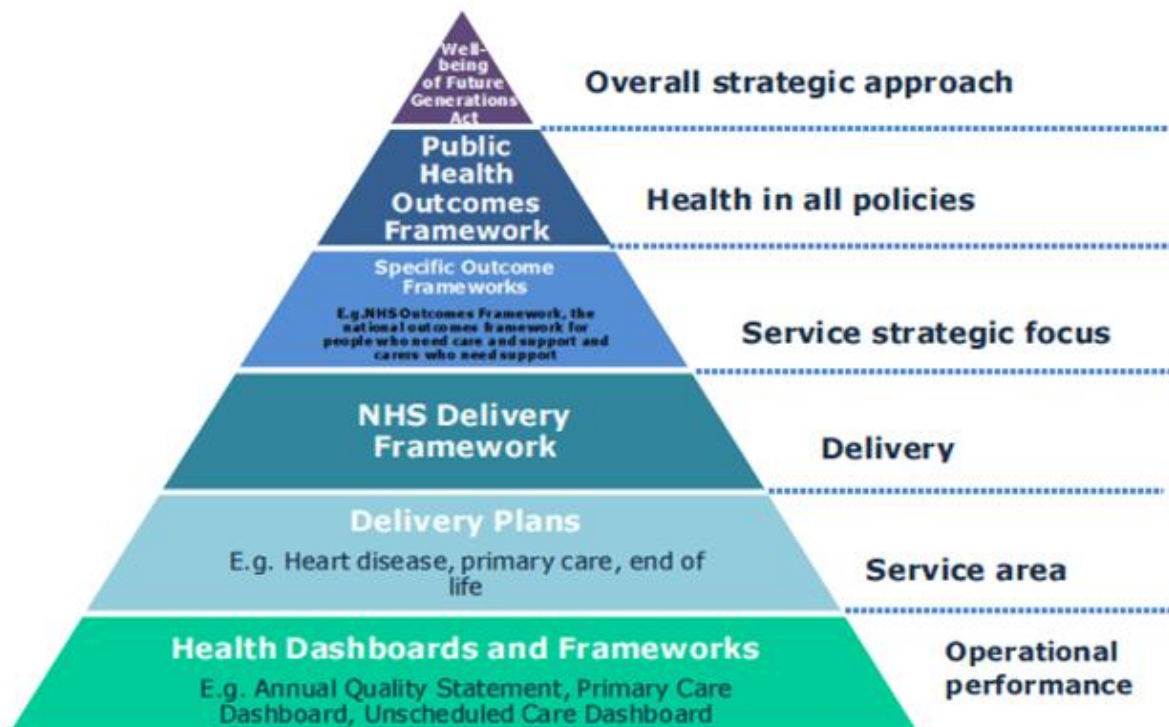
- investment to appoint key resources to drive and support the quality agenda utilising existing resources via a hub and spoke approach within services and teams.
- encouragement and facilitation for staff to pursue IQT training and accreditation
- implementation of a quality assurance framework
- establishment of a quality improvement approach e.g. 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.

8 Outcomes to improve the public's health

A Public Health Outcomes Framework is now under consultation. The framework is intended to inform and inspire organisations, communities, the public and government to work together now and into the future to improve health. It sits within the broader framework of the Well-being of Future Generations (Wales) Act and its supporting national indicators.

The framework challenges us in our efforts to play a leading role in improving outcomes and reducing inequalities for the people of Wales. It provides a mechanism to track a wide range of factors affecting health, including the resources to live fulfilled healthy lives, resilient healthy communities and people engaging in healthy actions (behaviours). This strategic plan includes the action we are taking to influence these outcomes towards a healthier, happier and fairer Wales.

Figure 4.1- Public Health Outcomes Framework: Links with Welsh Government's strategic documents



Part 3: Our Strategic Priorities



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

9.1 Drivers for change

The wider determinants of health include the conditions in which people are born, grow, live, work and age that can promote or detract from their health and well-being. In order to make sustainable improvements in health, we need to address these wider determinants. This is not within the gift of any one agency acting in isolation but instead, we believe, it requires coordinated effort across sectors and agencies including policy makers, national and local services, the voluntary sector and a real partnership with communities and groups. A systems approach seeks to achieve this wider coordinated approach to improving health. The approach will be fundamental to achieving the ambitions set out in the Well-being of Future Generations (Wales) Act 2015. The Act places obligations on Public Health Wales, along with many other public bodies to take joint action to protect and improve the health of future generations.

9.1.1 New models for systems thinking and social movements

International experience reflects that 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' and 'systems thinking' across all sectors. The result is a different social environment that empowers people and supports them to stay healthy. There is a long tradition of multi agency and partnership working in Wales. Increasingly, however, we have recognised that our collective efforts are not delivering the change in outcomes at a population level that we seek. Working together is not enough. How we work together is important and the creation of purposeful partnerships that deliver change has to be our goal. Community-led approaches that empower individuals and communities to take control over their lives are also vital for success.

9.2 What are the aims of this new direction?

We will work to bring about measurable improvements in key health related behaviours and reductions in the gap in outcomes between the most and least disadvantaged communities. A new direction to ensure that we are successful in reducing health inequalities should include the following:

- creating a national community-led system for prevention

- creating social movements for health, where communities are empowered to create conditions for better health
- promoting population-focused healthcare models characterised by prevention and early intervention
- developing new ways to measure progress in population health and in quality and safety of services
- having a clear policy line of sight, so that everything is aligned to achieve the same agreed outcomes.

9.3 Our progress to date

Public Health Wales originally set out its strategic intentions for developing a systems approach to improving health in its Integrated Medium Term Plan for 2015–2018. These are developed further in this plan for 2016–2019. 'Working together' is a theme running throughout the plan, but particularly across three of our strategic priority areas:

- Adopting and implementing a multi agency systems approach to achieving significant improvements in our population'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

9.4 Strategic leadership and system alignment

United in Improving Health is a strategic initiative that we have helped establish in partnership with sector leaders and influencers from across Wales. We are united in our common ambition to create "the foundations of a positive future" through better alignment of multi agency systems including, for example: communities, schools, local authorities, health, housing, police, fire and rescue services, our environment, workplaces, sports and leisure activities.

The key role of the group is to harness collective action to deliver a system that promotes and sustains health and well-being.

In deciding on specific actions, *United in Improving Health* looks for opportunities that will achieve:

- high return on investment across the public sector
- reductions in health inequalities
- improved outcomes for children and families.

The Strategic Leadership Group has decided to focus as its first objective on improving outcomes in the first 1000 days. This recognises the growing national and international evidence that this is the area that delivers the greatest return on investment for the system and has the potential to change life chances and outcomes for individual.

In 2015/16 we supported process mapping of the current early years system in two pilot areas: Torfaen and Wrexham. From this, the group is looking to gauge:

- the potential for earlier and more effective intervention
- whether or not the current activity is the right activity i.e. Do we prioritise the right things?
- gaps in current services, support and capacity to respond to need

From this, our goals for future years are to:

- describe an optimum system, including agreement of key outcomes
- evaluate our progress and to see how this approach can be extended to other areas for improving health
- work with partners to implement a new outcome based system for the first 1000 days across Wales.

9.5 Delivering public health action using a systems approach

Consistent with the multi agency system approach we have realigned our delivery of public health action to support wider system working. We have undertaken challenging disinvestment from some programmes to realign resources to support agreed priorities.

The first phase involved an in-depth examination of current work, taking account of the evidence of effectiveness underpinning the programmes. The conclusions of this work, *Transforming Health Improvement in Wales*, outlined two broad directions for future work. The first was the need to work together as a whole system, rather than in isolated groups. The second priority was to align activity to areas of work that have the potential to deliver change at scale rather than those that focus on small numbers of individuals.

The second phase of this work in 2013/14 sought to answer the question, 'What is likely to work here?' This approach has an increased emphasis in delivering health improvement activity in different settings such as schools, communities and the workplace. The recommendations from this work were accepted by the Public Health Wales Board in 2014 and incorporated in our Integrated Medium Term plan for implementation from

2015–2018. This work has been implemented through a realignment of resources and work programmes within the Health Improvement Division.

The third phase of this work during 2015/16 has been to establish and begin to deliver the new approach and to set the context for a broader whole system approach to prevention and health improvement.

9.6 Enabling the specialist public health system to work differently

We recognised that in order to provide the leadership and support to the wider system in delivering improvement in outcomes we needed to ensure that the resources within the specialist public health system in Wales are similarly aligned and that the capacity and capability to adopt population change and system working approaches is in place.

We have undertaken work to increase alignment around key priority areas for population health in 2015/16:

- reducing smoking prevalence
- reducing childhood obesity
- implementing a population approach to primary care
- improving uptake of childhood immunisations

We have also commenced work on monitoring and evaluation as a critical component of systems working, including developing a Public Health Outcomes Framework.

9.7 A focus on the leading causes of early ill health, disability and death

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 factors are responsible for much of the early death and disability.

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

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

We will continue our work with our strategic partners to set ambitious targets for change at a population level, align our collective resources more effectively and ensure that we have a suite of system and service or programme level measures that will enable us to demonstrate the impact of our work and that of the system as a whole.

9.7.1 Tobacco

System outcome: Reduce the proportion of the population who smoke tobacco to 16 per cent or below by 2020

- Reduce smoking uptake by children and young people
- Increase the proportion of smokers who quit

Our primary focus is 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 includes 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 behaviour change; and the identification of policy options for the achievement and maintenance of smoke-free norms. We will be building on the pathfinder areas developed during 2015/16 to put in place new integrated models of smoking cessation to ensure that smokers in Wales can access the best support to quit smoking in a way that is right for them.

9.7.2 Alcohol

System outcome: Reduce the harm associated with excess alcohol consumption

- Reduce the proportion of children who report having tried alcohol at age 15
- Reduce the proportion of children who report having been drunk
- Increase the proportion of adults who report drinking within recommended limits
- Reduce 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 the density of alcohol sales outlets, particularly in areas of deprivation.

9.7.3 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 continue our partnership with Sport Wales and the Welsh Government to create opportunities for all ages to become more active and less sedentary. We will be using insight work to help reach all sectors of society to motivate change. We will be working to create environments that support active living and developing improved mechanisms for measuring change. We will be working with key partners to deliver system level action to increase the proportion of children and young people who walk or cycle to school, linking with our Healthy Schools Schemes.

9.7.4 Nutrition and obesity

System outcome:

- Increase the proportion of the adult and child population who are a healthy weight
- Reduce the inequality in rates of obesity between population groups for children at 5 years of age
- Reduce the proportion of 5 year olds in the most deprived communities who have decayed, missing or filled teeth

We will continue the work that has begun in 2015/16 to launch the 10 Steps to a Healthy Weight and to deliver the agreed priorities in partnership with Health Boards. We will expand this work to include older children with the goal of halting and eventually reversing the year-on-year rise in levels of obesity in children and adults. We will work 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. Based on the insight work undertaken in 2015/16, we will develop a programme of social marketing to increase both parents' and professionals' ability to recognise unhealthy weight and take action.

9.7.5 Mental well-being

We will also work to increase levels of mental well-being 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 well-being and to increase our work to build resilience and

emotional literacy as core preventative strategies. Preventing self-harm among children and young people will be a key priority area in 2016/17.

9.7.6 How will we measure success?

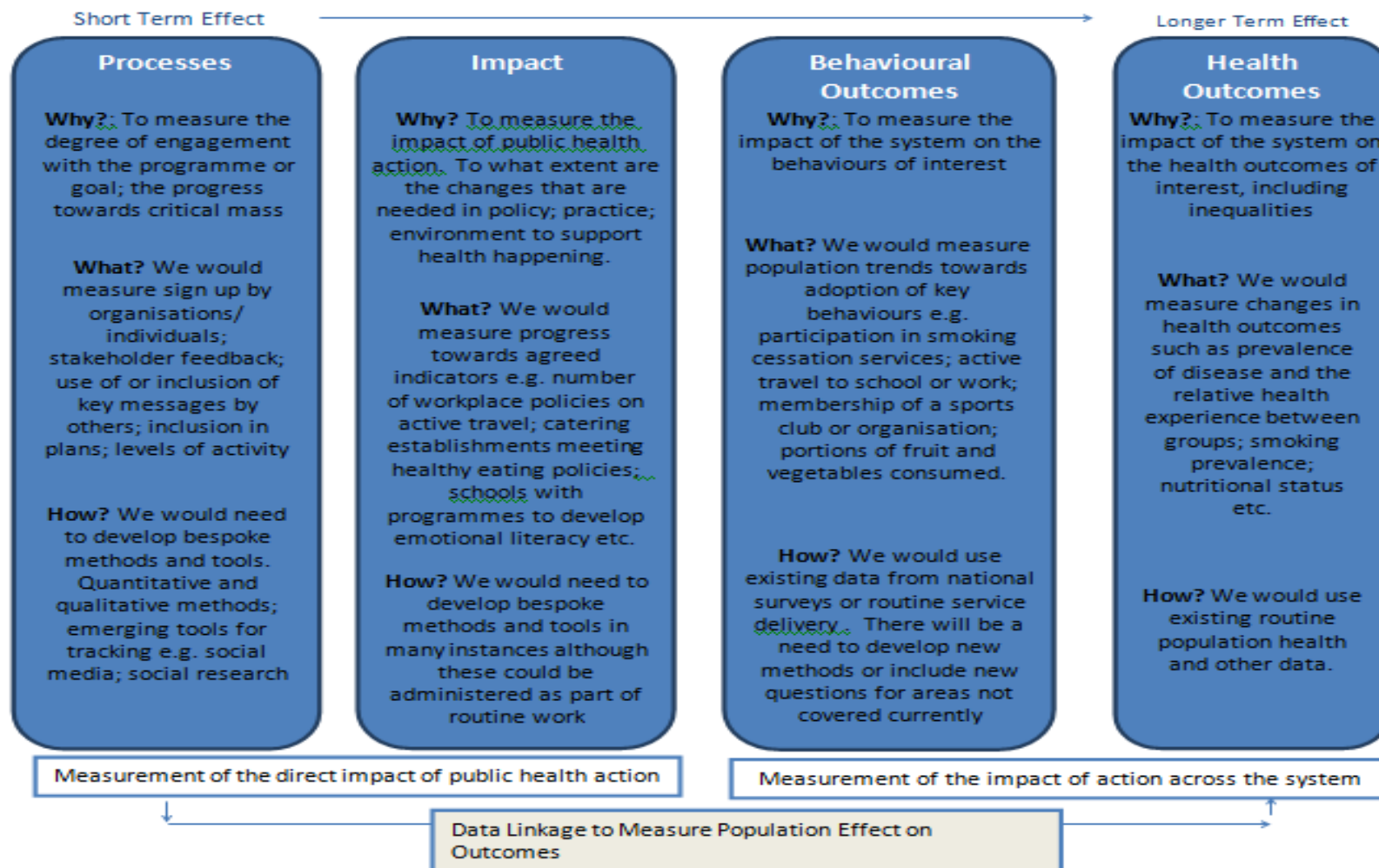
We have developed a framework for evaluation (see overleaf) that will enable us to both demonstrate and track the impact of our work and also to support the wider system in measuring change. These approaches will need to reflect changes at an all-Wales level and at a local level.

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 going in the right direction.

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.

The Public Health Outcomes Framework, as it develops, along with those for the Well-being of Future Generations Act and for the tackling poverty programmes will be essential in measuring our progress as a whole system. Measures will be updated and finalised further to the publication of the Public Health Outcomes Framework following the consultation exercise (see section 8).

Table 5.1: Multi-level systems monitoring and evaluation framework



9.8 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 2018/19 we will have led, in partnership with the Welsh Local Government Association, a strategic approach to aligning action across sectors to improve population outcomes and reduce inequalities now and for future generations

What success will look like by the end of 2018/19

- There has been demonstrable progress in achieving defined actions and outcomes relating to the first 1000 days of life
- Leaders across the system understand their role in systems approaches and can demonstrate their use in achieving change across the system
- Health and well-being goals are aligned across the system
- There are shared priorities for action agreed across the system
- There is a new outcomes based system for the first 1000 days

By the end of Year 1

2016/17

Milestones

- At least two pathfinder areas will have developed a collective approach to improving outcomes in the first 1000 days
- Evaluation mechanisms are established, including defined outcomes and indicators
- There is a unifying 'brand' to galvanise action and unite action behind common goals

The action we will take to achieve this

- Co-ordinate with partners the implementation of a programme approach, in Torfaen and Wrexham, to implement a collective approach to improving outcomes in the Early Years (refer to 2A) (Quarter 4)
- Facilitate dissemination of learning from the pathfinder areas across the wider system (Quarter 4)
- Establish an evaluation process for the pathfinder areas (Quarter 2)
- Develop and implement a multi-agency, cross sector 'campaign' to mobilise action around the core goals of reducing inequalities (Quarter 2)
- Develop and implement an approach to community engagement and

community led initiatives working with partners (Quarter 4)

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • A systems approach is being implemented in additional communities and defined outcomes are being monitored. • Additional outcomes and areas for action have been identified by the strategic leadership group • There is evidence of large scale mobilisation across sectors around the first 1000 days 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Undertake an initial evaluation of the systems working approach. • Facilitate the adoption of learning from the initial pathfinder areas to scale up action and deliver change across Wales • Facilitate the strategic leadership group in identifying a further priority area for action • Evaluate the 'campaign' to measure the scale of engagement and awareness of key goals 	

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • Report on progress against the outcomes and indicators agreed for the system working programme 	

Strategic Objective 1B
By the end of 2018/19 we will be delivering action to improve health, taking settings and systems based approaches
What success will look like by the end of 2018/19
<ul style="list-style-type: none"> • There are demonstrable changes in policy and practice in schools, workplaces, communities and the NHS which create supportive environments for health • There is a year-on-year increase (sign up/participation) in engagement with the frameworks for action • There are national partnerships and networks in each key setting, which are sharing expertise and mobilising action

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • <i>Early Years Settings Scheme</i> is implemented and at least 100 new Early Years Settings are recruited to the scheme • <i>Healthy Communities Scheme</i> is launched • Revised <i>Healthy Working Wales</i> programmes are implemented • Healthy NHS Framework is published and baseline assessments have been undertaken 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Deliver with partners the <i>Early Years Setting Scheme</i> (Quarter 1 - 4) • Review and define the future 'lead roles' for public health priorities across Public Health Wales (Quarter 2) • Deliver the Welsh Network of Health Promoting School Schemes (Quarter 1 - 4) • Deliver with partners the <i>Healthy and Well Communities Scheme</i> (Quarter 1 - 4) • Implement the Making Every Contact Count framework (Quarter 1 - 4) • Advise and support maternity and health visiting services to achieved and maintain UNICEF <i>Baby Friendly</i> status (Quarter 1 - 4) • Implement the revised Health at Work Programme (Quarter 1 - 4) • Work with Welsh Government and other stakeholders to support the implementation of the Curriculum Reform Programme (Quarter 1 - 4) • Provide specialist public health advice to the Together for Children and Young People programme board through participation in and leadership of specified work streams (<i>resilience, wellbeing and early years and the neurodevelopmental, co-morbid mental health and learning disabilities</i>) (Quarters 1-4) • Provide evidence and data analysis, as appropriate, to the Together for Children and Young People work (Quarters 1-4) • Disseminate and share evidence emerging from research in relation to Adverse Childhood Experiences in Wales and the impact upon mental health to inform the work of the Together for Children and Young People programme (Quarter 1) 	
By the end of Year 2	
2017/18	
Milestones	
<ul style="list-style-type: none"> • There is evidence of increased action and achievement against the indicators in each of the key settings • 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

- 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 action we will take to achieve this

- Monitor awareness and effect of brands and messages in key population groups
- Monitor achievement against success criteria in key settings
- Monitor impact gradient between most and least disadvantaged groups
- Undertake a review of progress in each of the key settings
- Make recommendations for future action
- Implement approaches to ensure settings based interventions/outcomes can be identified through linked data

By the end of Year 3

2018/19

The action we will take to achieve this

- Review progress to date and make recommendations for future action

Strategic Objective 1C

By the end of 2018/19 we will have led and enabled collective action on the leading lifestyle causes of avoidable early ill health, disability and death (tobacco, obesity and nutrition; physical inactivity; substance use and mental well-being)

What success will look like by the end of 2018/19

- The proportion of smokers who access help to quit is increasing year on year
- We have increased the proportion of pregnant smokers 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 rise in the proportion of children who are obese at age five and reduced the gap between the most advantaged and disadvantaged
- There is an agreed approach in relation to action to reduce self harm and developing emotional literacy and resilience in young people
- Population oral health is improving and differences in rates of decay in five year olds between population groups has decreased
- We have recognised brands for motivating change and mobilising action

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • An agreed integrated model of support for smokers who wish to quit • Increased awareness of physical activity and alcohol consumption guidance among professionals and the public • Smoking cessation support is embedded in all antenatal pathways. • The 10 Steps to a Healthy Weight are being widely adopted as a basis for action in the Early Years 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Implement the smoking in pregnancy improvement programme in all health board areas (Quarter 2) • Agree with health boards an integrated model of smoking cessation service delivery (Quarter 2) • Implement agreed changes to smoking cessation service delivery (Quarter 4) • Design and deliver a programme of social marketing to increase throughput in smoking cessation services in Wales (Quarter 2) • Continue to implement, evaluate and further develop the <i>Smokefree</i> programme (Quarter 1 - 4) • Implement the 10 Steps to a Healthy Weight Programme (Quarter 1 - 4) • Implement a social marketing programme to address normalisation of obesity based on insight work (Quarter 2) • Disseminate the Mental Health and Well-being Framework and indicators in key settings (Quarter 4) • Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol (Quarter 4) • Develop a programme of work to reduce the impact of sugar consumption on health in Wales (Quarter 4) • Provide specialist support for the delivery of the designed to smile programme (Quarter 1 - 4) • Engage schools and local authorities in taking action to increase the number of children who walk or cycle to school (Quarter 2) • Review the delivery mechanisms for the National Exercise Referral Programme and make recommendations for future delivery (Quarter 3) 	
By the end of Year 2	
2017/18	
Milestones	
<ul style="list-style-type: none"> • We will have established a programme of work to prevent alcohol related harm 	

- We will have increased the number of children who walk or cycle to school
- We will have established a programme of work with local authorities and other partners to promote awareness and understanding of the risks of illicit or illegal tobacco use in Wales
- We will have developed proposals for an increased focus on smoke free outdoor places
- All health boards have demonstrated measureable improvements in routine CO monitoring and referral to smoking cessation support
- 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

The action we will take to achieve this

- Implement integrated service models for smoking cessation in each area of Wales, learning from the pathfinder areas
- Establish an alcohol prevention partnership across sectors
- Develop and agree priorities for action to reduce alcohol related harm
- Implement a programme of work to promote emotional literacy and resilience among young people
- Develop a programme of work on illicit and illegal tobacco in conjunction with local authorities

By the end of Year 3

2018/19

The action we will take to achieve this

- Develop and test innovative approaches to harm reduction for parents who are unable to quit, to reduce smoke exposure in the home
- Review progress in implementing maternal obesity in pregnancy best practice across Wales
- Review progress in implementing the 10 Steps to a Healthy Weight Programme
- Make recommendations for further action

Strategic Objective 1D

By the end of 2018/19 we will have influenced system wide action through a focus on common outcomes and intelligence

What success will look like by the end of 2018/19

- Public sector boards and others will be informed by a set of common public health outcomes, linking with the well-being of future generations national indicators
- The impact of systems working will be systematically monitored and assessed
- Health intelligence products and services will continue to improve, supporting the well-being of future generations, with a greater visible alignment with public health system priorities/statutory functions

By the end of Year 1**2016/17****Milestones**

- The Public Health Outcomes Framework will have an interim reporting tool for an initial set of agreed indicators
- Initial monitoring and evaluation framework in place for core areas of systems working
- Action plan to implement recommendations from external peer review of health intelligence division

The action we will take to achieve this

- Develop the interim reporting tool and analyse and report relevant data for the public health outcomes framework (Quarter 4)
- Agree key evidence statements relating to specific public health outcomes indicators that identify evidence informed actions (Quarter 2)
- Work with local and national partners to develop a plan for health intelligence support to wellbeing of future generations local wellbeing assessments (Quarter 1)
- Examine future health and related projections to inform local well-being assessments and contribute to system wide action (Quarter 3)
- Agree content for initial monitoring and evaluation framework for tobacco, obesity and nutrition, physical activity, substance use and mental well-being systems working (Quarter 3)
- We will plan an approach to use linked data to evaluate settings based outcomes (Quarter 3)
- Work with others to set out the strategic direction for public health intelligence services in line with the *Informed Health and Care Strategy* (Quarter 4)

- Undertake external peer review of health intelligence division and develop subsequent action plan (Quarter 3)

By the end of Year 2**2017/18****Milestones**

- Agreement for future reporting of the Public Health Outcomes Framework
- Initial monitoring and evaluation framework in place for core areas of systems working
- Health intelligence work planning reflects health board strategic priorities as well as system priorities and statutory functions

The action we will take to achieve this

- Support mechanisms to agree ongoing publication of Public Health Outcomes Framework indicators
- Initial reporting on monitoring and evaluation framework for systems working
- Implement plan for Public Health Wales Observatory Evidence Service
- Work with local health teams as part of systems working to explicitly identify and plan health intelligence support

By the end of Year 3**2018/19****The action we will take to achieve this**

- Support mechanisms to report on and further develop the Public Health Outcomes Framework
- Report on available data for tobacco, obesity and nutrition, physical activity, substance use and well-being systems working
- Refine monitoring and evaluation framework

Strategic Objective 1E

By the end of 2018/19 there will be a modernised approach to the delivery of health information for the public to support an informed and prudent public

What success will look like by the end of 2018/19

- We are a trusted source of information for the public on how to promote and protect their health
- Health Information for the public will be co-produced with our partners to ensure a prudent approach
- People will access health information through a range of outlets and in

a range of formats making best use of the assets within the system and exploiting new technologies to the full

- Primary and community care staff are demonstrably discussing the same public health messages confidently and consistently with patients and communities
- People and communities have the information they need to enable them to engage with local well-being services
- Patients and carers have increased confidence in managing their own and their children's health and well-being

By the end of Year 1

2016/17

Milestones

- There is a revised public facing web presence that facilitates access to health information including tailored information
- There is a network of outlets providing health information to the public as part of a national system
- Proposals have been developed for quality assurance of health information for the public
- A policy position has been adopted on digital first and print based information provision

The action we will take to achieve this

- Review public facing web sites as part of the wider Public Health Wales website review (Quarter 1 - 4)
- Align key sources of information available with partner agencies and organisations to avoid duplication and ensure consistency of messages (Quarter 3 and 4)
- Agree with Welsh Government a future approach to the development, production and dissemination of printed health improvement literature (Quarter 2)
- Work with information services and local libraries to develop a system for health information provision in local communities (Quarter 2 - 4)
- Develop options for quality assurance of health information with partner agencies (Quarter 2 - 4)
- Build on and enhance Add to Your Life learning and infrastructure to extent tailored information provision to other key population groups (Quarter 3 and 4)

By the end of Year 2

2017/18

Milestones

- People in Wales have access to quality assured information to help them maintain and promote their health and well-being

The action we will take to achieve this

- Implement recommendations of the review of public facing websites
- Implement a revised approach to the provision of printed literature for health improvement
- Evaluate the tailored information provision

By the end of Year 3**2018/19****The action we will take to achieve this**

- Evaluate progress to date and identify priorities for future action taking account of developments in technology

10 Strategic Priority 2: Working across sectors to improve the future health and well-being of our children

10.1 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. It is a time that children should be able to enjoy, when they grow, develop, play and learn in a safe and nurturing environment and is a key factor in their future health and well-being.

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 well-being; supporting families and parents; high quality early education and childcare; effective primary education; and raising standards.

During 2015, Public Health Wales has undertaken significant work to focus on this area in conjunction with the United In Improving Health Programme. We 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.

10.2 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 many of these inequalities lie in early childhood and before birth.
- 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.
- inequalities that are already evident in child health outcomes, such as childhood obesity and oral health at the age of five.
- Adverse childhood experiences lead to a range of poor outcomes in childhood and in future life, these are particularly critical in the first 1000 days of life

- 22% of children in Wales living in poverty with reduced life chances that are more likely to become poor adults perpetuating a cycle of inequality.
- opportunities presented by the revised *Healthy Child Programme*, which will 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.

10.3 What we are trying to achieve

The priority will be to mobilise action to improve outcomes in the first 1000 days from conception. This will be taken forward through the United in Improving Health pathfinder areas and system redesign work.

10.3.1 System-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.

Our 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.

10.3.2 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.

10.3.3 Tracking change at a population level

Public Health Wales has worked closely with the Welsh Government and health boards in developing maternity indicators, the Early Years Surveillance Tool and the *Early Years Outcomes Framework*.

Innovative work has been undertaken in Gwent through the 'Plentyn Gwent Child Early Surveillance Tool'. The tool will be launched in early 2016 and will support local action and assessment of need.

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 that are useful for planning and evaluating action.

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 2A	
By the end of 2018/19 we will have mobilised system wide action to improve outcomes in the early years, with a focus on the first 1000 days	
What success will look like by the end of 2018/19	
<ul style="list-style-type: none"> • 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) • 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 <i>Early Years Settings Framework</i> • Maternity and early years outcomes (including smoking in pregnancy, maternal weight gain in pregnancy, childhood overweight and obesity and low birth weight) are being monitored and reported at a population level 	
By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • Proposals for an Early Years Collaborative are implemented in pathfinder areas for the first 1000 days • Outcomes have been defined and an evaluation framework developed with baseline assessment in pathfinder areas • Best practice in developing language is being implemented across Wales • Agencies across sectors recognise the significance of the first 1000 days • Understanding of the rationale for the first 1000 days and the Adverse Childhood Experiences research are widely understood 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Support pathfinder areas in developing local system redesign programmes (Quarter 1) • Disseminate the research evidence on the impact of adverse childhood 	

experiences across the system (Quarter 4)

- Work with partners across the system to ensure that adverse childhood experiences and the first 1000 days are considered and addressed in local needs assessment and strategic plans (Quarter 4)
- Identify outcomes and indicators for the 1000 days pathfinders and work with key partners to influence routine data collection (Quarter 2)
- Work with the Welsh Government to identify policy options and the alignment of policy to improve early years outcomes (Quarter 3)
- Launch the Early Years Setting Scheme recruiting at least 100 settings to the scheme (Quarter 4)
- Implement a revised approach to health information for parents during pregnancy and the early years in Wales (Quarter 4)

By the end of Year 2

2017/18

Milestones

- Learning from the pathfinder areas is being shared across Wales
- Annual reports on outcomes are provided

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
- Hold a minimum of two learning events to share learning
- Support the establishment of local collaboratives in additional local authority areas

By the end of Year 3

2018/19

The action we will take to achieve this

- Review progress to date against key outcomes and recommendations for further action made
- Reach a further 20 per cent of early years settings through the Early Years Scheme
- Implement the core actions relating to activity and play and healthy nutrition in settings in all flying start areas
- Review and evaluate use of surveillance reports and amend future data collection and analysis as necessary

Strategic Objective 2B

By the end of 2018/19 we will have supported health boards and Welsh Government to implement the *Healthy Child Programme*.

What success will look like by the end of 2018/19

- 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**2016/17****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 4)
- Provide strategic advice, training and guidance to support health visiting services to achieve *Baby Friendly* status (Quarter 4)
- Implement changes to the provision of parent information following recommendations of the review undertaken in 2015/16 (Quarter 4)

By the end of Year 2**2017/18****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**2018/19****The action we will take to achieve this**

- Evaluate progress to date and focus further action accordingly

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

11.1 Why this is a priority

Primary care is often the first contact element of our care system for patients or concerned members of the public. It should be fair, equitable, accessible, cost-effective, sustainable and, above all, be designed to proactively improve the health and well-being 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, vaccination programmes, individual behaviour change interventions and chronic conditions management.

Primary care encompasses both health and social care and includes integration with the support provided by other statutory or independent agencies that 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. Well-being is enhanced by recreational and leisure activities and clubs provided in communities. Support for health and well-being may be provided in places of work, in retail outlets, faith centres or other community facilities and groups.

There is the opportunity for the public health community to support primary care systems to take a more population-scale approach to provision of services to, and with, local populations. The actions contained in this priority have been informed by discussions with health boards, citizens, third sector organisations and local authorities, and also the five priority areas outlined in the Welsh Government's primary care plan, *Our plan for a primary care service in Wales up to March 2018* and the primary care workforce plan. The objectives have been determined with reference to the principles of prudent healthcare.

11.2 Drivers for change

The Welsh Government's primary care plan seeks to improve the effectiveness of primary care and ensure more care is delivered in the community, focused 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.

More than 95 per cent of annual contacts with health services by the general public are with community pharmacies, general practices, dental surgeries and the community nursing workforce. Small changes in delivery, therefore, have the potential to influence large numbers of individuals.

Moving planning of health and social care to a locality or cluster level offers an opportunity to take a population health approach to meet local needs. Locality planning offers opportunities for better integration with community wellness services, community assets and with partners such as social care and the third sector.

Prudent healthcare has at its heart well planned and delivered primary care. 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 become prudent patients.

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.

11.3 What we have done so far

Public Health Wales' IMTP for 2015 to 2018 identified primary care development as a key strategic priority. A number of ambitious actions are described in our Operational Plan 2015/16 for the teams in Primary, Community and Integrated Care (PCIC) division, 1000 Lives Improvement Service, Health Intelligence and Health Protection. These include:

- **Support health boards and their associated primary care services to develop a stronger population focus**

The Public Health Wales Observatory provided Cluster and General Practice profiles to support needs assessment and allow comparison between areas. We have developed a maturity matrix for clusters, shared with Directors of Primary Care and Directors of Public Health.

- **Support primary care services to improve a defined number of healthcare outcomes**

We have continued to develop and launch primary care tools that will support service improvement such as a toolkit for cardiovascular disease. The self assessment governance tool has been launched, as has the GP One website and the primary care network. We will work with the programme board in the next year to identify specific work streams around defined health care outcomes at cluster level.

- **Support front line primary care staff to include prevention as a treatment**

We have continued to promote and provide training for “Make every contact count” to increase the opportunities for health and care professionals to encourage members of the public take action to improve their health. We have started to look at how prevention as treatment can be developed, for example in relation to delivery of the Liver Plan and will take this forward under our programme management approach.

We need to further implement our commitments to achieving inclusion of specific health improvement initiatives into cluster plans. We will be asking the new Programme Management Board to consider priorities for prevention at cluster level and will be accountable to them for work-stream delivery on this during 2016/17.

- **Be a leading partner in a redesign of primary care services in Wales**

We have set up a primary care support unit (now the Primary Care Innovation & Development Hub) with additional staff to assist with cluster development. Staff are now coming into post and the Hub is taking shape.

GPONE was launched in 2015 and has continued to be expanded and updated. Development of an associated website to support other people working with primary care clusters has commenced as well a site specifically for those working in optometry. Initial assessment of the need and feasibility for a website to support pharmacy staff working in community pharmacies has started and continues to be scoped.

We have helped develop a list of Primary Care Indicators for consideration by the Directors of Primary & Community Care. This work will continue if required into 16-17 to identify more measures to monitor integrated working and patient experience.

- **Have improved patient safety in primary care**

We have started to develop guidance and a primary care audit to support the antimicrobial resistance initiative with the aim to reducing

inappropriate antibiotic prescribing. We have also continued to develop the primary care trigger tool. Plans are being made for a patient safety programme in primary care in Wales as part of our new programme management approach.

- **Have a clear agreed focus on primary, community and integrated care within the organisation**

We created a Division of Primary, Community and Integrated care within the Health and Wellbeing Directorate and have developed the Public Health Primary Care Network and Primary Care Development and Innovation Hub. We are discussing with Directors of Public Health the roles and responsibilities of national and local public health teams to support clusters and will be appointing staff to coordinate and develop this work.

Although we have made progress in all of these areas, we have been frustrated that we have not made change at the pace we hoped for. In taking work forward we have identified challenges for Public Health Wales that need to be addressed. Staff work hard but there is evidence of silo working, lack of visibility and perceived lack of impact. Work was agreed last year that, on reflection, we did not have resource to achieve successfully and we have learned from this in setting our programme for the next three years. We need to scope work in primary care more carefully with our stakeholders and use programme and project management to ensure that we deliver on time and within agreed resources. Some work that we undertake does not fit easily with our strategic priorities. There is also concern that regulatory activities can better be undertaken by other organisations with more robust governance frameworks.

11.4 What we are trying to achieve

We have reviewed and rationalised our previous strategic objectives for primary care. We want to:

- Ensure that primary care is fully incorporated into our development of systems working for improving health. We are therefore now incorporating work in this under our strategic objective to adopt and implement a multi agency systems approach to achieving significant improvements in our population's health. This includes work to give guidance on the implementation of specific prevention and health improvement programmes and providing consistent health improvement messages in primary and community care.
- Give greater clarity and coherence to our work to develop service quality improvement capacity and capability, supported by the 1000 Lives Improvement Service. Quality improvement activity is therefore now integrated into our strategic objective to support the NHS to

improve outcomes for people using services and to improve patient safety in primary care.

- Focus our further work to support primary care development around two key objectives to work with health boards and other partners.

We will, therefore, over the next three years:

- **Ensure a sustainable primary and community care system fit for future generations (strategic objective 3A).**

This builds on our previous strategic objectives to be a leading partner in a redesign of primary care services in Wales. It also includes developing our previous work to support change management and local leadership capacity and capability.

We will:

1. Deliver an agreed cluster organisational development programme during 2016/17, using available non recurrent funding and then, following evaluation, negotiate future development for subsequent years.
 2. Work with health boards to identify our further role to support development of a sustainable model of primary care in Wales as this emerges from work to evaluate pathfinder and pace setter clusters.
 3. Use our dental, pharmaceutical and optometric resources to strengthen the role of these contractor professions in cluster delivery and development.
 4. Review and renegotiate our role in providing contractor professional advice to Welsh Government and Health Boards to ensure that work is appropriate to our role, clearly defined and contributes effectively to the future development of sustainable models of primary and community care.
- **To align the well-being agendas between public health teams, primary care clusters and public service boards (strategic objective 3B).**

This new objectives includes our previous work to support health boards and their associated primary care services to develop a stronger population focus and to support front line primary care staff to include prevention as a treatment.

We want to:

1. Enable the public health system, including Public Health Wales, health boards and local authorities to work together to maximise the public health impact of primary and community care on prevention,

early intervention and working to address wider determinants of health. Together and over time this will both improve population health and reduce inequities in access to health care and health outcomes.

2. Maximise the opportunities presented by the Well-being of Future Generations Act for closer working between agencies.
3. Help planners and providers to take a local approach to delivering services that meets population need, focusing for the next three years on primary care clusters.
4. Develop and implement plans in true partnership (co-production) with the communities that we serve.

- **Develop the Primary, Community and Integrated Care Division of Public Health Wales to be able to support and deliver rapid, transformational change (strategic objective 3C).**

We have agreement from Directors of Primary and Community Care on this approach and will be implementing it rapidly during 2016/17 with the appointment of a programme director and programme board.

We will:

1. Reorganise our own work to deliver agile programmes that maximise our impact on the development of primary care in Wales.
2. Support primary care through a clear programme managed approach under a multi sector programme board, coordinating work delivery across teams and aligning resources to areas likely to achieve greatest impact.
3. Enable the Primary Care Hub to be the outward facing contact and co-ordination focus for our programmes.
4. Rapidly organise existing work in to programme work streams for approval and oversight by the board. In the first instance we anticipate establishing work-streams relating to prevention, patient safety and cluster development support, picking up on existing work programmes.
5. Move to stopping work that does not fit with our strategic priorities, including some regulatory work (*this requires further negotiation with stakeholders and may mean transfer of staff*).

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 2018/19 we will have worked with health boards and other partners to support a sustainable primary and community care system fit for future generations

What success will look like by the end of 2018/19

- Working with system partners to develop and collectively deliver a bold future vision for primary and community care
- Delivering our shared and agreed contribution to developing the primary and community care system in Wales including our commitments under the Welsh Government's primary care plan, *Our Plan for a Primary Care Service in Wales*
- Developed effective support mechanisms to clusters, co-ordinated through the Primary Care Hub, including organisational development; provision and use of information and population health improvement
- We are delivering our defined and agreed contribution to quality improvement in primary and community care
- We are delivering our defined and agreed role in providing appropriate advice to Welsh Government and health boards on primary and community care issues.
- All primary care clusters can demonstrate improvements in multidisciplinary working including clinical pharmacists, optometrists, dentists and practice / community nursing

By the end of Year 1

2016/17

Milestones

- All primary care clusters can demonstrate access to and use of timely population health information and advice.
- We will have developed a set of measures that can be used by primary care clusters and LHBs to assess progress in cluster development and relevant improvements in population health
- The primary care innovation hub is well established and acts as a focus for the collation and dissemination of high quality assured statements of primary care information, and improvement activity across Wales
- Our contributions to primary care development, primary care quality improvement, governance assurance and advice to Welsh Government are clearly defined and agreed with all relevant partners

- We have facilitated demonstrable improvements in the skill mix of staff working at cluster level, encompassing staff working in health, community and social care
- We have supported improved co-production of services between primary care staff, patients and the general public

The action we will take to achieve this

- Working with primary care clusters, Local Public Health Teams and the Health Intelligence Division, we will develop a plan for maximising use of existing intelligence resources and identify gaps (Quarter 3)
- We will design and deliver a programme of appropriate and timely intelligence with health boards and other partners (Quarter 4)
- We will provide templates and advice to support health boards to deliver robust pharmaceutical and dental needs assessments, in keeping with Welsh Government circulars (Quarter 4)
- We will maintain a primary care collaborative of cluster leads (Quarter 4)
- We will further develop and promote the cluster and contractor professional websites, in agreement with the professions, health boards and Welsh Government. This will include launching Optometry One and Cluster One. (Quarter 4)
- We will support development of a Curriculum and Continuing Professional Development (CPD) framework for primary care nursing (Quarter 4)
- We will identify and publicise good quality training opportunities for primary care nurses through working with primary care nurses and postgraduate institutions. (Quarter 4)
- We will agree and oversee an Organisational Development programme suitable for cluster development (Quarter 4)
- We will engage with opportunities as they arise for strengthening the impact of quality improvement and public health content of the new General Medical Services (GMS), General Ophthalmic Services (GOS), and General Dental Services (GDS) contracts for 2017/18 and beyond (Quarter 4)

By the end of Year 2

2017/18

Milestones

- Cluster action plans include activities that are likely to lead in due course to improved population health outcomes
- Clusters feel confident that they can access and use the information and tools they need
- The future vision and action plan for primary care in Wales beyond 2018 includes clear population health perspectives for all contractor

professions

- Content and funding of further cluster development programmes are agreed.
- Primary care clusters will be able to show evidence of engagement and co-production with community and third sector partners

The action we will take to achieve this

- Provide advice to Welsh Government and health boards on the future direction and function of primary care in the light of experience and emerging international evidence
- Engage with partners and the primary and community care workforce to look at different ways of delivering care by primary and community care teams, learning from experience and best practice evidence from elsewhere
- Share evidence and practice on effective social prescribing and its applicability in Wales
- Further develop and evaluate with partners the development programme for clusters, including a population approach in primary care.

By the end of Year 3

2018/19

The action we will take to achieve this

- Provide advice to Welsh Government and health boards on the future direction and function of primary and integrated care, in the light of experience and emerging international evidence.
- Work to implement the refreshed vision for primary care services in Wales beyond 2018.
- Work with health boards to identify further needs for the cluster and primary care development programme in the light of evaluation and experience.

Strategic Objective 3B

By the end of 2018/19, the well-being agendas are aligned between public health teams, primary care clusters and public service boards

What success will look like by the end of 2018/19

- The well-being agendas of different primary care agencies complement and support each other in attaining the well-being of future generations goals
- Organisational agendas include clear commitments to population health

improvement and reductions in health inequalities through primary care

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • Mechanisms to align staff resource and well-being agendas are agreed and understood by all key players • There is evidence of increasing prevention and early intervention actions in cluster and practice development plans • All cluster plans include actions on smoking cessation and at least two other health improvement priority areas • All cluster plans include co-ordinated actions to address population health priorities and/or inequalities 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • We will collate evidence informed products to support the primary care implementation of the prevention elements of the national condition delivery plans and early years' interventions (Quarter 3) • We will develop an agreed system for dissemination, awareness raising and evaluation of development and support products through the Primary Care Hub (Quarter 2) • We will provide development opportunities for clusters to consider new ways of working collaboratively, including engagement with Public Service Boards (Quarter 4) 	
By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • Clusters are confident in reviewing their local data and producing action plans responsive to community needs • Primary and community care cluster plans are aligned with public service board agendas • Clusters have integrated social care and community organisations into their service planning • The prevention and health improvement activities included in primary care plans are evidence-based and relevant across organisations and professional specialties. 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Review, further develop and expand the range of products to support the primary care implementation of the agreed priorities, in the light of previous evaluation and experience • Ensure all primary care contractor professions are engaged in developing collaborative plans and opportunities for population health improvement 	

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • Review further requirements for shared products to support population health improvement in the light of new vision for primary care services beyond 2018 and in the light of further evaluation and experience • Review experience and impact of working with Public Service Boards to deliver population health improvement and make recommendations for future working. • Continue to provide development opportunities for clusters to consider new ways of working collaboratively, including co-production to improve population health 	

Strategic Objective 3C
<p>By the end of 2018/19 we will have developed the Primary, Community and Integrated Care Division of Public Health Wales to be able to support and deliver rapid, transformational change</p>
<p>What success will look like by the end of 2018/19</p>
<ul style="list-style-type: none"> • Divisional staff have a clear role and remit. They are seen as trusted partners in delivering effective programmes that support primary and community care development in Wales • The Division is fit for purpose in terms of programme development and delivery. Team structures and skill mix are appropriate and staff are confident that they understand and can deliver their role • Staff are confident in leading programmes / work-streams that achieve effective transformational change, at speed and at scale • Division products and services are seen as being of excellent quality and highly relevant to the primary care agenda in Wales • Issues and concerns regarding inspection and investigation activity have been successfully addressed.

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • A primary care programme director has taken up post and is working with staff to ensure effective delivery of the divisional agenda through a programme management approach • The role and remit and structure of the Division is clearly defined, agreed by key partners and has been established • Arrangements for delivering contractor professional advice to Welsh 	

Government are agreed

- Issues relating to inspection and investigation activity have been negotiated with key partners and satisfactorily addressed. Workforce and organisational development needs for the Division have been identified and an action plan is in place to address these
- Development needs will have been identified for individual staff to deliver the divisional agenda effectively; plans to address needs have commenced
- Further Divisional outputs are aligned to supporting organisational goals

The action we will take to achieve this

- Recruitment of a Programme Director to ensure relevant programmes are developed and delivered that are effective in achieving our agreed change agenda for primary care development in Wales (Quarter 1)
- Complete review of the Division including, aims, role and remit, programme development, team structures, staff skill mix and other resources. From this a modernisation plan for the division will be developed, in partnership with staff (Quarter 2)
- Assessment of the value and use of divisional products. Any changes required will be fully discussed with partners (Quarter 3)
- Work with Welsh Government and other key partners to agree the scope of, and mechanisms through which Public Health Wales professional primary care advice is provided (Quarter 2)
- Establish in conjunction with health boards and Welsh Government a project to review the role of Public Health Wales in supporting primary care governance and quality improvement (Quarter 1)

By the end of Year 2

2017/18

Milestones

- The modernisation plan for the division will have been fully implemented
- Staff are delivering effective primary care development and support programmes
- Programme delivery continues to be reviewed and refined to meet the developing primary care agenda

The action we will take to achieve this

- We will implement appropriate further developments agreed with key partners
- We will evaluate our contribution to developing primary and community care in Wales and agree with key partners what further actions we should take
- We will review the progress we have made and agree any further changes to programme delivery or organisational structures required

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • We will implement appropriate further developments agreed with key partners • We will evaluate our contribution to developing and community care in Wales and agree with key partners what further actions we should take • We will review the progress we have made and agree any further changes to programme delivery or organisational structures required 	

12 Strategic Priority 4: Supporting the NHS to improve outcomes for people using services

12.1 Why this is a priority

NHS Wales is on a journey of quality improvement. There has been great success by organisations and individuals in improving the quality and safety of healthcare for the people of Wales, but there is more to be done.

1000 Lives Improvement is working with teams within Public Health Wales, partners across NHS Wales, the public sector and the voluntary sector to support the NHS to improve outcomes for people using health services in Wales.

This aim is underpinned by the philosophy of prudent healthcare and the Institute for Healthcare Improvement's Triple Aim of improving population health, enhancing the experience of care and reducing the cost of healthcare. 1000 Lives Improvement recognises the need to broaden the reach and impact of its work outside of patient safety and secondary care to truly embed a culture of improvement.

Prudent healthcare describes the distinctive way of shaping the Welsh NHS to ensure it is always adding value, contributes to improved outcomes and is sustainable. It underpins our drivers for change and for continuing to develop and achieve our strategic objectives and delivery milestones.

The strategic objectives identify the priorities and actions to support health boards and trusts to continue to improve healthcare outcomes for patients.

Many of the milestones and actions reflect the priorities for 1000 Lives Improvement, identified by the Director of NHS Quality Improvement and Patient Safety/Director of 1000 Lives through discussion with health boards and trusts, key stakeholders and Welsh Government. 1000 Lives Improvement is the national improvement service for NHS Wales delivered by Public Health Wales. Our *Improving Quality Together* methodology and programme areas are supporting the NHS to improve healthcare outcomes for patients and to deliver the highest quality and safest healthcare for the people of Wales.

The priorities continue to build upon learning from local, national and international good practice and evidence, and the ongoing need to integrate the principles of prudent healthcare. The 1000 Lives Improvement Service is continuing to support 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 work to support the Well-being of Future Generations (Wales) Act 2015. 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.

12.2 Drivers for change

The context for this priority area is shaped by several drivers:

- The political and strategic context of prudent healthcare and the Well-being of Future Generations (Wales) Act 2015, including the recent publication by the Minister for Health and Social Services, '*Prudent Healthcare – Securing Health and Well-being for Future Generations*'.
- The OECD Reviews of Health Care Quality – United Kingdom (2016).
- The UK and international improvement movement.
- 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 national plans and programmes established by Welsh Government and NHS Chief Executives to address planned care, unscheduled care and primary care.
- The local and national improvement work that has already taken place or is ongoing.
- The local improvement capability and improvement infrastructure within NHS Wales.

The First Minister and Minister for Health and Social Services have set out the Welsh Government's continuing commitment to prudent healthcare and the need for NHS Wales to play its full part in turning the principles into real changes in the way services are organised and provided.

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

1000 Lives Improvement continues to develop support for the Planned Care and Unscheduled Care national programmes. This includes parallel working across the health and social care system, incorporating local government and housing partners and also charitable and third sector organisations.

Improvement support is also being provided for the delivery of the Welsh Government 'Together for Mental Health' Strategy and 2016-19 Delivery

Plan, and 'Together for Children and Young People' Programme. Overall the aim is to improve the outcomes and quality of mental health services across primary, community care and specialist care sectors and a priority here is the work to establish nationally standardised outcome measures (including an outcome assessment from a service user lens) under the Mental Health Core Data Set. A national programme of support has enabled the delivery of efficient, robust and prudent mental health and learning disability services across all sectors. Examples include:

- improved rate of dementia diagnosis
- improved quality of older people's NHS psychiatric inpatient care
- improved safer staffing levels in adult psychiatric inpatient care
- improved services for young people with Neuro-developmental conditions
- improved peri-natal mental health services
- improved early intervention psychosis services
- improved access to psychological therapies
- shared learning from Untoward Incidents
- implementation of the NHS Learning Disability Care Bundle for DGH and Community Hospitals

Healthcare Associated Infections (HCAIs) are a continuing priority for NHS Wales. Progress is being made against recently published Welsh Government targets for *Clostridium difficile* (*C. difficile*) and methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia. Although not responsible for direct delivery of patient care, we will continue to support NHS Wales organisations to eliminate preventable HCAIs, especially working with organisations that face particular challenges.

Immunisation programmes are at the core of vaccine-preventable disease prevention, including cancers and complications such as chronic pain following shingles. Wales and the UK have a world-leading routine schedule and, in 2015, became the first nation to have a vaccination programme to prevent all forms of invasive meningococcal disease. We have key roles in policy development, supporting service delivery, training immunisers and informing the public

12.3 What we are trying to achieve

Public Health Wales will continue to support NHS Wales organisations to drive improvements in patient safety with work programmes aimed at reducing harm. There is a particular focus on enabling the NHS to apply the principles of prudent healthcare to achieve measurable quality improvements as part of the national planned care programme, the

unscheduled care programme, the primary care plan and the national work to improve mental health. This also includes progressing key actions in the Minister for Health and Social Services' *'Prudent healthcare – Securing Health and Well-being for Future Generations'*.

The focus on patient safety includes reducing HCAIs, the improved management of sepsis, appropriate medicines management, safer staffing and improved maternity services. There is also a clear drive to increase improvement capacity and capability within NHS Wales, underpinned by the national improvement programme – *Improving Quality Together*.

We will promote and support a culture of patient safety and quality of care based on prudent healthcare principles through clearly defined programmes of work. Each programme of work will offer a unique set of national-level improvement activities that only 1000 Lives Improvement can offer:

1. Exploring new ideas and practices
2. Stimulating participation and networking
3. Supporting local groups to improve their services
4. Implementing quality and safety programmes
5. Sharing and embedding knowledge and skill

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

12.4 A national safeguarding team for NHS Wales

The approach and actions outlined in this plan demonstrate how our Safeguarding Service will respond to the changes which have occurred in NHS Wales and the ongoing impact resulting from the Social Services and Wellbeing (Wales) Act 2014. This will result in a widening of our focus towards safeguarding people, rather than the more traditional approach and focus on children and adults.

We will continue to provide, via the now fully established Safeguarding Network, expertise and collaborative leadership to improve quality, safety and variation, and ensure safeguarding arrangements for NHS Wales continue to be fit for purpose.

This approach is reflected in the actions detailed within this plan (see strategic objective 4F) and our supporting Operational Plan for 2016/17. It has been developed through agreement of shared priorities with our partners and stakeholders and is based on our existing capacity and resources.

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 4A

By the end of 2018/19 we will have enabled the NHS to apply the principles of prudent healthcare to achieve measurable improvements in priority areas

What success will look like by the end of 2018/19

- We have taken forward agreed key action areas in '*Prudent Healthcare – Securing Health and Well-being for Future Generations*', including:
 - The appropriateness of tests, treatments and medications – focused on supporting the Prudent Prescribing Implementation Group with improving antibiotic prescribing, variations in clinical practice and Choosing Wisely Wales
 - Changing the model of outpatients – focused on a programme of peer review and radically re-thinking and re-designing the model, aligned with behavioural insight work
 - Working together to improve healthcare – focused on the primary care quality improvement programme and refreshing the falls programme and its impact on outcomes for older people
- 1000 Lives Improvement has supported the Royal Colleges to develop and implement Choosing Wisely Wales
- The principles of prudent healthcare are embedded in all improvement programmes delivered by 1000 Lives Improvement
- The implementation of national programmes and plans includes 1000 Lives Improvement support to enable the NHS to apply prudent healthcare principles and quality improvement methodology
- A national programme of support has enabled the delivery of efficient, robust and prudent mental health and learning disability services across all sectors
- Health boards have access to information on population factors to inform decisions on unscheduled care delivery
- Public Health Wales has strengthened the effective general use of evidence and data analyses to inform improvement and evidence-based treatment

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • The three actions outlined in the Minister's document are delivered by Public Health Wales, with 1000 Lives Improvement leading on the delivery of improvement actions • The first phase of Choosing Wisely is implemented • Dedicated programme of improvement support to meet emerging priorities of the Unscheduled Care Board • Dedicated programme of improvement support for the national Planned Care Programme • Dedicated programme of improvement support for the national Primary Care Plan • Dedicated programme of improvement support to enable efficient, robust and prudent mental health and learning disability services across all sectors 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • The three prudent healthcare action areas are scoped, co-designed with the service and delivery begins (Quarter 4) • 1000 Lives Improvement has supported the Royal Colleges to develop and implement the first stage of Choosing Wisely Wales (Quarter 4) • Work with the unscheduled care programme board to identify priority areas for organisations and agree a programme of support based on Welsh Government's strategic priority to improve patient flow throughout the health and social care system (e.g. work to reduce delays to diagnostics; internal delayed transfers; work with social care) (Quarter 1) • Tailored support for the adoption of prudent healthcare principles in unscheduled care as part of the national unscheduled care programme (Quarter 4) • Tailored support for the delivery of the national Planned Care Programme (Quarter 4) • Tailored support for the national Primary Care Programme, including co-production training for primary care clusters (Quarter 4) • Tailored support for mental health and learning disability services in Wales (e.g. Child and Adolescent Mental Health Services, First Episode Psychosis, Older Persons Mental Health Services, National Psychological Therapies and also supporting communities of Practice (Perinatal Mental Health and a Neurodevelopmental Work Stream) (Quarter 4) • Support the healthcare public health system including Directors of Public Health, local public health teams and others to improve health services to deliver prudent healthcare through the provision of health intelligence (Quarter 4) 	

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • Initial prudent healthcare action areas are reviewed and action taken • Additional defined prudent healthcare programmes of work are delivered • Choosing Wisely Wales is developed following feedback on implementation in Year 1 • Continued support to meet the priorities of the Unscheduled Care Programme Board • Continued support for the national Planned Care Programme • Continued support for the adoption of prudent healthcare within the national Primary Care Plan • Continued support to improve mental health and learning disability services 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Initial prudent healthcare programmes of work are reviewed and appropriate actions taken to sustain the improvements and embed changes • Deliver additional defined prudent healthcare programmes of work • Support and refine the delivery of Choosing Wisely Wales • Work with the Unscheduled Care Programme Board to continue to provide intensive improvement support to targeted areas • Provide tailored support for the continued delivery of the national Planned Care Programme • Tailored support for the continued adoption of prudent healthcare principles in primary care as part of the national Primary Care Programme, including co-production training for primary care clusters • Provide tailored national support to improve mental health and learning disability services 	
By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • The prudent healthcare action areas are reviewed and appropriate actions taken to sustain the improvements, embed changes and evaluate impact • Support and refine the delivery of Choosing Wisely Wales • Work with the Unscheduled Care Programme Board to continue to provide intensive improvement support to targeted areas • Tailored support for the continued delivery of the national Planned Care Programme 	

- Tailored support for the continued adoption of prudent healthcare principles in primary care as part of the National Primary Care Plan, including co-production training for primary care clusters
- Tailored national support to improve mental health and learning disability services

Strategic Objective 4B

By the end of 2018/19 we will have worked with health boards and trusts to achieve demonstrable improvements by reducing harm and improving patient safety

What success will look like by the end of 2018/19

- A *National Strategy for Quality Improvement and Patient Safety* and associated implementation plan has been developed by Welsh Government, 1000 Lives Improvement and key stakeholders.
- 1000 Lives Improvement has enabled health boards and trusts to achieve the substantial, measurable improvements in defined core patient safety areas
- 1000 Lives Improvement has supported NHS Wales and the Welsh Government to develop a national suite of acuity and dependency workforce tools to deliver an evidence-based method of providing assurance on the quality and safety of extant levels of nurse staffing.
- A patient safety collaborative for primary care has been delivered by Primary Care Quality and 1000 Lives Improvement, with key safety issues identified, developed and tested national solutions, systematically introduced IQT into primary care and refined current reporting systems to improve learning
- All organisations are enabled by 1000 Lives Improvement to reduce their harm fingerprint (as defined by the Measuring Harm and Informing Quality Improvement Longitudinally in the Welsh NHS study).

By the end of Year 1

2016/17

Milestones

- A National Strategy for Quality Improvement and Patient Safety, and associated implementation plan, has been drafted and consulted on
- Health boards and trusts are beginning to achieve demonstrable improvements in priority areas for patient safety with national support from 1000 Lives Improvement.
- All organisations are actively working to reduce their harm fingerprint (as defined by the Measuring Harm and Informing Quality Improvement Longitudinally in the Welsh NHS study)

- NHS Wales is supported in responding to safe staffing legislation through the national programme of work on acuity and dependency tools.
- Work is underway in specific areas of primary care to ensure adverse significant events are readily reported and are showing a reduction
- Adverse significant events are readily reported in primary care and are showing a reduction
- Effective tools are in place to provide assurance to health boards and the public of the safety and effectiveness of routine primary care services
- There is increased awareness among patients and professionals of the potential for harm resulting from health interventions
- There is a reduction (from 2014-2015) in the use of antimicrobials in primary care

The action we will take to achieve this

- Collaborate with the Welsh Government, the NHS and service user groups, to develop a *National Strategy for Quality Improvement and Patient Safety* together with an associated implementation plan (Quarter 4)
- Deliver and support dedicated networks to enable organisations to reduce their rates of harm including Sepsis, Acute Kidney Injury (AKI), Cancer Network and Maternity Network Wales (Quarter 4)
- Support NHS Wales and the Welsh Government to develop a national suite of acuity and dependency workforce tools to deliver an evidence-based method of providing assurance on the quality and safety of extant levels of nurse staffing (Quarter 4)
- Develop and implement a primary care patient safety programme to enable a reduction in adverse significant events in agreed areas (Quarter 4)
- Provide reassurance of patient safety during the changeover 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 changeover from current Luer to non-Luer connectors in Wales (with the aim of reducing the risk of wrong-route injections) (Quarter 1-4)

By the end of Year 2

2017/18

Milestones

- Health boards and trusts are making demonstrable improvements in priority areas for patient safety with national support from 1000 Lives Improvement.
- NHS Wales continues to be supported in responding to safe staffing legislation through the national programme of work on acuity and

dependency tools.

- Work continues in specific areas of primary care to ensure adverse significant events are readily reported and are showing a reduction

The action we will take to achieve this

- Implement actions in the *National Strategy for Quality Improvement and Patient Safety* as they relate to 1000 Lives Improvement
- Ensure continued support to, and delivery of, dedicated networks to enable organisations to reduce their rates of harm including sepsis, AKI, Cancer Network and Maternity Network Wales
- The primary care patient safety programme continues to enable a reduction in adverse significant events in agreed areas
- Work continues to support NHS Wales in responding to safe staffing legislation through the national programme of work on acuity and dependency tools

By the end of Year 3

2018/19

The action we will take to achieve this

- Implement actions in the *National Strategy for Quality Improvement and Patient Safety* as they relate to 1000 Lives Improvement
- Provide national improvement support such as 1000 Lives Improvement, for local services where patient safety challenges exist
- The primary care patient safety programme continues to enable a reduction in adverse significant events in agreed areas
- Continue to support NHS Wales in responding to safe staffing legislation through the national programme of work on acuity and dependency tools

Strategic Objective 4C

By end of 2018/19 we will have reduced healthcare associated infection (HCAI) rates in NHS Wales and provide strategic leadership and deliver responsive and flexible support with the aim of increasing immunisation uptake rates in Wales

What success will look like by the end of 2018/19

- Health boards will have achieved reductions in HCAI rates as set out by the Welsh Government. Where outliers are identified support will be provided in terms of training, audit tools and additional analysis where required.
- Standards for Infection Prevention and Control (IPC) in Wales are

implemented.

- Health boards will achieve existing vaccination targets in infants and made substantial progress towards pre-school and adolescent objectives
- The introduction of new immunisation programmes will be supported with guidance, training, surveillance and public information, and existing standards will be updated

By the end of Year 1

2016/17

Milestones

- Health boards will have achieved the rate reduction expectations for C. difficile and S. aureus bacteraemias
- Bespoke support will be provided to healthcare organisations from the Welsh Healthcare Associated Infection Programme (WHAIP)
- A case management system (ICNet) will be introduced for patient management in the majority of healthcare organisations
- A protocol for surveillance of outbreaks in community and secondary care settings will have been developed
- Health boards will maintain uptake targets or be making significant progress towards their achievement of the targets for childhood immunisations and influenza vaccines
- Newly introduced vaccines will achieve uptake comparable to existing programmes
- Targeted support will be provided to service providers from the Vaccine Preventable Disease (VPD) Programme and health boards will be supported to achieve compliance with existing policies and standards for service delivery

The action we will take to achieve this

- Provide up to date infection prevention and control policies, guidance, recommendations and education to support healthcare organisations (Quarter 1-4)
- Implement the roll-out of ICNet to all but one of the health boards and Velindre NHS Trust (Quarter 4)
- Implement new surveillance schemes and surveys, update data capture and reporting tools for current HCAI surveillance and in response to the new requirements (Quarter 2-4)
- 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 1-4)
- 1000 Lives Improvement will work with colleagues in Public Health Wales to target support to reduce MRSA and C.Difficile rate in

organisations that are challenged (Quarter 4)

- Provide evidence based immunisation guidance, training, education and public information to support health boards, Trusts and general practices, including direct support for services to improve delivery (Quarter 1)
- Develop new vaccine uptake reports to support cluster working and implement quarterly surveillance reports of VPD incidence (Quarter 3)
- Work with school nursing services to develop standards for delivery of immunisation programmes (Quarter 2)
- Work with Immunisation Coordinators (ICs) and universities across Wales to promote the use of the online immunisation e-learning module, including flu e-learning modules to increase the number of trained staff in Wales (Quarter 3)
- Work with Public Health England (PHE) to produce national training resources to complement the revised national immunisation training standards for Healthcare Support Workers (Quarter 4)

By the end of Year 2

2017/18

Milestones

- Bespoke support continues to be provided to healthcare organisations unlikely or unable to achieve expected rate reductions
- Roll-out of ICNet is complete.
- The protocol for surveillance of outbreaks in community and secondary care settings via ICNet is implemented
- Targeted clinical, epidemiological and analytical support from the VPD Programme will be provided to service providers facing challenges
- Audit shows improved compliance in health boards with existing policies and standards for service delivery including follow up of defaulters and child health processes

The action we will take to achieve this

- Provide up to date infection prevention and control policies, guidance, recommendations and education to support healthcare organisations
- 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
- Collaborate with NHS organisations, academic institutions and others to develop and implement quality improvement measures and undertake relevant research
- 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
- Provide expert assessment of emerging HCAI threats and specialist support to wider health protection/communicable disease threats; 1000

Lives Improvement will work with colleagues in Public Health Wales to target support to reduce MRSA and C.Difficile rate in organisations that are challenged

- Use a web based reporting tool developed for orthopaedic surgical site infection (SSI) as a model for planned changes to other surveillance schemes
- Implement quality improvement work to reduce infections associated with central venous catheter (CVC) in noncritical care areas
- Develop expanded HCAI reduction programmes in surgical site infection (SSI) beyond orthopaedics and caesarian-section
- Implement a range of quality improvement interventions for surgical site infection (SSI) including orthopaedic and caesarian-section
- Provide evidence-based immunisation guidance, training, education and public information to support health boards, Trusts and general practices, including direct support for services to improve delivery
- Evaluate the new vaccine uptake reports to support cluster working and quarterly surveillance reports of vaccine preventable disease incidence
- Continue to work with Immunisation Coordinators (ICs) and universities across Wales to embed the use of the online immunisation e-learning modules into routine student and staff training in Wales
- Continue to work with Public Health England (PHE) to evaluate the national training resources for Healthcare Support Workers

By the end of Year 3

2018/19

The action we will take to achieve this

- Provide up to date infection prevention and control policies, guidance, recommendations and education to support healthcare organisations
- Evaluate 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
- Evaluate the effectiveness of ICNet and support healthcare organisations to develop appropriate business cases for its continued availability
- Collaborate with NHS organisations, academic institutions and others to develop and implement quality improvement measures and undertake relevant research
- 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
- Provide expert assessment of emerging HCAI threats and specialist support to wider health protection/communicable disease threats
- 1000 Lives Improvement will work with colleagues in Public Health Wales to target support to reduce MRSA and C.Difficile rate in

organisations that are challenged

- Provide evidence-based immunisation guidance, training, education and public information to support health boards, Trusts and general practices, including direct support for services to improve delivery.
- Continue to evaluate the use in health boards and general practice of vaccine uptake reports and surveillance reports of vaccine preventable disease incidence
- Continue to evaluate the use of the online immunisation e-learning modules in routine student and staff training in Wales
- With Public Health England (PHE) revised national training resources for clinical immunisers
- Work with PHE to evaluate the addition of new vaccines into the routine schedule, such as Hepatitis B and Varicella vaccines

Strategic Objective 4D

By the end of 2018/19 we will have led improvements in prescribing and medicines management in NHS Wales, delivering equitable, safe and preventative care for patients

What success will look like by the end of 2018/19

- 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 improved efficiency demonstrated through prescribing reports and prevalence surveys
- 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
- At least 50 per cent of NHS staff with direct patient contact receive the flu vaccine
- There is a standard approach to minimising harm from medication

By the end of Year 1

2016/17

Milestones

- Organisations have improved access to antimicrobial usage and resistance data provided by the organisation
- Increased numbers of NHS staff with direct patient contact receive the

flu vaccine • Antimicrobial Delivery Plan implementation board established	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Commence implementation of the Antimicrobial Delivery Plan and in partnership with the Quality Improvement & Patient Safety Directorate, achieve prudent prescribing following completion of consultation (Quarter 4) • Deliver a public-facing awareness campaign for antimicrobial use and coordinate other 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) • Review current flu prevention programmes and integrate public and professional programmes into a single cohesive programme (Quarter 2) 	
By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • Organisations have improved access to antimicrobial usage and resistance data • Year on year increase in numbers of NHS staff with direct patient contact receive the flu vaccine 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Implement integrated flu prevention programmes for the public and professionals • Evaluation of tools to optimise the presentation of antimicrobial resistance research needs and mapping applications 	
By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • Evaluate the impact of the integrated flu prevention programmes for public and professional groups • Continued enhancement of tools to optimise the presentation of antimicrobial resistance research needs and mapping applications 	

Strategic Objective 4E

By the end of 2018/19, we will have increased quality improvement capacity and capability within NHS Wales and its partner organisations

What success will look like by the end of 2018/19

- Service users have been engaged with through the Service User Experience and Learning Panel
- 1000 Lives Improvement has supported each health board and trust to invest in person centred tools, techniques and training including shared decision making, self management
- 1000 Lives Improvement has supported each health board and trust to establish a 'hub' to support the local development of quality improvement capacity and capability
- A model for 1000 Lives Improvement's support to NHS Wales is developed which includes defined evaluation criteria
- 1000 Lives Improvement has enabled the integration of Improving Quality Together into all improvement work in health boards and Trusts in Wales undertaken by senior leaders, clinicians, nursing staff, frontline staff and administrative staff.
- 1000 Lives Improvement has supported the integration of Improving Quality Together into medical dental, nursing and Allied Healthcare Professional curricula in Welsh universities
- 1000 Lives Improvement has empowered and enabled healthcare students to drive quality improvements through the Student and Educator Community
- 1000 Lives Improvement has supported teams within Public Health Wales and the NHS to develop a culture of innovation, where it is embraced not stifled

By the end of Year 1**2016/17****Milestones**

- A common suite of Person-centred Care tools and advice is offered to all health boards and trusts for implementation
- Evaluation mechanisms for 1000 Lives Improvement support to NHS Wales are established
- Health boards and trusts have begun to implement their preferred approach to a Quality Improvement 'hubs'
- Improving Quality Together is integrated in targeted areas within medical, dental, nursing and AHP courses in universities in Wales
- The Student and Educator Community has empowered students in quality improvement

- The number of Improving Quality Together projects has increased, and is complemented by the Gold Network
- Good practice is shared across NHS Wales to support quality improvement
- Innovations have been supported and celebrated by Public Health Wales (both internally and externally) and the learning is shared

The action we will take to achieve this

- Review and develop Person Centred Care signposting support and guidance to all health boards and trusts (Quarter 4)
- Support organisations to develop a quality improvement 'hub' (Quarter 4)
- Redesign the way in which 1000 Lives Improvement delivers its work programme, including working with improvement 'hubs' and ensuring service users are directly involved and enabled to provide feedback (Quarter 3)
- Develop evaluation mechanisms to gather evidence of the impact of 1000 Lives Improvement work (Quarter 3)
- Work with medical dental, nursing and AHP professionals in universities in Wales to target support for integrating Improving Quality Together (Quarter 4)
- Deliver quality improvement activities, competitions, training and development opportunities for students through the Student and Educator Community (Quarter 4)
- Establish the Improving Quality Together Gold Network development programme (Quarter 2)
- Deliver online Improving Quality Together materials and raise awareness in all health boards/trusts with comprehensive communications strategy (Quarter 3)
- Support sharing of good practice across NHS Wales using mechanisms such as the Improving Quality Together website and the NHS Wales Awards (Quarter 4)
- Identify innovative work supported across the organisation, such as the Bevan Commission Exemplars and strengthen links with Health Innovation Cymru Wales (Quarter 4).

By the end of Year 2

2017/18

Milestones

- Continued Person Centred Care signposting support and guidance to all health boards and trusts
- Health board and trust improvement 'hubs' are the key point of contact for Improving Quality Together locally and liaising with 1000 Lives Improvement nationally

- Improving Quality Together is integrated into additional areas within medical, dental, nursing and AHP courses in universities in Wales
- The Student and Educator Community continues to empower students in quality improvement
- A coordinated approach to innovation is developed and established across the organisation to support internal and external innovations.

The action we will take to achieve this

- Build on and develop the common suite of person centred care signposting support
- Develop evaluation of the impact of 1000 Lives Improvement work and to gather feedback from service users
- Support for health boards and trusts to integrate Improving Quality Together is driven through local improvement 'hubs'
- Build on and develop the support to health boards and trusts for Improving Quality Together
- Build on and develop the support to Welsh universities in integrating Improving Quality Together
- Build on the innovations and good practice, and establish an organisation-wide approach to innovation, including the co-production of innovation with service users.

By the end of Year 3

2018/19

The action we will take to achieve this

- Build on and develop the common suite of person centred care signposting support
- Develop evaluation of the impact of 1000 Lives Improvement work and to gather feedback from service users
- Build on and develop the support to health board and trust improvement 'hubs'
- Build on and develop the support to Welsh universities in integrating Improving Quality Together
- Build on and develop the approach to innovation, including the visible accountability of innovation

Strategic Objective 4F

By the end of 2018/19 we will have developed an enhanced service that leads across the broader spectrum of safeguarding people

What success will look like by the end of 2018/19

- 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**2016/17****Milestones**

- Awareness of the long term impact of adverse childhood experiences raised across Network and regional safeguarding boards September 2016
- Report on evaluation of national safeguarding service leadership of Network and impact on safeguarding outcomes for children and families
- Key learning for NHS disseminated via report to Safeguarding NHS Network quarterly
- National safeguarding priorities agreed with Network Nurse Directors and Welsh Government
- Wales Safeguarding NHS Network established leading on the broader spectrum of safeguarding people

The action we will take to achieve this

- Ensure that safeguarding is a priority in the prevention agenda of NHS in Wales through presentations of Wales Adverse Childhood Experiences survey to the Network and Safeguarding boards by September 2016 (Quarter 2)
- Enhance integration and collaboration by NHS Wales and partner organisations (Quarter 1)
- Improve and enhance the effectiveness of safeguarding practice (Quarter 4)
- Influence and improve the National Safeguarding priorities in NHS Wales (Quarter 3)
- Redevelop the Wales Safeguarding Children NHS Network with the wider remit of Safeguarding People (Quarter 2)

By the end of Year 2**2017/18****Milestones**

- Chief Nursing Officer Report on Quality Outcomes Framework Self

Assessment Findings

- Completion of Safeguarding audit re: adult mental health services
- Completion of medical advisors of adoption quality standards audit
- Annual analysis and report to NHS Safeguarding Network of lessons learnt
- Terms of reference, membership and work programme of NHS Safeguarding network adapted
- Modernisation of Safeguarding Children Service to reflect the needs of the NHS Wales
- Report on the compliance of NHS Wales health boards and Trusts with NICE Guidance on domestic abuse

The action we will take to achieve this

- Analyse and present findings from the Quality Outcomes Framework Self Assessment
- Re-audit compliance against standards for adult mental health services
- Audit the compliance by health boards in Wales with quality standards on sharing of health information and counselling prospective adopters by Medical Advisors in Adoption.
- Undertake analysis of Statutory Child Practice Reviews undertaken across Wales in relation to lessons learnt for NHS Wales
- Provide leadership and expertise from Safeguarding Children Service to Regional Safeguarding Children Boards in meeting statutory duties to undertake Child Practice Reviews as per Welsh Government Guidance Safeguarding Children: Working Together under Children Act 2004
- Adapt and make changes to the working practices of the NHS Safeguarding Network following the evaluation undertaken
- Development of Safeguarding Children Service in line with discussion with Chief Nursing Officer
- Evaluate the implementation of the NHS Wales Child Sexual Exploitation Prevention strategy and action plan
- Analysis of data returns in 2016-2017 Quality Outcomes Framework with respect to Domestic Abuse and National Institute for Clinical Excellence Guidance

By the end of Year 3**2018/19****The action we will take to achieve this**

- Analyse and present findings from the Quality Outcomes Framework Self Assessment
- Annual Analysis and report to NHS Safeguarding Network of lessons learnt from statutory Child Practice Reviews across Wales
- Provide leadership and expertise from Safeguarding Children Service to

Regional Safeguarding Children Boards in meeting statutory duties to undertake Child Practice Reviews as per Welsh Government Guidance Safeguarding Children: Working Together under Children Act 2004

- Report on the impact of the Network on Safeguarding Children by NHS Wales
- Evaluate the implementation of training standards by health boards and Trusts in NHS Wales

13 Strategic Priority 5: Influencing policy to protect and improve health and reduce inequalities

13.1 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 at a national and local level that supports the improvement of health across Wales and the reduction of health inequalities.

Public Health Wales already works collaboratively with partner organisations across a wide range of policy issues, including major legislative developments such as the Well-being of Future Generations (Wales) Act and Draft Public Health (Minimum Price for Alcohol) Bill.

We are working 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, the housing sector, 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 evidence, policies and practice for the benefit of the Welsh population. Public Health Wales has already made some inroads into international issues and collaborations, including work through the World Health Organization (WHO) Regions for Health Network and Healthy Cities, EuroHealthNet, the European Commission and the global co-coordinating activities of the International Health Co-ordination Centre (IHCC). Our focus and activities are informed and guided by the WHO European Health 2020 Strategy and Policy Framework and the post-

2015 sustainable development agenda, in particular the UN Sustainable Development Goals.

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 regions as well as opportunities to increase international income into Wales.

13.2 Drivers for change

Our drivers for change are:

- potential for policy to drive and support health improvement and reductions in inequalities and levels of poverty which is reflected in the Well-being of Future Generations (Wales) Act 2015.
- 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.
- 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 well-being 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.

Through the lifespan of this plan, we will develop our policy expertise, and focus on priority topics that require policy work. This three year plan provides an opportunity for us to better align our organisational objectives with the policy objectives of the Welsh Government and our partner organisations.

13.3 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 that

influences policy at local, national and international levels. Our approach is underpinned by equity and endeavours to reduce health inequalities

This includes:

- supporting the development of public health policy across Wales, at a local and national level, 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 to ensure policy developments within Wales e.g. Well-being of Future Generations (Wales) Act and on an international basis are used to their full extent to improve population health and increase resources available for such purposes.
- facilitating multi-sectoral approaches to prevention and health improvement through engagement with the housing sector, education, social services, criminal justice and other public services.
- through a national public health network providing timely, quality assured support, advice and information and promote best policy and practice across and between all sectors, settings and systems
- analysing and evaluating national and international policy developments and providing the evidence base to support advocacy to legislators and other policy makers.

13.4 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 the housing sector, education, criminal justice, social and health bodies) with a public health ethos at its core. Our work facilitating the implementation

of the Well-being of Future Generations (Wales) Act will intensify our partnership working with our stakeholders.

- **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, learns from and influences the best practices globally. We will also learn from working in partnership with other agencies, through the responsibilities associated with the Well-being of Future Generations Act.
- **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. Through the Public Health Network Cymru events, forums and web-based systems, we will actively engage all stakeholders, supporting and promoting public health policy and best practice in Wales.
- **engaging internationally** - working with our UK and international partners we will ensure others learn about and from Public Health policy development in Wales and we learn from developments elsewhere.

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.
- **Joint programmes of work** – agreeing joint priorities and action plans with our partner organisations.
- **International health research and policy** – connecting with global policy, generating international income and providing development opportunities for our staff.
- **Research and development** - identifying priorities in order to increase the impact of public health research and bridge the gap between policy, practice and research
- **Networking** - providing a multi-sectoral platform to share knowledge and evidence on public health evidence, policy and practice.

13.5 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 2018/19 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 by the end of 2018/19

- We are 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
- We are supporting health policy work as well as developing Health Impact Assessment capacity across Wales through our Health Impact Assessment team.
- 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

2016/17

Milestones

- Multi agency working arrangements are established with agencies, such as the South Wales Police and Crime Commissioner and Well-being of Future Generations Commissioner, including developing shared outputs
- 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 is in place and being used by policy makers, health boards, local authorities and public health practitioners

- Public Health Network Cymru is supporting staff and stakeholders to build public health knowledge and skills and share learning and good practice
- 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
- Public Health Wales has implemented a change programme and is working with other public bodies and sectors to meet the requirements and maximise the potential of the Well-being of Future Generations Act

The action we will take to achieve this

- Set up a "Well-being of Future Generations Hub" to facilitate the development of a cross organisational change programme for the implementation of the requirements of the Well-being of Future Generations Act (Quarter 1 and 2)
- Through the "Well-being of Future Generations Hub", facilitate system change in response to the Well-being of Future Generations Act, working with and through other directorates in Public Health Wales (Quarter 2 - 4)
- Through the "Well-being of Future Generations Hub", develop a programme of engagement with public bodies and other sectors to maximise the potential for population health improvement and the reduction of health inequalities afforded by the Well-being of Future Generations Act (Quarter 2 and 3)
- Implement agreed joint action plans with criminal justice and housing and develop further shared objectives with other stakeholders to generate shared actions and targets (Quarter 1 - 3)
- Develop and publish a 'HIA Quality Assurance Review Tool' for Wales to help improve the quality of HIAs
- Further develop Public Health Network Cymru website to include additional topic areas or settings, informing health improvement, quality and prudent healthcare (Quarter 1 and 3)
- Manage an up to date research strategy covering commercial and non-commercial activity, and demonstrating clear integration with Public Health Wales' knowledge mobilisation strategy (Quarter 1 - 4)
- Liaise across Public Health Wales divisions and public health teams to identify research needs, prioritising and supporting these as appropriate in line with the research strategy (Quarter 3 and 4)
- Delivery of work programme in collaboration with criminal justice agencies to help reduce violent crime and understand causal factors of violence through data analysis, including focusing on early prevention of anti-social behaviour and ill health, consideration of inequalities and tackling criminal justice and mental issues together (Quarter 1 - 4)

- Support prioritised research needs across the organisation in line with our Research Strategy (Quarters 3 and 4)
- Review investment in research to ensure it aligns with organisational priorities (Quarters 2 – 4)
- Generate new research bids in collaboration with academic and other partners, including international collaboration (Quarters 3 and 4)
- Develop Public Health Wales' International Health Strategy (Quarter 4)
- Build capacity and facilitate partnerships to enable European income generation in Wales through the delivery of a series of local information/training events (Quarters 1 – 3)
- Work with partners towards achieving excellence in 'Sustainable Development and Health' (Quarters 1 and 3)
- Strengthen IHCC profile, capacity, advisory structure and network as a centre for international health coordination, support and excellence across Wales in collaboration with Welsh Government, Public Health Wales and other key stakeholders (Quarter 1 and 4)

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • Staff in Public Health Wales are supported and encouraged to become more research active and submit research proposals • Increase in external research funding from the baseline levels in 2014 • HIAs are an integral approach to policy development and planning in Wales. • Public Health Wales understands its contribution to achieving the goals of the Well-being of Future Generations Act and has embedded the Act into decision making and activity 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Conduct a comprehensive evaluation of Public Health Network Cymru • Support and advise Welsh Government on HIA and Health in All Policies, linked to the Well-being of Future Generations Act • Working with and through other directorates in Public Health Wales, facilitate the embedding and strengthening of new ways of working / systems change as part of implementation of the Well-being of Future Generations Act (dependent on resources) • Further strengthen policy links with Welsh Government, providing support for policy development and maximising health benefits • Produce and disseminate policy briefings to summarise the key public health issues emerging from national and international policy • Implement agreed action plans for joint working with partner agencies, monitoring delivery against agreed targets • Strengthen collaborations with local public health teams and Health 	

Boards in the generation and delivery of research that addresses the wider determinants of health and inequalities

- Engage with national initiatives and explore opportunities to co-produce research outputs e.g. Wellbeing of Future Generations Act
- Work with partners to build capacity and facilitate partnerships to boost European income generation in Wales
- Continue with series of international policy/evidence briefings to improve knowledge and understanding of EU policies, practices and opportunities, supporting sustainable development agenda and capacity building across the organisation and NHS Wales
- Evaluate the implementation of the Charter for International Health Partnerships in Wales across all NHS boards and trusts and produce further recommendations
- Review divisional and IHCC capacity, work and advisory framework for 2015-2017 and plan for 2018/19

By the end of Year 3**2018/19****The action we will take to achieve this**

- Implement recommendations from the evaluation of Public Health Network Cymru
- Review the extent to which the opportunities afforded by the Well-being of Future Generations Act have been utilised by Public Health Wales, working with other directorates (dependent on resources)
- Provide advice, support and guidance to public sector organisations and communities about HIA
- Monitor and respond to national policy developments, ensuring a Public Health perspective is represented
- Review the impact of joint action plans with partner agencies
- Review the extent to which the opportunities afforded by the Well-being of Future Generations Act have been utilised by Public Health Wales, working with other directorates (dependent on resources)
- Capture outputs from research involving Public Health Wales, including plans for implementation and monitoring the uptake of research findings into practice
- Evaluate national and international collaborations
- WHO EURO Collaborating Centre status application and developing a joint programme of work/deliverables

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

14.1 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
- 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.

14.2 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 on 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, emerging infections, and inequalities, especially the uptake of population health programmes like screening, and vaccination and immunisation
- the need to maximise the opportunities of advances in technology across our public health services
- the age profile of the current workforce, the challenge of recruiting to key specialist roles and the requirement to develop the workforce needed in the future
- increasing expectations from the wider NHS and the public for our services

- the principles enshrined in the Well-being of Future Generations (Wales) Act 2015

We deliver many of our services in partnership with health boards, in many cases relying on a small pool of specialist staff who may work in both Public Health Wales and health board roles. Clearly defining these relationships and mutual expectations will better enable us to provide timely, high quality services. To that end, we are developing a single Memorandum of Understanding between Public Health Wales and health boards, to stand alongside our existing Service Level Agreements. We also work with a wide array of other stakeholders within Wales and elsewhere including local authorities, for example, in the delivery of our health protection responsibilities.

14.3 Focused on our core purpose

Whilst acknowledging these drivers, Public Health Wales will not lose sight of its core responsibilities to protect the population of Wales from threats to its health. Building on our successes in 2015/16 we are committed to giving strategic leadership and practical advice and support to the NHS to:

- achieve critical population uptake levels for childhood immunisations and targets for flu vaccination, recognising the preventive value of immunisations as a public health intervention, and at the same time support the introductions of new vaccine programmes
- achieve the new expectations for health care associated infection (HCAI) reductions
- co-ordinate a whole of Wales response to protect Wales from new and emerging infectious diseases learning from our experience with Ebola virus disease and our assessment of the NHS preparedness for the threat from MERS-CoV
- prepare for and respond to environmental hazards including strengthening our response to chemical, biological, radiological and nuclear (CBRN) emergencies in the face of increased threats from terrorism
- identifying those who may be at increased risk of a disease or health condition through effective screening programmes by increased focus on our current performance and planning for the introduction of new programmes

The strategic objectives set out in this section, as well as objective 4c, explain how we will deliver on these commitments.

14.4 Engaging with our stakeholders

It is not possible for Public Health Wales to undertake its core protection responsibilities without the full engagement of the public and key stakeholders, especially our statutory partners in health boards and trusts, local authorities and other bodies including Natural Resources Wales. Building on our achievements in 2015/16 we will do this by:

- providing public information that is easy to understand and recognises language and culture
- raising awareness of public health programmes and promoting informed choice as demonstrated by the work of the Screening Engagement Team
- explicitly focusing activities to reduce inequities in participation in our immunisation and screening programmes
- continued targeted support provided to health boards by our Welsh Healthcare Associated Infection Programme (WHAIP) to achieve reductions in HCAs and
- continued engagement with health boards to agree a proposal for the modernisation of our microbiology services.

14.5 What we are trying to achieve

14.5.1 Public Health Services Directorate

An Integrated Public Health Service Directorate

The Directorate will continue its development into a fully integrated service over the next three years. This will mean that we work as one team unless there are advantages to retaining specific workstreams. We have made good progress with this objective in the first year of the plan's life, and will build on this progress in future. This cultural shift will be underpinned by the effective use of technology, skills and knowledge across the full spectrum of the Directorate's functions. We will continue to 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 discuss with health boards and the Welsh Government 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 means that 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. This will, in part, support our intention to further develop our international reputation through the delivery of high quality services and high impact research.

Genomic sequencing (the laboratory process that determines the complete DNA sequence of an organism) provides us with an opportunity to enhance our response to infectious diseases significantly. We have worked with partners to try and develop an approach for Wales though progress has been limited. Public Health Wales believes that it is essential to establish a genomic sequencing capability across the NHS in Wales, if not an All Wales Genome Sequencing Service. In order to secure this we will continue to work closely with Welsh Government, together with partners in academia and the wider NHS, to make the case for the necessary investment. We will also support wider developments across Public Health Wales in relation to epigenetics (the genetic study of human variations caused by external or environmental factors) and its application to public health.

The Ebola Virus Disease outbreak in West Africa has highlighted the need for a response capability to new and unusual pathogens and Public Health Wales will continue to work with the whole of the NHS in Wales to secure resilience against the threat from infectious diseases. Our involvement in the UK and international response to Ebola has also created new opportunities for sharing of knowledge and experience between Wales and other UK countries as well as internationally. During 2016 Public Health Wales will work with the Commonwealth Secretariat to develop a Health Protection Tool Kit. Public Health Wales will also work with the InterAction Council, an international body led by former Heads of State, to develop a Global Health Pathfinder for Wales drawing on the worldwide learning from global health security in both communicable and non-communicable diseases, and linking the new UN Sustainable Development Goals with the new Well-being of Future Generations (Wales) Act 2015.

An Integrated Health Protection Service

We will develop an integrated Health Protection Service, 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

A modernised microbiology service is an essential requirement for an effective Integrated Health Protection Service. We have already commenced a major modernisation programme with the previously stated aim of establishing an all Wales managed microbiology service organised on a regional basis. A service specification has been agreed and there has been a consultation on an outline proposal for the service. Further work will be undertaken collaboratively with health boards to develop detailed proposals using the interfaces already in place in different parts of Wales. In North Wales, where a programme of collaborative working with the health board started nearly three years ago, the focus will be on the connection between the microbiology service and the health protection service. In the Hywel Dda and Abertawe Bro Morgannwg health board areas we are discussing the proposal in the context of the ARCH Programme that the health boards are leading jointly. In south east Wales the intention is to use the existing collaborative relationships as the basis for agreeing a collective approach to the necessary detailed work. At a national level the change programme is already part of the Pathology Modernisation Programme and we will continue to work with the NHS Collaborative to ensure that the modernised microbiology service is consistent with national priorities.

The creation of an all Wales microbiology service will ensure the sustainable delivery of high quality and equitable services, in support of prudent healthcare. It will maximise skills and opportunities for the exploitation of automation and technology through the development of critical mass and allow 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.

Reviewing and improving screening services

Public Health Wales already manages several national programmes, advises on others, will soon take on another national programme (Diabetic

Eye Screening) and must prepare for significant changes to some of the established programmes. We also need to continue our drive to improve performance standards across the full range of our screening programmes in areas where targets are not currently being met. It is timely therefore for us to reconsider our overall approach to screening as a core activity in the organisation.

The model for population screening delivery in Wales has remained essentially unchanged since the establishment of Breast Test Wales over 25 years ago. In that period the range and complexity of screening programmes offered has changed substantially, as have public expectations and the structure of the NHS bodies on which we rely for many of the specialist diagnostic elements of our programmes. It is likely that additional programmes will continue to be approved in the future. These factors combined suggest that an external review of our screening function (to include an assessment of the screening model in Wales, commissioning arrangements between Public Health Wales and Welsh Local Health Boards, and the structure and organisation of the Screening Division itself) will be of benefit to ensure that the screening programmes we provide are well placed to deliver to the highest standards in future.

The review will be carried out by an individual or team with extensive knowledge of NHS screening from one of the other Home Nations, reporting to the Executive Team of Public Health Wales. Subject to identifying a suitable reviewer and negotiating timeframes with them, we aim for the review to be complete within the first half of 2016-17.

Our approach to performance improvement will involve specific actions at a programme level, further engagement with health boards to ensure services are delivered to agreed standards, developing innovative solutions through engagement with service users and 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) primary testing within the cervical screening programme represents a paradigm shift. Human Papilloma Virus is a type of virus capable of infecting humans that can lead to cell changes that, if untreated, may progress to cervical cancer. Implementing testing for HPV, the cause of cervical cancer, allows 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.

We have adopted a phased approach to the introduction of HPV testing, and fully implemented test of cure during 2015/16. Following the approval of HPV testing as the primary screening modality, we will introduce this change within Cervical Screening Wales in a planned manner, including the necessary development of the underpinning informatics infrastructure.

We are planning for the introduction of Faecal Immunochemical Testing (FIT) in the Bowel Screening programme. Faecal Immunochemical Testing tests for hidden blood in the stool, which can be an early sign of cancer. Indications are that this test, which is more sensitive and more acceptable to the public than the current faecal occult blood test, will significantly enhance the role played by Bowel Screening Wales in reducing mortality from colorectal cancer in future years. Achieving this aim will result in increasing demand for diagnostic colonoscopy throughout Wales, and we will work in partnership with Local Health Boards to develop this.

Antenatal screening for Downs syndrome will be refined by the introduction of non-invasive prenatal testing (NIPT) for women with a high risk initial screening result. Delivery of antenatal screening forms part of the package of antenatal care provided by Health Boards. Antenatal Screening Wales is leading the planning and coordination of NIPT implementation across Wales.

Diabetic Eye Screening Wales will become part of Public Health Wales in April 2016. We will work together to ensure that best practice is applied across all our screening programmes, both in terms of clinical quality of the service and timeliness.

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 and
- a common informatics platform for all programmes to improve effectiveness and increase efficiencies.

14.6 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 2018/19 we will have a fully integrated Public Health Services Directorate.	
What success will look like by the end of 2018/19	
<ul style="list-style-type: none"> • We will work as one team unless there are advantages to retaining specific workstreams • The delivery of high quality integrated services that exploit new technology and meet or exceed performance targets (see supporting trajectories detailed in the Appendix) • An integrated business management unit working across the directorate • Opportunities with social enterprises, academic and commercial partners are fully exploited to maximise returns in public health outcomes, increase research collaboration and generate income • Working collaboratively, sharing best practice and undertaking joint research within Public Health Wales and with partners 	
By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • Strengthened governance within the Public Health Services Directorate to drive strategic change including the appointment to key roles • Implementation of plans for an integrated business and management unit • Production and early implementation of a Directorate workforce plan in the context of the wider Public Health Wales plans and needs of Wales strategically 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Implement effective risk management in line with the Public Health Wales risk management strategy (Quarters 1 and 2) • Review service workforce issues/pressures (including succession planning and workforce profiling) and produce a cross directorate plan to address these (Quarters 1 and 2) • Complete the restructuring of the directorate business management and support function (Quarter 2) • Implement the agreed workforce plan (Quarters 3 onwards) 	

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • By the end of 2017/18 we will be working as a single fully integrated Directorate capable of delivering all its services with a minimum of duplication • Informatics platforms to support specific service requirements (such as Cervical Screening and a Health Protection case management system) will be in place • Continuation of the implementation of the directorate workforce plan 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Establish effective mechanisms for staff and stakeholder engagement in the integration process • Implementation of workforce changes in line with the directorate workforce plan • Work with informatics providers to ensure fit for purpose IM&T systems are in place 	
By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • Complete Directorate integration 	

Strategic Objective 6B
By the end of 2018/19 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 by the end of 2018/19
<ul style="list-style-type: none"> • An integrated and modernised health protection service delivering a more effective response to the detection, prevention and management of infectious diseases and non communicable hazards • The delivery of timely and appropriate interventions for specific patients and the wider population measured through surveillance, population surveys and validated health indicators • 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)

- All notifiable diseases are dealt with promptly and appropriately using standard operating processes and an able and trained workforce
- The impact of any outbreak in the hospital or community setting is minimised through prompt recognition and identification, appropriate testing and effective management
- The joint clinical and professional resource works with partners to reduce the burden of infection through a range of agreed measures

By the end of Year 1**2016/17****Milestones**

- Appointment of Senior Leadership for Health Protection and establishment of an enhanced model for all Wales health protection services, locally delivered
- Development of a field epidemiology and surveillance unit for Wales (subject to funding)
- Reductions in HCAI to meet new Welsh Government targets in NHS Wales
- Co-location of Health Protection and Microbiology staff where opportunities arise
- An integrated service supporting outbreak management in hospital and community settings

The action we will take to achieve this

- Recruitment and appointment of a Clinical Director of Health Protection and additional management and professional capacity (Quarter 2)
- Within Health Protection, implement an enhanced model for surveillance and analytical support, including web-based survey tools (Quarter 2)
- Joint work by Screening, Health Protection and Microbiology Divisions to develop and implement a plan for the safe withdrawal of antenatal screening for rubella susceptibility (Quarter 3)
- Establish an operational model for delivering an integrated infection service for regional delivery reflecting local need (Quarter 4)
- Finalise development of a case management system (Quarter 4)
- Working with stakeholders co-produce an infectious disease system for Wales (Quarter 4)

By the end of Year 2**2017/18****Milestones**

- Measurable reduction in antimicrobial prescribing and HCAI rates
- A workforce on course to implement the integrated model

The action we will take to achieve this

- Agree local workplans with stakeholders to support prudent prescribing and reduction in HCAI

By the end of Year 3**2018/19****The action we will take to achieve this**

- Deliver relevant and timely surveillance outputs to support needs assessments, evaluation of interventions and outbreak detection
- Undertake benefits realisation and stakeholder analysis at conclusion of service redesign

Strategic Objective 6C**By end of 2018/19 we will provide expertise to support Wales' contribution to global health****What success will look like by the end of 2018/19**

- We will be an active contributor to the delivery of Wales' global health strategy and implemented those actions relevant to the directorate

By the end of Year 1**2016/17****Milestones**

- We will have delivered specific products or be making specific contributions to global health work through our internal relationships with the Policy, Research and International Development Directorate and our external relationships with the Commonwealth Secretariat and the International Association of National Public Health Institutes (IANPHI)

The action we will take to achieve this

- Produce a Health Protection Tool Kit for approval by the Commonwealth Health Ministers Meeting (Quarter 1)
- Agree with the Commonwealth Secretariat further products to be generated out of the Health Protection Tool Kit (Quarter 2)
- Commence any further product development (from Quarter 3 onwards).
- Apply for full membership of the International Association of National Public Health Institutes (IANPHI) (Quarter 3)
- Contribute to the development of Public Health Wales' strategy for the Well-Being and Future Generations (Wales) Act 2015 and global health strategy (Quarter 4)

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • Continue to deliver specific products or make specific contributions to global health work • Support the implementation of the Public Health Wales' strategy for the Well-Being of Future Generations (Wales) Act 2015 and global health strategy 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Continue product development and roll-out in association with the Commonwealth Secretariat • Support the implementation of the Public Health Wales' strategy for the Well-Being of Future Generations (Wales) Act 2015 and global health strategy • Subject to Board agreement submit Public Health Wales to IANPHI peer review 	

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • Continue product development and roll-out in association with the Commonwealth Secretariat • Support the implementation of the Public Health Wales' strategy for the Well-Being of Future Generations (Wales) Act 2015 and global health strategy • Produce a plan to address the recommendations of the IANPHI peer review 	

Strategic Objective 6D
By the end of 2018/19 we will have developed an all Wales microbiology network, based on a three region model managed by Public Health Wales.
What success will look like by the end of 2018/19
<ul style="list-style-type: none"> • An integrated Health Protection Service (see above, 6B) that brings together high quality clinical and technical expertise and is underpinned by the application of current and emerging technology. • An all Wales managed microbiology service network that is ISO 15189 (2012) accredited (a mark of quality) • Improved laboratory efficiency through the introduction of automated specimen processing

- Using molecular technology and next generation sequencing (subject to funding)
- Completion of the first business cycle of the new national managed service for evaluation by NHS Wales

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • Established regional arrangements for implementing the necessary service developments to support the delivery of an all Wales Microbiology service • Design of governance arrangements for an all Wales service model, working with health boards and other partners so that it meets with the needs of the NHS in Wales • Work in partnership with Health Board and other local stakeholders to ensure that the service specification is fit for purpose and that service improvements are achieved and maintained 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Establish and formalise collaborative discussions with health boards and agree a joint approach to the development of detailed proposals (Quarter 1). • Complete enteric methods innovation and technology fund project (Quarter 3) • Evaluate outcomes of enteric methods project and (depending on evaluation) produce business case for molecular service development (Quarter 4) • Implement the recommendations from the review of reference laboratories (Quarter 4) • With stakeholders agree an all Wales service model (Quarter 4) • Complete necessary internal (Public Health Wales Microbiology) service improvements against the all Wales service specification (Quarter 4) • Work with Welsh Government and other stakeholders to develop proposals for a whole genome sequence (WGS) service for infectious diseases in Wales (subject to a commitment from Welsh Government to invest in WGS) (Quarter 4) • Agree new ways of working to support 24/7 microbiology service delivery across Wales (Quarter 4) 	
By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • First year of operation of the all Wales microbiology service as part of an integrated health protection service 	

The action we will take to achieve this

- Development of a regional model consistent with the requirements for delivery of the all Wales microbiology service

By the end of Year 3**2018/19****The action we will take to achieve this**

- Undertake benefits realisation and stakeholder analysis after one year of operation of the all Wales microbiology service

Strategic Objective 6E

By the end of 2018/19 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 by the end of 2018/19

- Meeting or exceeding national standards in service performance
- Improved uptake, user engagement and reduced inequalities in uptake to achieve key service standards
- Full integration of the Diabetic Eye Screening programme into Public Health Wales that benefits from the expertise and efficiencies derived from being part of a national provider of screening services
- Subject to resources, successful implementation of new screening tests in cervical and bowel screening Wales

By the end of Year 1**2016/17****Milestones**

- Continued and sustainable improved programme performance against national standards
- Expansion of Human Papilloma Virus (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

- Commission the Delivery Support Unit to carry out a 'deep dive' review of cervical cytology laboratories (Quarter 1)
- Commission an external review of the screening service including the model and delivery in Wales (Quarter 1)

- Secure funding for the replacement for the NHAIS ('Exeter') informatics system (Quarter 1)
- Introduce HPV triage in cytology (subject to funding) (Quarter 1)
- Embed the improvements in timeliness achieved in 2015-16 in the cancer screening programmes (see programme performance trajectories in supporting spreadsheets) (Quarter 1 and ongoing)
- Implement the actions arising out of the two commissioned reviews (Quarters 2 and 3)
- Develop a plan for the implementation of HPV as the primary screening test (Quarter 4)
- Develop a plan for the introduction of Faecal Immunochemical Testing in Bowel Screening Wales (Quarter 4)
- Coordinate the introduction of non-invasive prenatal testing for trisomy in NHS Wales (Quarter 4)
- Develop a plan for the introduction of risk-based screening intervals in Diabetic Eye Screening Wales (Quarter 4)

By the end of Year 2**2017/18****Milestones**

- Introduction of HPV primary testing in Cervical Screening Wales
- Introduction of FIT testing in Bowel Screening Wales
- Introduction of NIPT in Antenatal Screening
- Introduction of risk based Diabetic Eye Screening
- Continued improvements in uptake and user participation

The action we will take to achieve this

- Evaluate the outcomes of implementing findings of reviews carried out
- Implement new cervical screening [NHAIS ('Exeter')] informatics system
- Introduce primary HPV testing in accordance with developed plan and in line with national policy
- Implement Faecal Immunochemical Testing in Bowel Screening Wales
- Implement risk-based screening intervals in Diabetic Eye Screening
- Develop robust failsafe system for the Diabetic Eye Screening Programme

By the end of Year 3**2018/19****The action we will take to achieve this**

- Continued evaluation of programme changes introduced in year 2
- Plan and implement additional screening programmes in line with Welsh Government policy

Part 4: How we will work



15 Strategic Priority 7: Developing the organisation

15.1 Why this is a strategic priority

Our enabling functions are essential to the successful delivery of the six public health priorities outlined within this plan and to further **developing the organisation** over the next three years. Our enablers are our key corporate functions that underpin and support delivery across our services through providing specialist support and expertise. They support our organisation to deliver effectively and efficiently, which can be through specialist support (*for example, communications support to a national public health campaign*) or by developing infrastructure to improve service performance (*for example, informatics solutions that support service change*). We have undertaken significant work during 2015/16 to realign and restructure these functions to better drive and support the delivery of this plan.

Through the action outlined in this section of the plan we will develop and strengthen the foundations that are critical to our success, particularly those that enable to structures, systems and people to deliver the best they can. We will do this through our **10 point plan for developing the organisation**. This aims to develop and implement strategies and approaches to ensure each of our enabling functions are effectively delivering work of the highest quality, which draws upon best practice, that supports the organisation to be the very best that it can be. It aims to help us 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 well-being are the reason that we exist.

15.2 Our 10 point plan

Our 10 point plan outlines how we will develop the organisation over the next three years. This will be delivered through the actions undertaken by our enablers, which are outlined within section 15.4 of this plan.

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 well-being are the reason that we exist.*

15.3 What we are trying to achieve

Communications and engagement are key enablers in helping us to achieve our commitment to the people of Wales. Through our **Communication and Engagement Strategy** (currently being developed) we aim to adopt a proactive role to communicating and engaging with stakeholders to build positive relationships. We will do this by utilising the latest tools and new technologies to help build proactive relationships with the public.

Through the development of our **E-Strategy** we will provide first class systems and services to staff to support them to deliver the strategic priorities and objectives detailed within this plan. We will take forward key aspects of the development and implementation of the strategy during 2016/17, along with the delivery of specific strategic service developments. This will ensure that we are delivering solutions driven by business need that support and enable service change.

The **Our Space Programme** aims to align flexible working practices, new technology and the organisation's strategy to enable Public Health Wales to move toward developing a workplace for the future. As a result, by the autumn of 2016 we intend to have a modern, fit-for-purpose working environment in South East Wales that reflects the values and purpose of the organisation as identified within this plan. We expect to complete the future phases of the Our Space Programme over the life-cycle of this plan. Office accommodation in the mid and western areas of the estate is

in need of modernisation and a project will begin later in 2016-17. The requirements for North Wales are being planned for 2018-19. This will be delivered through our newly established strategic programmes function that will oversee best practice in programme and project management, along with leading and supporting large scale internal modernisation programmes.

We will continue to deliver strong **financial management**, as part of an integrated approach to planning, and provide support to service changed and re-design projects. We will further strengthen and develop **planning and performance management** within the organisation, particularly in relation to implementing arrangements set out in the Well-being of Future Generations Act. We will build on work undertaken in 2015 to develop more integrated plans, particularly with our partners, and ensure a greater focus on key public health outcomes.

We are developing a vision for the future **workforce** that will underpin a new Workforce Plan for the next 5 – 10 years, along with developing a clear plan for building public health skills and capacity. This will be taken forward alongside our approach to recruiting and attracting the best talent through the use of modern and innovative approaches. We will also continue to support the organisational change projects detailed within this plan and improve our offer to staff to achieve a happier and healthier workforce.

Over the next three years we will continue to 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. This will be through the implementation of our Quality Framework and development of an Improvement Hub, alongside strengthening our arrangements for involving service users and the public in developing our services.

We will continue to strengthen and develop our **governance** arrangements, including implementing a best practice corporate governance framework across the organisation that will enable a more integrated approach to corporate, clinical and information governance. This will support and enable effective decision making and scrutiny within the organisation.

We will implement our **Knowledge Mobilisation Strategy** to ensure knowledge is used to best effect by Public Health Wales in delivering the actions set out within this plan. As a result, we intend to be an exemplar organisation that utilises knowledge and research evidence in our decision making processes.

15.4 Enabling delivery

This priority and set of actions are critical to **building and developing the foundations** from which our public health work will be delivered. Our enabling functions recognise the vital role that they play in ensuring the effective delivery of this plan and to achieving the maximum impact for the people of Wales.

We need staff who are appropriately skilled and leaders and managers who can plan and deliver work through motivated and enthusiastic staff. We need excellent communications with our partners, stakeholders and the public and improved technology to enable us to deliver and get our work done effectively.

A 10 year Workforce Strategy will enable us to plan further ahead and through embedding supporting mechanisms we can grow the workforce that we need. This includes adopting **prudent principles** and ensuring we are utilising the skills of our people so we are all making a full contribution to achieving our priorities and objectives.

15.5 Enabler action

Communications	
What success will look like by the end of 2018/19	
<ul style="list-style-type: none"> • We will have adopted a positive and proactive approach, using updated digital communication, to communicate and engage with our stakeholders • We will deliver all information in an open, effective and timely manner. • We will have built sustained relationships with the public and stakeholders that lead to positive engagement and are mutually beneficial. • We will have developed a clear and consistent corporate identity for Public Health Wales. • We will be utilising all the communications and engagement tools available to us to achieve our goals and will have a process in place to constantly review new and emerging technologies and tools to consider what benefits they may have. 	
By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • A systems model is implemented in initial networks and communities and defined outcomes are being monitored • Staff have improved communication and engagement skills • Establish a modern approach to digital and social media as a means of communicating with different populations • Improved reputation indicators with our staff, stakeholders and public • Increased reference to our information and advice by the media, politicians, stakeholders and the public • Increased use of our websites and social media channels • We understand the accommodation needs of the rest of Public Health Wales and have developed a spatial strategy • We have recognised brands for motivating change and mobilising action 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Implement the communications and engagement strategy to provide clarity over our work and how we will communicate and engage (Quarter 1 and 2) • Build an engaged and active network of cross sector communications professionals to take forward a system approach to improving health (Quarter 2 and 3) • Develop public-friendly brands that will support the reduction of obesity levels, smoking and other key health improvement areas (Quarter 4) 	

- Develop and launch a brand that supports an integrated approach to improving health which the wider public sector can own and support (Quarter 3)
- Support the uptake of the flu vaccination by reviewing and evaluating the planning and implementation of the campaign which supports it (Quarter 1, 2 and 3)
- Introduce a standard measurement and evaluation criteria for the communications of all campaigns to improve ongoing delivery and impact (Quarter 2 and 3)
- Design and implement a training programme to equip our staff with their communications skills and increase engagement with key stakeholders (Quarter 2 and 3)
- Implement a social media strategy which will engage both strategic partners and the public in online conversations around improving health (Quarter 1 and 2)
- Develop a programme of engagement which ensures the aims and objectives of the organisation are shared effectively with key audiences (Quarter 1 and 2)
- Implement the findings of the internal communications review to increase staff engagement and enable delivery of organisational priorities. (Quarter 1 and 2)
- Design, create and launch a new online presence which will meet the needs of both professionals and members of the public who access it. (Quarter 1 and 2)
- Deliver key communications for Our Space programme. (Quarter 1-4)

By the end of Year 2**2017/18****Milestones**

- Increased reference to our information and advice by the media, politicians, stakeholders and the public
- Staff have improved communication and engagement skills
- Improved reputation indicators with our staff, stakeholders and public

The action we will take to achieve this

- Evaluate the effectiveness of new websites and traffic through them
- Evaluate the communications and engagement strategy
- Review package of training to ensure continued development of staff communication skills and ensure its embedded in the organisation CPD programme
- Conduct research into the reputation of Public Health Wales to increase from baseline in Year 1 and review if work undertaken regarding branding review has been fully implemented

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> Review and issue an updated Communications and Engagement strategy 	

Information Management and Technology
What success will look like by the end of 2018/19
<ul style="list-style-type: none"> We will provide first-class systems and services that support Public Health Wales staff in delivering world-class services to improve the health and well-being of the people of Wales We will deliver solutions driven by business or clinical needs that include requirements for agility and adaptability to easily accommodate the evolving nature of our business We will be learning and collaborating to ensure we shorten service and development delivery times, get a quicker start to the return of benefits, reduce risks and share costs

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> Implement year 1 actions of the E-Strategy Implement governance arrangements outlined within the E-Strategy Replacement Cervical Screening Information Management System (CSIMS) designed and implemented within Cervical Screening Wales Child Death Review (CDR) database redeveloped and implemented within Health Intelligence Division New English Encore system tested and implemented within WCISU and data migrated from previous system Case Incident Management System (CIMS) developed for use within the Health Protection Division Pharmacy One and Dental One implemented Customer Relationship Manager (CRM) system procured and implemented 	
The action we will take to achieve this	
<ul style="list-style-type: none"> Implement the governance arrangements as detailed in the eStrategy (Quarter 2) Design and build the replacement IT system for Cervical Screening Programme (CSIMS) and update breast screening functionality (Subject to funding) (6D) (Quarter 4) Undertake testing and implementation of the redeveloped Child Death 	

Review database following the development by Natural Resource Wales (Phase 1) (2A) (Quarter 1)

- Test and migrate data from existing WCISU application to new English Encore system to comply with the Cancer Delivery Plan. (Subject to funding) (6E) (Quarter 4)
- Develop and implement the core functionality for the Case Incident Management System (CIMS) to allow for the management and intelligent monitoring of outbreaks at a patient level (4C) (Quarter 4)
- Work alongside NWIS and commercial contractors to oversee the development of the modernised system to transfer test results electronically to GP practice systems (Quarter 2)
- Undertake testing of generic database, developed to hold text/email addresses and agree contract for the text messaging service to allow service users to receive appointments, reminders etc electronically (6D) (Quarter 3 and 4)
- Review implementation of GP One and deploy similar services for pharmacists and dentists (3C) (Quarter 4)
- Develop a business case for the procurement of a Customer Relationship manager (CRM) to allow for integration of our work with our internal and external stakeholders (Quarter 4)

By the end of Year 2

2017/18

Milestones

- Phase 2 of redeveloped Child Death Review (CDR) system implemented
- Viability of service provision within the cloud assessed
- All Screening programmes utilise electronic system to send results to GP Practice systems
- Increased use of mobile computing services throughout Public Health Wales
- Case Incident Management System (CIMS) is fully implemented
- Further enhance our CRM by integrating it with our Business Intelligence (BI) tools, document services and project management services

The action we will take to achieve this

- Design and build the missing elements of phase 2 of the Child Death Review (CDR) system (2A)
- Undertake review of the systems and services that could be effectively implemented as a cloud solution
- Test the resilience and usability of 'public' cloud services and begin implementation of service(s) into the cloud with full exit strategy
- Expand transfer of electronic results to GP practice systems throughout the Screening Division and further expand the types of results that can

be sent electronically to GPs (6D)

- Complete any missing functionality within the Case Incident Management System (CIMS) (4C)
- Integrate the 'Customer Relationship Manager' system with Business Intelligence tools, document services and project management services

By the end of Year 3

2018/19

The action we will take to achieve this

- Further expand the use of electronic communication to GP Practice systems and patients
- Further deployment of mobile solutions across Public Health Wales to allow for access through mobile applications to bespoke services such as IBID, CSIMS etc
- Expand the use of our cloud services to include access to software, servers and disaster recovery services

Strategic Programmes and Facilities

What success will look like by the end of 2018/19

- We will be operating from accommodation that is fit for purpose and supports the organisation's strategic purpose
- We will be a leader in terms of evidencing our approach to sustainability
- We will have safe and sustainable estates that are underpinned by effective governance

By the end of Year 1

2016/17

Milestones

- Phase one of Our Space complete
- 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

- Commence the lease for No 2 Capital Quarter; commissioned the building and moved staff (Quarter 3)
- Vacate all properties as appropriate, including the disposal of the Temple of Peace (Quarter 4)
- Decision made on Mid & West Wales office accommodation (Quarter 2 and 3)
- Initiate changes to office accommodation in Mid & West Wales, with

<p>completion by the end of the financial year (Quarter 3 and 4)</p> <ul style="list-style-type: none"> • Complete a review of office accommodation in North Wales (Quarter 3 and 4) • Agree two-year Estates Action Plan which builds on the Due Diligence Audit undertaken in December 2015 (Quarter 1) • Agree Sustainability Strategy with key performance indicators (Quarter 1 and 2)
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By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • We understand the accommodation needs of the rest of Public Health Wales and have developed a spatial strategy 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Complete changes to office accommodation in North Wales • Complete an Estates Action Plan to ensure compliance on all statutory estates matters and to have made significant progress on maintaining the quality and safety of the estate • Agree Sustainability Strategy with key performance indicators 	

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • Complete changes to the North Wales office accommodation • Undertake a review of the benefits of the Our Space programme 	

Financial Management
What success will look like by the end of 2018/19
<ul style="list-style-type: none"> • We will ensure all budget holders will have direct access to all financial information, including monthly budget holder reports, using business intelligence software • We will have produced high quality unqualified annual accounts for 2016/17 • We will have clear business decision making and understanding of internal controls across the organisation

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • Fully costed Microbiology Service, including indicative costs for all tests • Production of Trust Asset Management Policy 	

- Production of 2017/18 Budget Strategy
- Production of refreshed Medium Term Capital Plan
- Service Level Agreement (SLA) and Grant guidance published
- Production of high quality unqualified Annual Accounts and financial section of Annual Report
- Our Space (phase 2) is fully costed

The action we will take to achieve this

- Complete costing exercise (started in 2015/16) to categorise all costs within the Microbiology Service and calculate indicative cost per test (Quarter 1)
- Complete Asset Management policy (started in 2015/16) (Quarter 1)
- Complete budget setting for 2017/18 (Quarter 4)
- Refresh capital plan for 2017/18 - 2022/23 (Quarter 4)
- Roll out Qlikview financial reporting across organisation (Quarter 2)
- Develop business case guidance for both internal and external business cases (Quarter 2)
- Production of SLA and Grant guidance (Quarter 2)
- Production of Annual Accounts and supporting notes (Quarter 1)
- Work closely with the Our Space project team to develop fully costed options for Mid and West region (Quarter 3)
- Work closely with the Networks and DWSSP project teams and current host organisations to agree budgets to be transferred (Quarter 1)

By the end of Year 2

2017/18

Milestones

- Production of 2018/19 Budget Strategy
- Production of refreshed Medium Term Capital Plan
- Production of high quality unqualified Annual Accounts

The action we will take to achieve this

- Complete budget setting for 2018/19
- Refresh capital plan for 2018/19 - 2023/24
- Production of Annual Accounts and supporting notes

By the end of Year 3

2018/19

The action we will take to achieve this

- Complete budget setting for 2019/20
- Refresh capital plan for 2019/20 - 2024/25
- Production of Annual Accounts and supporting notes

Planning and Performance**What success will look like by the end of 2018/19**

- We will have developed integrated plans with our partners, particularly around system priorities, as part of implementing the Well-being of Future Generations Act
- We will have a performance management system with a clear focus on outcomes and quality that ensures timely and robust information is used to inform decision making and action
- We will have developed robust business continuity arrangements that ensures the delivery of our key services and responsibilities under the Civil Contingencies Act

By the end of Year 1**2016/17****Milestones**

- Approved Strategic and supporting Operational Plan
- Refreshed Planning Framework for 2016/17 that supports embedding of the Well-being of Future Generations Act
- Integrated public health content within health board and Public Health Wales' Strategic and supporting Operational Plans
- Development of integrated performance management system and timely/appropriate performance indicators for each division
- Suite of robust and up to date Business Continuity Plans
- There is alignment across plans within the NHS and wider partners around core public health priorities
- We will have established routine mechanisms for engagement with those leading on key priority areas across the system

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

- Implement revised planning process that builds on previous experience and lessons learned to support development of robust plans for 2016/17 (Quarter 1)
- Revise planning and performance management processes to ensure they deliver the goals and principles set out in the Well-being of Future Generations Act (Quarter 1 and 2)
- Undertake stakeholder (including public) engagement process, in line with Well-being of Future Generations Act, to identify future organisational priorities and our well-being goals (Quarter 3 and 4)
- Establish a public health planning group to facilitate co-ordination of action across health boards and Public Health Wales (Quarter 1)
- Implement process to support more integrated approach to public health system planning to better reflect alignment and join up with key

partners, particularly health board IMTP's (Quarter 2, 3, 4)

- Develop refreshed Strategic and supporting Operational Plan (Quarter 3 and 4)

Performance

- Develop an integrated performance reporting system for Public Health Wales utilising business intelligence tools (Quarter 3 and 4)
- Integrate quality and service user indicators into our performance reporting arrangements (Quarter 1 and 2)
- Develop, in partnership with relevant parts of organisation, key performance indicators for each division (Quarter 2 and 3)

Business continuity

- Undertake annual review of business continuity plans following Our Space move and revise as required (Quarter 3 and 4)
- Undertake Local Public Health Team business impact analysis (Quarter 4)

By the end of Year 2

2017/18

Milestones

- Approved Strategic and support Operational Plan
- Up to date Business Continuity Plans

The action we will take to achieve this

- Development of Strategic and supporting Operational Plan
- Develop business continuity plans for LPTH based on business impact analysis
- Undertake annual review of business continuity plans

By the end of Year 3

2018/19

The action we will take to achieve this

- Development of refreshed Strategic and supporting Operational Plan
- Undertake annual review of business continuity plans

People and Organisational Development

What success will look like by the end of 2018/19

- We will have robust workforce plans, which ensures against delivery of the IMTP, with clear plans around talent management and succession planning
- We will have achieved the Bronze Corporate Health Standard, and will utilise this process to enhance our offering around the Health & Well-

being of our staff

- We will have a clear approach to recruiting and attracting the best talent, using modern, innovative, best practice approaches, and maximising the opportunities presented by technology and social media
- We will be clear on what is our “deal” with staff, in terms of what we can offer as an employer of choice
- We will be a High Performing Organisation, with clear performance structures and processes, underpinned by a clear set of organisational values and behaviours

By the end of Year 1

2016/17

Milestones

- We will have a vision for the future workforce that underpins a new workforce plan for Public Health Wales for the next 10 years and Divisional Workforce plans that are strategically reviewed regularly by the relevant senior leaders to assess fitness for purpose and to address any gaps in capability
- We have improved our ability to attract the best people and further improved our selection methods and improved time to fill posts
- We reverse the trend on sickness absence and as a minimum return to 2014 levels (ideally achieve 3.25% Welsh Government target)
- We have improved our offer to staff on staff health and well-being to achieve a happier and healthier workforce
- Our values are re-launched and staff are aware of the behaviours that are expected of them including a raised awareness of customer focus and increased creativity
- We continue to support organisational change projects and provide sound organisational design advice, within the resources available
- We have continued to review our organisational structures and strategic deployment of staff for fit with our strategy and organisational design principles to ensure prudent use of our workforce
- We have a clear vision and delivery plan for building skills across the whole organisation, and specifically to build public health capacity across the system
- We have fully implemented the “My Contribution” approach to performance management and appraisal and staff know how their performance links to achieving the organisational strategy.
- We have identified current and future learning and development needs and develop a Learning and Development Strategy for the organisation
- We have continued to invest in managers and leaders to improve their ability to optimise workforce contribution
- We have scoped the professions within Public Health Wales and worked with Heads of Profession to develop a programme of Continuous

Professional Development in line with IMTP requirements

The action we will take to achieve this

- Launch the new strategic planning toolkit and use it annually to update Divisional and Directorate workforce plans which will be jointly signed off by the Director and their HR Business partner (annually Quarter 3 and 4)
- Finalise the first draft of the 10 year Public Health Wales Workforce Strategy and gain Board approval (Quarter 1)
- Develop and publish the new attraction and selection policy, users guide and guidance for the use of social media for recruitment (Quarter 2)
- Develop attraction and selection resources and tools and implement consistently across the organisation (Quarter 4)
- Continue work on reducing sickness and support line managers to reduce absence levels towards Welsh Government Target of 3.25% through follow up to sickness audits, development of line managers, introducing resilience training and other actions identified in the Sickness Plan (Quarter 4)
- Conduct a skills audit across all staff and populate Oracle Learning Management to provide a record of current skills of the workforce (Quarter 3 and 4)
- Use the updated Workforce Plans to identify current and future learning and development needs and use this to develop a Learning and Development Strategy for the organisation (Quarter 4)
- Scope the professions within Public Health Wales and identify opportunities and mechanism to support their development and work with Heads of Profession to develop a programme of Continuous Professional Development in line with IMTP requirements (Quarter 3)
- Develop ESR skills across management and workforce to fully utilise all the capability of the ESR system (Quarter 4)
- Identify tranche 1 of key roles for succession planning (Quarter 2)
- Reinvigorate the Staff Health & Well-being Steering Group and improve the staff offer on wellbeing, including web based and other material to support staff health & well-being (Quarter 1 and 2)
- Progress with assessment for the Corporate Health Standard to achieve Bronze level of recognition (Quarter 2)
- Re-launch the Management Framework and evaluate the effectiveness of the Management and Leadership development programme including checking actions align with expected behaviours (Quarter 1 and 2)
- Carry out a review to ensure refreshed values and behaviours are reflected in competency frameworks, job descriptions, employment policies and objectives (Quarter 4)
- Within available resources, provide focussed Workforce and

Organisational Development support to large scale organisational change programmes prioritising Our Space which will be implemented during the summer of 2016 (Quarter1-4)

- Complete a review of existing organisational structures for optimum design and allocation of resources across the organisation (Quarter 3 and 4)
- The new appraisal system is successfully implemented and staff clearly identify the role they play to contribute to the delivery of relevant priorities as assessed through a staff pulse survey(Quarter 3)
- Continue to build staff engagement and improve regularity of feedback from staff through pulse surveys and other mechanisms (Quarter 4)

By the end of Year 2

2017/18

Milestones

- We have started to develop a succession pipeline for key roles
- We have a recruitment plan in place for Public Health Wales which is regularly updated and includes a new approach to attraction and selection
- We have improved our approach to change programmes with appropriate focus on the impacts on people and maintaining motivation through the period of change as measured by staff feedback
- We have an established ongoing dialogue with employees and utilise employee feedback as a tool in organisation decision making and measure the effectiveness of this approach in employee pulse surveys
- 90 per cent of staff report that they have regular appraisals which are useful to them in doing their work
- The skills base and learning and development needs of staff are known
- We have defined career frameworks for the main professional groups, linked to workforce planning and development of a succession pipeline
- We have a clear organisational design in place and can quantify and clearly articulate the benefits of our new approach
- We achieve recognition of our staff health and well-being work through Corporate Health Standard (at least Silver)

The action we will take to achieve this

- Establish and pilot an approach to succession planning using data collected from our strategic workforce planning process, targeting areas of greatest need
- Develop an annual recruitment plan utilising data from the strategic workforce planning process
- Develop an approach and format to manage talent and train all our leaders on how to apply the tools
- Develop and implement a pulse survey approach across the organisation

to ensure frequency of feedback regarding understanding of strategic deployment

- Reinforce our approach to our "Employment Deal" and ensure this is articulated and reinforced through all available mediums - such as recruitment, performance management, development and assessment materials
- Undertake a 'pulse check' on the appraisal system, incorporating staff feedback and leadership reflections to further refine our performance and development process
- Map and publish the career structures for key professional groups
- Develop a process of revalidation for public health practitioners
- Develop a process to support work experience and student placements
- Conduct a 'pulse survey' of understanding and living of the values
- Check that a formalised Public Health Wales approach to programme, project and change management is embedded at all levels of the organisation
- Implement changes relating to organisational design and optimising allocation of resources

By the end of Year 3

2017/18

The action we will take to achieve this

- Fully implement our approach to Talent Management across all divisions
- Review learning and development provision against strategic workforce plans
- Conduct a review of recruitment especially success in reducing the number of "hard to fill" posts
- Review succession plans to ensure adequacy of supply for identified key roles
- Conduct a pulse check of staff health and well-being initiatives to understand the value placed on the initiatives by staff and learn what else would be useful to put in place

Quality

What success will look like by the end of 2018/19

- We will have a fully implemented Quality Framework which will evidence we are a high performing quality organisation demonstrated by appropriate standards and indicators
- We will have a well established Improvement Hub which is both internally and externally recognised for showcasing areas of good

practice

- We will have a consistent approach as to how we involve service users and the public in developing, planning, monitoring and improving services and programmes as part of everyday business management activity
- We will have achieved level 4 of HM Treasury assessment for Risk Management
- We have attained level 2 in the information Governance toolkit and will be working towards level of 3.

By the end of Year 1

2016/17

Milestones

- Our approach to quality is defined within the organisational quality assurance framework
- Horizon scanning is undertaken to learn from good practice in other organisations and countries
- We will have appropriate standards (including professional), indicators and benchmarks
- Health and care standards will be integrated within the performance reporting framework
- We will have an establishment annual audit plan
- We will have commenced phased implementation of a quality improvement resource (Improvement Hub) and approach
- We have increased service user and stakeholder participation to improve feedback collection and use
- We showcase the good work that we deliver and share good practice.

The action we will take to achieve this

- Develop a Quality Assurance Framework (Quarter 1)
- Fully implement the initial Quality Assurance Framework (Quarter 4)
- Initial quality markers identified across all Directorates (Quarter 1)
- Revised Guidance will be developed to fully implement the integration of the health and care standards improvements into operational plans following feedback from 2015/16 assessment process (Quarter 3)
- Develop, establish and phase in the implementation of organisational arrangements to support quality improvement e.g. create a virtual Hub (Quarter 4)
- Audits are captured within an audit plan which is updated and monitored on a minimum of a quarterly basis (Quarter 2)
- A review of our approach to service user involvement/public engagement will be undertaken and an action plan develop to take forward recommendations (Quarter 1)

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> We will have fully embedded the Quality Assurance Framework Across the Organisation We will have made changes to services following feedback for service user 	
The action we will take to achieve this	
<ul style="list-style-type: none"> 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 	
By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> Review implementation of the quality assurance framework and improvements realised from the quality indicators reported Audit of service user involvement across each Directorate and the improvements to services realised following feedback and lesson learnt 	
Governance	
What success will look like by the end of 2018/19	
<ul style="list-style-type: none"> We will have established a fully integrated governance model supported by a revised committee framework and executive structure that enables effective decision-making, scrutiny and control We will have an effective and focussed Board, with a renewed Board membership, underpinned by robust and efficient administrative processes, a high-quality secretariat service and a cycle of business driven by the organisation's strategic plan, priorities and risks We will have a developing culture of compliance, assurance and accountability with a strong commitment to continuous improvement and collegial working. 	
By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> We have identified and implemented a best practice corporate governance framework across the organisation that will enable a more integrated approach to corporate, clinical and information governance 	

- Our Board and Committee process and structure are revised to improve our strategic decision making, risk management and scrutiny of performance
- We will have recruited new Non Executive Directors (NEDs) and provided them with an effective induction programme
- Our system of internal control is strengthened because we have a clear policy framework, updated governance manual and our internal corporate governance arrangements are tested through audit and compliances checks.
- We have a revised Board Assurance Framework in place

The action we will take to achieve this

- Revise the Board and Committee structure and amend the pattern and frequency of Board and Committee meetings (Quarter 1)
- Our Board, Committee and Executive Team meetings become paperless (Quarter 1)
- Work with Welsh Government on the replacement and extension of existing NEDs, and the addition of a new NED post subject to a change in the Members and Procedures Regulations (Quarter 1)
- Consider and devise a best practice corporate governance model to enable a more integrated approach to governance; develop plan and implement year one actions (Quarters 2-4)
- Produce and implement a succession plan for NEDs (Quarter 3)
- Devise a Board Development Plan which addresses how the Board receives and considers information, learns together, measures effectiveness and plans succession (Quarters 1-3)
- Ensure our revised Board Assurance Framework clearly articulates risk to the delivery of the IMTP, mitigating actions and control measures (Quarters 1-4)
- Undertake a stocktake of policies (Quarters 1-2) and implement a rolling programme of policy maintenance (Quarters 3 - 4)
- Revise the Scheme of Delegation, Standing Orders and Standing Financial Instructions and communicate these changes to staff (Quarters 1 - 2)
- Review the means by which the Internal Audit process is managed (Quarter 2)
- Commence work to set out an in-year evidence based assurance and compliance system to underpin the Annual Governance Statement (Quarters 3 - 4)
- Have a framework by which we review potential partnerships and strategic alliances and use this framework to inform future arrangements (Quarter 2)

By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • A new Chairperson and NEDs are appointed and inducted effectively • There is a clear corporate governance framework in place which is in line with best practice. • The Board's accessibility and visibility is extended • There is a review of Board effectiveness 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Work with Welsh Government on the succession of the Chairperson and NEDs • Develop a three lines of defence model to support the system of internal control • Decisions from the Board and the Executive Team are communicated in a timely way to the organisation • Extend the Board Development plan to include a clear programme of stakeholder engagement • Understand and embrace the implications of the Welsh Language Act in relation to the Board 	

By the end of Year 3	2018/19
The action we will take to achieve this	
<ul style="list-style-type: none"> • We conduct an external review of the effectiveness of the Board • We use an external review to benchmark our Corporate Governance Framework against best practice 	

Knowledge Mobilisation
What success will look like by the end of 2018/19
<ul style="list-style-type: none"> • We are an exemplar organisation using knowledge and research evidence, influencing our partner organisations to do the same in decision making processes • All major investment decisions, direct or indirect, of the organisation are made with explicit assessment of the best available knowledge and evidence • We have a workforce that is confident in using evidence, being innovative and understands the value and need for evaluation, supported by organisational systems • Evaluation is fit-for-purpose and timely and lessons learned are shared across the organisation

By the end of Year 1	2016/17
Milestones	
<ul style="list-style-type: none"> • There are clearly identifiable communication methods about knowledge mobilisation with a recognisable brand • Key relationships developed with each division of Public Health Wales to ensure knowledge mobilisation has a presence across the organisation • Changes to organisational processes needed to support knowledge mobilisation activities identified and action plan developed jointly with the Policy, Research and International Development Directorate • We have developed an innovation framework for the organisation • We have developed a menu of evaluation methods for the organisation 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Develop a communications plan for knowledge mobilisation (Quarter 1) • Establish knowledge mobilisation leads in each division who will link in with the Lead for Knowledge Mobilisation (Quarter 2) • A workforce development plan is jointly created with the Research and Development team (Quarter 2) • Identify learning needs and develop suitable workforce training/educational material (Quarter 4) • Undertake an audit of organisational processes to help identify where changes are needed to support knowledge mobilisation (Quarter 4) • Establish innovation and evaluation workgroups (Quarter 3) 	
By the end of Year 2	2017/18
Milestones	
<ul style="list-style-type: none"> • The impact of year one of the knowledge mobilisation implementation plan will be reviewed and lessons learnt • The first group of staff will have undertaken training as part of the workforce development plan • The innovation framework will have been piloted and evaluated • The evaluation component of the knowledge mobilisation strategy will be implemented. As well as methods used it will also cover methods for sharing learning 	
The action we will take to achieve this	
<ul style="list-style-type: none"> • Agree and embed process changes to improve use of knowledge in decision making in Public Health Wales • Continue to evaluate of the impact of knowledge mobilisation strategy • Pilot the developed innovation framework • Update the communication strategy, training and other components of the knowledge mobilisation work will be updated to reflect the inclusion 	

of evaluation methods

- Develop innovation framework and menu of evaluation methods

By the end of Year 3

2018/19

The action we will take to achieve this

- Communication strategy, training and other components of the knowledge mobilisation work will be updated to reflect the inclusion of innovation framework
- Evaluation of knowledge mobilisation

16 Our financial plan

16.1 Baseline position (2015/16)

In 2015/16 we will once again achieve our statutory duty and will break even, as a result of active management of expenditure against our budget, including close monitoring of the savings plan.

Following a restructure of the executive team, and the creation of several new directorates, an exercise was undertaken at the beginning of the year to realign the budgets to reflect the new structure. In addition, as part of the 2015/16 financial planning, recurring investments were made in the following areas:

- Strengthening the Quality, Nursing and Other Allied Professionals directorate; in particular in the areas of risk management and quality and public and patient engagement
- Creating a Primary care lead
- Organisational Development to support various change management programmes
- Management and Leadership programme
- Support the roll out of the Human Papilloma virus (HPV) test of cure
- Providing additional capacity to support research and policy development
- Creating an Operations and Finance Directorate, including strengthening the Planning and Performance function
- The development of the Public Health Outcomes Framework

In addition, non recurring investment was made to increase capacity in the following areas:

- Workforce and Organisational Development
- Communications
- Quality and Nursing

16.2 Baseline Expenditure profile

Figure 6.1 shows the baseline expenditure of £107.698m by directorate and by type of expenditure. The Public Health Services directorate is further broken down into divisions.

Figure 6.1 – 2015/16 Expenditure Budget by Directorate

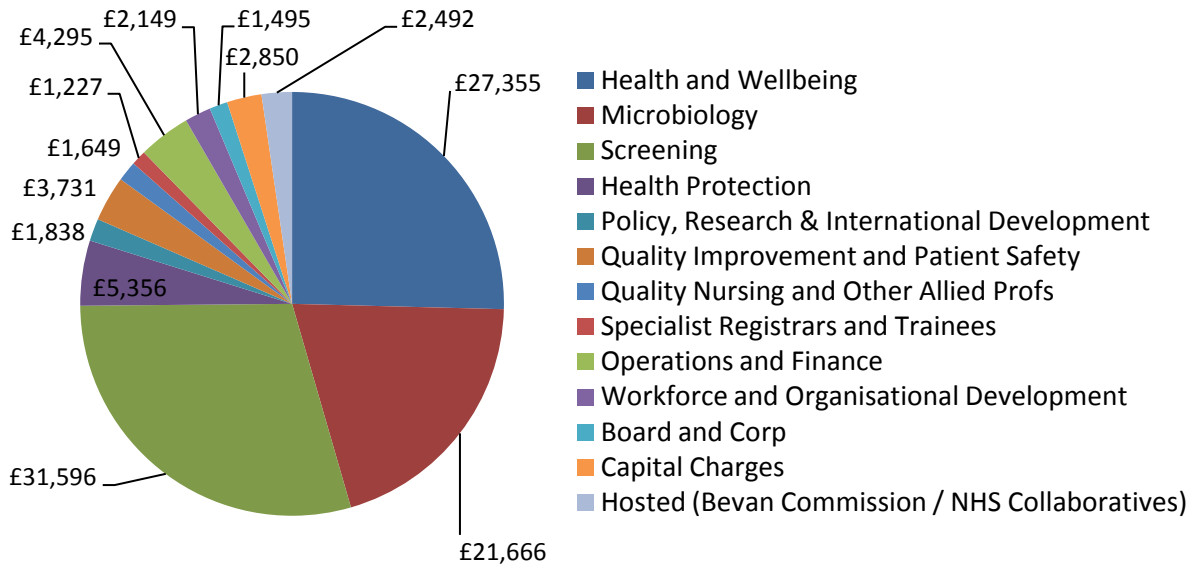
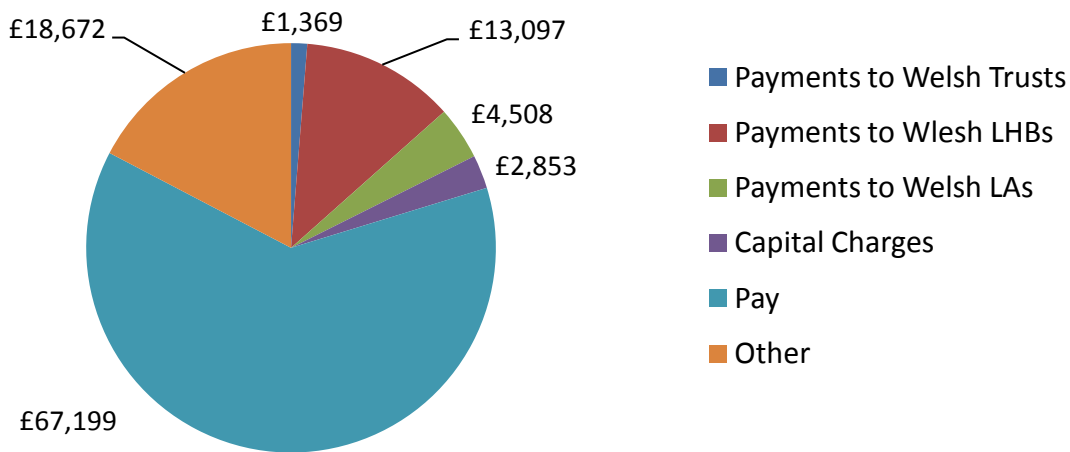


Figure 6.2 – 2015/16 Expenditure Budget by Type



16.3 Financial planning approach

We have once again aligned our financial planning with the strategic and operational plans of the Trust. 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.

A number of clear assumptions have been communicated across the organisation and these include:

- Each Directorate was expected to demonstrate 1% reduction in expenditure
- An investment pot was created from these savings

- No funding for inflationary or operational cost pressures was made available
- Investment plans support strategic priorities and are aligned with the Well-being of Future Generations act. They have also been assessed against the potential to generate future savings or income
- 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 for action guide our actions and the deployment of resources, and we have directed more resources and more effort to those areas that have been prioritised

The plans to deliver on our priorities have formed a key focus of the budget setting and workforce planning process for 2016/17 and will continue to do so in subsequent years.

16.4 Our revenue plan

Table 6.3 demonstrates that financial plans are balanced, as part of a viable and sustainable plan.

They clearly are set within the resource allocation and planning parameters set out in the NHS Allocation Letter and Planning Framework.

Table 6.3 - Revenue plan 2016/17 to 2018/19

	2016/17 £000s	2017/18 £000s	2018/19 £000s
Baseline budget			
Expenditure	117,518	119,418	119,418
Income	-117,518	-119,418	-119,418
Net budget	0	0	0
Inflationary cost pressures			
Pay	2,228	1,156	1,250
Non pay	212	682	682
Total inflationary cost pressures	2,440	1,838	1,932
Welsh Government funding (pay award and pension)	-1,831	-900	-990
Net position before savings - Deficit / (Surplus)	609	938	942
Savings plans	-1,848	-1,938	-1,942
Available resource for reinvestment	-1,239	-1,000	-1,000

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
- any changes in income assumptions adequately reflect the costs of service changes

The total expenditure and income figures include the following additional allocations and anticipated additional budgets:

	Funding Source	Amount £000s
2015/16 Base Budget		107,698
Diabetic Retinopathy	WG Core Income	3,575
Funding transfer for Innovation House	WG Core Income	195
Pregnancy Resource	WG Core Income	121
Annual PH Campaigns (inc Flu)	WG Core Income	580
Clinical Network Transfer	NHS Wales - various LHBs	5,700
Other Changes in income budget		-114
2016/17 Base Budget		117,755

No inflationary cost pressures have been included for the Clinical Network or Diabetic Retinopathy costs, as detailed budget information is not yet available.

16.5 Cost pressures

Our overall financial pressure in 2016/17 is 2.08 per cent or £2,440m. The individual elements of this are shown in table 6.4.

Table 6.4 – Cost pressures 2016/17

	Cost Pressure £000s	Cost Pressure %
Pay inflation		
- Pension costs	1,168	
- Pay Award	663	
- Increments	279	
- Other Pay pressures	118	
Non pay cost pressures	212	
Total cost pressures	2,440	<i>2.08%</i>
less Welsh Government funding for pay award and NI / pension change	-1,831	
Total Net cost pressure	609	

Although we face many of the normal cost pressures resulting from national contractual agreements and inflationary price increases, this is

anticipated to be below the national cost assessment figure for NHS Wales, for 2016/17.

16.6 Savings

In order to cover the net cost pressure of £609k to set a balanced budget; and create an investment reserve of £1.239m we have agreed and implemented a savings plan of £1.848m (1.57%), as shown in table 6.5.

Table 6.5 – Savings 2016/17

Type of Saving	Amount £000s	%
Budget holders consuming cost pressures	609	
General CIP	984	
Targeted corporate savings	255	
TOTAL	1,848	1.57

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

16.7 Reinvestment of our resources

As part of our commitment to ensure that resources are targeted to our priorities, our investment reserve of £1.239m has been used to make recurring investments were made in the following areas:

- Creation of a Well-being of Future Generation hub
- Increasing management capacity within the Microbiology Division and supporting the microbiology modernisation project
- Welsh Public Health Conference and staff engagement event
- Establishment of Policy and Research hot house
- Support the roll out of the Human Papilloma virus (HPV) test of cure
- Providing additional capacity to support research and policy development
- Providing additional capacity for infection prevention control
- Support to international and global health strategy development
- Ensuring strategic equalities
- Ensuring accommodation across all locations is fit for purpose.

Table 6.6 shows the above investment by strategic priority.

Table 6.6 – Reinvestment Plan 2016/17

Type of Saving	Amount £000s
1. Multi Agency Approach	145
4. Supporting the NHS to improve healthcare outcomes	20
5. Influencing Policy	365
6. Quality, safety and effectiveness of services	295
7. Developing the Organisation	414
TOTAL	1,239

16.8 2016-17 Revenue Plan by Directorate and Priority

Figure 6.7 shows the final revenue plan by directorate, including the functions hosted by the Trust and figure 6.8 shows the direct expenditure (not including capital charges and NHS collaborative expenditure) by strategic priority area.

Figure 6.7 – 2016/17 Expenditure Budget by Directorate

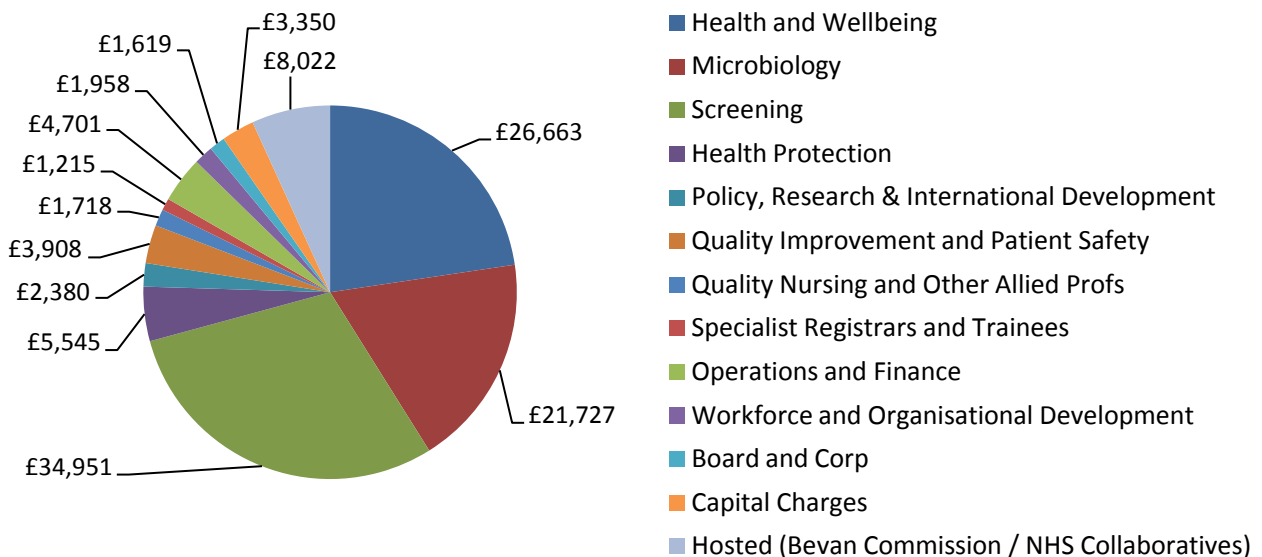
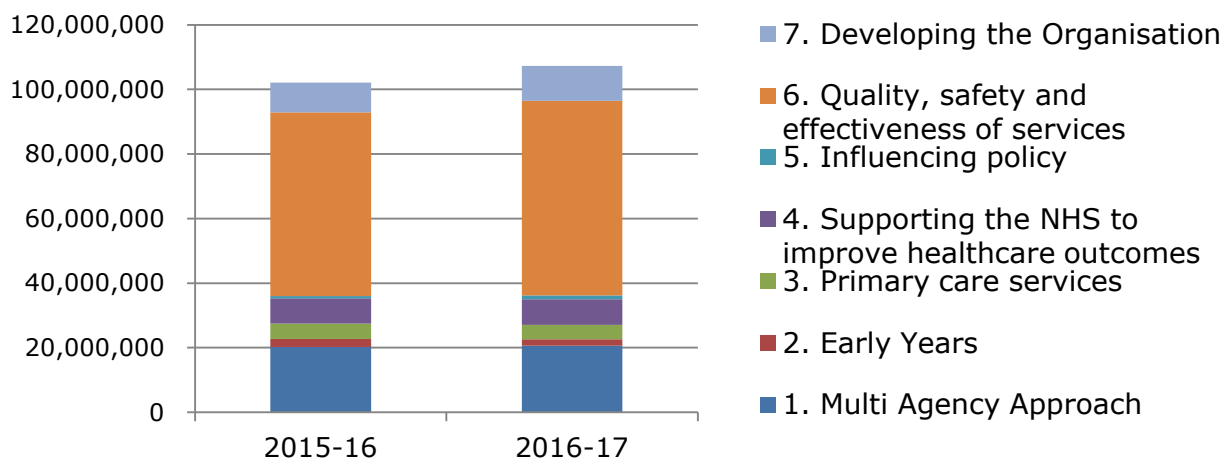


Figure 6.8 2015-16 and 2016-17 Direct Expenditure by strategic priority



16.9 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.

16.10 Our capital plan

We have a modest discretionary capital programme, with discretionary funding of £1.053m, which has been increased on a non recurring basis by 50% for 2016/17. However, we have also 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.

The draft outline plans for the discretionary capital are set out in table 6.9. 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 2015/16 to create room for this. This will need to be supplemented with receipts from the sale of any asset.

Table 6.9 – Discretionary capital programme 2016/17 to 2020/21

	FY16-17 £000s	FY17-18 £000s	FY18-19 £000s	FY19-20 £000s	FY20-21 £000s
IT Replacement Programme	350	250	250	250	250
Estates	600	300	300	70	200
Public Health Database development	120				
Microbiology Equipment Replacement	150	150	150	120	150
Microbiology Maldi-Tof Replacement					365
Screening Equipment Replacement	50	50	50	50	50
AAA Ultrasound Equipment				265	
Contingency	21	15	15	10	38
Grand Total	1,291	765	765	765	1,053
Discretionary Funding	1,579	1,053	1,053	1,053	1,053
less Capital loan payback	-288	-288	-288	-288	
Discretionary Capital Available	1,291	765	765	765	1,053
Shortfall / (Surplus)	0	0	0	0	0

The discretionary funding has been reduced for 2016/17 – 2019/20 as part of the funding arrangement for the fit out of Capital Quarter 2.

16.10.1 Strategic Capital (approved) – Our Space

Following the submittal of the business case “Rationalising the Property Portfolio of SE Wales”, the Trust has been successful in obtaining £1.15m capital funding for the fit out of Capital Quarter 2. This capital funding will be drawn down in 2016/17.

The funding takes the form of a repayable grant, with a reduction in discretionary capital over 4 years from 2016-17 to cover the repayment plan. The repayment of the grant will be accelerated in line with any capital receipt achieved through the disposal of the Temple of Peace.

16.10.2 Strategic Capital (submitted) – Cervical Screening Information Management System (CSIMS)

We have now submitted a capital business case for the replacement Cervical Screening Information Management System (CSIMS). The total cost is anticipated to be approximately £750k, and will be phased over 3 years.

Several preliminary meetings have taken place with the Welsh Government, and the business case is anticipated to be reviewed to the NHS Wales Infrastructure Investment panel in early 2016.

16.10.3 Strategic Capital (proposed) - Replacement of Digital Mammography

Between 2011 and 2014, the Trust received approximately £10m in strategic capital funding to enable the Breast Test Wales programme to move into digital mammography. The funding provided new mammography equipment, necessary enabling works, conversion of mobile units to include DDA compliance and a Picture Archive Communication System (PACS) to enable reading, reporting and transfer of images.

Replacement mammography equipment is essential to ensure ongoing provision of a meaningful screening programme and maintain breast cancer detection rates, which have increased significantly with the introduction of digital technology.

Table 6.10 shows the proposed phasing of the replacement schedule which takes account of both asset life and minimising the level of disruption on round length and assessment services.

The plan has therefore proposed to replace some units slightly ahead of schedule whilst pushing others back to later in order to maintain service continuity.

It should be noted that the figures do not include the replacement of the PACS system, as this our understanding is that this is likely to be revenue and not capital.

As part of our continuing commitment to support IM&T developments, our capital plan for 2016/17 includes a total of £955k within discretionary and strategic capital programmes (40% of the total planned expenditure).

Table 6.10 – Strategic capital schemes 2016/17 to 2020/21

	FY16-17 £000s	FY17-18 £000s	FY18-19 £000s	FY19-20 £000s	FY20-21 £000s
Approved Capital Schemes					
Rationalising SE Wales Property Portfolio	1,150				
Capital Schemes awaiting approval					
Cervical information system NHAIS replacement	220	220	310		
Capital Schemes to be submitted for Strategic Funding					
Digital mammography replacement		360	880	2,260	2,260
Ultrasound scanner replacement	130				
Screening NBH Audio Devices	132				
Colposcopy and colonoscopy imaging systems					1,205
Replacement of DRSSW vans	312	265	796	433	292
Total Strategic capital requirements	1,944	845	1,986	2,693	3,757

In addition to the above approved and proposed strategic schemes, we have received funding of £480k in late 2015/16 for the development of an infectious disease genomic service.

All of the schemes to be submitted are replacement of essential medical equipment. As such they are not prioritised and the risk associated with each is in respect of continuity of clinical service in the event of break down.

16.11 Efficiency Through Technology Fund (ETTF)

The Trust successfully bid for £3.3m in ETTF monies over the following 3 years. This includes £1.29m funding for the NHS Collaborative which are hosted by the Trust. Table 6.11 summarises the bids and funding profiles.

Table 6.11 – Efficiency in Technology schemes 2015/16 to 2017/18

Division / Directorate		FY15-16 £000s	FY16-17 £000s	FY17-18 £000s	Total £000s
NHS Collaborative	Managing Chronic Oedema in Community Settings		131		131
NHS Collaborative	NHS Wales Digital Cellular Pathology	10	650	500	1,160
Health Protection	National Infection Control System		919	991	1,910
Microbiology	Enhancing the use of molecular diagnostics in microbiology	12	133	0	145
Grand Total		22	1,833	782	3,346

17 Our workforce

17.1 Overview

Within our strategic priority to develop the organisation, two of the key elements of the ten point plan are to:

- Have enough skilled people with the attitudes and behaviours to work well together (and with others) and be committed to our priority work.
- 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.

Before developing this plan, we had a workforce that largely reflected the predecessor bodies that formed Public Health Wales and, in some areas, retained the silos of previous organisations and structures. In order to build greater flexibility and to enable a more agile and flexible workforce, we have developed and are implementing a new organisational structure which will allow access to skills across the whole organisation and encourage greater cross-team working. The new organisational structure will enable us to achieve greater synergies and opportunities for increased collaboration and team working across traditional boundaries.

There has been a historic corporate underinvestment in learning and development activity which will continue to 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 as funding is made available.

There was little leadership or management development in the early years of Public Health Wales or in its predecessor organisations. This has been addressed with a modular programme designed to cover populations from aspiring managers to established leaders. This programme will be in its final year of operation in 2016/17 and will fall back to a lower level of activity to service new starters and newly promoted managers from 2017/18 onwards. We have put in place a Management Framework which will be used to ensure all managers and people in leadership roles across the organisation are practising the essentials of leading and managing people and managing the business. This will form part of the appraisal process for managers from 2016/17 onwards.

Public Health Wales currently has a number of service improvement and change programmes that have the potential to 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.

A major modernisation programme has already commenced in Microbiology, with the objective of developing an All Wales Managed Service (delivered through a regional model) and we continue to work in partnership with health boards to develop the formal proposal. The creation of an All Wales managed service will ensure the sustainable delivery of high quality and equitable services, in support of prudent healthcare. It will maximise skills and opportunities for the exploitation of automation and technology.

A move to new accommodation for staff based across South East Wales in 2016 brings the opportunity to work more effectively by introducing greater flexibility into working practices and modernising our approach to how we do our business 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 from the Cardiff move shared more widely.

Developing the workforce in terms of capacity and capability is critical to the delivery of this whole plan. 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
- **motivation and engagement**- are we supporting our workforce and providing clear management and inspiring leadership.

Each of these areas is addressed in the sections below.

17.2 Workforce capacity

17.2.1 Structures and Numbers

At the start of 1st March 2016, our workforce of 1,469 people, 1,293 full time equivalents (FTE), were deployed as follows:

Table 7.1: Deployment of staff (FTE)

Directorate / Division	Headcount	FTE	%
Corporate Services	18	28.40	2
Health & Wellbeing	411	359.08	28
Hosted Services	21	20.45	1
Microbiology Division	344	309.80	23
NHS Quality Improvement / 1000 Lives	41	39.33	3
Operations and Finance	48	45.98	3
Policy Research & International Development	26	24.22	2
Health Protection	77	72.53	5

Quality, Nursing & Allied Health Professionals	30	18.60	1
SPRs	15	13.70	1
Screening Services Directorate	402	329.27	27
People & Org Development Directorate	36	32.09	2
Grand Total	1,469	1,293.46	

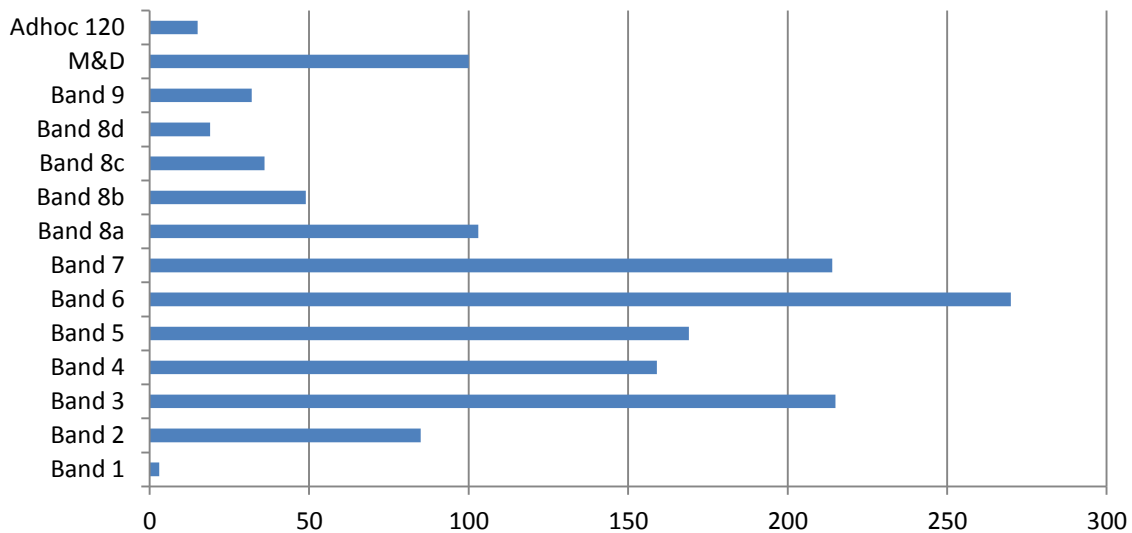
To note:

- Health and Wellbeing includes Local Public Health Teams. We are seeking to improve the way data is recording in ESR to help us report more clearly in future.
- Numbers represent a growth over the past year of 25 FTEs
- Spend on staff is 61.80% of the total Public Health Wales budget

17.2.2 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 7.2. This is to be expected given the professional nature of our work.

Figure 7.2: Grade profile of staff in post

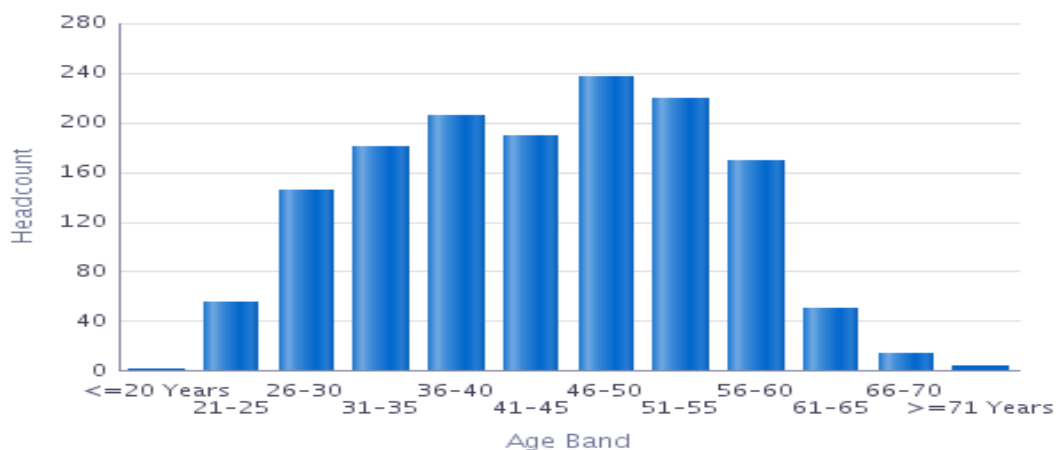


17.2.3 Age Profile

Figure 7.3 shows the age profile of our workforce.

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 7.3: Age profile of staff in post



We have more than 200 people over the age of 55 and, given there is no longer a default retirement age, this makes some aspects of workforce planning more complicated. We are considering a number of solutions including succession planning and role redesign to address these issues.

Currently, recruitment difficulties are being experienced in relation to filling some specialist public health roles within Health Protection teams, such as Consultants in Communicable Disease Control. The work is being reorganised between other roles, such as Health Protection Nurses, to ensure full utilisation of staff groups and increasing the supply of specialist skills.

Furthermore, the consultant microbiologist workforce has been identified as a difficult to recruit group and changes in Medical training are indicating a change in the direction of consultant careers. This has created an opportunity for development of clinical scientist and/or consultant biomedical scientist roles to be explored as the service develops, in particular, around areas such as infection control and antibiotic prudence.

A large percentage of the public health professional workforce is over the age of 55, therefore succession planning for those positions has been prioritised. We are currently refreshing workforce plans for this professional group which includes identifying potential staff to develop and mentor and to support their development through educational routes and through on the job training.

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 have started work to look at ways to prepare staff who are considering retirement so that we can help them better plan their later working years, including carefully designed part time roles to allow for knowledge transfer. For example, we have a number of staff who have taken advantage of the Retire and Return scheme who are continuing to contribute on a part time basis and share their knowledge before retiring permanently. We have made

information available in terms of pension changes 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.

17.2.4 Sickness Absence

As at 1 February 2016 the cumulative 12 month absence rate for Public Health Wales was 4.07% per cent.

This is an increase on the previous year, which is of significant concern. The organisation continues to pursue the following actions to reduce sickness absence:-

- Conducting sickness audits, which assess hot spot areas and compliance in respect of the management of sickness absence
- Sickness Management Panels, which will follow-up on these audits and develop detailed Action Plans for areas with low audit scores
- Increased focus on the Trust's Staff Health and Well-being agenda, with a view to a happier and healthier workforce and preventing sickness absence (see below)
- Increased level of case-management input and advice from Human Resources
- Ensuring enhanced support for staff who are absent from work due to long-term sickness via Occupational Health; counselling services; and supportive management practices engendered via training for managers, the newly released Sickness Absence "How To Guide", and the Leadership and Management Development Programme.

Early indications from the Sickness Audit work would suggest that there is room for improvement, particularly in respect of how short-term sickness is managed within Public Health Wales.

In terms of Staff Health and Wellbeing, work in 2015/16 focused on:

- Creating web-based materials for promoting health and well-being
- Supporting staff back to work by developing a "welcome back" approach
- Targeting mental health issues by implementing a buddy scheme
- Taking forward internally the work which has come from the All Wales Well-being Steering Group (including promotion of national well-being campaigns).

And in 2016/17, we will:

- Continue to target stress/mental well-being issues through development and pilot of a programme of resilience training for staff
- Continue to support a new approach to both minimise preventable sickness absence, and welcome back staff returning from periods of sickness absence
- Establish a network for staff health and well-being ambassadors to support and drive a focus on health and well-being of staff across the organisation
- Undertake assessment for the Bronze Corporate Health Standard
- Explore the introduction of an Employee Assistance Programme for Staff
- Enhance web-based material for promoting well-being
- Develop and enhance metrics to measure success of well-being interventions.

17.2.5 Length of Service and Turnover

The Trust's turnover rate has increased from the previous year, reporting at one point at over 11%. This is above average for the NHS UK-wide, which is 9.4% (Health & Social Care Information Centre, 2015).

The Trust's turnover rate for the 12 month period 1 February 2015 to 31 January 2016 was 10.11%, which is an increase upon the 9.15% reported for the same period the previous year.

We are continuing to build our understanding of the level of leavers and their reasons for leaving and the action we can take to address this – as well as ensuring connections are made with other workforce metrics, such as levels of employee relations activity, and sickness. So far there does not appear to be one major factor driving increased turnover, rather a number of reasons affecting small numbers of people. It is hard to draw trends from the data so far, however, this will be kept under review.

Work is also underway to streamline recruitment processes within the organisation, to ensure that it is more responsive to dealing with peaks in turnover.

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. In 2016 /17 we will progress work to investigate ways for people to maintain their skills and refresh their experience throughout their careers with Public Health Wales.

17.2.6 Strategic Workforce Planning

Work was started in the final quarter of 2015/16 to build a 10 year plan for the Public Health Workforce. This work will include detailed analysis of our existing workforce and outline a longer term strategic workforce plan for Public Health Wales. This will complement the existing detailed Directorate workforce plans that have been developed in support of this Strategic Plan.

The 10 year plan will address the future shape and size of the workforce and changes needed over the period of the plan, and how these changes will be achieved.

As part of this work, the Organisational Development and Learning Team are working with the nominated Director of Public Health (based in Aneurin Bevan University Health Board) and the Chief Medical Officer (CMO) to define the Public Health workforce of the future, which includes a wide range of people across the public, voluntary and third sectors as well as Public Health and NHS workforces. A supporting scoping document has been agreed with CMO and will drive stakeholder engagement activity across the first quarter of 2016/17, with consultation on the overarching plan to be concluded in late 2016, leading into implementation in 2017.

The objectives of this plan are to provide:

- a) A vision for the breadth of the Public Health System in Wales, including an understanding of the Wider Public Health Workforce with a current and/or potential contribution to Public Health
- b) Clarity around future career pathways and skills development for the Wider Public Health Workforce
- c) A prevention oriented approach, embedding Public Health knowledge and capacity across the Wider Healthcare Workforce
- d) Up skilling (capability) and up scaling (capacity) of the Wider Healthcare Workforce, supported by a Public Health Competency Framework flexible enough to meet the knowledge and skills requirements of all of the Wider Public Health Workforce
- e) A vision for the Specialist Public Health Workforce of the future (covering a 10 year horizon, detailing key opportunities for the Public Health System and skills, capability and capacity requirements)
- f) Assurance regarding the competence, standards, professionalism, talent management and succession planning across the Core Public Health Workforce, with specific leadership development as required (e.g. Consultants, Specialists and Practitioners) and maximising a variety of approaches to ensure increased accessibility.

This work will also form the basis for a Public Health chapter to be included in the NHS Wales 10 year Strategic Workforce Plan, which is to be finalised in late 2016. This provides a unique opportunity for Public Health Wales to lead the prevention agenda across the whole of the workforce within the NHS in Wales.

At a more operational level, in 2016/17 we will start to develop a map of each Division and Directorate detailing the numbers of permanent and fixed term / temporary staff, secondees (in/out) and staff with honorary contracts so that we can better understand the whole picture of how people are contributing to the overall delivery of work. We will add to this by investigating other potential sources of supply (recent retirees, university partners, third and voluntary sector and others) who could potentially provide additional resources to help cover peak workloads.

All of this work will be done in partnership with senior managers and shared with the Trade Unions and staff across the organisation. It will be based on requirements identified from internal diagnostics and discussions with stakeholders and partners across the NHS, and the wider public sector and beyond.

17.2.7 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. 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.

Fragile skill areas include: breast radiologists, radiographers, public health consultants specialising in Health Intelligence and Health Improvement and consultants in communicable disease control (CCDCs). There are known skills shortages across the system, including Endoscopist shortages in health boards (which the Trust is working with health boards to understand and mitigate risks) 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. Increasing the number of Nurse Endoscopists is one potential solution being explored.

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 is being explored and plans developed for career advancement.

Health Protection have appointed a Lead Nurse, and work has begun with the CCDCs and Health Protection nurses to determine current and future priorities as part of the development of a divisional plan. Furthermore, discussions with Director of Nursing, and Health Protection nurses have begun over development of Advanced Nursing Practice; and two nurses have undergone development modules recently.

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 next iteration of 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.

We employ a significant number of Biomedical Scientists and will potentially be the major employer of this professional group if it is agreed that Public Health Wales is to manage an All Wales Microbiology Service. Therefore, we recognise the importance of developing new and enhanced skills incrementally, to meet the changing demands that will be required to deliver a modern-day Microbiology Service both in the medium and longer term future. We are committed to delivering the aspirations of the Modernising Scientific Careers Framework and any future best practice recommendations that assist us to make better use of the range of current and future potential skills. We have invested in a national training lead to support this work being taken forward.

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) to cover these tasks. We will design clear career paths that formalise the use of advanced 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 also investigate new approaches to recruitment such as joint appointments with health boards where we are competing for the same skills. Examples include joint appointments made with the Police and Crime Commissioners Office and Sport Wales.

17.2.8 Succession and Talent Management

Our Strategic Workforce Planning process has revealed some common areas of concern regarding succession for key roles. This is both where there are potential gaps in the workforce as some staff members approach retirement and where there is a scarcity of skills required to perform these roles both internally and externally. To address these concerns we have included, in a recently launched workforce planning toolkit, a requirement for detailed Succession Planning in our Workforce Planning process. This means that by the end of 2016 we will have a detailed view of all of our key roles down to level 3 of the relevant Directorate Hierarchy, along with development plans for identified successors, or plans in place as to how we can recruit externally into these roles, or review how the work is performed, where no internal successors are identified.

Succession Planning in Public Health Wales is therefore the process of identifying **critical positions** within each Directorate/Department, assessing current staff members who may be able to fill these positions (across timeframes of between 1 and 5 years) and devising action plans for these individuals to help them develop the skills needed for those positions.

Critical positions at a basic level are those roles that, should they become vacant, would have a severe impact on Public Health Wales' operational continuity.

Some specific areas of concern are detailed in the next section (Changing Workforce Requirements).

In addition to introducing a formal approach to succession planning, we are exploring a Public Health Wales approach to Talent Management, based on an evaluation of performance and potential, utilising a simplified approach, where we will consider career planning and development for individuals. Talent management is the process by which we identify, manage and develop our people now and for the future, recognising that retaining and developing key individuals is fundamental to our long term success. Talent management is focussed on individuals, seeking to identify those who evidence high performance and high potential, as well as displaying the right behaviours.

As with Succession Planning we would expect that individuals are assessed for their performance and potential.

Crucially we will combine outputs from our Succession and Talent Management Processes, to ensure that we are developing key individuals, providing them with the skills and capabilities to occupy key roles in the future.

17.3 Changing Workforce Requirements

17.3.1 Primary care

During 2015 a new division was established in the Health and Wellbeing Directorate, bringing together our primary care workforce to strengthen links and encourage greater cross disciplinary working. Work in 2016 will focus on identifying needs and delivering skills development to support them in delivering across the primary care community.

17.3.2 Microbiology

Following the introduction of new technology there has been a requirement for a different skill mix. The implementation of automation has reduced the number of scientific staff working at the bench, however not to the levels previously predicted. The changes have enabled 24/7 working, the development of which will continue into 2016/17.

Plans are in development to support retraining and redeployment of some staff to emerging new ways of working, so further reductions in traditional work will be compensated for by growth in others.

We are currently exploring the viability of an All Wales Genomics Service with Welsh Government, including what workforce requirements this will bring. This will itself include a degree of retraining of current staff, but also new skills which the Trust will need to plan for.

Service planning is currently in its infancy, and the workforce plan around this will evolve quickly over the coming months. There is likely, however, to be a focus on expertise in mathematical biology. This includes computational biology, statistics, software development and bioinformatics. Experience elsewhere suggests that staff with these skills will also have an insight into the questions that need to be answered by whole genome sequencing. A first step is the need to develop some of our current staff, who have microbiology knowledge, to be able to fulfil some of these new roles. There is an urgency as the workforce related to sequencing in other parts of the world is rapidly expanding, not just within microbiology, positions are not easy to recruit to and there is a long lead-in time for training.

During 2015 changes have been made to the way in which services are now delivered in North Wales Microbiology, including:

- Extended service availability weekdays and weekends providing 7 day routine working
- Introduced automation (Kiestra) for the processing of the majority of bacteriology investigations

- Introduced urine automation enabling centralisation of all routine urine testing at Rhyl and a streamlined workflow, with reduced hands on time
- A Service Delivery Model has been defined with centralisation of 90% of all Microbiology work at Rhyl and urgent work only processed at Bangor (alongside FWE service) and Wrexham sites.

There are potential risks of some experienced staff leaving as a consequence of the ongoing changes (a number of staff left the North Wales service at the commencement of the programme). We continue to monitor the situation. 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.

If the planned establishment of a managed service for the whole of Wales goes ahead during the period of this plan, that will mean the transfer of staff to Public Health Wales from laboratories currently run by Cwm Taf and Aneurin Bevan health boards.

17.3.3 Cervical screening

A modernisation programme is underway and a new service model will mean changes for the workforce, including development of our “active offer”. While full details have been slow to emerge due to the dependency on national decision making, the changes in techniques for cervical screening have already resulted in the identification of significant staff reductions, likely to reach 30 per cent. The age profile for the service suggests this will be achieved largely through the retirement of existing staff.

However, there is an interim problem as the existing work needs to continue to be delivered until the shift to Human Papilloma Virus (HPV) testing is fully implemented. Contingency plans are in place and there are further initiatives in development to assist in retaining key staff during this period of uncertainty and to recruit as necessary with a cross training programme developed to transfer any surplus staff to microbiology once HPV testing is fully implemented. This will continue to be closely monitored and staff fully engaged to minimise the risk of losing too many staff before the new model is fully operational.

17.3.4 Stop Smoking Wales

We need to revise the delivery models to meet service user requirements, again to include enhancement of our “active offer”, that in many cases will see a move to seven day working and extended working hours. This requires changes to terms and conditions which we will progress in

partnership. We have reviewed 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. We also need to ensure that we make an “active offer” to Welsh speakers who wish to access the services through the Welsh language.

17.3.7 Diabetic Retinopathy Screening

The Diabetic Eye Screening Service for Wales (some 108 staff) will transfer to Public Health Wales from 1 April 2016. Work is underway to prepare for the transfer and integration into Public Health Wales. Staff are being invited to participate in training and other events in preparation for the move.

17.3.8 Other Emerging Requirements

As our role and services continue to develop, other requirements are emerging for additional groups of skilled staff, including: IT staff to develop new 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, in 2015 we appointed Recruitment and Talent Attraction Manager and are now looking at improving our approach to attraction and selection. We are also identifying opportunities to work more closely with partners such as academia and to bring together appropriate skills to create a critical mass and/or more efficient structures.

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. In preparation for managers having one to one consultations with staff prior to the move we have run workshops to equip managers with the skills to handle difficult conversations and to practice in a safe environment, and provided the knowledge of the range of support and flexibilities available to enable them to have productive discussions with their staff.

We will implement within the period of this plan any emerging actions resulting from the Jenkins Review or other work such as Nuffield Review.

17.4 Workforce Delivery of Our Strategic Priorities

The below sections capture at a headline level the challenges and proposed workforce solutions associated with delivering against each of our Strategic Priorities. In addition, each Directorate and Division has its

own detailed Strategic Workforce Plan, from which these headlines have been captured, and which contains supporting data which provides assurance against how our workforce will support delivery of the Strategic Priorities. These Strategic Workforce Plans contain the operational detail behind these headline issues, and are living, working documents, which will influence and assure our plans for delivery over the course of this IMTP.

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

17.4.2 Strategic priority 2: Working across sectors to improve the future health and well-being of our children

Challenges

Achieving the shift in thinking and working described under Strategic Priorities 1 and 2 will require some fundamental changes in our workforce. These changes will be in: skills (getting better at programme management, managing complexity, systems thinking); behaviours (from always fixing it ourselves to taking a supporting or facilitative role and allowing others to lead; to valuing other's expertise - including community expertise - alongside our own and exploring all perspectives on working issues; potentially in where people work (less being in offices behind desks and in meetings with health organisations to being out more in the communities (at times and places that work for them) and more meetings with non-health care organisations); and who we work with (from professional colleagues in health boards and academia, to more regular contact with local authorities, third sector organisations, local communities and business).

There is a requirement to develop the skills of our current public health professionals so that they have the ability and confidence to use new and emerging technologies and methods for population health improvement.

Solutions

Within year 1, a learning and development programme will be developed to increase skills of our public health professionals in programme management, building effective relationships, managing complexity, having powerful conversations and improving quality. Within the same year, a review of the career pathway for public health professionals will take place to create development opportunities between Principal Public Health Practitioners and Consultants. This will build capacity and capability to lead on high profile strategic work where Consultants may not be necessary. Additionally, work needs to be completed to assess the

requirements to fund Masters in Public Health, to ensure that the unique contribution that public health professionals provide are backed up by the expertise and theoretical knowledge needed to deliver and maintain their excellent reputation as experts within their field.

Within years 1 and 2, a programme of work will be developed to increase collaborative working and engagement between all directorates and divisions and the Local Public Health Teams. This will include schemes where team members can work in a different area, get to know members of different teams, develop their own skills and bring what they have learned back to their teams. Options to explore also include forums to share learning, job swap, action learning sets, a revitalised national lead role scheme etc. In Year 2 these options will be considered between Public Health Wales and other organisations.

The Tobacco Control agenda including the delivery of the Stop Smoking Wales service remains a high priority for Public Health Wales. The current call centre staff will be developed to provide extensive telephone support to quitters, quality improvement remains high on the agenda and all managers and practitioners will be required to undertake IQT Silver in the next two years. Stop Smoking Wales aims to become a specialist service/hub for all smoking cessation services and, if this is agreed, would need to have the ability to direct clients to the most appropriate service which could be pharmacy or an extensive smoking cessation programme. Working with the Public Health Teams is paramount to ensuring the service delivers the clinics where the greatest need is at accessible times to the client. Saturday and evening working is built into all contracts and a team of bank staff has been developed to ensure cover is provided for all clinics where possible. We are also developing an "active offer" to Welsh speakers by creating advisor and call centre roles with Welsh speaking being essential where the need is greatest.

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

Challenges

There is considerable impetus within Public Health Wales for supporting development of the new model of primary care in Wales. To enable Public Health Wales to deliver this, a number of challenges will need to be addressed. These include:

- Being clear on what we offer that delivers real added-value and then doing that well. Our teams continue to deliver a variety of historical governance, advisory and inspection activities. However, alternative options for delivering these functions mean that we may not best-

placed to continue with them. We need to be clear on our unique added value in public health.

- Developing, agreeing, articulating and delivering Public Health Wales' new 'offer' of support to NHS Wales and Welsh Government. To help achieve the ambitions set out in the primary care delivery and workforce plans, we need to be clear on what we are doing and why.
- Configuring our internal structures and processes that can best help us deliver our unique contribution and make the greatest impact on developing primary care and contractor professional services in Wales.

Solutions

Following discussions and assessments of the best way to address these challenges, it has been accepted that a programme management approach will be developed to oversee the number of projects that the Health and Well-being directorate lead on and the 1000 Lives Improvement Service lead on. It has been established that there are programmes that cut across each other that need to be worked through and linked into a Programme Board to ensure consistency and quality of work is maintained. A Programme Director and number of Project Managers are currently being recruited, developed, reassigned or appointed to deliver this programme. This will be completed in Year 1.

A second programme will be set up involving key stakeholders to ensure that we are doing work where we are providing unique added value that is appreciated by others. The aim of this programme will be to review the existing work and ways of working of our primary and community care teams, reviewing the structure and developing a programme of Learning and Development and Organisational Development to ensure that they are equipped to undertake their roles effectively.

We will then work to deliver training and development programmes to meet identified needs, for example in leadership and delivering transformational change. This will be delivered in year 1.

17.4.4 Strategic Priority 4: Supporting the NHS to improve outcomes for people using services

Challenges

Key challenges in Year 1 are to align the staff within the NHS Quality Improvement and Patient Safety directorate to maximise the expertise within the team, to strengthen the relationship with health boards and Trusts and to lead key programmes of work that will have a measured improvement in outcomes to the people using the services.

Once this alignment is concluded, focus will be given to becoming an expert specialist service for NHS Wales in Quality Improvement and building capacity and capability of health boards and trusts to deliver quality improvement well.

There is pressure on the team to deliver key pieces of work during a time of change and currently we are accordingly recruiting into a number of vacancies to increase capacity within the team.

Solutions

The team is currently going through a period of change while leadership posts and structures are being filled. This will allow the team to be clear on their offer to NHS Wales and provide direction and accountability to deliver the IMTP.

The team will deliver exciting programmes across NHS Wales including prevention of falls, acute deterioration, primary care (including prescribing), among others. The expertise required to deliver programmes such as these will be through partners such as health boards and Trusts. The 1000 Lives Improvement Service's role will be to lead, programme manage, ensure established, evidence-based quality improvement methodology is used and outcomes are measured.

The areas which require development are in increasing capacity and capability in quality improvement expertise across all programmes by developing the staff within the team, investing in skills development and recruit to current vacant posts.

There are a small number of individuals within the team with specialist knowledge in priority areas. Small numbers of staff such as these can be an issue if turnover begins to increase, and therefore identifying individuals with the potential to develop more broad skills across a range of specialisms needs to take place. This work will be done through on the job training including shadowing and observation.

In the next year, skills in measurement and data will be developed including recruiting an expert in this field to ensure improvement can be measured and evidenced.

17.4.5 Strategic Priority 5: Influencing policy to protect and improve health and reduce inequalities

Challenges

The Policy, Research and International Development directorate is small with 23 team members (21.09 FTE) with a high profile and high priority

workload. There is very little extra capacity built in to respond to new or urgent pieces of work or to cover for absence or turnover – and the team is fragile as a result. The team is already building its stability and agility by sharing learning experiences and understanding each other's work areas.

Research and Development is a large focus in the IMTP. In order to deliver it, there is a need to develop capacity and capability to manage research programmes (such as injury prevention), and to develop research skills across Public Health Wales. The research strategy is also due to be managed and delivered in conjunction with the knowledge mobilisation strategy over the lifetime of the IMTP which will need to be factored into the work of this team.

Our work facilitating the implementation of the Well-being of Future Generations (Wales) Act 2015 will provide the team with the opportunity to intensify partnership working with their stakeholders.

Solutions

The directorate is focused on developing effective ways to increase their income by establishing and developing bids for income streams internationally, in order to undertake identified research programmes.

Strengthening relationship with partners such as National Centre for Public Health and Wellbeing Research, South Wales Police, Healthwise Wales and Higher Education Institutions is a clear focus and therefore developing skills in effective relationship building is important. Joint posts have been developed and appointed to and this is a direction of travel that will be continued over the course of this IMTP.

In order to develop Policy, Partnership and Networks, opportunities for funding through project funding bids need to be identified to continue the current lead role, as well as identifying and developing potential joint posts in Health, Housing and potentially internationally.

The Well-being of Future Generations (Wales) Act 2015 implementation will require a team to be developed or appointed to take this forward.

In order to develop Public Health Research, Evaluation and Development, a "Hot-House" approach will be developed by recruiting a senior academic with expertise in Applied Public Health Research and two Public Health Researchers to develop and implement this concept.

With increased demand for Health Impact Assessments, there is a requirement to increase the capacity to deliver this within the team.

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

Health Protection

Challenges

Currently, recruitment difficulties are being experienced in relation to filling specialist public health roles within these teams, such as Consultants in Communicable Disease Control. In addition, it is recognised that other roles, such as Health Protection Nurses, currently have limited career development opportunities yet a wealth of health protection expertise, and with sufficient investment and role redesign opportunities, such roles could be further developed to support the provision of a robust and efficient Health Protection Service across Wales.

Solutions

An enhanced model for local health protection services is being developed to align to the modernisation of microbiology services. This aims to better enable working, at a local level, with key partners. Service developments will be underpinned by the introduction of new platforms, including a case and incident management system, which will support the management of and response to public health incidents and outbreaks providing stronger governance and greater transparency.

Future Work

The Health Protection Team will continue to respond to acute events – through the acute response centre (ARC).

Consultants and nurse practitioners will have and will continue to deliver a proactive health improvement programme agreed with local PH teams and microbiologists.

It has been agreed that all staff within Health Protection will contribute to the delivery of the ARC functions – working as one service. This will provide for delivery of a consistent response across Wales, while increasing individual capacity for proactive work.

All staff will have developed close working relationships with Public Health Wales programmes, local microbiology services and local public health teams.

Microbiology

Challenges

The consultant workforce within Microbiology has been identified as a “difficult to recruit” group, within certain geographical areas, and changes in Medical staff training are indicating a change in the direction of consultant careers.

Managers and senior staff have traditionally been recruited from within the operational workforce and have highly developed technical and scientific skills and abilities. The challenges of service re-design and implementation of new technologies requires a need to expand these traditional skill sets and focus on development of more management skills and abilities.

Introduction of new technology and future developments based around molecular science present opportunities to extend options for the biomedical scientist workforce, in the area around research and development.

A requirement for a different skill-mix, particularly around automation presents uncertainty when forecasting future workforce requirements and, in particular, identifying training needs and informing educational institutions in development of academic courses.

Reconfiguration of services presents a number of workforce challenges, particularly the risk of losing experienced staff, leaving as a consequence of the proposed changes. In addition, changes in working practice and work patterns may not suit all staff, which may be restricted to specific working hours, and resourcing the required working patterns within existing workforce presenting potential difficulties.

Solutions

In Year 1, we will be developing clinical scientist and/or consultant biomedical scientist roles as the service develops.

The opportunity to establish a biomedical scientist interface around infection management and specialist technical advice will also be taken forward within year 1.

Screening

Challenges

The introduction of Human Papilloma Virus (HPV) primary testing within the cervical screening programme represents a paradigm shift. Implementing testing for HPV is a move from manual detection to automated testing. We anticipate that we will see a reduction in laboratory

screening staff of up to 80% over the next few years. Maintaining sufficient staff to provide the service during the conversion will be very challenging, as staff look for more secure employment in other laboratory services.

There is a national shortage of specialist breast radiologists both in screening and symptomatic practice.

Scoping the introduction of Faecal Immunochemical Testing (FIT) in the Bowel Screening programme is likely to impact on screeners currently undertaking this work as we move to automated technology.

Diabetic Eye Screening Wales will become part of Public Health Wales from the 1 April 2016.

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.

Solutions

We have been developing robust plans to provide alternative career pathways for Cytology lab staff during the time when changes in technology approaches us, as articulated within section 1.3.3 of this plan.

Internally, we are developing breast clinician and Advanced Practice Radiographer roles to provide the service with the imaging skills required.

17.4.7 Strategic Priority 7: Developing the Organisation

Quality, Nursing and Allied Health Professionals

Challenges

The Directorate for Quality, Nursing and Allied Health Professionals (QNAHP) has an ageing workforce, with a potential loss of knowledge, skills and experience anticipated over the next few years.

There is a professional leadership capacity issue in relation to the development of the health science workforce. There is also limited capacity within the Directorate to co-ordinate mental health activity within the organisation and to provide risk management training to ensure the up skilling of staff.

Skills-gaps have been identified in relation to professional lead(s) for adult safeguarding and a general requirement to increase leadership capability.

Solutions

QNAHP have a plan for developing the skills and knowledge of the existing workforce, including succession planning and team development, and are further undertaking a review to understand in detail the distribution of work across the directorate to inform future work distribution and productivity.

Further there is activity being mobilised immediately to recruit into key vacancies and to seek secondment opportunities into the Directorate, where possible, and ensure that leaders and managers are enrolled in the Public Health Wales Management and Leadership Development Programme for 2016/17.

Informatics

Challenges

The Informatics Division has recently seen an interim restructure of two previously separate teams into one new function providing services to the whole of the organisation.

This means that there are potential concerns with employee engagement and retention, in particular in roles which have relatively specialist skills sets.

Further, as technology changes and the organisation reviews its infrastructure there is a concurrent requirement to retrain individuals in new technologies.

There is additionally a very current requirement to ensure that sufficient capacity is in place in order to cover the support desk.

Solutions

In order to address concerns around stability, work is well progressed to finalise the permanent structure to be ready for consultation in May 2016 with a view to implementation in September 2016. Sub-sets of this focus on stability also include utilising a more flexible consultant workforce to enable knowledge transfer and skills development of the permanent workforce, as well as a focus on recruitment in advance of the planned operational requirements that will be brought to the fore by the relocation under the Our Space Programme.

Work is additionally progressing to identify staff who may be specialists in out-of-date technologies and developing retraining programmes to plug skills gaps in other areas where capacity has been identified as an issue.

Finance

Challenges

Finance has a relatively high turnover of staff due to fewer opportunities for career development within a small team. Work is underway to implement and embed a Business Partner approach across year 1 of the IMTP.

Solutions

To address these concerns, there is a plan to develop and refine the recruitment process so that vacant posts can be filled efficiently and effectively and to provide secondment opportunities for staff to enable them to develop skills and experience.

Further, the Organisational Development and Learning team have been engaged to provide a tailored intervention in Business Partnering and building high-value relationships.

Performance and Planning

Challenges

Performance and Planning are a newly formed small team which has recently made two key appointments to enable it to drive forward its agenda to deliver a more sophisticated organisational approach to planning and performance.

Solutions

A detailed team development plan will be devised with the Head of Planning and Performance to ensure that the unit is able to function as efficiently and effectively, as quickly as possible.

Communications

Challenges

The Communications Team has recently restructured and is now set up to provide strength and depth in functional expertise and to provide a business partnering service across Directorates.

Solutions

A detailed team development plan will be devised with the Interim Director of Communications to ensure that the unit is able to function as efficiently and effectively, as quickly as possible.

People and Organisational Development

Challenges

The People and Organisational Development Directorate has benefitted from investment over recent years and has a large delivery agenda with a focus on transforming the organisation from a people perspective, embedding a performance management approach in tandem with a focus on health and well-being whilst supporting a move towards more strategic development of all its staff and concurrently landing multiple large scale change programmes.

The team has therefore recently been expanded to a sufficient size to deliver against its priorities, but must now seek to develop the core competencies of its staff to enable this delivery – including Organisational Development expertise across the function.

In particular the Organisational Development and Learning Team has previously operated within a relatively narrow focus of output and delivery, and needs to move towards a more rounded skill set to enable resources to be flexed against delivery requirements.

The previous Business Partner role, now Head of People and Organisational Development, within the Workforce Team is key to delivery of much of the planned developmental activity. This requires a strong interface with key customers within the organisation, and a need to move more day to day HR support to the broader Workforce Team, to allow development of strategic workforce planning and organisational development expertise.

Solutions

In order to deliver against its plans there is currently focussed recruitment activity underway to ensure that all key vacancies are recruited into and it is envisioned that all required recruitment will be completed by the end of Q2 in 2016/17 performance year.

The Business Partners and Organisational Development Management team will be developed in the provision of softer skills in areas such as team development – utilising established, evidence-based team development methodology.

Finally, detailed work is underway to finalise a competency model for both Workforce and Organisational Development and Learning teams, and provide individually structured development against this model (See *Section 1.6 of this plan for further detail*).

17.5 Workforce capability

17.5.1 Learning and Development

Public Health Wales currently spends 0.4 per cent of the pay bill on learning and development activities for the workforce. When our management and leadership development programme is included, the figure rises to 0.7 per cent of the pay bill.

To develop a skilled workforce for the future aligned to the organisational change that is planned, we believe that further investment is required. 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 was delayed in 2015 due to the loss of a key member of staff, and this will now be carried out in 2016. The outcome will underpin a strategy to address workforce skills development over the term of this three year plan. This will include 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, 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 already have a management and leadership skills programme, which has been rolled out from early 2015 and will continue for the duration of this plan. We will be working with the suppliers and with Academi Wales to provide master classes and other development opportunities/initiatives, particularly for skills which are related to our role in leading the system.

17.5.2 Statutory and Mandatory Training

Compliance has generally improved or been maintained over the last year. We need to keep up this improvement as refresher deadlines arise and there needs to be a further effort to achieve over 90 per cent compliance across all areas.

17.5.3 Revalidation

Revalidation for those registered with the General Medical Council (GMC) is well established within the organisation and we have undertaken work during 2015/16 to implement the new requirements from the Nursing and Midwifery Council (NMC) for revalidation of nurses and midwives from 1 April 2016.

17.5.4 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 completed in January 2015.

17.5.5 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. Latest survey data suggest we have reached a plateau in improvement. For medical staff, our appraisal rate is at 100%.

A new framework for performance management and appraisal called "My Contribution" was developed during 2015 and will be in place by April 2016. 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.

17.5.6 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 we produced guides for managers and teams on induction and their roles and responsibilities and have further developed web pages for new starters with relevant and timely information for their first three months. In early 2016 we will further improve our induction approach with quarterly organisation-wide induction days, where new starters will have the chance to meet members of the executive team and learn about the work and challenges facing Public Health Wales.

17.5.7 Public Health Workforce Skills (wider system)

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 are working with stakeholders and partners to scope needs and this will continue into 2016. 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. An initial scoping document will be available by April 2016.

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 have also delivered an advance practice approach for public health in 2015, and will further examine the career step between principal and consultant to see if we are making the best use of very experienced public health specialists.

17.5.8 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. We are therefore in the process of mapping existing career paths and understanding associated development needs across the organisation and will ensure this insight is linked to the succession pipeline work described above. This will form a significant part of the workforce development plan for 2016 and beyond.

17.6 Workforce Engagement and Motivation

17.6.1 Leadership and Management

This has benefitted from significant investment with a full programme developed and implemented in 2015 for leaders and managers across the organisation. We will continue to run this programme over the course of this three year plan, with a view to establishing this development as a business as usual process for all new to role managers and leaders. The outcome of this programme 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 have also designed and rolled out a development programme for aspiring managers

and are in the process of developing a programme for identifying and developing potential senior managers.

17.6.2 Values and Behaviours

Work will be completed in early 2016 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 new ways of working such as building a systems approach to health improvement. Work in 2016 and beyond will be based on the outputs of a series of staff engagement workshops held in early 2016, to ensure we are capturing a fully representative view of this central tenet of our organisational culture. The workshops will build on the core principles launched by the Minister in February 2016.

These values and the new leadership framework will also allow us to attract and recruit people who best align with our organisational needs.

17.6.3 Staff Engagement and Feedback

We will build on the staff engagement events that were held in 2014 which generated content for the first version of this plan and the launch events run in 2015 to share the IMTP with staff and build understanding, and commitment, to our delivery plans. We widely consulted staff and managers before designing the management framework and the content of the Leadership and Management Development Programme. Similarly we consulted staff about development of the new appraisal approach called "My Contribution". This is the way that we intend to continue working to co-create new approaches to how we work in Public Health Wales.

We have also used pulse surveys to keep in touch between the staff events and will continue to utilise these and other technologies to continue conversations either face to face or virtually over the term of this plan.

17.6.5 Staff Health and Well-being

Public Health Wales has developed an approach to staff health and wellbeing which began implementation in 2015. Our overall progress will be measured by assessment for recognition under the *Corporate Health Standard*; our aim is to achieve platinum standard by 2018.

17.6.6 Great Place to Work

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 such as *Best Companies to Work For*, or *Great Place to Work* to ensure we are measuring ourselves against an established industry standard.

17.7 People and Organisational Development (OD) team development

Until April 2011 there was no People and OD team, nor a Learning and Development function, in Public Health Wales. Over the past four 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.

Over the past 24 months the people and OD teams have benefitted from investment. Our ESR capability is being strengthened so that we can start to get the best out of the staff record system and to provide useful management information and data to the business – however our resource in this area remains fragile, and we are currently exploring plans to share and develop skills in this area across our function.

In 2015 we made two key appointments to the positions of Assistant Director of People and Assistant Director of Organisational Development and Learning to ensure we continue to take the function forward to a new level of service delivery and organisational support.

The relationship and relative responsibilities of line managers and HR professionals is continually being reviewed to ensure there is clarity of accountabilities and responsibilities of both. The clear expectation is that line managers will continue to take increased responsibility for the management and development of their people and HR will increasingly have a coaching and consulting role to support our people managers.

The learning and professional development functions are also being reviewed 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.

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, the Chief Executive and Board ensure a sound system of internal control which supports, facilitates and ensures the achievements of our strategy, aims and objectives.

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 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 framework and cycle

Public Health Wales developed a new three year strategic plan in 2015, which set out our strategy, and the specific actions, for how we would make the maximum impact for our population through the delivery of our priorities. It was informed by a number of strategic drivers, including:

- the health and well-being of the people of Wales - our 'state of the nation'
- the legislative and strategic policy context in Wales
- specific service development requirements
- engagement with our partners and stakeholders

As part of our annual planning cycle, we have undertaken a review of our existing strategy and priorities (see 18.2.1) to ensure they remain fit for purpose. This Plan has been refreshed in light of this work and details, at a high level, the work we will undertake over the next three years to deliver our priorities. It will be underpinned by our Operational Plan for 2016/17.

An overview of our planning process, key planning drivers and our work to develop a more integrated planning approach across the public health system is provided below. This has been informed by the work we undertook in 2015 and has been further developed and strengthened through this planning cycle.

18.2.1 Refreshing our plan

As part of Public Health Wales' annual planning cycle and the development of a refreshed Integrated Medium Term Plan (IMTP), we have undertaken a review of our existing strategy and priorities. This has involved a strategic 'look back and forward' undertaken by our Board, Executive Team and senior managers, which examined the strategic and operational factors that may impact upon our strategy and priorities, along with reviewing year one progress and performance.

Discussions over potential changes to our strategy, priorities and wider IMTP were informed by consideration of a number of significant internal and external factors. This involved consideration of various legislative (for example, Well-being of Future Generations Act), external factors (for example, austerity, welfare reform, public services reform, upcoming elections) and service developments (for example, transfer of diabetic retinopathy).

Through this process we have validated our existing priorities, which were agreed in 2015, but recognised the need to develop and strengthen the strategic objectives that underpin each of them. This is in light of the

strategic issues identified during our review phase of the plan and our experiences implementing year one.

An overview of the changes made to our strategic objectives is included in appendix 6.

18.2.2 Strategic drivers

The **state of the nation** provides an overview of current, and projected, health and well-being 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 14 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.

18.2.3 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 came together in this way to discuss the key public health challenges and opportunities that we face in Wales.

We 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.

18.2.4 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.

It was recognised during the development of our priorities that further work would need to be undertaken to strengthen and develop the alignment of organisational plans, particularly with health boards and Local Public Health Teams, to enable complementary action to be taken by respective organisations in relation to each priority.

Therefore, work has been undertaken, as part of an integrated approach to public health system planning, around a set of priority areas during 2015/16. This process will help inform relevant implementation plans and IMTP content.

The integrated planning process will support agreement on the best approach and specific organisational action required to deliver improvements within a defined number of priority areas. It aims to develop clarity and agreement on the specific nature of the challenge and the actions each organisation will need to undertake to deliver improvements.

It is intended that this approach could be applied to a wide range of public health issues, although in the first instance the initial focus should be on a smaller number of key areas to support 'proof of concept'. The areas proposed within the scope below are informed by the key public health targets set within the NHS Wales Delivery Framework for 2015/16 and wider NHS Wales priorities.

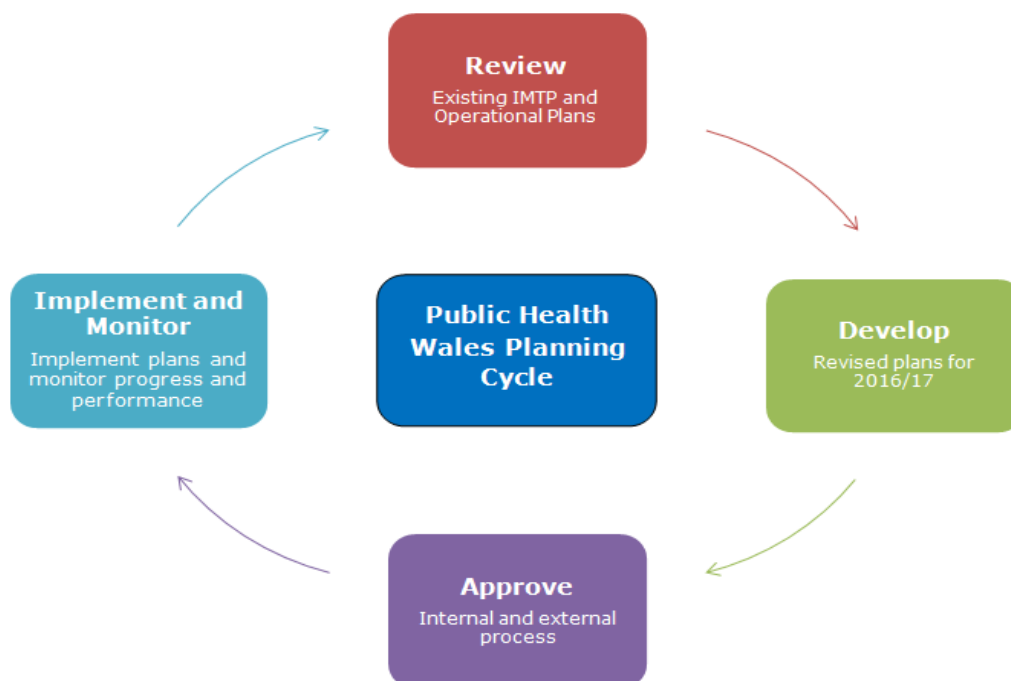
The focus of the public health system planning during 2015/16 was:

- Reducing childhood obesity
- Tobacco control to reduce smoking prevalence
- Vaccination & immunisation uptake rates
- Primary care

18.2.5 Planning framework and cycle

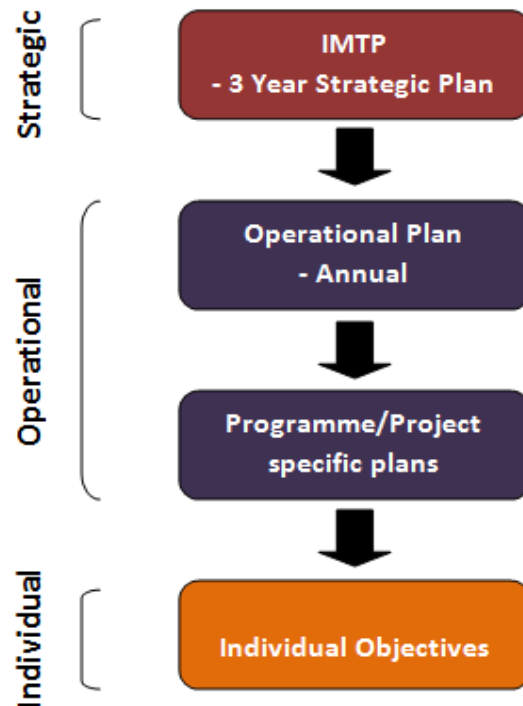
The diagram below provides an overview of the four key stages of Public Health Wales' planning cycle. This involves a number of key stages, and gateways, to support the development of robust and fully integrated plans.

Figure 8.1: Planning cycle



18.2.6 Our plans

The diagram below, along with the supporting narrative, provides an overview of the planning structure in place within Public Health Wales. It demonstrates the 'line of sight', and alignment, between our strategy through to the specific individual objectives set for members of staff.



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 well-being.

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 2016/17.

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.

'My contribution'- connecting our people to our mission

My Contribution is our process for helping staff see how their role fits into the organisation and how what they do has a real impact on the success of Public Health Wales. An effective performance management system is key to supporting Public Health Wales realise its vision and achieve its

objectives. We should all be clear of what's expected of us in our roles and how this contributes to the success of our teams and Public Health Wales.

18.2.7 Service and internal change programmes/projects

We have undertaken a process to review our change programmes and projects. This related to service change, such as the modernisation of microbiology, and internal change to ensure we are operating and delivering as effectively and efficiently as possible, such as with the further development of our Primary, Community and Integrated Care Division.

This has allowed us to assess the feasibility both in terms of individual programmes and also the scope of change across the organisation as a whole. As part of this process, we have reviewed the specific arrangements for each programme, including governance, resources, risks and impact. This has allowed for an assessment to be made of those that will be monitored at an organisational level and those for which local arrangements will be put in place.

Key actions in relation to our key change programmes are reflected within the content of this plan and further and our Operational Plan for 2016/17 and supporting programme specific documentation.

18.2.8 Overarching agreement with health boards

Public Health Wales set out the need to develop an overarching agreement with other health bodies in Wales within our IMTP. The document will act as an overarching agreement, which describes all relationships between us and the health bodies (whether financial or not), cross references service specific SLA/LTA's and sets out a clear and transparent escalation process for both parties.

The purpose, and key aspects, of the agreement include:

- Summarise services provided and reference to specific detailed SLA/Commissioning Documents
- Describe the relationship between the parties
- Understand the contribution each party makes to achieving a Happier, Healthier and Fairer Wales
- Set out clear points of contact and identify Senior Responsible Officers
- Set out a clear process for escalation of issues and dispute resolution
- Documents the financial flows between services
- Detail notification periods
- Describe performance management framework

Further detail on the agreement, particularly the escalation process, is included in appendix 7 and 8.

18.3 Board Assurance Framework

We use an assurance framework system and process to monitor, seek assurance and ensure shortfalls are addressed through the scrutiny of the Board and its committees. The content of the assurance framework is illustrated in figure 8.2.

The Board has established five 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 current committee reporting framework is shown in figure 8.3.

Figure 8.2 – Assurance Framework

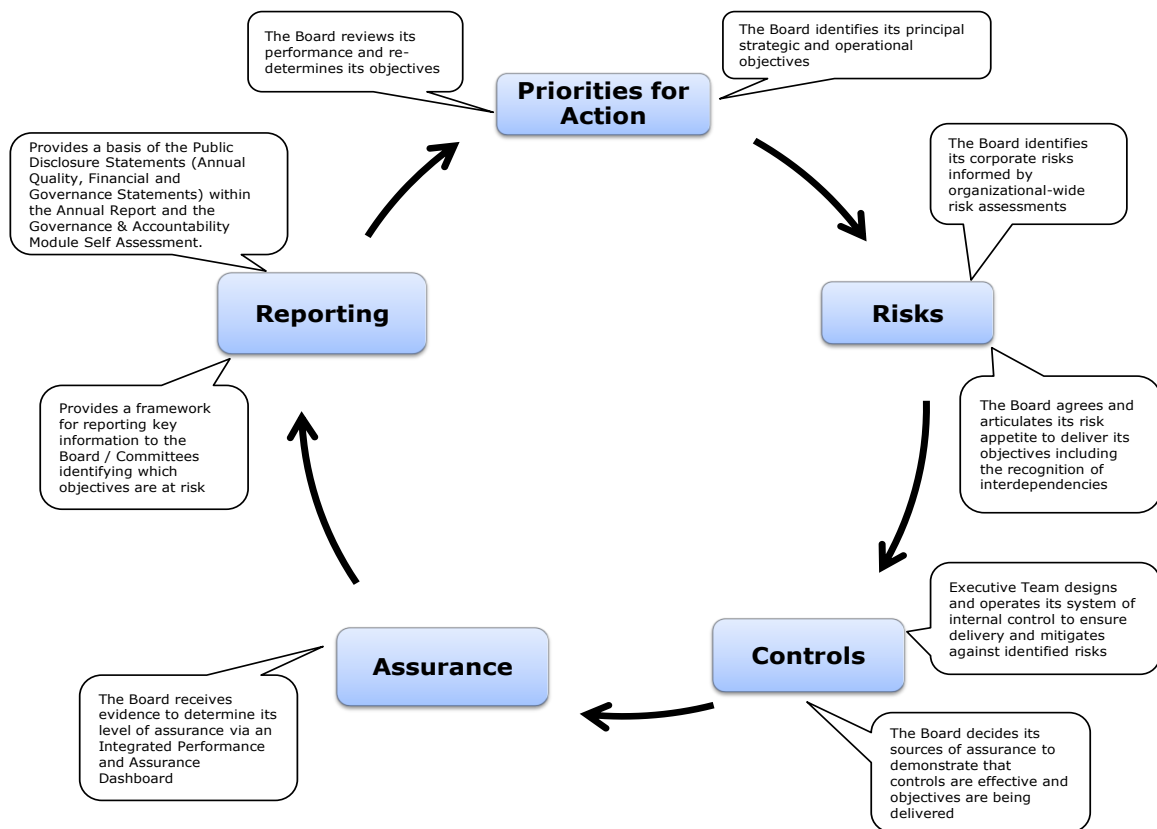
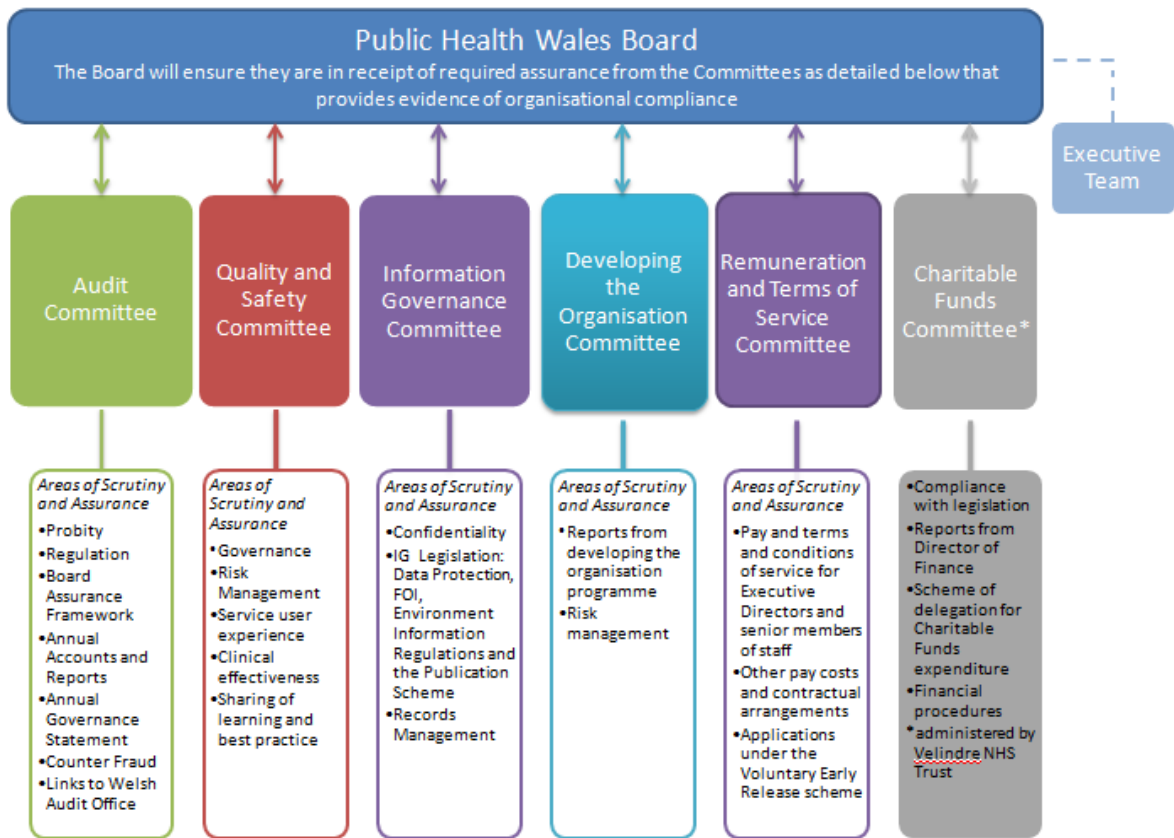


Figure 8.3 – Current Committee Reporting Framework



18.4 Performance Management and Reporting Framework

Public Health Wales has developed and implemented refreshed performance management and reporting arrangements during 2015/16. This is reflected in our refreshed Performance Framework, which is based on the following interrelated principles:

- Production and consideration of timely and robust performance information
- Development and embedding of an improvement culture within the organisation
- A commitment to, and clear focus upon, outcomes and quality
- Clear lines of accountability for delivery
- Clear and agreed performance metrics
- Clear performance review arrangements
- Rewards and sanctions.

18.4.1 Aims and purpose

The aims and purpose of the Framework are to ensure that:

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

18.4.2 Performance cycle

The Framework is based upon the cycle outlined below, which aims to support the ongoing active management of performance, based on clear plans and actions, and continual improvement of our programmes and services.

Figure 8.4- Performance Management Cycle



18.4.3 Performance reporting arrangements

Public Health Wales produces a monthly performance report, which is considered by Board and Executive Team.

The report will consist of:

- Overview of performance, including against key public health targets
- Summary of key performance issues and the actions that will be undertaken to address these
- Summary of progress against our Operational Plan (quarterly)
- Performance dashboard that provides a summary of overall progress against our key performance indicators.
- Specific detail on service performance, including current performance and trajectories
- Exception reports, where required, providing the reasons for underperformance and action that will be taken to improve.

Table 8.5 - Summary of reporting arrangements

Reported to:	Reporting	Frequency
Welsh Government	<ul style="list-style-type: none"> • Latest monthly performance report • Finance reports • Service/programme specific information as required 	Six monthly
Board	<ul style="list-style-type: none"> • Latest monthly performance report • Finance Report 	Bi-monthly (report circulated via email in alternative months)
Executive Team	<ul style="list-style-type: none"> • Latest monthly performance report • Finance Report • Recovery Plans 	Monthly
Directorate/Divisional Performance review and management team meetings	<ul style="list-style-type: none"> • Latest monthly performance report • Finance Report • Operational Plan progress updates • Division/programme specific detail (as required) • Key workforce information 	Monthly

18.4.4 Further development of arrangements

Work will be undertaken to further develop our performance management and reporting arrangements.

This will include:

- The development of a performance management system that enables more efficient and effective collation, monitoring and reporting

- Greater focus on outcomes being delivered for people of Wales aligned to the Well-being of Future Generations Act and Public Health Outcomes Framework (currently being developed)
- A process for developing and agreeing performance metrics
- The development of key performance indicators, including for measures of quality
- Further refinement and development of the monthly performance report.

18.5 Managing risk

Managing risk is fundamental to running a successful and high performing organisation. It should be at the heart of decision making processes and resource allocation at both an operational and strategic level. It should seek to identify opportunities to innovate and invest, alongside the need to mitigate risks.

Therefore, the organisation is committed to investing and strengthening its risk management arrangements at a strategic and operational level. A new Risk Management Framework has been developed and implementation has commenced. The aim is to move Public Health Wales to an improved level of compliance against nationally recognised standards during the three year lifetime of this plan. By implementing the framework, the use of risk management will play a prominent part in helping the organisation meet its strategic objectives.

This dynamic process will enable the organisation to measure key strategic risk performance, establish risk profile and institute thematic analysis through the use of the Board Assurance Framework, Corporate Risk Register and local risk registers.

18.5.1 Strategic risks

Public Health Wales recognises that risk is both a dynamic and evolving process, it is therefore our expectation that strategic risk will change over the lifetime of the plan. The strengthened systems and processes of risk management within Public Health Wales, will ensure that these risks are actively managed and mitigated accordingly.

At the time of writing the plan, the following strategic risks have been identified for the delivery of this plan. These risks inform the Board Assurance Framework 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 8.6 – Strategic risks

1	Inability to fully achieve the organisation's plans to protect, improve health and wellbeing and reduce health inequalities, within current capacity and capability, through an effective, engaged and motivated workforce
2	Inability to achieve financial duties to return a balanced budget, in a climate of austerity and to realise the necessary savings and additional income required to meet the delivery of the strategic objectives
3	Ineffective implementation of our contribution to key legislation including the Well-Being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014
4	Insufficient processes and management systems to provide regulatory compliance, performance and assurance
5	The potential lack of robust quality performance and outcome measures applied consistently across the organisation
6	Ineffective or inefficient relationship management between the organisation and NHS Wales, Welsh Government, Regulators and other partners
7	Failure to achieve the transformation and service redesign requirements to deliver the strategic priorities within the agreed milestones, due to ineffective programme and change management processes
8	Potential effect of political or policy change impacting on the role of Public Health Wales to deliver on planned strategic objectives

18.6 Information Governance

Public Health Wales is an organisation which relies heavily on information and data to provide statutory functions, report on performance and deliver on strategic objectives. It is therefore recognised that further assessments and changes are required to ensure we are better able to provide the necessary levels of assurance and compliance in managing and handling data/information. We will be assessing ourselves against the Information Governance tool kit standards, as a new baseline and will be seeking to incrementally improve our Information Governance arrangements year on year; repeating our self-assessment at a minimum of an annual basis, together with putting all standards of Caldicott principles into practice.

Increased leadership, focus and assessment will ensure that we improve on our current systems and processes, assessing ourselves against UK recognised standards in order to ascertain the progress being made.

Our annual Information Governance statement will provide an overview of Public Health Wales compliance with information governance acts and national standards.

18.7 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, with a full monitoring return submitted on the 8th working day. A financial performance report is produced on a monthly basis and presented to each Board meeting.

18.8 Stakeholder engagement and support

Public and stakeholder engagement is fundamental to our work in protecting and improving the health and well-being of the population and reducing inequalities. We provide a number of national programmes and services and the success of all are dependent on the support and active involvement of partner organisations and individuals across Wales. Our

interventions and services are based on a number of central principles and these include a strong evidence base and public/ service user involvement.

Engagement with the public and/or stakeholders is an ongoing process and we utilise the wealth of lived experience across Wales to better shape and inform our service delivery, policies and guidance to partner organisations. Continual feedback received through a plethora of avenues, including complaints, compliments, service user experience, consultation/engagement events and lessons learnt is used to inform decisions Public Health Wales makes about the way we are run and continue to develop.

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.

We are reviewing our approach to public and service user engagement to ensure consistency and the most effective use of our total resources across the whole organisation. We want service users to be actively work with us to improve and develop our services.

18.9 Welsh language

Central to our vision to achieve a healthier, happier and fairer Wales is a commitment to be connected to, and driven by, the needs of the people of Wales. We are building a depth of understanding about what people need in order to achieve improvement in public health and well-being and to reduce inequalities. We are unequivocal in our view that this includes meeting the language needs of Welsh-speaking individuals and the population of Wales.

Our aim is to plan, actively offer and deliver high quality services in Welsh so that people can engage with us as easily in Welsh as in English. We will contribute to the delivery of the Well-being of Future Generations Act goal in ensuring that the Welsh language thrives in Public Health Wales and that we optimise our active offer to those members of the public who wish to receive our services through the Welsh language. We have been working towards this aim for a number of years by implementing our Welsh Language Scheme and the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and

Social Care: *More Than Just Words*. It is clear that, while much good work has been done, it is still not enough to have made a significant improvement in the availability, accessibility and quality of Welsh medium services.

From 2016/17 we will be subject to the Welsh Government's Welsh Language Standards Regulations, which present new challenges not only in relation to our public services, but also in relation to the way in which we use the Welsh language with our staff. In order to tackle these challenges we need to effect a step change in our thinking and approaches and start to work in a different way. We will broaden our single corporate Welsh language action plan approach to include comprehensive Welsh language planning – including bilingual workforce planning – at division level across our organisation. This approach will require clear accountabilities and performance management arrangements at this level. There will be robust systems of governance and internal control in relation to the implementation of action plans by holding the executive to account. The Quality and Safety Committee and Public Health Wales Board will receive regular progress reports.

18.10 Equality

One of the ambitions of Public Health Wales is to mainstream the public sector equality duty across all of our functions including our role as an employer. The way in which we will do this is set out below in our strategic equality plan and objectives for 2016-20. Implementation plans will be developed with each of the divisions and reflected in the operational plan. We will report our progress annually to the Board and fulfil our statutory duty by publishing an annual equality report.

Our equality group helps to ensure that Public Health Wales considers and promotes equality and has a role in monitoring our strategic equality plan and objectives. The group is made up of representatives from divisions and staff members who have self-identified as having a protected characteristic.

18.10.1 Equality objectives for 2016-2020

We will:

- Engage with communities and individuals of all ages, including those who represent groups with protected characteristics and actively use their insights to inform and direct our work
- Communicate our messages in ways that are accessible to all members of the community including people with protected characteristics
- Make sure all our policies and decisions reflect all groups of people fairly and are relevant to everyone

- Build a closer working relationship between Public Health Wales and other partners to enhance information gathering and analysis that better identifies the needs of people with protected characteristics
- Be recognised as a fair, inclusive and innovative employer

Engaging with people who have experienced discrimination and prejudice as a result of having a protected characteristic is essential if we are to understand the different needs of our communities in Wales. We will continue to work with a broad range of equality organisations and support groups to challenge our thinking and understanding of inequalities and the way in which we design and deliver services.

Equality impact assessment is a key process for the organisation as it ensures that decisions are based on evidence and impact in a fair way. The meaningful involvement of communities in the process helps to build strong relationships and demonstrates transparency and accountability in policy and decision making. It also ensures that we pay “due regard” to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Public Health Wales is working to promote participation and access to our services by ensuring our communications are accessible and meet the different needs which people may have. We will actively work to implement the All Wales Standards for Accessible Communications and Information for People with Sensory Loss and ensure that reasonable adjustments are made to deliver equality of access to our services and events for disabled people. This also includes making sure that people and our staff know where to go to get information and to get their views heard.

In line with legal requirements, and as a responsible employer, we have identified a gender pay objective and will formalise a plan to analyse our pay and workforce structure through the lens of gender equality.

18.11 Health and Safety

In 2015 the Health and Safety function transferred to the Workforce and Organisational Development Directorate and a review will be completed by March 2016 of the existing arrangements. Following the review, recommendations will be acted on to ensure that Public Health Wales has a robust, fit-for-purpose and proactive health and safety function working closely with the business to meet health and safety requirements and building a positive health and safety culture across the whole organisation.

The principle aim of the strategy will be to embed knowledge mobilisation within the organisation's culture and to support the workforce so that the triad of research evidence, innovation and evaluation are well understood and seen as essential in everyday practice. To achieve this the organisation will need to develop a consistent narrative as to the inter-relationship between these concepts and how they should be used. Further, staff will need to be enabled to feel comfortable that they have the skills and organisational support to use research evidence, to innovate and to underpin their work with rigorous evaluation.

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.

19.2 Innovation into practice

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. Following the implementation of the knowledge mobilisation strategy, an innovation framework will be developed and 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.

19.2.1 Public Health Wales E-Strategy

The development of our new E-Strategy, which will be managed and implemented through our Information Management and Technology function, will ensure that the use of informatics supports all aspects of our strategy, service delivery and the management of the organisation.

The E-Strategy has been developed in line with the *Informed Health and Care Strategy* and is:

- Centred on the philosophy of 'once for Wales' and will take full advantage of appropriate national initiatives and services;
- Supported by a Strategic Outline Plan (SOP) developed in collaboratively as other Trusts and health boards and develop their own SOPs.
- Enabled within a national context by full engagement in all national informatics groups such as the National informatics Management Board, Wales Informatics Assurance Board, Wales Informatics, Wales Information Governance Board, Strategic Delivery Group, Delivery implementation Group etc

The E-Strategy also outlines how elements of the *Informed Health and Care Strategy* appropriate to the Trust will be delivered, in particular:

- Ensuring that our services for patient engagement are aligned with the development of a single national online citizens portal
- Continuing the rollout of our public WiFi
- Implementing the National Intelligent Integrated Audit System (NIIAS) in our bowel and AAA screening systems
- Enabling cervical screening results into the Welsh Clinical Portal (WCP)
- Building on our existing mobile patient data capture services

- Continuing to integrate our patient based system with the Welsh Demographic Service (WDS)
- Ensuring that we are fully engaged in the development of national strategic and innovative frameworks and the progression toward technical standards and software development protocols

19.3 Evaluating our work and the work of others

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 disinvesting in approaches that do harm or offer poor value. We need to establish appropriate and robust approaches to 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 thus this aim is shared by both the knowledge mobilisation and research strategies (see 19.4.2). Together, the knowledge mobilisation and research teams will:

- create a culture where evaluation is seen as essential and embedded in all service plans
- ensure that staff can competently design and implement appropriate approaches to evaluation and have the right support to do this
- ensure there is oversight and coordination of evaluation activity in order to support staff, and for quality assurance purposes, but also to identify opportunities for adding value to data collected, through supplemental analysis for evaluation purposes
- ensure learning gained from evaluations will be systematically shared across the organisation.

19.4 Research and development

19.4.1 Research governance

All Public Health Wales research and development should be conducted within well designed and 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.

A Research and Development Office has been established to ensure that the mechanisms are in place to ensure appropriate research governance. A framework for research conduct and governance within Public Health Wales has been developed and a Research and Development Strategic

Group has been set up to provide strategic direction and leadership for research within the organisation, and oversight of the research governance process. Research governance involves balancing efficiency with appropriate assurance and proportionate risk management. The established processes also reflect feedback from within the organisation on the processes currently in place and have sought to ensure that where possible all avoidable delays in approving research have been removed.

19.4.2 Research strategy

The research strategy outlines the priorities and commitments for Public Health Wales to foster a culture that will allow for the generation of new research ideas, and the confidence to use research efficiently and effectively in everyday practice.

The strategy aims to create an environment within the organisation that is conducive to achieving these ambitions. A culture needs to be embedded which:

- develops and supports research capacity
- facilitates the generation of new knowledge
- develops and strengthens collaborative relationships
- effectively engages the public in population health research and communicates research findings.

The following key actions will be undertaken to support and promote research activity:

- Developing and supporting Public Health Wales' research capacity by supporting staff to gain training in a comprehensive range of research methods
- Facilitating the generation of new knowledge through externally funded research and by making available internal funding to pump-prime new and promising research activities and pilot studies
- Strengthening our public engagement and collaborations with Higher Education Institutions, MRC Centres of Excellence for Public Health (e.g. DECIPHer) and e-Health research (e.g. CIPHER), Welsh Government, health boards, the other NHS Trusts in Wales, Health and Care Research Wales infrastructure, third sector organisations and other agencies such as police, education and social services that have a wider public health interest in Wales to co-produce and drive forward our shared research agenda
- Increasing the profile of Public Health Wales' research by communicating widely with our stakeholders and promoting the translation of research into public health policy and practice

- Provide a rigorous governance structure for research across Public Health Wales to ensure quality, ethical integrity and efficiency in its delivery
- Review and restructure internal investment in research so that it aligns with the organisational objectives of Public Health Wales and offers value for money

This ambitious research strategy will contribute to improving the health and well-being of the Welsh population through evidence-informed public health practice. Critically, this strategy should ensure that the research undertaken within Public Health Wales will help to deliver on the strategic objectives of the Integrated Medium Term Plan, have an impact on policy and practice and lead to improved health and reduced health inequalities.

19.5 Health intelligence

A good understanding of our health challenges and opportunities for effective intervention is essential to inform public health action. Using this information while innovating and evaluating is a core element in our approach to knowledge mobilisation.

Health intelligence services and teams play a key role in prudently providing and promoting the best available public health intelligence (evidence and data analyses) in a manner that inspires, informs and maximises the impact of public health action. These services are also core to one of the basic statutory functions “*to undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales...*” As a national public health agency, we have an essential role in the surveillance of disease and related states of health to allow us to respond in a timely manner – relating to communicable disease, environmental hazards, cancer, congenital anomalies and wider states of health and well-being.

As we enter an environment focusing on the well-being of our future generations in Wales through joined up public sector action, increasingly, services are looking to Public Health Wales to play a lead role in the provision of intelligence across this wider system. *Informed health and care - A digital health and social care Strategy for Wales* sets out a vision for a more informed health and care system, with particular mention of the role of the Public Health Wales Observatory. In leading on our strategic priorities we need new information including informing our ‘systems working’, policy development and primary care functions. During the coming year we intend to look across all these functions for a co-ordinated strategic approach to health intelligence for the organisation.

20 Collaboration and partnerships

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 our purposeful 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 continue to lead, in partnership with the Welsh Local Government Association (WLGA), the *United in Improving Health Strategic Group*. This group is made up of leaders from across the Welsh public, private and third sectors who are working together. Their aim is to deliver against the goals of the Well-being of Future Generations Act, and to create the foundations for a positive future by better aligning systems to reverse disadvantage and poverty in Wales.

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, and deliver against agreements made in the Memorandum of Understanding between Public Health Wales, South Wales Police, and the Police and Crime Commissioner for South Wales.

We will continue to develop relationships with colleagues in community housing, and deliver against commitments in the Memorandum of Understanding between Public Health Wales and Community Housing Cymru. These include a joint focus on prevention and early intervention, to ensure work is informed by the best national and international evidence, and to take action to empower communities to improve health and well-being.

We will be working more closely with Natural Resources Wales (NRW) 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, and supporting NRW with the launch of their Health Prospectus.

We will continue to work closely with the Bevan Commission and 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 by maximising the synergies between us. In addition, we will support the Collaborative with the transfer of additional functions (as agreed by NHS Wales), particularly through our supporting enablers.

We will 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), and our International Health Coordination Centre (IHCC) provides a focal point for health-related international work across the NHS in Wales.

We will continue to develop and improve our approach to working in partnership with the public, particularly around improving our service user experience, 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.

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.

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 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 work 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
- holding Executive to Executive Team meetings with health boards and Trusts to ensure closer working across the Welsh NHS

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. 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.

The Welsh Public Health Conference, delivered in partnership between Public Health Wales and the Welsh Government, continues to provide opportunities for closer collaboration for everyone involved in creating a positive and healthy future for the people of Wales. More than 400 delegates representing over 100 organisations attended the 2015 event.

21 Concluding remarks

As the national public health organisation in Wales, we believe that, if ever there was a time to improve our public's health, then it is now. The change in approach that is needed to deliver improved population health is just as much about us in Public Health Wales working differently to how we have done before as it is for others. We have 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 well-being of our population and begin to reduce significantly the levels of health inequalities 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 begin to have an impact on the health and well-being of the population and reducing inequalities. 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, national associations and the Welsh Government to realise the healthy future that we can have as a nation.

Our aim beyond the life of this plan is that through how and what we influence, shape and improve today and in the coming years means 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



22 Appendix 1- Our Delivery Framework for 2016/17

This section of our plan details Public Health Wales' delivery framework for 2016/17. 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 2016/17 have been developed and are detailed in appendix 2.

Service Delivery		
Indicator	Standard/Target	Frequency
Stop Smoking Wales		
Per cent of smoking population treated by Stop Smoking Wales	2.01% (annual)	Quarterly Cumulative
Percentage of treated smokers who are CO-validated as successful	40%	Quarterly (a quarter in arrears)
Number of clients that became a treated smoker	10,624	Monthly/Quarterly
Percentage of treated smokers who have a CO reading at 4 weeks	80%	Quarterly (a quarter in arrears)
Average waiting time for an appointment in this month (days)	14 days	Monthly
Percentage of treated smokers who Quit smoking at 4 weeks (Self reported)	50%	Quarterly (a quarter in arrears)
National Exercise Referral Scheme		
Take up	12,984	Quarterly
Number of 16 week consultations	6,492	Quarterly
Number of 52 week consultations	3,244	Quarterly
Number of referrals	23,184	Quarterly
Number of 1st consultations	16, 228	Quarterly
Healthy Working Wales		
Discussions currently taking place with Welsh Government in relation to the funding for this programme for 2016/17 onwards. The development of performance trajectories are subject to the successful conclusion of these discussions. Following confirmation of funding, performance indicators and trajectories will be developed with Welsh Government.		
Welsh Network of Healthy Schools		
Schools achieving level 1-5 award	200	Progress against annual target reported quarterly
Schools achieving the National Quality Award	30	Progress against annual target reported quarterly
Smoking Prevention Programme		
Number of secondary schools targeted	65	Progress against annual target reported quarterly
Breast Test Wales		
Uptake	>=70%	Quarterly

Coverage	>=70%	Annual
Normal results sent within two weeks of screen	>=90%	Monthly/Quarterly
Assessment appointments within three weeks of screen	>=90%	Monthly/Quarterly
Percentage women invited within 36 months previous screen	>=90%	Quarterly
Bowel Screening Wales		
Coverage	60%	Quarterly
Waiting times for screening test results	>=95%	Monthly/Quarterly
Waiting time for colonoscopy	>=95%	Monthly/Quarterly
Cervical Screening Wales		
Coverage	80%	Quarterly
Laboratory turnaround times: within three weeks	100%	Monthly/Quarterly
Waits for results: within four weeks	90%	Monthly/Quarterly
Waiting time for colposcopy appointment (all CSW direct referrals with abnormal cytology)	90%	Monthly/Quarterly
Abdominal Aortic Screening		
Uptake	>=80%	Quarterly
Surveillance uptake	>=90%	Monthly/Quarterly
Newborn Hearing Screening		
Percentage offered screening	99%	Quarterly
Percentage entering screening programme	95%	Quarterly
Percentage of babies who complete programme (within 4 weeks)	90%	Monthly/Quarterly
Babies completing assessment procedure by 3 months of age	85%	Monthly/Quarterly
Newborn Bloodspot Screening (from Q1 2016/17)		
Newborn bloodspot screening completeness of offer (all babies)	>=95%	Quarterly
Newborn bloodspot screening coverage (newborn babies)	>=95%	Quarterly
Operational Plan 2016/17		
Progress against Operational Plan actions	Red/Amber/Green update & supporting exception report	Quarterly
Microbiology		
CPA accreditation status and move to ISO 15189	Accredited	Quarterly
EQA performance (Bacteriology)	>=95%	Quarterly
EQA performance (Virology)	>=95%	Quarterly
EQA performance (Specialist and reference units)	>=95%	Quarterly
EQA performance (Food, Water and Environmental Laboratories)	>=95%	Quarterly

Turnaround time compliance (Bacteriology)	>=95%	Quarterly
Turnaround time compliance (Virology)	>=95%	Quarterly
Turnaround time compliance (Specialist and reference units)	>=95%	Quarterly
Turnaround time compliance (Food, Water and Environmental Labs)	>=95%	Quarterly
Turnaround time compliance urgent samples (bacteriology/virology)- Annual	>=95%	Quarterly
Non processed samples (Bacteriology)	<=1.5%	Quarterly
Non processed samples (Virology)	<=1.9%	Quarterly
Non processed samples (Specialist and Reference Units)	<=0.3%	Quarterly
Public Health Indicators		
Indicator	Standard/Target	Frequency
Healthcare Associated Infections		
Clostridium difficile rate (per 100,000 population)	<= 28 by 03/17	Monthly/Quarterly
Staph aureus bacteraemia rate (per 100,000 population)	<= 20 by 03/17	Monthly/Quarterly
Vaccination and Immunisation		
Uptake of all scheduled childhood vaccinations at age 4	>=95%	Quarterly
Influenza vaccination uptake among the over 65s	>=75%	Monthly (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 experience framework*	Report	Quarterly
Number of written concerns/complaints received	N/A	Monthly/Quarterly
Written concerns/complaints responded to within target timescales	100%	Monthly/Quarterly
Number of serious untoward incidents (SUIs) reported	N/A	Monthly/Quarterly
SUI investigations completed within target timescales	100%	Monthly/Quarterly
Workforce and Resources		
Indicator	Standard/Target	Frequency
Workforce		
Sickness absence rate	<=3.25%	Monthly (rolling 12 month period)
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%	Monthly/Quarterly
Statutory and mandatory training*	>=95% (statutory only)	Quarterly
Resources		
Financial position**	Report	Monthly/Quarterly
Forecast year end position**	Report	Monthly/Quarterly
Public sector payments policy compliance**	95%	Monthly/Quarterly
Progress against capital programme**	Report	Monthly/Quarterly

* Currently reported outside existing performance report. Work to be undertaken during 2016/17 to rationalise.

** Reported through monthly finance report.

23 Appendix 2 - Performance trajectories for 2016/17

23.1 Health improvement

	Target	Planned 16/17			
		Q1	Q2	Q3	Q4
Stop Smoking Wales					
Cumulative percentage of smokers treated by smoking cessation services (of which Stop Smoking Wales will provide service for 2.01%)	5%	0.38%	0.84%	1.38%	2.01%
Public Health Wales commits to working in partnership with local health boards to deliver collectively the 5% target for treated smokers in each health board area. In 2016/17 Stop Smoking Wales commits to treating 10,624 smokers in Wales who will require intensive treatment. This equates to 2.01% of all smokers nationally. The proportion treated by Stop Smoking Wales will vary by health board – from 1.3% to 2.8% depending on local need and circumstance.					
Carbon Monoxide (CO) validated quit rate at 4 weeks (across all services)	40%	40%	40.5%	41.0%	41.5%
Number of clients that became a treated smoker	10,624	2004	2450	2830	3340
Percentage of treated smokers who have a CO reading at 4 weeks	80%	80%			
Average waiting time for an appointment in this month (days)	14 days	14 days			
Percentage of treated smokers who Quit smoking at 4 weeks (Self reported)	50%	50%			
Smoking Prevention Programme					
Number of secondary schools targeted	65	Annual target			65
Welsh Network of Healthy School Scheme					
Schools achieving level 1 – 5 award	200	Annual target			200
Schools achieving the National Quality Award(NQA)	30	Annual target			30

Healthy Working Wales

Discussions currently taking place with Welsh Government in relation to the funding for this programme for 2016/17 onwards. The development of performance trajectories are subject to the successful conclusion of these discussions. Following confirmation of funding, performance indicators and trajectories will be developed with Welsh Government.

National Exercise Referral Scheme performance

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
Number of referrals	23,184	5796	5796	5796	5796
Number of 1st consultations	16, 228	4057	4057	4057	4057

23.2 Microbiology

Microbiology services	Target	Planned 16/17			
		Q1	Q2	Q3	Q4
Microbiology - CPA accreditation status	Accredited	Accredited			
EQA performance (Bacteriology)	>=95%	95%			
EQA performance (Virology)	>=95%	95%			
EQA performance (Specialist and reference units)	>=95%	95%			
EQA performance (Food, Water and Environmental Laboratories)	>=90%	95%			
Turnaround time compliance (Bacteriology)	>=95%	95%			
Turnaround time compliance (Virology)	>=95%	95%			
Turnaround time compliance (Specialist and reference units)	>=95%	95%			

Turnaround time compliance (Food, Water and Environmental Labs)	>=95%	95%
Turnaround time compliance urgent samples (bacteriology/virology)- Annual	>=95%	95%
Non processed samples (Bacteriology)	<=1.5%	1.5%
Non processed samples (Virology)	<=1.9%	1.9%
Non processed samples (Specialist and Reference Units)	<=0.3%	0.3%

23.3 Screening

Screening programmes	Target	Planned 16/17			
		Q1	Q2	Q3	Q4
Breast screening uptake	>=70%	71%	71%	72%	72%
Breast screening coverage	>=70%	71%			
Breast screening: normal results sent within two weeks of screen	>=90%	95%			
Breast screening: assessment appointments within three weeks of screen	>=90%	65%	70%	80%	90%
Breast screening: per cent women invited within 36 months previous screen	>=90%	75%	75%	80%	85%
Bowel screening coverage	60%	50%	50%	51%	52%
Bowel screening waiting times for screening test results	>=95%	95%			
Bowel screening waiting time for colonoscopy	>=95%	95%			
Cervical screening coverage	80%	78%	78%	79%	80%
Cervical screening lab turnaround times: within three weeks	100%	95%	90%	90%	95%

Cervical screening waits for results: within four weeks	90%	95%	92%	90%	95%
Cervical screening waiting time for colposcopy appointment (all CSW direct referrals with abnormal cytology)	90%	95%			
Abdominal aortic aneurysm screening uptake	>=80%	71%	72%	73%	74%
Abdominal aortic aneurysm surveillance uptake	>=90%	90%			
Newborn hearing screening percentage offered screening	99%	100%			
Newborn hearing screening percentage entering screening programme	95%	99%			
Newborn hearing screening percent of babies who complete the Newborn Screen within 4 weeks	90%	98%			
Newborn hearing screening percent of babies completing the assessment procedure for New Born Hearing Screening by 3 months of age	85%	95%			
Newborn bloodspot screening completeness of offer (all babies)	>=95%	98%	98.5%	99%	99%
Newborn bloodspot screening coverage (newborns)	>=95%	94.5%	94.5%	95%	95%

23.4 Health Protection

Healthcare Associated Infections	Target	Projected 16/17			
		Q1	Q2	Q3	Q4
Reduction in the rate of <i>Clostridium difficile</i> per 100,000 population	≤72/month (equivalent to rate of 28/100,000 population -Oct 16 - Mar 17)	80	72	≤72	≤72
Reduction in the rate of <i>Staphylococcus aureus</i> bacteraemia per 100,000 population	≤51/month (equivalent to rate of 20/100,000 population - Oct 16 - Mar 17)	57	51	≤51	≤51

Vaccination and Immunisation		Target	Projected 16/17			
			Q1	Q2	Q3	Q4
Uptake of all scheduled childhood vaccinations at age 4	5 in1 age 1	≥95%	97.4%	97.1%		97.4%
	MenC age 1		98.1%	97.8%		97.8%
	MMR1 age 2		96.3%	95.9%		96.5%
	PCV age 2		96.6%	96.2%		96.9%
	HibMenC Booster age 2		95.5%	95.8%		96.2%
Influenza vaccination uptake among the over 65s		≥75%	69.4%			
Influenza vaccination uptake among under 65s in high risk groups		≥75%	50.3%			
Influenza vaccination uptake among pregnant women		≥75%	73.9%			
Influenza vaccination uptake among healthcare workers		≥50%	45.2%			

24 Appendix 3 – Overview of actions to support Welsh Government delivery plans

Delivery Plan	Public Health Wales Actions
Cancer	<ul style="list-style-type: none"> • Increase uptake, reduce inequities and development of Public Health Wales screening programmes • Deliver smoking cessation services to deliver target and agree/implement with health boards an integrated model of smoking cessation service delivery • Provision of official statistics and reports on specific cancers • Development of the cancer data warehouse • Migrate data from existing WCISU application to new English Encore system to comply with the Cancer Delivery Plan. • Development of a memorandum of understanding for partnership working between the cancer network and WCISU • Chair steering group that is taking forward media campaign to raise awareness and promote early presentation of cases of Lung Cancer. • Membership of Primary Care Oncology Implementation Group • Implement the smoking in pregnancy improvement programme in all health board areas • Design and deliver a programme of social marketing to increase throughput in smoking cessation services in Wales • Continue to implement, evaluate and further develop the Youth smoking prevention programme • Develop a programme of work to reduce the impact of sugar consumption on health in Wales • Advise and support maternity and health visiting services to achieved and maintain UNICEF <i>Baby Friendly</i> status • Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol
Heart Disease	<ul style="list-style-type: none"> • Develop and launch primary care tools that will support service improvement such as a toolkit for cardiovascular disease. • Leading on the development of Health Needs Assessments toolkit for Local Health Boards local health needs assessments. • Provision of Public Health input to the Clinical Collaborative Group • Updated QI toolkit for Atrial Fibrillation and Heart Failure • Deliver with partners the <i>Healthy and Well Communities</i> Scheme • Implement the Making Every Contact Count framework • Implement the revised Health at Work Programme • Agree and implement with health boards an integrated model of smoking cessation service delivery

	<ul style="list-style-type: none"> • Implement agreed changes to smoking cessation service delivery • Design and deliver a programme of social marketing to increase throughput in smoking cessation services in Wales • Continue to implement, evaluate and further develop the Youth smoking prevention programme • Develop a programme of work to reduce the impact of sugar consumption on health in Wales • Implement the 10 Steps to a Healthy Weight Programme • Implement a social marketing programme to address normalisation of obesity based on insight work • Disseminate the Mental Health and Well-being Framework and indicators in key settings • Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol • Review the delivery mechanisms for the National Exercise Referral Programme and make recommendations for future delivery
Diabetes	<ul style="list-style-type: none"> • Provision of information and advice to health boards to inform service planning • Deliver the Welsh Network of Health Promoting School Schemes • Work with Welsh Government and other stakeholders to support the implementation of the Curriculum Reform Programme • Deliver with partners the <i>Healthy and Well Communities</i> Scheme • Implement the Making Every Contact Count framework • Implement the revised Health at Work Programme • Develop a programme of work to reduce the impact of sugar consumption on health in Wales • Advise and support maternity and health visiting services to achieved and maintain UNICEF <i>Baby Friendly</i> status • Implement the 10 Steps to a Healthy Weight Programme • Implement a social marketing programme to address normalisation of obesity based on insight work • Disseminate the Mental Health and Well-being Framework and indicators in key settings • Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol • Review the delivery mechanisms for the National Exercise Referral Programme and make recommendations for future delivery • Align key sources of information available with partner agencies and organisations to avoid duplication and ensure consistency of messages • Agree with Welsh Government a future approach to the development, production and dissemination of printed health improvement literature • Work with information services and local libraries to develop a system for health information provision in local communities • Build on and enhance Add to Your Life learning and infrastructure to extent tailored information provision to other key population groups
End of Life Care	<ul style="list-style-type: none"> • Provision of information and advice to health boards to inform service planning.

	<ul style="list-style-type: none"> • Provision of information and analysis for Local Health Boards on incidence, mortality and survival to support effective clinical care. • Production and dissemination of updated toolkit to review end of life care in general practice (Part of GMS QOF)
Critically Ill	<ul style="list-style-type: none"> • Provision of information and advice to health boards to inform service planning • Provision of specialist support through 1000 lives improvement Service
Stroke	<ul style="list-style-type: none"> • Provision of information and advice to LHBs to inform service planning • Support the promotion of public awareness of stroke risk factors and the importance of recognising and presenting symptoms promptly • Deliver with partners the <i>Healthy and Well Communities</i> Scheme • Implement the Making Every Contact Count framework • Implement the revised Health at Work Programme • Implement the smoking in pregnancy improvement programme in all health board areas • Agree with health boards an integrated model of smoking cessation service delivery • Implement agreed changes to smoking cessation service delivery • Design and deliver a programme of social marketing to increase throughput in smoking cessation services in Wales • Develop a programme of work to reduce the impact of sugar consumption on health in Wales • Implement the 10 Steps to a Healthy Weight Programme • Implement a social marketing programme to address normalisation of obesity based on insight work • Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol • Review the delivery mechanisms for the National Exercise Referral Programme and make recommendations for future delivery. • Membership of the national stroke group
Respiratory	<ul style="list-style-type: none"> • Provision of support to the NHS to improve outcomes for people using services through improvements in prescribing and medicines management in NHS Wales, delivering equitable, safe and preventative care for patients • Agree and implement with health boards an integrated model of smoking cessation service delivery • Implement the smoking in pregnancy improvement programme in all health board areas • Design and deliver a programme of social marketing to increase throughput in smoking cessation services in Wales • Continue to implement, evaluate and further develop the Youth smoking prevention programme • Review the delivery mechanisms for the National Exercise Referral Programme and make recommendations for future delivery • Working with NHS organisations to improve flu vaccinations uptake in both patient groups and frontline NHS staff.

	<ul style="list-style-type: none"> Membership of Respiratory Health Implementation Group responsible for developing a national guideline for COPD and Asthma
Neurological Conditions	<ul style="list-style-type: none"> Provision of information and advice to health boards to inform service planning Provision of support to health boards to undertake local population needs assessments to diagnose and treat neurological conditions and other co-morbidities
Liver	<ul style="list-style-type: none"> Development of health improvement programmes to contribute to the reduction in risk factors for liver disease. Provision of leadership, data collation, research and policy development and the dissemination of knowledge and intelligence Take forward the legacy of the Blood Borne Viral Hepatitis Action Plan in all relevant settings and continue the effort to eradicate viral hepatitis; Leading on plans for primary care aspects of implementation Develop a programme of work to reduce the impact of sugar consumption on health in Wales Advise and support maternity and health visiting services to achieve and maintain UNICEF <i>Baby Friendly</i> status Implement the 10 Steps to a Healthy Weight Programme Implement a social marketing programme to address normalisation of obesity based on insight work Disseminate the Mental Health and Well-being Framework and indicators in key settings Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol
Oral Health	<ul style="list-style-type: none"> Provision of advice and online information resources to support health boards to deliver robust oral health needs assessments, to support both work of clusters and health boards in updating Local Oral Health Plans. Engage with opportunities to strengthen the impact of quality improvement and public health content of the new General Dental Services (GDS) contracts for 2017/18 and beyond Develop a programme of work to reduce the impact of sugar consumption on health in Wales Advise and support maternity and health visiting services to achieved and maintain UNICEF <i>Baby Friendly</i> status Implement the 10 Steps to a Healthy Weight Programme Implement a social marketing programme to address normalisation of obesity based on insight work Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol
Eye Health	<ul style="list-style-type: none"> Provision of support and advice and management to and of national eye health programmes including Diabetic Eye Screening Wales Input to Welsh Government, health boards / Ophthalmic practitioners and third sector with advice regarding the above Engage with opportunities to strengthen the impact of quality improvement and public health content of

	<p>the new General Ophthalmic Services (GOS) contracts for 2017/18 and beyond</p> <ul style="list-style-type: none"> • Link eye health issues to other health awareness campaigns such as Diabetes, smoking and falls. • Engagement with the BME community to raise awareness of the risk of eye disease. • Provision of support to Pharmacy colleagues to help in the Choose Well Campaign • Identify specialised Public Health support to advice on Eye Care issues
<p>Sexual health and Wellbeing</p>	<ul style="list-style-type: none"> • Work with partner agencies to inform future sexual health initiatives in Wales' • Monitor and record trends in sexual health of the population, including teenage pregnancies • Continue to work with partner organisations to educate and encourage use of long-acting reversible contraception (LARC) • Work with partner organisations and with Welsh Government Education to ensure relationships education is effectively delivered for all young persons as part of the successful futures curriculum • Continue to work to ensure that the C Card scheme is maintained across Wales and all healthcare professionals and services providing sexual health advice to young people are aware of the scheme and its local provision. • Develop agreed practice on social media responses to local outbreaks of syphilis or HIV
<p>Tobacco Control</p>	<ul style="list-style-type: none"> • Increase the percentage of the smoking population treated by Stop Smoking Wales such as that the target in the delivery framework is achieved • Reduce uptake of smoking among young people building on the implementation of the Youth smoking prevention programme • Address access to tobacco by young people and adults as a result of illegal or illicit sales • Design and deliver a programme of social marketing to increase throughput in smoking cessation services in Wales • Identification of policy options for the achievement and maintenance of smoke-free norms • Implement the smoking in pregnancy improvement programme in all health board areas • Agree and implement with health boards an integrated model of smoking cessation service delivery • Development of Referral pathways
<p>Maternity</p>	<ul style="list-style-type: none"> • Support pathfinder areas in developing local system redesign programmes • Disseminate the research evidence on the impact of adverse childhood experiences across the system • Work with partners across the system to ensure that adverse childhood experiences and the first 1000 days are considered and addressed in local needs assessment and strategic plans • Identify outcomes and indicators for the 1000 days pathfinders and work with key partners to influence routine data collection • Work with the Welsh Government to identify policy options and the alignment of policy to improve early years outcomes

	<ul style="list-style-type: none"> • Implement a revised approach to health information for parents during pregnancy and the early years in Wales • Advise and support maternity and health visiting services to achieved and maintain UNICEF <i>Baby Friendly</i> status • Implement the 10 Steps to a Healthy Weight Programme • Implement the smoking in pregnancy improvement programme in all health board areas • Continue to coordinate the All Wales Maternity Network • Promote flu and pertussis vaccination to pregnant women and maternity services • Deliver maternal and early years indicators and produce statistical releases concerning congenital anomalies and childhood weight
Mental Health	<ul style="list-style-type: none"> • Provide tailored support for mental health and learning disability services in Wales (e.g. Child and Adolescent Mental Health Services, First Episode Psychosis, Older Persons Mental Health Services, National Psychological Therapies and also supporting communities of Practice (Perinatal Mental Health and a Neurodevelopmental work stream) • Disseminate and share evidence emerging from research in relation to Adverse Childhood Experiences in Wales and the impact upon mental health to inform the work of the Together for Children and Young People programme • Undertake audit of compliance against standards for adult mental health services • Agree content for initial monitoring and evaluation framework for tobacco, obesity and nutrition, physical activity, substance use and mental well-being systems working • Disseminate the Mental Health and Well-being Framework and indicators in key settings • Deliver with partners the <i>Early Years Setting Scheme</i> • Deliver the Welsh Network of Health Promoting School Schemes • Work with Welsh Government and other stakeholders to support the implementation of the Curriculum Reform Programme • Deliver with partners the <i>Healthy and Well Communities Scheme</i> • Implement the Making Every Contact Count framework • Implement the revised Health at Work Programme

Substance Use

- Develop tools, guidance and training on adopting and implementing the revised guidelines on alcohol
- Develop and agree priorities for action to reduce alcohol related harm
- Agree content for initial monitoring and evaluation framework for tobacco, obesity and nutrition, physical activity, substance use and mental well-being systems working
- Progress, with Welsh Government, development of the Substance Misuse Strategy for Wales 2018-2028.
- Develop the UK-wide research programme to evidence the scale and nature of steroid and image enhancing drug use in Wales and the wider UK.
- Develop and implement the Linked Environment for Alcohol Death Research (LEADR) project in Wales 2008-15
- Lead on the research, with collaborative statistical partners in Edinburgh, to provide prevalence estimates of problematic drug use in Wales 2010/11 to 2020/21 and publish annual reports
- Maintain and further develop the Harm Reduction Database for Wales including the introduction of modules for Long Acting Reversible Contraception (LARC) and Blood Borne Viruses/HIV infection. Analyse and interpret data for dissemination, training and publication.
- Lead the WEDINOS programme (addressing new psychoactive substances and combinations of drugs) with morbidity and mortality findings based upon information from emergency departments, primary and secondary care services, NOMS and TOXBASE / National Poisons Information Services
- Develop protocols for provision of health protection interventions for vulnerable adults

25 Appendix 4 – Overview of work to achieve shared public health priorities

The table below provides an overview of work to achieve shared public health priorities with health boards. Active work is currently being undertaken to develop and strengthen these arrangements, along with agreement on future priorities and resource allocation.

Health Board	Work to achieve public health shared priorities				
	Alignment with Public Health Wales IMTP	Early years	Primary care and community care	Healthcare outcomes	Additional health board areas of focus
Aneurin Bevan University Health Board	<ul style="list-style-type: none"> Prevention and improving population health service change plan is informed and consistent with Public Health Wales IMTP and Public Health Wales strategy map is reflected. 	<ul style="list-style-type: none"> Reducing inequalities in children (part of wider reducing inequalities and prevention strategic change programmes). This includes working with Public Health Wales on prevention of smoking and smoking cessation (particularly during pregnancy), reducing teenage conceptions and vaccination and immunisation. 	<ul style="list-style-type: none"> Primary care, networks and community services strategic change programme Strengthening primary and community care that support delivery of care closer to home with a focus on prevention and integration of the care pathway 	<ul style="list-style-type: none"> Urgent and emergency care Planned care Incorporating prudent healthcare principles into all service developments is a focus 	<ul style="list-style-type: none"> Continuing healthcare (e.g. stroke services, diabetes, chronic respiratory disease, heart and liver disease) Reducing health inequalities strategic change programme and prevention and improving population health strategic change programme, including promoting population mental well-being and health and well-being of older people

Health Board	Work to achieve public health shared priorities				
	Alignment with Public Health Wales IMTP	Early years	Primary care and community care	Healthcare outcomes	Additional health board areas of focus
Abertawe Bro Morgannwg University Health Board	<ul style="list-style-type: none"> Shared priorities and work being undertaken between Public Health Wales with health board on prevention and wellbeing programmes reflected in the plan and 'Excellent health' priority aligned with those set out in Public Health Wales' IMTP. Strategic aim for healthier communities which includes reducing inequalities, reducing smoking rates, increasing immunisation rates and physical activity 	<ul style="list-style-type: none"> Incorporated into priority area Healthier communities to reduce health inequalities 	<ul style="list-style-type: none"> System shift to primary care to reflect population needs, support the reduction in inequalities in care, improve clinical outcomes and support improved efficiency Targeting <i>C. difficile</i> infection and antibiotic resistance in primary care 	<ul style="list-style-type: none"> Delivery of priorities for stroke services Reducing rates of <i>C. Difficile</i> and <i>Staph. Aureus</i> Rates Sustainable and improved unscheduled and planned care systems Delivering prudent healthcare part of 'purpose' of health board and principles are incorporated into the transformational change programmes 	<ul style="list-style-type: none"> Strategic aim for delivering excellent patient outcomes and experience Frailty
Betsi Cadwaladr University Health Board	<ul style="list-style-type: none"> Aligned with Public Health priorities for 2016/17. Improvement of the health of the population and reduction of inequalities as a key component of its core purpose 	<ul style="list-style-type: none"> Targeting vulnerable groups eg. Maternal smoking Childhood vaccination and immunisation Childhood obesity 	<ul style="list-style-type: none"> Establish 'Well North Wales' community development model Prevention and reduction of the impact of chronic diseases 	<ul style="list-style-type: none"> Making Every Contact Count (MECC) and Brief Intervention Training Focus on prevention including vascular and diabetes risk and management identification programme 	<ul style="list-style-type: none"> Adult immunisation programmes Adult obesity

Health Board	Work to achieve public health shared priorities				
	Alignment with Public Health Wales IMTP	Early years	Primary care and community care	Healthcare outcomes	Additional health board areas of focus
Cwm Taf University Health Board	<ul style="list-style-type: none"> Alignment with Public Health Wales IMTP and focus on the agreed shared priorities reflected in plan 	<ul style="list-style-type: none"> Included in service change plans for 'prevention' and within partnership priorities including maternal smoking, childhood vaccination, child and family obesity, teenage pregnancy Child and adolescent mental health Children, young people and family services 	<ul style="list-style-type: none"> Reduce health inequalities through the targeted provision of highly integrated disease prevention and health promoting primary care and community focused services Primary and community care delivery plan Shift from secondary to primary care Eye health care Oral health 	<ul style="list-style-type: none"> Improve scheduled and unscheduled care Urgent and emergency care Prudent healthcare Pain management Diabetes Heart disease Respiratory disease Stroke services End of life care Liver disease 	<ul style="list-style-type: none"> Adult mental health Drug and alcohol services Older people
Cardiff and Vale University Health Board	<ul style="list-style-type: none"> Shared priorities and work being undertaken between Public Health Wales and with health board on prevention and wellbeing programmes reflected in the plan First order priorities aligned with priorities for Public Health Wales 	<ul style="list-style-type: none"> Early years and maternal health a service priority, includes childhood vaccination and reducing prevalence of childhood obesity Reducing health inequalities through 'Families First' and 'Flying Start' 	<ul style="list-style-type: none"> Strengthening and development of primary care clusters Oral and eye health referenced as priorities 	<ul style="list-style-type: none"> Planned and unplanned care Reducing healthcare associated infections Prudent healthcare Implementation of Liver Plan a key focus 	<ul style="list-style-type: none"> Agreed shared priorities and working closely with Public Health Wales in these areas. Focus on prevention including tobacco, obesity, immunisation, inequalities, alcohol, sexual health, Mental health identified as a priority End of life care Service priorities: <ul style="list-style-type: none"> Stroke Cancer Dementia Diabetes

Health Board	Work to achieve public health shared priorities				
	Alignment with Public Health Wales IMTP	Early years	Primary care and community care	Healthcare outcomes	Additional health board areas of focus
Hywel Dda University Health Board	<ul style="list-style-type: none"> Alignment with Public Health Wales strategy and shared priorities and public health focus is included in the plan 	<ul style="list-style-type: none"> Early years feature across the strategic objectives for the UHB including within the risk taking behaviour Strategic Objective and the Overweight and Obesity Strategic Objective. Promoting immunisations and vaccinations 	<ul style="list-style-type: none"> Lifestyle advocacy in Primary Care Providing care closer to home Proactive care 	<ul style="list-style-type: none"> 10 Strategic priorities Principles of prudent healthcare underpin all plans 	<ul style="list-style-type: none"> Alcohol and substance misuse Mental wellbeing Overweight and obesity reduction Smoking cessation Increase physical activity (as part of overweight and obesity priority) Vaccination and immunisation
Powys Teaching Health Board	<ul style="list-style-type: none"> Priorities align with shared priorities for Public Health Wales Reducing health inequalities is a 'golden thread' 	<ul style="list-style-type: none"> Prevention and health improvement- (tobacco smoke in pregnancy) Childhood and adult obesity Provision of services for children to improve health in the early years and childhood Increased resilience of children and young people Children and adult mental health services Childhood vaccination and immunisation 	<ul style="list-style-type: none"> Increase capacity and resilience of primary and community care services Making Every Contact Count 	<ul style="list-style-type: none"> Unscheduled care Planned care Prevention as a treatment Patient safety 	<ul style="list-style-type: none"> References system wide priorities and commitment to work with Public Health Wales to address the agreed priorities. Integrated care for older people Reduce alcohol and substance misuse Improve mental health and emotional wellbeing Sexual health

26 Appendix 5- Mapping out outcomes indicators against our priorities

The following table provides an overview of alignment between Public Health Wales’ priorities and the following outcomes indicators contained within:

- Draft Public Health Outcomes Framework (PHOF)
- National Outcomes Framework for people who need care and support and carers who need support (NOFCS)
- Early Years Outcomes Framework (EYOF)
- NHS Outcomes and Delivery Framework (NHSODF)
- Draft Future Generations Wellbeing Act (WBFGA)

IMTP priority	Sub-area	Framework	Outcome Indicators
Priority 1 Adopting and implementing a multi-agency systems approach to achieving significant improvements in our population’s health	Tobacco	PHOF	• Percentage of persons aged 16 and over who reported being a current smoker
		PHOF	• Percentage of children aged 11-16 smoking at least once a week.
		NHSODF	• Percentage of smokers making a quit attempt via smoking cessation services and the CO validated rate
		PHOF	• The percentage of pregnant women who are smokers at onset of labour
	Nutrition and obesity (childhood obesity included in Priority 2)	PHOF	• Percentage of persons aged 16+ who reported consuming five or more portions of fruit or vegetables portions the previous day
		PHOF	• Percentage aged 11 to 16 drinking sugary drinks once a day or more
		PHOF	• The percentage of children age 11-16 who are of healthy weight.
		PHOF	• The percentage of adults aged 16-64 who are of healthy weight (BMI >=18.5 and <25)
	Physical activity	PHOF	• Percentage of persons aged 16+ who met physical activity guidelines in the previous week
		PHOF	• The percentage of children aged 11/12 to 15/16 who were physically active every day (for at least 60 minutes each day) in the past week.
		WBFGA	• Participation in sporting activities three or more times a week for adults.
	Alcohol	PHOF	• Percentage of persons aged 16 and over drinking more than 8 units (men)/6 units (women) on the heaviest drinking day in the previous week
		PHOF	• Percentage of children 11 to 16 drinking alcohol at least once a week.
		PHOF	• The gap in mental well-being between the most and least deprived among adults
		PHOF/ WBFGA	• Percentage of people feeling lonely

IMTP priority	Sub-area	Framework	Outcome Indicators
		NOFCS	<ul style="list-style-type: none"> Percentage of children in need with mental health problems
		NHSODF	<ul style="list-style-type: none"> Attainment rate for all mental health Welsh Government measures
		PHOF/NHSODF	<ul style="list-style-type: none"> Age-standardised rate of deaths from suicide and undetermined cause per 100,000, males and females aged 15+
	Systems/ Health Information	NHSODF	<ul style="list-style-type: none"> Use of 'My Health on Line' and 'Add to Your Life'
		WBFGA	<ul style="list-style-type: none"> The percentage of adults (aged 16+) who have four or five healthy lifestyle behaviours (not smoking, healthy weight, eat five fruit or vegetables a day, not drinking above guidelines and meet the physical activity guidelines).
Priority 2 Working across sectors to improve the future health and wellbeing of our children	Vaccination and Immunisation	PHOF/ NOFCS /EYOF/NHSODF	<ul style="list-style-type: none"> Percentage of children who received the scheduled vaccinations at age 4
	Early Years	NOFCS /NHSODF	<ul style="list-style-type: none"> Percentage of Flying Start children reaching or exceeding their developmental milestones at 3 years
		PHOF	<ul style="list-style-type: none"> Life expectancy at birth- the average number of years a newborn baby can expect to live if current mortality rates continue
		PHOF	<ul style="list-style-type: none"> Healthy life expectancy at birth- the average number of years a newborn baby can expect to live in good or very good health if current mortality and morbidity rates continue.
		PHOF	<ul style="list-style-type: none"> The gap in healthy life expectancy at birth between the least and most deprived
		PHOF	<ul style="list-style-type: none"> The gap (in years) in life expectancy at birth between the least and most deprived
		PHOF	<ul style="list-style-type: none"> The percentage of babies exclusively breastfed at 10 days following birth
		PHOF	<ul style="list-style-type: none"> The gap (in years) in life expectancy at birth (between the most and least deprived) as measured by the slope index of inequality (SII).
		PHOF/EYOF/NHSODF/ WBFGA	<ul style="list-style-type: none"> The percentage of live-born babies whose birth weight is <2500g
		PHOF	<ul style="list-style-type: none"> The percentage of children in reception year (age 4-5 years) who are of healthy weight.
		EYOF	<ul style="list-style-type: none"> Number of children in Reception classes who had a body mass index (BMI) classified as being a healthy weight as a percentage of all children for whom measurements were recorded.
		NHSODF	<ul style="list-style-type: none"> Percentage of reception class children (aged 4/5) classified as overweight or obese
		WBFGA	<ul style="list-style-type: none"> Participation in sporting activities three or more times a week for children
		PHOF/EYOF/NHSODF	<ul style="list-style-type: none"> Average number of decayed, missing or filled teeth in children aged 5 years.
		NOFCS	<ul style="list-style-type: none"> Percentage of children in need aged 5 and over with up-to-date dental checks

IMTP priority	Sub-area	Framework	Outcome Indicators
		EYOF	• Number of infant (first year of life) deaths per 1,000 live births
		EYOF	• Number of child deaths (aged 1-4) per 1,000 of population
		PHOF	• The teenage conception rate among females aged <18 expressed as a rate per 1000 females aged 15-17.
		NOFCS	• Percentage of children in need achieving the expected level of learning or above at the end of the Foundation Phase
		NOFCS	• School attendance rates of children in need
		PHOF/ WBFGA /EYOF	• Percentage of children in reception year reaching expected level of development
		PHOF/WBFGA	• Young children developing the right skills
		NOFCS	• Key stage 2 results for children in need
		NOFCS	• Key stage 4 results for children in need
		PHOF/WBFGA	• School leavers with skills & qualifications (level 2)
		PHOF/WBFGA	• School leavers with essential literacy and numeracy skills
		NOFCS	• Percentage of adults aged 16-24 with at least one qualification
		EYOF	• Percentage of children eligible for free school meals achieving foundation phase outcome 5 or above in the foundation phase indicator
		EYOF	• Percentage of homeless households which include dependent children or a pregnant woman
		NOFCS	• Percentage of children in need with mental health problems
		NOFCS	• Rate per 10,000 population of children aged under 18 placed on the child protection register
		NOFCS	• The average external qualifications point score for 16 year old looked after children in any local authority maintained learning setting
WBFGA	• Percentage of children who are fluent and speak Welsh at home		
Priority 3 Developing and supporting primary and community care services to improve the public's health		NHSODF	• Percentage of the HB population regularly accessing NHS primary dental care
		NHSODF	• Adults reporting that they find it difficult to make a convenient GP appointment
		NHSODF	• Percentage of GP practices open during daily core hours, or within 1 hour of the daily core hours
		NHSODF	• Percentage of GP practices offering appointments between 17:00 and 18:30 hours at least 2 nights per week
		NHSODF	• Primary care clusters demonstrating rolling improvements against agreed plans
		NHSODF	• Percentage of people aged 50+ who have a GP record of blood pressure measurement in the preceding 5 years

IMTP priority	Sub-area	Framework	Outcome Indicators
		NHSODF	<ul style="list-style-type: none"> Evidence of assessment and plans to identify and target needs of vulnerable groups of all ages in the local area
		NHSODF	<ul style="list-style-type: none"> Percentage of GP practice teams that have completed mental health Direct Enhanced Services in dementia care or other directed training
		NHSODF	<ul style="list-style-type: none"> Primary and community care spending as percentage of total spend
		NHSODF	<ul style="list-style-type: none"> Reduce waste in secondary and primary care through the delivery of efficient and productive services
Priority 4 Supporting the NHS to improve outcomes for people using services		NHSODF	<ul style="list-style-type: none"> Attainment of the national influenza vaccination targets
		NOFCS	<ul style="list-style-type: none"> Percentage of people who feel satisfied with the care and support they have received
		NOFCS	<ul style="list-style-type: none"> Percentage of people whose care and support has helped them have a better quality of life
		NHSODF	<ul style="list-style-type: none"> National prescribing indicator rate
		NHSODF	<ul style="list-style-type: none"> Inappropriate antimicrobial prescribing rates
		NHSODF	<ul style="list-style-type: none"> Sepsis mortality rate
		NHSODF	<ul style="list-style-type: none"> Adults reporting that they were treated with dignity and respect in a health care setting
		NHSODF	<ul style="list-style-type: none"> Percentage of people who said they or their carers were given all the health information that they needed
		NHSODF	<ul style="list-style-type: none"> Overall satisfaction and experience with health services in Wales
		NOFCS	<ul style="list-style-type: none"> Percentage of people who feel satisfied with the care and support they have received
		NOFCS	<ul style="list-style-type: none"> Percentage of people who feel satisfied with the people that provided their help, care and support
		NHSODF	<ul style="list-style-type: none"> Percentage of people reporting being well informed and supported through their care plan
		NHSODF	<ul style="list-style-type: none"> Venous thromboembolism prevalence rates
		NHSODF	<ul style="list-style-type: none"> Number of preventable hospital acquired thrombosis
		NHSODF	<ul style="list-style-type: none"> Number of health care acquired pressure sores
		NHSODF	<ul style="list-style-type: none"> Local measurement of patient experience using the national patient experience framework
		NHSODF	<ul style="list-style-type: none"> Adults reporting that at the start of the appointment, the medical professional knew all their relevant information and medical history
		NHSODF	<ul style="list-style-type: none"> Compliance with the patient safety reporting system
	NHSODF	<ul style="list-style-type: none"> The percentage of patients who had their procedures postponed on more than one occasion for non-clinical reasons with less than 8 days notice and are subsequently carried out within 14 calendar days or at the patient's earliest convenience 	
	NHSODF	<ul style="list-style-type: none"> Cancer standards: 31 and 62 day targets (98% and 95%) 	

IMTP priority	Sub-area	Framework	Outcome Indicators
		NHSODF	<ul style="list-style-type: none"> Results for the delivery of acute stroke bundle or stroke indicators (once launched)
		NOFCS	<ul style="list-style-type: none"> Percentage of people who feel they have been treated with respect
		NHSODF	<ul style="list-style-type: none"> Achievement of the national reduction target for C.difficile and MRSA bacteraemia cases
Priority 5 Influencing policy to protect and improve health and reduce inequalities		PHOF/NHSODF	<ul style="list-style-type: none"> The gap (in years) in life expectancy at birth between the most and least deprived
		PHOF	<ul style="list-style-type: none"> The gap (in years) in healthy life expectancy at birth between the most and least deprived
		NOFCS	<ul style="list-style-type: none"> Percentage of people who think that their local area is a place where people from different backgrounds get on well together
		NOFCS	<ul style="list-style-type: none"> Percentage of people who think that people in their local area treat each other with respect and consideration
		NOFCS	<ul style="list-style-type: none"> Employment rate of adults aged 16-64 who are Equality Act core or work-limiting disabled
		PHOF	<ul style="list-style-type: none"> Percentage of children and young people (age<20 years) living in poverty
		WBFGA	<ul style="list-style-type: none"> People living in poverty- Households in relative income poverty
		WBFGA	<ul style="list-style-type: none"> Percentage of households in material deprivation
		WBFGA	<ul style="list-style-type: none"> Number of homeless households per 1,000 households
		WBFGA	<ul style="list-style-type: none"> Healthy ecosystems
		WBFGA	<ul style="list-style-type: none"> A biodiverse natural environment
		WBFGA	<ul style="list-style-type: none"> Ecological footprint
		WBFGA	<ul style="list-style-type: none"> International responsibilities
Priority 6 Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver		NHSODF	<ul style="list-style-type: none"> One & five year relative survival rates reported for all cancers (excluding non melanoma skin cancer)
		NHSODF	<ul style="list-style-type: none"> Cancer standards: 31 and 62 day targets (98% and 95%)
		NHSODF	<ul style="list-style-type: none"> Attainment of the national influenza vaccination targets
		WBFGA	<ul style="list-style-type: none"> Proportion of deaths attributable to long-term anthropogenic (human made) particulate air pollution
		PHOF	<ul style="list-style-type: none"> The percentage of days in the past year where air pollution is moderate or low.
		WBFGA	<ul style="list-style-type: none"> Emissions of greenhouse gases
Priority 7 Developing the organisation		NHSODF	<ul style="list-style-type: none"> Serious incident and never event rate in all care settings
		NHSODF	<ul style="list-style-type: none"> Evidence of lessons learnt from patient experience framework
		NHSODF	<ul style="list-style-type: none"> Results from the Fundamentals of Care audit
		NHSODF	<ul style="list-style-type: none"> Timely and responsive handling of concerns and complaints

IMTP priority	Sub-area	Framework	Outcome Indicators
		NHSODF	<ul style="list-style-type: none"> Implementation of the all Wales standard for accessible communication and information for people with sensory loss and children with disability
		NHSODF	<ul style="list-style-type: none"> Evidence of compliance against the Welsh Language Act
		NHSODF	<ul style="list-style-type: none"> Incidence of staff absence due to sickness
		NHSODF	<ul style="list-style-type: none"> Financial balance over 3 year rolling period
		NHSODF	<ul style="list-style-type: none"> Results of actions from the staff survey to improve the organisation's staff engagement
		NHSODF	<ul style="list-style-type: none"> Percentage of staff undertaking performance appraisal development review
		NHSODF	<ul style="list-style-type: none"> Percentage of medical staff undertaking a performance appraisal
		NHSODF	<ul style="list-style-type: none"> Percentage of people who say that they have used Welsh to communicate with health and social care staff
		NHSODF	<ul style="list-style-type: none"> Incidence of violence and aggression against NHS staff
		WBFGA	<ul style="list-style-type: none"> People satisfied with access to facilities and services

27 Appendix 6- Changes to our strategic objectives

Original Strategic Objective	Amended strategic objective
Adopting and implementing a multi agency systems approach to achieving significant improvements in our population's health	
<p>A national system for health and prevention. (1A)</p> <p>Transformed our approach to health improvement in priority areas, across the life course and through a settings and systems based approach. (1B)</p>	<p>Led, in partnership with the Welsh Local Government Association, a strategic approach to aligning action across sectors to improve population outcomes and reduce inequalities now and for future generations (1A)</p> <p>Delivering action to improve health, taking settings and systems based approaches (1B)</p> <p>Led and enabled collective action on the leading lifestyle causes of avoidable early ill health, disability and death (tobacco, obesity and nutrition; physical inactivity; substance use and mental well-being) (1C)</p> <p>Influenced system wide action through a focus on common outcomes and intelligence (1D)</p> <p>Modernised approach to the delivery of health information for the public to support an informed and prudent public (1E)</p>
Working across sectors to improve the future health and well-being of our children	
<p>Mobilised system wide action to improve outcomes in the early years. (2A)</p> <p>Worked with partners to reduce the number of pregnancies and young children regularly exposed to tobacco smoke. (2B)</p> <p>Worked with health boards and other partners to halt the year on year increase in maternal and childhood obesity. (2C)</p> <p>Supported health boards and Welsh Government to implement the <i>Healthy Child Programme</i>. (2D)</p>	<p>Mobilised system wide action to improve outcomes in the early years, with a focus on the first 1000 days (2A).</p> <p>Supported health boards and Welsh Government to implement the <i>Healthy Child Wales Programme</i>. (2B)</p>
Developing and supporting primary and community care services to improve the public's health	
<p>Have a clear agreed focus on primary, community and integrated care within the organisation. (3A)</p>	<p>Worked with health boards and other partners to support a sustainable primary and community care system fit for future generations (3A)</p>

Original Strategic Objective	Amended strategic objective
<p>There will be a stronger population focus in primary care. (3B)</p> <p>We will have provided tools and expertise for primary care services to improve a defined number of healthcare outcomes (3C)</p> <p>We will have worked with front line primary care staff to include prevention as treatment. (3D)</p> <p>We will be a leading partner in the redesign of primary care services in Wales. (3E)</p> <p>We will have improved patient safety in primary care (3F)</p>	<p>Well-being agendas are aligned between public health teams, primary care clusters and public service boards (3B)</p> <p>Developed the Primary, Community and Integrated Care Division of Public Health Wales to be able to support and deliver rapid, transformational change (3C)</p>
Supporting the NHS to improve outcomes for people using services	
<p>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)</p> <p>Worked with health boards and trusts to understand their patient harm footprint and achieve demonstrable improvement in patient outcomes by reducing harm. (4B)</p> <p>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)</p> <p>Worked with health boards and trusts to improve the delivery and timeliness of care for patients requiring unscheduled care and planned care. (4D)</p> <p>Ensured that every patient care pathway starts with a preventive healthcare interaction and should include consideration of a 'minimum appropriate intervention' option. (4E)</p> <p>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)</p>	<p>Enabled the NHS to apply the principles of prudent healthcare to achieve measurable improvements in priority areas (4A)</p> <p>Worked with health boards and trusts to achieve demonstrable improvements by reducing harm and improving patient safety (4B)</p> <p>We will have reduced healthcare associated infection (HCAI) rates in NHS Wales and provide strategic leadership and deliver responsive and flexible support with the aim of increasing immunisation uptake rates in Wales (4C)</p> <p>Led improvements in prescribing and medicines management in NHS Wales, delivering equitable, safe and preventative care for patients (4D)</p> <p>We will have increased quality improvement capacity and capability within NHS Wales and its partner organisations (4E)</p> <p>Developed and enhanced service that leads across the broader spectrum of safeguarding people (4F)</p>

Original Strategic Objective	Amended strategic objective
Influencing policy to protect and improve health and reduce inequalities.	
<p>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)</p>	<p>No amendments to strategic objectives</p>
Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver.	
<p>A fully integrated Public Health Services Directorate. (6A)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>Developed an enhanced service that leads across the broader spectrum of safeguarding people. (6G)</p> <p>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)</p>	<p>A fully integrated Public Health Services Directorate. (6A)</p> <p>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)</p> <p>Provide expertise to support Wales contribution to global health (6C)</p> <p>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)</p> <p>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)</p>

Original Strategic Objective	Amended strategic objective
Developing the organisation	
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 well-being are the reason that we exist. (7J)	

28 Appendix 7- Service provision between Public Health Wales and Health Boards

Services provided to health boards by Public Health Wales	Services provided to Public Health Wales by health boards
<ul style="list-style-type: none"> Microbiology - infection management, diagnostics, specialist services and UK reference services 	<ul style="list-style-type: none"> Bowel Screening Wales – delivery of colonoscopy, radiology, histology and surveillance services
<ul style="list-style-type: none"> Health protection - national and local advice and support, including delivery of specific services and programmes 	<ul style="list-style-type: none"> Breast Test Wales – provision of diagnostic surgical biopsies, histological testing and medical sessions
<ul style="list-style-type: none"> 1000 Lives improvement service 	<ul style="list-style-type: none"> Cervical Screening Wales – delivery of cytology, histology and colposcopy services
<ul style="list-style-type: none"> Local Public Health Teams are available to support implementation of shared priorities 	<ul style="list-style-type: none"> Newborn Hearing Screening Wales - audiological assessment, facilities and support
<ul style="list-style-type: none"> Health intelligence – provision of evidence and data analysis 	<ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening – clinical facilities, vascular networks and referral pathway to medical imaging or vascular laboratories
<ul style="list-style-type: none"> National Safeguarding Service for Wales 	<ul style="list-style-type: none"> Maternal and child screening programmes – governance leads for maternity services
<ul style="list-style-type: none"> Primary care development support (via Primary Care Development and Innovation Hub) 	<ul style="list-style-type: none"> National bloodspot laboratory (provided by Cardiff and Vale University Health Board)

29 Appendix 8 – Public Health Wales/Health Board Memorandum of Understanding draft escalation process

Performance Management; Disputes; Escalation and Settlement

It is in the interest of both parties to successfully manage disputes without having to resort to the NHS arbitration procedure.

The timetable/process for dispute resolution and appropriate escalation is set out below. The matter in dispute will be referred up to the next level once a timeframe has elapsed without resolution:

Level	Age of dispute (weeks)	Action	Responsibility
1	0-4	Routine follow-up /action by service managers	Named service managers (see section 11)
2	4-8	Formal meeting	Service Director/appropriate senior divisional or directorate manager
3	8+	Exec-Exec/ CEO to CEO	Executive Directors /CEO's
4	12+ (if no resolution plan in place)	NHS to Welsh Government	CEO's/Chairs

The process of managing the MOU will be joint between Public Health Wales and the Health Board/Trust

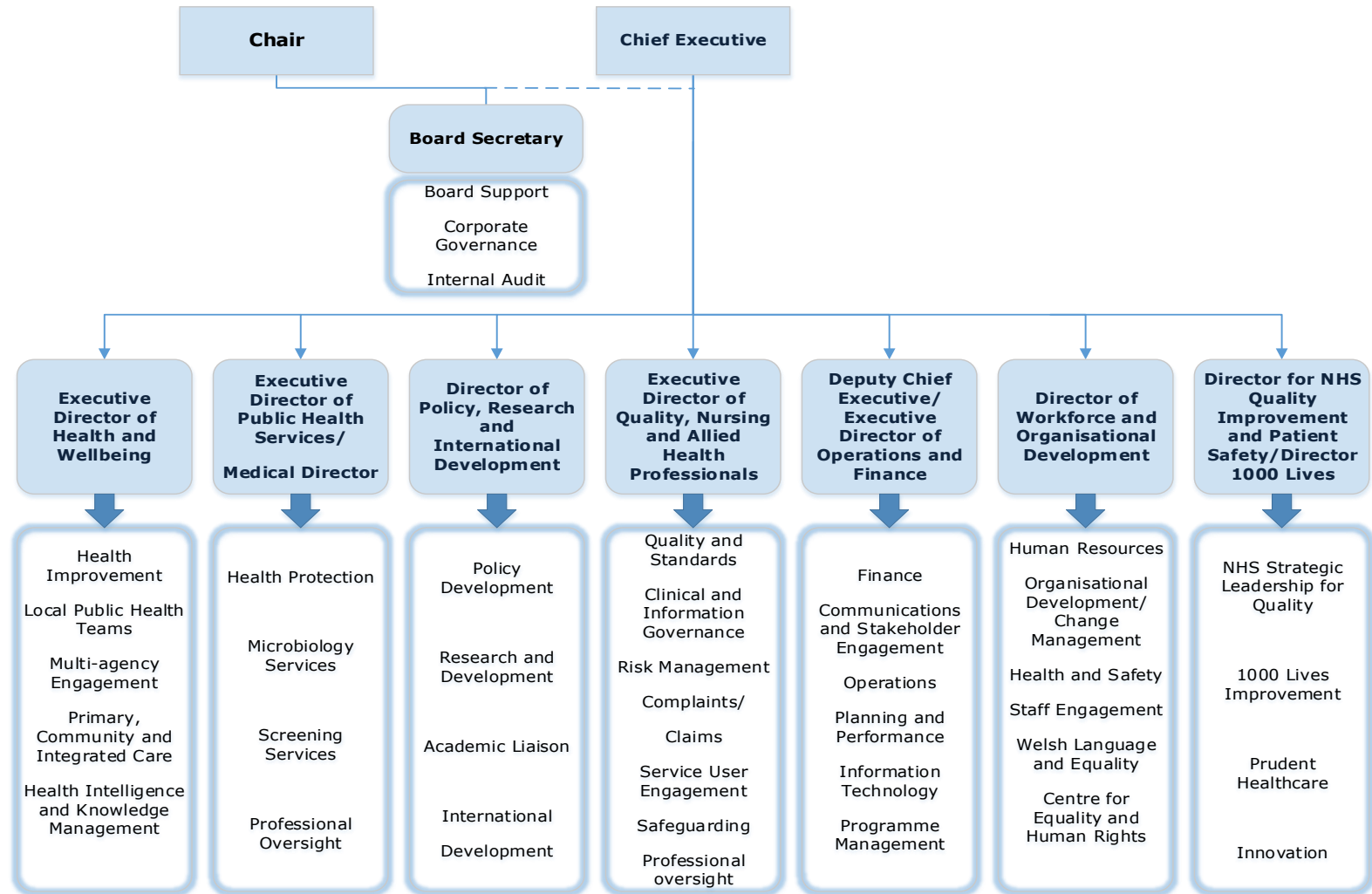
SLA Management:

The following section sets out the process for managing SLA's / LTA's between the organisations:

- Each Party shall nominate a named contract manager for each relevant service area, changes of which must notified in writing to the other Party, to provide continuity of communication for the management of this Agreement.
- The Parties shall meet regularly according to service need but no less frequently than twice a year to review the performance of this agreement.

- Either Party can submit matters for discussion at the review meeting.
- A written record of the review meeting shall be agreed and circulated.
- Where performance of the Services and/or any other obligations under this Agreement falls below the service requirements or key indicators set out in this Agreement or could be reasonably expected from a Party to this Agreement, then a corrective action plan will be agreed by the Parties setting out the improvement in performance that should be achieved by either party prior to the next performance review meeting or otherwise agreed date.
- Where the corrective action plan, or part of the corrective plan is not complied with and the agreed improvement in performance is not achieved by the next performance review meeting, the Trust may exercise the consequence identified against each corrective action.
- It is recognised that some variations to activity may be best managed through joint risk sharing protocols. Any such arrangements should be pre agreed by both parties and introduced as integral elements of any management plan.

30 Appendix 9 – Design of the organisation



31 Appendix 10- SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • All Wales • Integrated health system • Approved IMTP • Talented staff with extensive and unique experiences and expertise • Good reputation for quality/delivery • Organisational stability • Committed to improving and reflecting 	<ul style="list-style-type: none"> • Failure to maximise benefits of PH system • Relationship dependencies and maturity • Public profile and political engagement • Organisational form • Silo working and cultures • Workforce not sufficiently empowered • Workforce planning • Governance and business arrangements and structures
Opportunities	Threats
<ul style="list-style-type: none"> • Raised public health profile • Upcoming legislation • Leadership role • Prudent approach • Workforce planning • Employer of choice • United in health • Our Space • Developing a global reach • Communication and engagement • Austerity in Wales • Research and development 	<ul style="list-style-type: none"> • Potential financial cuts • Failure to deliver • Not adapting to the environment appropriately • Unrealistic expectations • Relationship with wider NHS Wales • Turnover, retention and recruitment • Imposed reorganisation • Changes in officials and senior staff • Impact of austerity • Internal enablers