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Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales

Our Ref: TC.IF.DL.25.07

25 July 2018

Dear Dai,

Thank you for your recent letter following our attendance at the Health, Social Care and Sport Committee scrutiny session on 5 July 2018. We very much appreciated the opportunity to discuss the work that Public Health Wales is doing to protect and improve the health and well-being of the population of Wales and would be very keen to join you again to discuss any aspects of our work in more detail.

It was helpful to have the opportunity to discuss our ambitious plans for the future including our journey in developing our Long Term Strategy for 2018-2030, which we will be publishing at our Annual General Meeting on 26 July 2018. We also highlighted that our Strategic Plan for the first three years (our Integrated Medium Term Plan 2018-2021), which was recently approved by the Cabinet Secretary for Health and Social Services, sets out how we will work alongside our partners over the next three years to deliver our seven new strategic priorities.

It was beneficial to discuss a number of key achievements over the last three years, including the role that we play in leading transformational change through our work on adverse childhood experiences (ACEs) in Wales, the establishment of Cymru Well Wales, and the collaborative work with the police and criminal justice system that we undertake through the Home Office Police Transformation Fund. We have also become increasingly globally responsible by further developing our engagement and involvement with international partners, sharing the innovation in Wales and learning from other countries. This has led to us being designated as the first World Health Organization Collaborating Centre on Investment for Health and Well-being. This will be of benefit to Wales as we head into challenging times with the increasing need to understand what works best to create a more healthy and sustainable Wales and how to exploit the maximum value from our assets.

The attention given to some of our challenging areas was most welcome and we felt that these discussions, which included our challenges in recruitment in microbiology, tackling the social determinants of health and the uptake of bowel screening, were extremely helpful.

Thank you for setting out the additional information that the Committee requested in your letter. I have included an accompanying document which sets out our response to these questions alongside any supplementary papers. I hope that this satisfies the questions raised, but if you would like any further information, please do not hesitate to contact me.

I would like to take this opportunity to thank you and your colleagues for the opportunity to discuss the work that we are doing and look forward to meeting you in the future to discuss the progress that we are making to deliver our Long Term Strategy and achieve a healthier future for Wales.

Yours sincerely,

Dr Tracey Cooper
Chief Executive, Public Health Wales

cc *Huw George, Deputy Chief Executive/ Executive Director of Operations and Finance*
Jan Williams, Chair of Public Health Wales
Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive
Frank Atherton, Chief Medical Officer, Welsh Government

Request for Additional Information for the Health, Social Care and Sport Committee

Submission by Public Health Wales

July 2018

1. An infographic used by Public Health Wales in dealing with adverse childhood experiences

Please find below links to the following infographics related to our work on adverse childhood experiences (ACEs):

- ACEs and their impact on health-harming behaviours in the Welsh adult population *(published January 2016)*
- ACES and their association with mental wellbeing in the Welsh adult population *(published June 2016)*
- ACEs and their association with chronic disease and health service use in the Welsh adult population *(published November 2016)*
- Sources of resilience and their moderating relationships with harms from ACEs *(published January 2018)*

Further information on ACEs including infographics and reports can be found at: www.wales.nhs.uk/sitesplus/888/page/88504

1.1 Update on the all Wales approach to preventing and mitigating adverse childhood experiences

We felt it may be helpful to update on the progress in the all Wales approach to preventing and mitigating adverse childhood experiences through the work of the a) *ACE Support Hub* and the b) Police Transformation Fund Programme *'Early Action Together'* with reference to the Public Health Wales Partnership with Policing and Criminal Justice. A summary of this is outlined below.

a. ACE Support Hub

The aim of the ACE Support Hub is *to help Wales become a leader in preventing, mitigating and tackling ACEs.* The Hub was established following a successful business case by Cymru Well Wales in April 2017 and is funded by three Government departments for a three year transformational programme of work. Hosted by Public Health Wales, it reports into Cymru Well Wales and is overseen by a cross sector Steering Group. It includes representation from across different sectors including education, health, housing and policing. Progress across these sectors is as follows:

ACE Informed Learning – Schools

- Learning resources to support the development of ACE Informed Schools have been published on *Hwb*, alongside a proposed timetable for implementation.

There has been a lot of interest about this learning including media coverage in both the Western Mail and BBC news.

- A pilot of ACE learning in secondary schools has commenced. This is due to complete at the beginning of the autumn term.
- Discussions are underway with Consortia regarding the roll-out of the learning material. The Education Achievement Service (EAS) has put in place a model of ACE Ambassadors within school clusters, and discussions with other Consortia are ongoing. *Train the trainer* sessions to deliver ACE awareness to schools have begun with over 100 people expected to attend.
- An Education Expert Group is in place to provide input into this work strand.

Youth Service

- In conjunction with the Welsh Local Government Association and Youth Justice Board, the Hub developed workforce learning for youth workers and youth offending teams, which was rolled out to 150 people. A *train the trainer* model is being explored to roll this training out further given the high demand. The training is being evaluated.

Housing

- In conjunction with Cymorth Cymru, the Local Authority Housing Networks Project, and funded by Welsh Government, the Hub delivered learning (PATH training) to 1200 people from social housing, homelessness and supporting people. Two hundred people attended the training for leaders and commissioners. Positive feedback was received.
- The training is being evaluated independently and we currently have the results from the initial analysis of 302 evaluation forms. 286 respondents would recommend the training to others and 93% were positive that their insight and knowledge had changed and there were significant levels of confidence in being able to take this learning forward.

Other

- Three successful large scale cross sector ACEs in Practice events have been held, which were heavily subscribed, with over 50 people on the waiting list for North Wales and 200 on the waiting list for the South Wales event. All received very positive feedback.
- Around 200 people have been involved in co-producing the ACE Knowledge and Skills Framework, which was soft launched during the Small Steps: Big Change webinar hosted with the Good Practice Exchange (GPX). The framework is being piloted during the summer with a small number of public sector and third sector organisations.
- Increased social media presence with over 2000 Twitter followers and 450 Facebook followers. Our posts about education and parenting have been particularly popular on Facebook, with a greater mixture of followers on Twitter. We have also recently launched a Facebook Forum with nearly 200 registered members to date.
- Local community groups are springing up, in Cardiff, Newport, Merthyr, Porthcawl and Swansea wanting to create ACE-free or kinder communities.
- Increasing interest in the ACE Hub from other parts of the UK and internationally, seeing Wales as leading the way in tackling ACEs and wanting to know more.

- Members of the ACE Hub attended 40 events across a range of sectors, delivering presentations or workshops, including invitations to speak outside of Wales (England and Scotland).
- A readiness tool to support organisational change towards embedding ACE-informed environments is available.

b) Police Transformation Fund Programme 'Early Action Together' and the Public Health, Policing and Criminal Justice Partnership Agreement

Police Transformation Fund Programme 'Early Action Together'

The purpose of the *Early Action Together programme* is *to facilitate the transformation of policing in Wales to a multi-agency, ACE informed approach that enables early intervention and root cause prevention.* Public Health Wales has joined with Policing and Criminal Justice partners across Wales in a Partnership Agreement, setting out how we will work together to identify and tackle joint priority issues facing policing, criminal justice and public health through system-wide changes in policy and in the design, commissioning and delivery of services.

As a result of this partnership working we have been successful in securing a £6.8m multi-agency bid from the Home Office Police Transformation Fund until March 2020. Over the next two years, Public Health Wales will work with policing and criminal justice partners to help build more resilient communities in Wales by tackling root causes of crime and vulnerability. Using a public health approach, research and evidence, the *Early Action Together Programme* will work with a number of third and public sector agencies to address the lack of early intervention when ACEs and trauma are present, moving towards a system wide, preventative approach to crime.

Progress to date:

- Set up phase has been completed, establishing governance arrangements, progressing recruitment and developing local delivery plans.
- There has been significant stakeholder engagement both nationally and locally to ensure delivery plans align and maximise existing efforts and resources for delivering an ACE informed approach across sectors.
- The programme is in the process of setting up an Expert Advisory Panel and a Learning Network to support delivery and provide a mechanism for sharing learning.
- An ACE Change Champion model has been established across the National Probation Service in Wales to support the roll out of the ACE training.
- Interventions are being developed for testing including the Trauma Recovery Model (TRM) with vulnerable populations and ACE Recovery Toolkit, to provide staff with an enhanced and higher level understanding of how to work with complex, vulnerable and troubled individuals; putting their knowledge of the impact of ACEs to practical use.
- Barnardos, as a key partner, is developing an ACE coordinator programme which involve a team of local ACE coordinators delivering training and providing workforce support to policing and key partners.
- The programme has so far drawn on evidence from research conducted by the South Wales Police pilot, North Wales Police trial, other forces in England, international evidence and local strategic assessments of need and problem

profiles. Baseline measurement has been put in place and an 'understanding vulnerability' exercise has been conducted in each force area.

- Each police force has selected a thematic area for testing. The benefits of this approach is addressing local issues and sharing learning that could be applied nationally. The thematic areas are as follows; North Wales Police – social prescribing, Dyfed Powys Police – workforce wellbeing and mental health, Gwent Police – education and South Wales Police – serious violence.

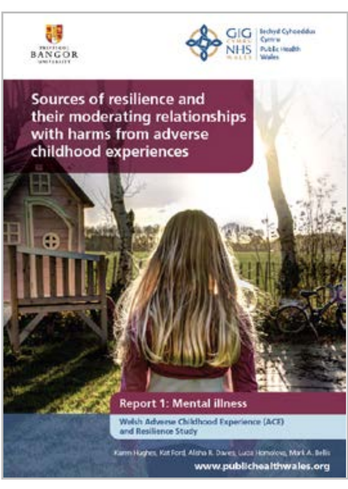
In addition, in relation to serious violence, Public Health Wales is a member of the Home Office Serious Violence Taskforce.

2. Details of resilience work being done in relation to child and adolescent mental health services

a. Welsh Adverse Childhood Experiences and Resilience

Background

The first Welsh Adverse Childhood Experiences survey in 2015 identified strong relationships between childhood adversity and poor health across the life course in the Welsh population. However, it also found that many people who suffered ACEs managed to avoid their harmful impacts on health. The ability to overcome hardship such as that imposed by ACEs is known as resilience.



Supporting the development of resilience in children and young people is a key priority in Wales yet relatively little is known about the factors that can contribute to such resilience. Consequently, in 2017 Public Health Wales conducted a second Welsh ACE survey to identify what factors may help build resilience against ACEs in Wales.

What work was done?

A nationally representative household survey was undertaken with approximately 2,500 English or Welsh speaking adults aged 18-69 years. Participants were asked about their experience of ACEs before the age of 18, health-related behaviours and a range of questions measuring resilience in childhood. These included overall childhood and adulthood resilience scales; childhood relationships with trusted adults; participation in sports and leisure activities; community culture and traditions; financial security; and perceptions of service supportiveness.

What was the impact of the research?

The first report from the survey was published in January 2018 and focused on the relationships between ACEs, resilience and mental illness. It found strong associations between ACEs and mental illness across the life course with individuals who suffered four or more ACEs whilst growing up being over three times more likely to report currently receiving treatment for a mental illness, six times more likely to report having ever received treatment for a mental illness and nine times more likely to report having ever felt suicidal or self-harmed.

Individuals who suffered ACEs had lower resilience in both childhood and adulthood, and those who reported greater resilience had lower levels of mental

illness. Along with overall resilience measures, factors including having a trusted adult relationship in childhood, sports participation, community engagement and higher financial security showed independent relationships with lower mental illness.

The first report from the survey has been widely disseminated across Wales and internationally and received substantial press and commentary coverage. Its findings have been presented at events with, for instance, Welsh Government and Public Health England. The research is supporting work to build resilience in children in Wales and further publications on its findings will be produced over the coming year.

The full report on *Sources of resilience and their moderating relationships with harms from ACEs* can be found at:
www.wales.nhs.uk/sitesplus/888/page/94697

b. *Summary of Child and Adolescent Mental Health Services In Reach for Schools Pilot*

In Wales, the Children's Commissioner's 2015-16 Annual Report recommended that the curriculum review programme *Successful Futures* should work closely with the NHS Together for Children and Young People Programme to promote evidence-based, whole school approaches to healthy relationships, mental health and wellbeing. Whilst in the Making Sense report (Hafal, January 2016), children and adolescents using mental health services said they preferred to receive support from friends, school counselling services and teachers, rather than specialist mental health services.

Teachers increasingly find themselves dealing with a growing number of pupils who experience mental health problems. These include the fact that:

- three children in every classroom are thought to have a diagnosable mental health condition, with mental ill-health affecting roughly one in 10 children (Layard, 2011)
- facing these challenges at such an early age can cause educational attainment, the ability to form healthy relationships, and the quality of family life all to suffer
- mental ill-health during childhood and adolescence can go on to dramatically impact outcomes later in life, affecting future employability, physical health and life expectancy.

Addressing these issues is directly linked to the goals in the Well-being of Future Generations Act 2015, namely early intervention and prevention, integration, collaboration, involving people and long term planning.

Most children aged 3 to 18 attend nurseries, schools and Further Education colleges for up to 30 hours a week. This makes them key sites for both promoting positive mental health and wellbeing and providing evidence based prevention and early intervention. There is a clear need for teachers to have help and support in responding to children experiencing difficulties such as anxiety, low mood, and compulsive, self-harm or conduct disorders. The NHS has a role in training and consultation across sectors, providing early help in schools by suitably trained staff. Such school based services can improve accessibility, better address school related stress, ease pressures on specialist child and adolescent mental health

services (CAMHS) by reducing inappropriate referrals and facilitate a wider culture that promotes and values positive mental health and wellbeing within schools.

The programme operates in three areas of Wales over two academic years and will be independently evaluated. Resources are available to appoint two specialist mental health staff within each of the pilot areas who will be accessible to schools in these areas. The pilots will also build on, but do not duplicate, existing activity and joint working already underway within some health boards and local education authorities.

The aims of the programme are to:

- support school staff to better understand childhood distress, emotional and mental health problems, and reduce stress in teachers concerned about their pupils. This is to be achieved through the education and up-skilling of teachers and others to recognise and deal with low level mental and emotional distress within their competence
- ensure that when teachers identify issues which they consider outside their competence and skills then liaison, consultancy and advice is available in a timely fashion from CAMHS to enable the young persons' needs to be met either by CAMHS or to advise where best to refer on (e.g. Local Primary Mental Health Support Services), and to support the teacher and school in providing for the young person's educational needs
- ensuring systems are in place to share appropriate information between CAMHS and schools, shared care arrangements are agreed between CAMHS and schools for those young people requiring more intensive support, and that arrangements are in place to escalate/de-escalate as the young person's needs dictate.

The expected outcomes of the programme are that:

- teachers feel more supported and able to manage low level problems without experiencing excessive personal anxiety
- teachers feeling more competent and confident to deal with pupil emotional distress
- teachers having more clarity on referral pathways, and a better relationship with other services and in particular specialist CAMHS.

3. Confirmation of the inclusion of neglect as an adverse childhood experience (ACE)

Population level ACE surveys both in Wales and elsewhere have often not included neglect due to difficulties in measuring this complex issue using brief retrospective questions. However, the exclusion of neglect has led to concerns that it is being overlooked in national work to address ACEs.

Therefore, in the Welsh ACE and Resilience Survey we measured the ACEs of physical and emotional neglect for the first time in 2017. We adapted two questions measuring physical and emotional neglect which have recently been used in the World Health Organization's Short Child Maltreatment Questionnaire (SCMQ). The SCMQ was developed by a panel of experts to provide a brief child maltreatment measurement tool suitable for use in national surveys. For the purpose of this survey, the questions were applied retrospectively with the

response options 'never', 'once' and 'more than once', in line with other ACE questions.

Questions used to measure neglect

Physical neglect: While you were growing up, before the age of 18 years, did your parent/caregiver for long periods of time not provide you with enough food or drink, clean clothes, or a clean and warm place to live when they could have? (ACE = once or more than once)

Emotional neglect: While you were growing up, before the age of 18 years, were there times when there was no adult living with you who made you feel loved? (ACE = more than once)

Reported prevalence was 4.3% for physical neglect and 7.1% for emotional neglect. However, the inclusion of these ACEs made little difference to overall ACE prevalence given that approximately three quarters of those who reported either form of childhood neglect reported multiple (i.e. four or more) ACEs. This suggests that neglect is indicative of highly complex childhood environments and that children who are (or adults who were) neglected are likely to face a multitude of adversity and therefore be at particularly increased risk of poor outcomes.

A full infographic highlighting the findings from the survey (with the inclusion of neglect as an ACE) can be found in Appendix 1.

4. Details of how funding is prioritised, including how Public Health Wales' health improvement programme spend is broken down across the life course

Public Health Wales total budget 2017/18

Directorate	Total £000s
Public Health Services Directorate	64,645
Health and Wellbeing Directorate	26,344
Operations and Finance Directorate	7,523
NHS Quality Improvement Directorate	4,310
Policy Research and International Development Directorate	2,931
Quality Nursing and Allied Health Professionals Directorate	2,300
People and Organisational Development Directorate	1,713
Central Budgets	3,784
Board and Corporate	1,833
Hosted organisations (including NHS Wales Health Collaborative)	12,186
Adverse Childhood Experiences Hub	470
Total	**128,039**

The total budget of the two largest Directorates within Public Health Wales is is summarised below:

Public Health Services' total budget in 2017/18 was £64.645m, of which total direct costs of £62.841m are associated with the following programmes/ services:

Programme / Service	Total £000s
Infection, Prevention and Control services	23,686
Cervical Screening Wales	10,175
Breast Test Wales	8,777
Bowel Screening Wales	4,817
Diabetic Eye Screening Wales	3,513
Health Protection Teams	2,461
Newborn Hearing Screening	1,735
All Wales Screening team	1,295
Screening Laboratory Services	1,223
Abdominal Aortic Aneurysm	967
Newborn Bloodspot Screening	891
Communicable Disease Surveillance Centre	750
Vaccine Preventable Disease	518
Healthcare Associated Infections	476
Antenatal Screening	455
Substance Misuse	277
Blood Bourne Virus Hepatitis Action Plan	239
Anti-Microbial Resistance Delivery Plan	215
Influenza Programme	187
Liver Plan	113
Sexual Health and HIV Prevention	71
Total Programme/Service	**62,841**

Health and Wellbeing total budget in 2017/18 was £26.344m, of which total direct costs of £24.833m are associated with the following programmes/ services:

Programme / Service	Total £000s
Local Public Health Teams	8,697
National Exercise Referral Scheme	3,531
Education Settings Programme (including Welsh Network of Healthy School Schemes)	2,257
Improving Primary Care	1,963
Tobacco Control Team	1,730
Observatory Analytical Team	831
Pre School Setting Scheme	718
Health and Work (including Healthy Working Wales)	683
First 1,000 days Programme	617
Welsh Cancel Intelligence and Surveillance Unit	550
Management / Central Non pay	514
Behaviour Change and Public Information	506
Observatory Evidence Service	440

Just B Programme	288
Public Information	275
Physical Activity	200
Mental Wellbeing	185
Making Every Contact Count	170
Nutrition and Obesity Prevention	150
Congenital Anomaly Register and Information Service	135
Healthy and Well Communities	130
Substance Misuse Prevention	120
Child Death Review	81
Child Measurement Programme	62
Total Programme/Service	**24,833**

Source: 2017/18 Budget, supplemented with information from the Value and Impact project

5. A breakdown of how staff are allocated across Public Health Wales, including the balance between research and delivery roles

As of the 1 July 2018, our workforce consists of 1,758 people equal to 1,560 full time equivalent (FTE).

Our people are deployed throughout the organisation as follows. Please see further information on our organisational structure and the composition of our Directorates in Appendix 2.

Directorate/Division	Headcount	FTE	%
Public Health Services Directorate (by division):			
Health Protection Division	78	74.21	4.44
Microbiology Division	377	348.80	21.44
Public Health Corporate Division	12	12.00	0.68
Screening Services Division	484	402.89	27.53
Health and Wellbeing Directorate	409	355.20	23.27
Operations and Finance Directorate	99	93.09	5.63
NHS Quality Improvement Directorate	57	52.18	3.24
Policy Research and International Development Directorate	55	52.38	3.13
Quality Nursing and Allied Professionals Directorate	35	31.70	1.99
People and Organisational Development Directorate	32	29.31	1.82
Board and Corporate (Board Members, Corporate Governance Team and Executive Assistants)	23	21.93	1.31
Hosted organisations (including NHS Wales Collaborative for Health)	77	69.12	4.38
Special Registrars	18	15.90	1.02
Adverse Childhood Experiences Hub	2	2.00	0.11
Total	**1,758**	**1,560.71**	

In our Policy, Research and International Development Directorate, the Research and Development team currently employ 9.8 permanent members of staff. 3.8 staff members are involved in research activity, and those and others also spend a significant amount of time on management, support and development.

- Researchers: 3.8 WTE
- Research and Development Governance Function: 3 WTE
- Academic business manager: 1 WTE
- Evaluation Team: 2 WTE
- *Researcher: 1 WTE (short term contract role)*

Across Public Health Wales we currently do not collect information on the total number of individuals involved in research activity, but this is something we are exploring. We do, however, have an indication of the number of staff involved in research through the NHS Research approvals process and publications in academic journals. It is also worth noting that in practice these individuals are trying to deliver research alongside delivery roles. In 2017/18,

- 20 staff as principle investigators on 24 research projects were registered with the Research and Development Office.
- 64 staff published papers in academic journals (total publications = 77)
- 2 staff were awarded a Clinical Research Time Award (providing funding to support their research over 3 years).

All public health consultants will be involved in some aspect of research but the amount is likely to vary across the organisation and over time depending on pressures on time and capacity.

We have also developed and nurtured close collaborations with academia and partners across the wider research infrastructure in Wales. Our ***Research Strategy*** describes how we aim to provide an environment that encourages and supports research activity within the organisation, stronger collaborations with partners across the wider public health system and a sustainable translational pathway for research evidence into public health policy and practice. Our strategy also aims to promote and enhance public health research in Wales more widely, and encourage closer collaboration between Public Health Wales and Welsh higher education institutions.

We have jointly established a Hot House Research Team at the School of Healthcare Sciences in collaboration with Bangor University. This partnership aims to provide a flexible and efficient applied academic resource for rapid research and evaluation support for Public Health Wales and the wider NHS. The Stay Well in Wales survey was the first project undertaken collaboratively (from conception to publication) and sought to obtain the views of residents in Wales on a range of public health issues to inform the development and implementation of our long term strategy for 2018-20130. The findings from the survey can be found at:
www.wales.nhs.uk/sitesplus/888/page/95004/

During 2017/18, the Research and Development Office responded to 121 queries from across the organisation about research. Further information on research activity across Public Health Wales can be found in the enclosed Research and Development Annual Report 2017/18.

6. Whether details are available on the number of people who survive sepsis but experience a reduced quality of life as a consequence

Details are not currently available on the number of people who survive sepsis and consequently experience a reduced quality of life. In response to this issue, we are undertaking work on developing a sepsis registry in Wales. This work is in the early stages but is already showing impressive data from early testing in one Heard Board.

Summary of work on an acute deterioration dashboard

An acute deterioration dashboard, which incorporates a national sepsis registry for Wales, will enable us to identify survivors of sepsis more easily and signpost them to support. It will also provide us with valuable information about sepsis and sepsis care across Wales.

Initially, this will be limited to patients admitted to intensive care units with sepsis which is currently the most consistent source of data. Ward watcher is a system used in all intensive care units in Wales. A standardised dataset is currently submitted to the Intensive Care National Audit and Research Centre (ICNARC) on a monthly basis.

A dataset for intensive care admissions due to sepsis was constructed from the existing ICNARC Case Mix Programme dataset with a view to answering five broad questions:

- Who is getting sepsis?
- What type of infections are they getting?
- How unwell are they at presentation?
- What care are they needing?
- What happens to them?

This will enable survivors of sepsis to be identified and important information gathered about sepsis and sepsis care across Wales plus information about resource utilisation.

A separate dataset has been created for patients who are seen by outreach/ acute intervention teams. This dataset is more limited because the amount and type of data collected is more variable. It aims to answer the same broad questions as above. In the future we hope to be able to collect data for patients with sepsis who do not require intensive care unit admission and patients who develop sepsis on intensive care units.

A filtering tool has been developed to identify patients admitted to intensive care units with sepsis. This firstly identifies all patients with an infection related diagnostic code and then those with evidence of organ dysfunction. We are in the process of testing this filtering tool in Betsi Cadwaladr and Abertawe Bro Morgannwg University Health Boards. The next steps are to identify where this data could be held and how it will be analysed to improve patient outcomes.

7. A copy of Public Health Wales' performance progress report

Please find enclosed a copy of our end of year 2017/18 Integrated Performance Report, which includes information on our:

- Operational performance
- Progress against our operational plan 2017/18
- People performance
- Quality performance
- Financial performance
- Progress against our wellbeing objectives 2017/18

In addition, we have also included a copy of our end of year summary performance review with Welsh Government, chaired by the Director General of Health and Social Services/ NHS Wales Chief Executive. This forms part of our accountability arrangements between the Welsh Government Executive Team for Health and Social Services and our Executive Team.

8. Details of capacity to respond to the expected increase in screening for bowel cancer when the new Faecal Immunochemical Test (FIT) test is introduced

The current bowel screening test is being replaced with a quantitative Faecal Immunochemical Test (FIT) in January 2019 in line with UK National Screening Committee and Welsh Government recommendations.

The new test is more sensitive, specific and easier to use (uptake shown to improve) than the existing one and is therefore expected to result in increased demand on diagnostic and treatment services. Health boards have been asked to develop sustainable capacity to accommodate the improvements expected from the test.

A plan is being developed to address the colonoscopy capacity needed with the new test being introduced and any increase will take time to deliver.

There has been ongoing engagement with health boards to help them prepare for the introduction of the new test including an event in June 2016 with good attendance from Health Boards and Welsh Government to discuss the impacts from the introduction of FIT. This was informed by expert speakers from other UK countries. Modelled data illustrating the implications of the introduction of FIT was shared with all health boards in December 2017. Our Bowel Screening Wales team has also met with health boards individually to discuss waiting times and local plans for the development of sustainable capacity to accommodate FIT. The last two meetings are currently being arranged.

Our Bowel Screening Wales team continue to discuss the current performance and uptake of the programme with all health boards and with the Welsh Government's Endoscopy Implementation Group in order to assess the requirements for colonoscopy activity across the NHS (both in the symptomatic and screening services) and to plan for the future needs.

9. The Welsh Government's plan for health and social care is clear that primary care should be used more systematically as a vehicle for prevention and health improvement. To what extent does Public Health Wales actively pursue opportunities to strengthen health improvement and prevention in primary care?

Public Health Wales recognises the pivotal role of primary care in prevention, early intervention and health improvement. This is a key part of our Integrated Medium Term Plan and our Long Term Strategy.

Public Health Wales hosts the Primary and Community Care Development and Innovation Hub, which is supporting transformation in primary care and will result in greater efficiency and more scope for prevention. The Hub is also supporting cluster development and clusters will play a key role in taking forward prevention initiatives. The Hub is working on cluster needs assessments, which will provide valuable data for clusters, to inform the prevention-based support for their communities.

The issue of prevention through primary care has also been discussed with the major chronic disease implementation groups, who have also recognised that more work is needed in this area. We have recently recruited a Consultant in Public Health who will lead on developing this area of work.

Please also find enclosed a report discussing the *Components of a transformational model for primary and community care*, which highlights prevention as a key principle of a transformational model. This report was presented at the National Board in March 2018.

10. Does Public Health Wales have robust evidence about the effectiveness and cost effectiveness of social prescribing?

The concept of Social Prescribing is not new, and over the last 18 months, there has been a renewed interest in what the approach has to offer patients, communities and services in Wales and the UK as a whole. Despite wide support for linking individuals to community based assets, evidence mapping undertaken by the Public Health Wales Observatory Evidence Service (June 2017) ***summary report*** identified that there are gaps in the evidence base for social prescribing.

In an attempt to support practitioners to evaluate their work and generate the evidence that is currently lacking, an All Wales Social Prescribing Research Network was launched on 21 May 2018. The Network is led by Dr Carolyn Wallace, PRIME Centre Wales, hosted by the Wales Council for Voluntary Action and funded by a small research capacity building grant from the School for Social Care Research. The network will identify and support evaluation and research priorities for Social Prescribing in Wales, including the effectiveness and cost-effectiveness of the approach.

We have enclosed a report on *Social Prescribing in Wales* which was developed by our Primary Care Hub and presented at the National Board in June 2018.

11. Members met with the Jacob Abraham Foundation who expressed concern at being unable to obtain hard copies of Help is at Hand Cymru to give to service users, and having to rely on the England version which is of more limited benefit to Welsh residents. Members were told that attempts were made by the Foundation to obtain a copy through Public Health Wales but that the response was unhelpful. The Committee would be grateful if you could clarify the position regarding the availability of Help is at Hand Cymru, and the promotion by Public Health Wales of this resource.

We would like to wholeheartedly apologise if it was felt an unhelpful response was given following a request for the *Help is at Hand Cymru* resource. Please be reassured that electronic copies of the bilingual resource are available on the Public Health Wales website on our suicide and self-harm topic page at: www.wales.nhs.uk/sitesplus/888/page/65108

We also have a small number of hard copies available on request following the funded revamp in 2017. Please do let us know if you would like a copy of *Help is at Hand Cymru.*

We are also planning to develop a new website where the *Help is at Hand Cymru* resource will be readily accessible and promoted. Discussions have also taken place with colleagues in Welsh Government and it is our understanding that they are planning to fund a reprint of the resource and disseminate again.

12. An update on when Public Health Wales expects the next Thematic Review of deaths of children and young people through provable suicide to be published.

The Child Death Review programme in Wales aims to identify and describe patterns and causes of child death including any trends, and to recommend actions to reduce the risk of avoidable factors contributing to child deaths in Wales.

The objectives of the programme are to:

- ascertain and collate data on child deaths in Wales and deaths of children who are normally resident in Wales.
- undertake thematic reviews and make recommendations.
- produce an annual report that:
  - describes findings on patterns of child deaths in Wales.
  - highlights where avoidable factors thought to contribute to child deaths have been identified from thematic reviews.
- disseminate findings from the annual report and thematic reports in order to inform action to address avoidable factors contributing to child deaths in Wales.

We expect to publish an updated Thematic Review of *deaths of children and young people through probable suicide* by May 2019. We would also like to highlight the following thematic reviews undertaken by our team:

- Thematic review of deaths of children through fire - Summary Document *(published December 2017)*
- Thematic review of deaths of children and young people through drowning *(published February 2016)*
- Sudden Unexpected Death in Infancy: A collaborative thematic review 2010-2012 *(published January 2015)*
- Thematic Review of Deaths of Children and Young People through Probable Suicide, 2006-2012 *(published March 2014)*
- Thematic Review of Deaths in Teenagers in Motor Vehicles *(published July 2013)*

Further information on the work of our Child Death Review Team, including our latest annual report, can be found at:
www.wales.nhs.uk/sitesplus/888/page/84337

Appendix 1: Infographic on ACEs and resilience (incorporating neglect)

Adverse childhood experiences (ACEs) and resilience: risk and protective factors for mental illness throughout life

Resilience is the ability to overcome serious hardship. Factors that support resilience include personal skills, positive relationships, community support and cultural connections. The Welsh ACE and Resilience Survey asked adults about a range of such resilience resources as children and adults, their exposure to 11 ACEs and their physical and mental health.

How many adults reported each ACE in 2017?

Child maltreatment

Verbal abuse **20%**

Physical abuse **16%**

Sexual abuse **7%**

Household ACEs

Parental separation **25%**

Mental illness **18%**

Domestic violence **17%**

Neglect was measured for the first time in 2017. Most people who reported neglect had multiple ACEs.

Emotional neglect **7%**

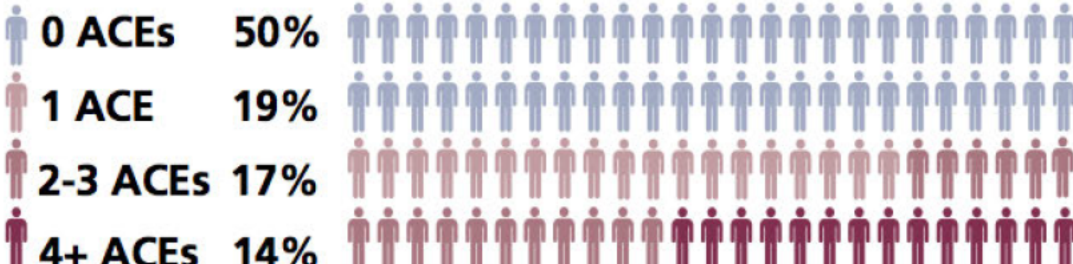
Physical neglect **4%**

Alcohol abuse **13%**

Drug abuse **6%**

Incarceration **4%**

For every 100 adults in Wales, 50 had at least one ACE and 14 had four or more



0 ACEs 50%

1 ACE 19%

2-3 ACEs 17%

4+ ACEs 14%

ACEs substantially increased risks of mental illness

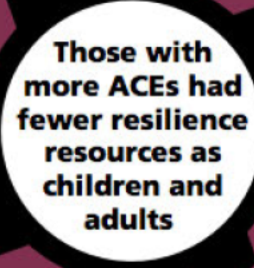
1 in 3 adults reported having ever been treated for a mental illness

Compared with people with no ACEs, those with four or more were:

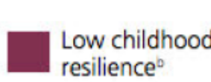
3.7 times more likely to **currently be receiving treatment for mental illness**

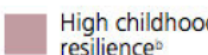
6.1 times more likely to **have ever received treatment for mental illness**

9.5 times more likely to **have ever felt suicidal or self-harmed**

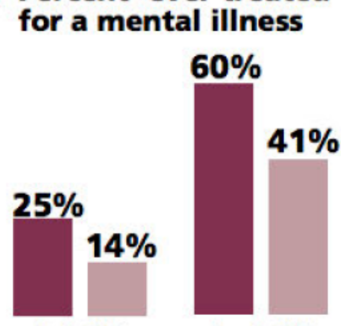


Childhood resilience was associated with less mental illness across the life course in those both with and without ACEs

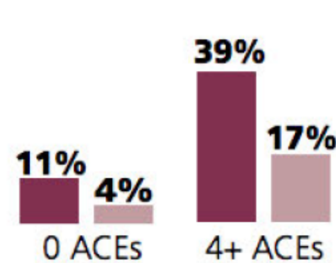




Percent[a] ever treated for a mental illness



Percent[a] having ever felt suicidal or self-harmed



Having some resilience resources more than halved risks of current mental illness in those with 4+ ACEs

Childhood resilience resources — Percent with current mental illness

Resource		
Childhood resilience[b]	Low 29%	High 14%
Trusted adult relationship	Never 28%	Always 19%
Regular sports participation	No 25%	Yes 19%

Adult resilience resources — Percent with current mental illness

Resource		
Adult resilience[b]	Low 37%	High 13%
Perceived financial security	<1 month 35%	5+ years 11%
Community engagement[c]	No 23%	Yes 11%

The Welsh Adverse Childhood Experience (ACE) and Resilience Study interviewed approximately 2,500 adults (aged 18-69 years) across Wales in 2017. We are grateful to all those who voluntarily gave their time to participate. The information in this infographic is taken from ***Sources of resilience and their moderating relationships with harms from adverse childhood experiences: Report 1 - Mental illness.***

Policy, Research and International Development Directorate, Public Health Wales, Clwydian House, Wrexham Technology Park, Wrexham, LL13 7YP. www.publichealthwales.wales.nhs.uk

[a]Adjusted to sample demographics; [b]Overall resilience was measured using child and adult scales including personal, relationship, community and cultural resilience factors; [c]Regular participation in community groups or social clubs

Appendix 2: Overview of our Directorates and their respective functions

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 oversight and leadership for all medical staff
	Professional oversight and leadership for non-medical public health registered professionals
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
	Improvement methodologies
Quality, Nursing and Allied Health Professionals	Quality and standards
	Professional Leadership and Oversight for all Nursing and all non-medical regulated healthcare professionals and Health Care Support Workers (or equivalent roles)[1]
	Clinical governance (joint with Public Health Services)
	Information Governance
	Risk management
	Complaints and claims
	Service-user engagement
	Corporate Infection Prevention and Control
	Safeguarding (National Safeguarding Team and Corporate)
	Centre for Equality and Human Rights
Operations and Finance	Finance
	Communications and stakeholder engagement
	Estates and health and safety
	Strategic Planning and Performance
	Informatics
People and Organisational Development	Human resources
	Organisational development and change management
	Staff engagement
	Welsh language

[1] Exception of public health registered professionals

Directorate	Key Functions
	Equality
Board Secretary/ Corporate Governance	Board and Committee Governance
	Organisational Corporate Governance Development
	Raising concerns (Whistleblowing)
	Board Assurance Framework

Ymchwil a Datblygu
Polisi, Ymchwil a Datlygu Rhyngwladol, Llawr 5, Iechyd Cyhoeddus Cymru, Rhif 2 Capital Quarter, Stryd Tyndall, Caerdydd, CF10 4BZ

Research and Development
Policy, Research and International Development, Floor 5, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ

Ffôn/Tel: 02920 104452
Gwefan/Web: www.iechydcyhoedduscymru.org
www.publichealthwales.org

Research and Development Annual Report (2017/18)

Authors: Alisha Davies, Mark Griffiths, Laura Evans, and contributions from across Public Health Wales

Date: 25/06/2018	**Version:** 1.0

Status:

Intended Audience: Quality, Safety and Improvement Committee

Purpose and Summary of Document:

This 2017/18 annual report provides an overview of the research activity across Public Health Wales, alongside with highlights from specific programmes.

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Executive summary

This is the second annual research and development (R&D) report for Public Health Wales (PHW) and provides an overview of research across the organisation, and activities supporting the implementation of the organisational research strategy.

Overview of research activity

In 2017/18, there were on average 20 research projects ongoing in any one month, including eight new projects granted NHS Research Permissions, two of which were recognised as high quality portfolio studies by Health and Care Research Wales. All activity within PHW is non-commercial research activity.

Research income

The total external income to support research activities within 2017/18 was £968,665[1]. In addition, PHW secured significant additional external funding to support research and evaluation programmes, specifically the Early Action Together programme (£6.78m from 2017/18 to 2020/21, with £2.5m to PHW) and Social and Economic Value of Health (£450k from 2018/19 to 20121/22, with £38k to PHW). In addition, two members of PHW were successful in securing Clinical Research Time Awards, a competitive fully funded programme supported by Health and Care Research Wales to develop their research over the next two years.

Welsh Government performance indicators

Welsh Government holds all Health Boards and Trusts in receipt of core R&D funding, to account against a common performance framework. Of the 14 indicators common across the last two financial years, PHWs performance has improved from 7 green, 5 amber and 2 red in 2016/17, to 10 green and 4 amber in 2017/18.

Additional activities to support the Research Strategy

We have continued to strengthen research within PHW through the implementation of the research strategy. Highlights include the successful Lunch and Learn programme, development of a Workforce Training programme as part of the People and Organisational Development funded Colleague Development Programme, continued pump-priming fund and support, and leading the development and delivery of research in collaboration with internal and external partners.

Research with impact

PHW plays a lead role in a number of innovative research programmes with significant impact on population health, policy and practice, both nationally and internationally. This

[1] Note: In 2017/18 the external income was secured by the Policy, Research and International Directorate (PRID). There may be other income from outside PRID, not known to the R&D Office.

includes our research programme on Adverse Childhood Experiences (ACEs), and other programmes such as the use of probiotic and vitamin D to reduce infections in care home service users, Lung cancer survival in Wales, and an intervention to improve the mental health support and training available to secondary school teachers.

Public Health Wales staff continue to deliver high quality research in an increasingly competitive funding market. The diversity of activity undertaken is reflected in this report. Looking towards 2018/19 we will seek to maximise opportunities to develop research to inform action to support population health and to work across PHW in building on the 2015-18 Research Strategy to develop the vision for research in line with PHW 10 year strategy for population health.

Box 1. Research in numbers in Public Health Wales (2017/18 figures)

- 8 new research projects received NHS Research Permissions.
- 20 active research projects in any single month (average).
- £968,665 external income to PHW to support research activities in 2017/18
- 2 new Clinical Research Time Award Fellows
- 77 academic publications by PHW staff

1. Overview of research activity

This is the second Public Health Wales (PHW) Research and Development (R&D) annual report, and provides an overview of research activity within Public Health Wales (PHW) during the 2017-18 financial year, progress against the Research Strategy (2015 – 2018) and highlights from recent successes.

1.1 New and existing research programmes in 2017/18

In 2017/18, the R&D Office supported eight new non commercial research projects through the NHS Research Permissions, all within the 40 day target set by Welsh Government. Two of these studies are considered by Health and Care Research Wales as high quality portfolio studies (Table 1). On average, there were 20 research projects underway across the organisation in any one month. There are no commercial research studies in PHW.

Table 1. Details of new research projects granted NHS Research Permission in 2017/18, by Directorate.

NHS Research Project ID	Short Title	Clinical Research Portfolio Study?
Policy, Research and International Development		
222043	Welsh Adverse Childhood Experience (ACE) Resilience and Health Survey	N
232301	Measuring ACEs in an offender population	**Y (38583)**
Public Health Services		
210327	Incidence of infectious disease in Black and Minority Ethnic groups using Onomap	N
225657	Development of a perceptual learning module in breast radiology	N
231429	Selective genome enrichment analysis of T. Gondii	**TBC**
190307	PRIMETIME	**Y (33217)**
Health and Wellbeing		
230985	A compassion-focused intervention for exercise shame	N
242501	The Perceptions of E-Cigarettes from the Perspective of young people	N

Compared to 2016/17, the number of research studies receiving NHS research permissions in PHW decreased (2016/17 figures: 10 research projects including three high quality portfolio studies). The numbers are too small to reflect any discernible trend, but the levels of research activity will continue to be monitored in 2018/19. To note, within Quarter 1 of

2018/19 there have already been four new research studies granted NHS Research permissions.

PHWs' involvement in innovative research spans many disciplines with demonstrable impact on population health, policy and practice both nationally and internationally. An overview of all the research programmes open at one point in 2017/18 are listed in Appendix A, and a more detailed summary of key research highlights across PHW is provided in Section 3 including;

- Our research programme on Adverse Childhood Experiences and factors that promote resilience
- Stay Well in Wales survey supporting the development of the strategy for public health for Wales
- Probiotic and vitamin D to Reduce Infections iN CarE home Service users lead by Public Health Services
- Improving our understanding of the impact of Lung cancer diagnosis on the quality of life of individuals from research led by Wales Cancer Intelligence Surveillance Unit (WCISU)
- Mental wellbeing in secondary schools

1.2 Research income in 2017/18

PHW receives core funding from the R&D Division of Welsh Government to facilitate R&D delivery and support delivered through the R&D Office. Over the past four years the income from Welsh Government has been fixed at £209,713 used to support the R&D Office staff costs.

The total *external* income to support research activities was **£968,665** and includes £295k awarded from the Police Innovation Fund to support early intervention and prevention of adverse childhood experiences including the "Measuring ACEs in an offender population" research; £311k awarded from the Police Transformation Fund to support Early Action Together (responding to vulnerability); and £50k to support a Knowledge Exchange programme for the National Centre for Population Health Research (Table 2).
In 2017/18 the external income was secured by the Policy, Research and International Directorate (PRID), and there may be other income from outside PRID, not known to the R&D Office, which is not included here.

In 2017/18, PHW was successful in securing two significant research namely;

- £6.87million (£2.5m to PHW) from the Home Office Police Transformation Fund, lead by Janine Roderick (Policy, Research and International Development Directorate) to support the Early Action Together programme. This was achieved in partnership with four Welsh Forces, Police and Crime Commissioners and a range of partners and

seeks to better understand vulnerability and adversity across Wales and to test and evaluate a number of innovative public health approaches to achieve change.

- £450k (£39k to PHW) from the Health Foundation, lead by Laura Howe (Bristol Uni) and Alisha Davies (Policy, Research and International Development Directorate) in collaboration with Bristol and Cardiff Universities. This programme will begin in 2018/19 explore the social and economic value of health, producing evidence to inform cross government policy to improve population health.
- £1.5m (£44k to PHW) from Health and Care Research Wales to support the National Centre for Population Health and Research Centre, lead by Ronan Lyons (Swansea Uni) in collaboration with Cardiff, Swansea and Bangor Universities and PHW (Alisha Davies). This funding will support research across the life course and the PHW funds supporting the continued Knowledge Exchange Activities.

The overview of external income to support research activities is listed in Table 2. The R&D Office encourages staff to liaise as early as possible when writing grant applications to ensure research studies are costed accurately and in line with best practice. Nonetheless, this table may not reflect all income across PHW.

In 2017/18, PHW formally adopted the NHS Research and Development Finance Policy, and in 2018/19 the R&D Office will be working more closely with the PHW Finance Department to ensure all research income is accurately captured.

Table 2. External income to support research in Public Health Wales (2017/18)

Funder	**PHW Lead** (PRID)	**Title**	**Income to PHW**
Police Innovation Fund	J Roderick	Early intervention and prevention addressing adverse childhood experiences (ACEs)	294,566
Police Transformation Fund	J Roderick	Early Action Together (responding to vulnerability)	311,325
South Wales Police	J Roderick	Evaluating the impact of ACE-informed youth offending services in South Wales: enhanced case management	18,000
UK Health Forum	M Bellis	Alcohol Inequalities Project	17,713
World Health Organisation	M Bellis	Funding to support WHO research analysis and reports	19,838
Lancashire Constabulary	M Bellis	Exploring ACEs within Educational Settings Extension	10,000
Lancashire Care NHS Foundation Trust	M Bellis	Routine enquiry for history of ACEs in the adult patient population in a primary care setting	39,000
Welsh Government	A Davies	Core funding to supporting R&D	209,713
Welsh Government	M Bellis	National Centre For Population Health and Wellbeing Research	50,000
Total			**£968,665**

1.3. Welsh Government Performance indicators

Welsh Government holds all Health Boards and Trusts in receipt of core R&D funding, to account against a common performance framework. Of the 14 indicators common across the last two financial years, PHWs performance has improved from 7 green, 5 amber and 2 red in 2016/17, to 10 green and 4 amber in 2017/18 (Table 3).

In 2017/18, there are an additional two indicators (E3 & E5) which reflected recruitment of patient population to a study, unfortunately these were rated red as the single portfolio study which was open to recruitment failed to recruit its first patient within 30 days of research approval being given, and failed to meet its recruitment targets in 2017/18. However, this study did achieve full recruitment within the planned timescale for the programme, but that did not align with the performance metric.

An explanation of the actions taken to address amber/red metrics are provided below.

A1 In 2017/18 an annual report with research data was submitted to the Quality, Safety and Improvement Board-advisory Committee on 28th April 2017; and an annual R&D report board paper was also submitted for the meeting on 25 January 2018.

A6 Welsh Government also acknowledged that R&D is included within the new strategic plan for PHW - and as such will be viewed as a core activity within the organisation.

B1 In 2017/18, PHW formally adopted the NHS Research and Development Finance Policy in March 2018, and in 2018/19 the R&D Office will be working more closely with the PHW Finance Department to ensure all research income is accurately captured. As this is a transition year all organisations were awarded an amber score by Health and Care Research Wales if good financial processes are in place so that they are on a trajectory to meet all the principles within the new national finance policy.

B5-7 There remains no commercial research hosted in PHW. A discussion took place about the challenges PHW were facing currently in attracting commercial research, and whether there was a possibility to support and grow commercial research within the field of Genomics and Microbiology. The R&D Office will continue to liaise with Public Health Services and the Commercial leads in HCRW to explore possibilities to support and grow commercial research.

E3 & E5 The portfolio study which was open to recruitment failed to recruit its first patient within 30 days of research approval being given, and failed to meet its recruitment targets in 2017/18. However, this study did achieve full recruitment within the planned timescale for the programme, but that did not align with the performance metric.

F1 Public Health Wales discusses commercial activity within the overall R&D strategy although no action has been achieved on this over the past year (see B5-7).

Table 3. Public Health Wales key performance indicators managed by the R&D Division, Welsh Government

A: To increase the profile of research and development within NHS Wales	2015/16	2016/17	*2017/18 (provisional)*
A1. NHS research data tabled at the NHS organisation's Board meeting: Minimum of twice a year			
A2. R&D representation at the NHS organisation's Board meeting			
A3. Up-to-date R&D strategy for NHS organisation			
A4. Inclusion of research in Public Health Wales' annual return report			
A6. Appropriate inclusion of plans for research included within NHS organisation's Integrated Medium Term Plan			
B: To ensure the effective provision of a NHS research infrastructure to develop research capacity and capability through the appropriate use of NHS R&D allocations			
B1. Documented up-to-date R&D finance procedure or policy for the NHS organisation			
B2. Appropriate use of NHS R&D allocations in accordance with the DSCHR(Division for Social Care and Health Research), Welsh Government's guidance			
B3. Timely and accurate reporting in accordance with the financial monitoring cycle for NHS R&D allocations			
B4. Implementation of AcoRD [Attributing the costs of health & social care Research & Development]			
B5. Cost recovery model in place for commercial and non-commercial research			
B6. Income distribution model in place for commercial and non-commercial research			
B7. Use of costing templates for commercial and non-commercial research			
E: To improve the efficiency of processes for research permissions, study set-up and delivery of research in NHS Wales			
E1. 80% of Health and Care Research Wales Clinical Research Portfolio (CRP) studies receiving NHS research permission within 40 calendar days			
E3. Percentage of Health and Care Research Wales Clinical Research Portfolio (CRP) studies recruiting the first patient within 30 calendar days of approval/site initiation	N/A	N/A	
E5 Open. Percentage of Health and Care Research Wales Clinical Research Portfolio (CRP) studies recruiting to time and target	N/A	N/A	
F. To create a research environment which promotes and encourages commercially funded research activity within the NHS			
F1. A commercial strategy/policy in place			

1.4. Research Governance

All research[2] projects involving NHS Wales staff, patients and service users or resources need to be granted NHS research permission, coordinated by Health and Care Research Wales – an organisation funded and overseen by the Welsh Government's Research and Development Division[3].
Within the Policy, Research and International Development Directorate, the R&D Office manages the NHS research permissions process for all research carried out across Public Health Wales.
In 2017/18, there have been a number of changes to this process under the "NHS Study Set Up Changes" to help facilitate cross border research opportunities with the rest of the UK. Therefore, from 2018/19 the PHW R&D Office will *confirm capacity and capability* to deliver a research study, and the *NHS research permission* will be granted by the Health and Care Research Wales Permissions Service. The R&D Office has notified Public Health Wales will continue to work with Health and Care Research Wales to ensure any further changes are implemented as required.

[2] Research is defined as the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods. This excludes audits of practice and service evaluations. It includes activities that are carried out in preparation for or as a consequence of the interventional part of the research, such as screening potential participants for eligibility, obtaining participants' consent and publishing results. It also includes non-interventional health and social care research (i.e. projects that do not involve any change in standard treatment, care or other services), projects that aim to generate hypotheses, methodological research and descriptive research. UK Policy Framework for Health and Social Care Research (2017)
[3] https://www.healthandcareresearch.gov.wales/gaining-nhs-research-permission/

2. Research Strategy Implementation activities

Public Health Wales research strategy outlines the framework for developing a research culture within Public Health Wales and generating and using evidence in public health policy and practice. This research strategy highlights four key priority areas for action (Box 2) and an overview of activities to support the implementation are provided below.

Box 2. The four key areas for action for the Research Strategy

1. Develop research skills of staff within Public Health Wales

2. Help to create new knowledge

3. Work in partnership with others

4. Effectively communicate what we know

To read the Research Strategy go to:
https://research.publichealthnetwork.cymru/files/7014/8708/7189/PHW_Research_Strategy_report.pdf

2.1. Developing research skills

What have we done?

- Providing advice to 114 queries about research through our R&D Office.
- Supporting applications to the competitive Clinical Research Time Awards, a Health and Care Research Wales funded programme to provide protected R&D staff time to develop research careers. In 2017/18 two applicants (Lim Jones (Microbiology) and Sara Jones (Health Protection)) were awarded funding within PHW (c. £145k).
- Financially supporting early career researchers through the pump priming fund (Section 3.2).
- Developed and commissioned a workforce training and development programme. Following a training needs assessment for research and use of evidence, we developed a joint application to the People and Organisational Development Directorate, to secure funding to support a workforce training and development programme as part of the Colleague Development Programme. Training courses were provided for evaluation, evidence synthesis, R training, research statistics and research methods.
- External support services: Through our R&D Newsletter PHW staff are kept up to date of opportunities from support services including **Research Design and Conduct Service**[4] and **Health and Care Research Wales**.

[4] The Research Design and Conduct Service (RDCS) is available to NHS and social care professionals who meet minimum eligibility criteria and provides guidance and advice to enable researchers to both assess the potential of an idea and to

- Encouraged the development of Divisional research groups to support research across the organisation including 1000 lives and Health Protection.
- Continued to organise and develop monthly Lunch and Learn sessions on areas of public health interest, with a focus on Knowledge, Quality and Skills.
- Delivered the Public Health Analyst Network Talk on Monday (PHANTOM) series, led by Health Intelligence. This provides the opportunity for junior members of analytical staff in the organisation to meet, present and discuss their work.

2.2. Facilitate the generation of new knowledge

What have we done?

A summary of key new knowledge generated by the research in PHW is provided in section 4. In addition recent successes include;

- Our research on ACEs research has had significant impact for Wales, leading to investment of £400,000 from Welsh Government to Cymru Well Wales to tackle the impact of ACEs, including investment in the ACE Hub hosted within PHW in collaboration with Health Improvement and others.
- PHW successfully led an application to the National Police Chief's Council Transformation Fund to support extension of the South Wales Police Innovation Programme[5] to an all-Wales approach. £6.87 million was awarded through the Fund for new research addressing a multi-agency ACE-informed approach toward vulnerability that enables early intervention and root cause prevention in Wales.
- Supporting the Pump-Prime Fund for new research: the R&D Office has made available small grant funding to support new research projects. During the 2017/18 financial year, the number of applications received were six, and three were awarded funding (Table 4).

2.3. Working in partnership with others

What have we done?

Many of our successful research programmes across PHW are in partnership with others (section 4) and in addition we have;

- Achieved designation as a WHO Collaborating Centre on Investment for Health and Wellbeing: PRID, facilitated by the International Health Division (IHD), has been working closely with the WHO Regional Office for Europe and the Office for Investment for Health and Development in Venice to develop a joint work programme on 'Investment for health and well-being' in the context of sustainable development.

develop a study or trial idea effectively up to the point of application for funding. Further information is available at: **https://www.healthandcareresearch.gov.wales/research-design-and-conduct-service/**

[5] Public Health Wales News Item (2016) *Public health at forefront of innovative South Wales policing project.* Available at: **http://www.wales.nhs.uk/sitesplus/888/news/40940** [Accessed 22 November 2017].

- R&D Office has continued to support collaborative projects such as HealthWise Wales[6] through workshops, conferences and other events, that link together routinely collected health and social care data to evaluate public health programmes and policies. HealthWise Wales supporters have been developed from amongst Public Health Wales staff who will look for opportunities to engage with the public and other health professionals to carry out population health research.
- EU Knowledge Exchange Skills Scholarship (KESS-2) PhD studentships: Financial and supervisory support has been provided to several KESS-2 PhD studentships. Public Health Wales will provide an annual contribution of £4500 to the academic institute in support of each of the studentships, and will co-host the students throughout their research programmes (Appendix A).
- Linking with the **National Centre for Population Health and Wellbeing Research** to shape cross-organisational research in population health aligned to policy and practice.

2.4. Communicate our findings

What have we done?

- The R&D Office has developed a new look Public Health Wales research and development monthly news and updates bulletin.
- The R&D Office has facilitated conferences, seminars and workshops in Wales promoting evidence-based practice for practitioners and researchers working on public health priorities in all sectors in Wales. This includes the Research in Wales event hosted by Public Health Wales in March 2018 where several Public Health Wales staff gave oral or poster presentations (Box 3).
- The Observatory Evidence Service produces quarterly reports of all publications citing Public Health Wales staff as affiliated authors. This includes information on journal impact factor and Altmetric data (Figure 1).

[6] HealthWise Wales is a Health and Care Research Wales initiative for a Welsh National Population cohort study, which will engage the population of Wales to become actively involved in research to improve health and wellbeing. It aims to recruit those living in or using health services in Wales to provide data, creating a platform for research, policy and service development and evaluation. Further information is available at: **https://www.healthwisewales.gov.wales/landingPage.php**

- Research Highlights report: the R&D Office launched a research report to highlight PHW research achievements between 2015-2017. This report is available via the R&D Community and Public Health Wales internet websites.

Box 3. Research in Wales Showcase Event: Research with Impact
Over 400 delegates from Public Health Wales and our partner organisations attended Public Health Wales' 'Research in Wales' event on Thursday 8 March at the Haydn Ellis Building in Cardiff, or watched a live stream of the day at #RIW2018. The event, which was jointly chaired by Tracey Cooper and Jan Williams, and had a strong networking element with over 30 stalls and posters from partner organisations in order to raise awareness of different areas of work and collaborative opportunities. An online poll was taken throughout the day using mentimeter. The audience was asked questions about public health topics requiring further research and how public health research demonstrates its impact. The presentations, mentimeter results and photos from the day can be found on the R&D Community website.

Figure 1. Altmetrics and journal impact factors for Public Health Wales staff publications

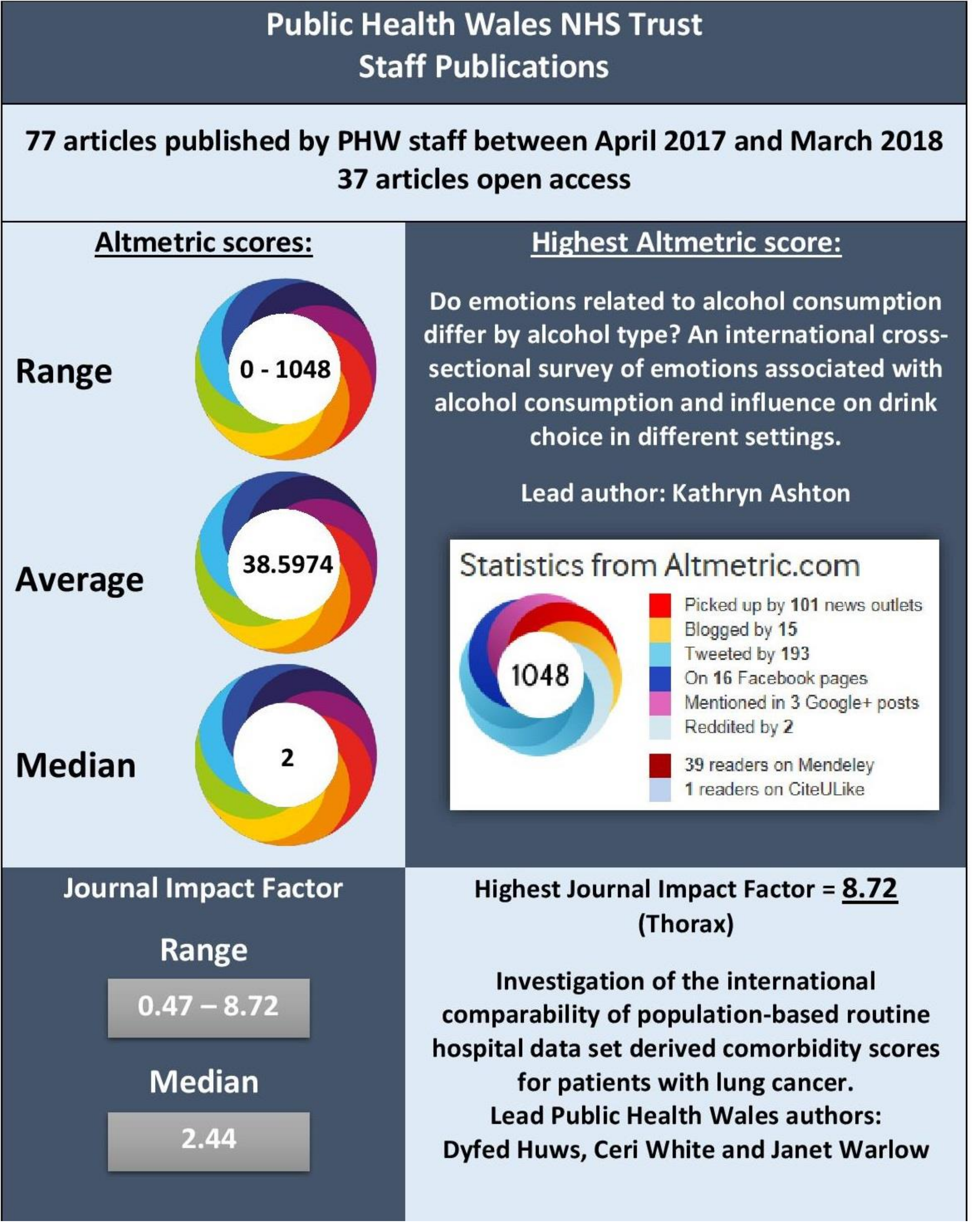


Table 4. Pump-Priming Funding for Public Health Wales projects (2018-19)

Title of Project	Lead researcher	Funding
The prevalence of Adverse Childhood Experiences (ACE) amongst homeless people in Wales: a step towards an ACE-informed approach in homelessness and housing services **Objectives**: • To examine the prevalence of ACEs in the homeless population in the UK from existing secondary datasets that include Welsh data. • To examine the relationship between adversity in childhood and risk of homelessness (vulnerable tenants), to better understand how to intervene earlier to help prevent homelessness	Dr Charlotte Grey (PRID)	£10k
Evaluation of long-read next generation sequencing technology to epidemiologically track carbapenemase producing organisms (CPO) and their mobile genetic elements from two hospital outbreaks; use of complete genome sequences to investigate transfer of resistance genes. **Objectives** Linked to the exAntimicrobial Resistance & GENomic Typing (ARGENT) project (formerly ESKAPE) the objectives are to: 1. Gain additional understanding of the diversity and epidemiology of CPO in Wales. 2. Clarify transmission events of several CPO outbreaks in Wales in recent years. 3. Develop and appraise bioinformatic pipelines to analyse Oxford Nanopore MinION data and compare outputs (presence of resistance genes, virulence genes, typing data) with Illumina MiSeq data. 4. Compare the ability of long read NGS data from the Oxford Nanopore MinION with Illumina MiSeq data. 5. Appraise whether defining MGE sequencing in some outbreaks could help define epidemiological links in selected cases better than having isolate typing data alone.	Dr Lim Jones (Health Services)	£ 9,596.
A study into the effectiveness of social prescribing interventions as a means to effectively address health and wellbeing issues for non-critical conditions **Objectives** 1. Run a social prescribing pilot to provide preliminary evidence on the effectiveness and utility of social prescribing interventions as a means to effectively address health and wellbeing issues for non-critical conditions 2. Collect evidence on the facilitators and barriers to social referrals as an alternative or adjunct to prescription medicines including focus groups with participants referred to community-based activities and the scheme link worker.	Dr Mark Griffiths (PRID)	£10k

3. Research with impact from across Public Health Wales

3.1 Policy, Research and International Development Directorate

3.1.1 Welsh Adverse Childhood Experiences (ACEs) and Resilience (Dr Karen Hughes and Professor Mark Bellis)

What was the research problem or issue that needed addressing?
The first Welsh Adverse Childhood Experiences (ACE) survey in 2015 identified strong relationships between childhood adversity and poor health across the life course in the Welsh population. However, it also found that many people who suffered ACEs managed to avoid their harmful impacts on health. The ability to overcome hardship such as that imposed by ACEs is known as resilience. Supporting the development of resilience in children and young people is a key priority in Wales yet relatively little is known about the factors that can contribute to such resilience. Consequently, in 2017 Public Health Wales conducted a second Welsh ACE survey to identify what factors may help build resilience against ACEs in Wales.

What work was done?
A nationally representative household survey was undertaken with approximately 2,500 English or Welsh speaking adults aged 18-69 years. Participants were asked about their experience of ACEs before the age of 18, health-related behaviours and a range of questions measuring resilience in childhood. These included overall childhood and adulthood resilience scales; childhood relationships with trusted adults; participation in sports and leisure activities; community culture and traditions; financial security; and perceptions of service supportiveness.

What was the impact of the research?

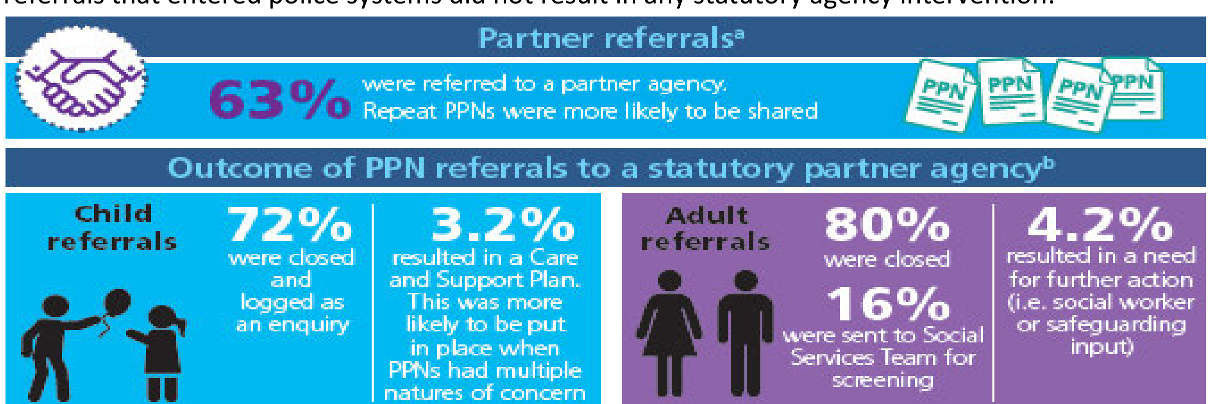
The first report from the survey was published in January 2018 and focused on the relationships between ACEs, resilience and mental illness. It found strong associations between ACEs and mental illness across the life course with individuals who suffered four or more ACEs whilst growing up being over three times more likely to report currently receiving treatment for a mental illness, six times more likely to report having ever received treatment for a mental illness and nine times more likely to report having ever felt suicidal or self-harmed. Individuals who suffered ACEs had lower resilience in both childhood and adulthood, and those who reported greater resilience had lower levels of mental illness. Along with overall resilience measures, factors including having a trusted adult relationship in childhood, sports participation, community engagement and higher financial security showed independent relationships with lower mental illness.

The first report from the survey has been widely disseminated across Wales and internationally and received substantial press and commentary coverage. Its findings have been presented at events with, for instance, Welsh Government and Public Health England. The research is supporting work to build resilience in children in Wales and further publications on its findings will be produced over the coming year.

3.1.2 Understanding the police response to vulnerability and risk (Janine Roderick, Kat Ford, Michelle McManus)

What was the research problem or issue that needed addressing?

Since 2008/2009, demand for South Wales Police has changed dramatically with a 30% increase in public welfare and safety issues. In 2015, 89% of police contact with the public was classified as complex welfare, public safety and vulnerability issues. One of the key issues addressed early on in the project was the complexity of police processes when dealing with vulnerability demand. In addition, the initial scoping exercise identified that many of the majority of the 61590 vulnerable referrals that entered police systems did not result in any statutory agency intervention:



What work was done?

A collaborative approach within South Wales Police (SWP), Police and Crime Commissioner, NSPCC, Barnardo's, Bridgend County Borough Council and Public Health Wales is being undertaken as part of the Police Innovation Fund (PIF) "Early Intervention and Prompt Positive Action: Breaking the Generational Cycle of Crime". This is to understand and address responses to vulnerability through a shared agenda for public services in Wales. A key principle of the project was taking a public health approach including evaluations of a number of pilot projects looking at how ACE-informed training/approaches were perceived across the various sectors.

What was the impact of the research?

There have been a number of key themes emerging from across the various work streams, and several reports have been produced. An overview report has also been completed that summarises all the work and extracts the key learning to be taken forward.

The key findings and recommendations from **"Early Intervention and Prompt Positive Action: Breaking the Generational Cycle of Crime"** project have fed directly into a national programme of work to support policing and criminal justice in Wales to build resilience using a public health 'upstream' approach to understanding vulnerability and reducing harm and crime. The Police Transformation Fund (PTF), seeks to develop a national '**collaborative approach to policing vulnerability in Wales: Developing a multi-agency ACE-informed approach for early intervention and root cause prevention'**, working across the four Police Forces in Wales[7]. The objectives of the programme are set out below:

[7] Partners include the four Police and Crime Commissioners and the four Chief Constables for South Wales, North Wales, Dyfed-Powys and Gwent, the Director of Her Majesty's Prison and Probation Service in Wales; the Wales Chief Executive of the Community Rehabilitation Company; the Director of Her Majesty's Courts and Tribunal Service (Wales); the Director (Wales) of the Youth Justice Board; and the Chair and Chief Executive of Public Health Wales.

1. Support the development of competent and confident workforce to respond more effectively to vulnerability using an ACE-informed in both fast and slow time policing;
2. Assist with a review of the organisational capacity within the wider collaborative partnership to proactively meet the changing demands on frontline services;
3. Explore the feasibility of a 24/7 single integrated ‘front door’ for vulnerability that signposts, supports and safeguards, encompassing welfare and blue light services;
4. Develop a clear plan to move towards a whole system response to vulnerability by implementing ACE-informed approaches for operational policing and key partners.

3.1.3 Do emotions related to alcohol consumption differ by alcohol type? An international cross-sectional survey of emotions associated with alcohol consumption and influence on drink choice in different settings. (Kathryn Ashton, Mark Bellis, Alisha Davies, Karen Hughes and Adam Winstock)

Alcohol use is an international health concern. Understanding why people choose different drink types and whether different drinks elicit different emotions may help inform more effective public health interventions. However, little attention has been paid to the immediate emotions associated with drinking different types of alcohol.

In 2017, Kath Ashton from the Research and Development team used data from the international cross-sectional opportunistic Global Drug Survey (GDS) to analyse which drink types are associated with different emotional outcomes in alcohol consumers from 21 countries, and how both demographic factors and levels of dependency on alcohol affect such relationships. Finally, they explored whether emotions that respondents associate with different drink types influences their choices of drinks in different settings.

Results indicated that alcoholic beverages vary in the types of emotions individuals report they elicit, with spirits more frequently eliciting emotional changes of all types. Respondents' level of alcohol dependency was strongly associated with feeling all emotions, with the likelihood of aggression being significantly higher in possible dependent versus low risk drinkers (adjusted OR 6.4; 95% CI 5.79 to 7.09; $p<0.001$). The odds of feeling the majority of positive and negative emotions also remained highest among dependent drinkers irrespective of setting. Understanding emotions associated with alcohol consumption is imperative to addressing alcohol misuse, providing insight into what emotions influence drink choice between different groups in the population. The differences identified between sociodemographic groups and influences on drink choice within different settings will aid future public health practice to further comprehend individuals' drinking patterns and influence behaviour change. The study, published in the BMJ Open, is the 4th most read article on the BMJ Open website (as of April 2018). The paper gained interest from the international media with just over 100 news outlets covering the study and over 190 Twitter users sharing the results.

3.1.4 Stay Well in Wales – Arolwg Cadw'n Iach yng Nghymru (Catherine Sharp, Mark Bellis and Karen Hughes)

In 2017, Public Health Wales were developing their long-term strategy for the organisation. Work was conducted internally in the organisation to capture the opinions of stakeholders and staff to inform the development of the strategy; however, the missing piece in the jigsaw was the *public*. As a result the first major public opinion survey on public health in Wales. The **Stay Well in Wales** survey was the first project undertaken collaboratively (from conception to publication) by the Policy, Research and International Development Directorate of Public Health Wales and the newly established Hot House Research Team, Bangor University.

The project involved a **face-to-face household survey** and an **online survey** open to all Welsh residents aged 16 years and over. The survey explored the public's opinion on (i) what they perceived to be the largest contributors to poor health and well-being; (ii) which public health issues they believed required more action by public services; (iii) where they sourced their information about staying healthy and well from; and (iv) their perspectives on a range of public health priorities.

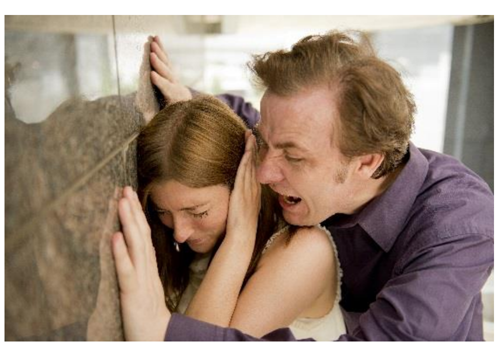
In the nationally representative sample of 1,001 Welsh residents, the population demonstrated a commitment to a preventative model of public health. When given the option to agree, disagree or neither, *53% agreed the NHS should spend less on treating illness and more on preventing it (15% disagreed)*. Further results included:

- 88% agreed that schools should teach children more about how to live a healthy life; 5% disagreed.
- 82% agreed that healthy foods should cost a bit less and unhealthy foods a bit more; 6% disagreed.
- 76% agreed that employers should do more to look after their workers' health; 8% disagreed.
- 76% agreed that they support 20mph speed limits where they will reduce road traffic injuries; 12% disagreed.
- 70% agreed that advertising of unhealthy foods to children should be banned to reduce childhood obesity; 13% disagreed.
- 47% agreed that advertising of alcohol should be banned to reduce alcohol problems; 26% disagreed.

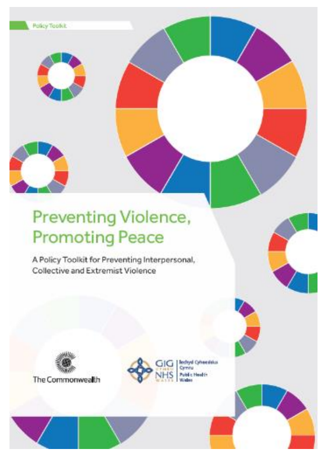
The results illustrate that the public are willing for intervention from their public services. The public are often not given the opportunity to put their views forward, yet the Well-being of Future Generations (Wales) Act holds public bodies accountable to considering the public's opinion. The findings of this survey provide the public voice to support the development of public health action in Wales. To read the full report, visit www.publichealthwales.org/staywellinwales. Since publication, the report has been discussed during the First Minister's Questions.

3.1.5 Preventing Violence, Promoting Peace: A Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence. (Katie Hardcastle, Mark A. Bellis, Karen Hughes, Sara Wood and Joanna Nurse)

In 2017, The Commonwealth adopted a Peace Building Commonwealth as its theme. To support this theme, The Commonwealth Secretariat approached PHW to co-produce a document that would take a public health, life-course approach and synthesise and summarise current evidence on preventing interpersonal, collective and extremist violence across the world. The document was intended for Heads of Government and other ministers to inform the development of a Commonwealth violence prevention action plan and national actions plans for each country.



Authors initially worked with key existing publications on violence prevention (e.g. from WHO; CDC; United Nations and others) to draw out key themes and messages. This content was updated with any new evidence from academic literature. Crucially, authors explored how current understanding from a public health approach to interpersonal violence could be applied and extended to advance our understanding of extremist violence. The document also took a novel approach to considering the global drivers for violence and shared risk factors (and thus opportunities for prevention) across different violence types. Facilitated by the Commonwealth Secretariat, authors engaged with health leads and ministerial representatives from countries across the Commonwealth, who used their networks to identify case studies and examples of the effective implementation of different programmes or approaches, with particular focus on low and middle income countries.



A full report and a stand-alone executive summary were produced. Professor Mark Bellis was invited to share findings and recommendations during the Health Ministers of Commonwealth Nations meeting on preventing interpersonal, collective and extremist violence, on Sunday 21 May in Geneva, Switzerland. More than 200 senior officials and observers from 38 countries attended the event, including twenty-seven health ministers. The report was circulated among the WHO Violence Prevention Alliance and is supporting development of violence prevention policy. It has also been promoted by the Faculty of Public Health (FoPH). Further, as a result of this work, we have been invited to work with FoPH on a public health response to preventing radicalisation in the UK.

3.2 Public Health Services Directorate

3.2.1 Probiotic and vitamin D to Reduce Infections iN CarE home Service users (PRINCESS) (Dr Robin Howe and Dr Mandy Wootton)

What was the research problem or issue that needed addressing?

It is known that older people living in care homes are prescribed far more antibiotics than the general population because of the higher number of infections they have, caused by weakened immunity, close-proximity living and co-existing health conditions. Previous studies in care home populations, including a recent study carried out by the same research team (PAAD Study), showed that 72% of care home residents lacked mental capacity to consent for themselves. Evidence shows that those lacking capacity are likely to be more frail and have an increased vulnerability to infection, and so are more likely to benefit from any reduction in infections and subsequent requirement for antibiotics. Thus, a research study was designed to examine whether care home patients, including those lacking mental capacity and who are most frail, experience health benefits such as reduced infections from taking a daily probiotic supplement.

What work was done?

This study is in collaboration with clinical and academic researchers from the South East Wales Trials Unit in Cardiff University, Oxford University & Southampton University. The study aims to compare probiotic with placebo probiotic in care home patients, recruited from around the UK. Faeces and saliva samples are taken from patients at baseline, 3, 6 and 12 months and sent to Public Health Wales Specialist Antimicrobial Chemotherapy unit (SACU). Samples are processed for *C. difficile*, Anti-Microbial Resistant (AMR) organisms and Candida species.

What was the impact of the research?

Other than vaccination and hygiene methods, there are few interventions proven to prevent infection in care home residents. The trial will provide evidence on a safe and widely accessible intervention for the prevention of infection, antibiotic use and antibiotic resistance in care home residents.

The study's primary outcome will investigate the effect of daily doses of probiotic on cumulative antibiotic administration days. Secondary outcomes will examine infection and antibiotic use, wellbeing, service use, mortality, oral and gut microbiology and antimicrobial resistance carriage.

The results will help care home residents, and those caring for them to make evidence based decisions either to take or not take a probiotic product in order to maintain their optimal health and wellbeing. The study is due to be completed in October 2018. Data analysis and paper writing will be completed by the spring of 2019.

3.2.2 Assessing the incidence of viral hepatitis in Black and Minority Ethnic groups living in Wales, UK, using 'Onomap', a name-based ethnicity classification software package (Dr Daniel Thomas and Amy Phillips)

The research problem that needed addressing:
Although a key determinant of health, ethnicity is poorly recorded in clinical data sets. This is true for cases of communicable disease reported through the Health Protection (Notification) Regulations 2010. We investigated the use of 'Onomap', a name-based ethnicity classification software package, developed by the Department of Geography at University College London, to measure ethnic inequalities in the incidence of communicable disease in Wales, in a PHW pump-prime project in order to inform policy on infection prevention and control.

What work was done:
We assigned ethnicity to notifications of hepatitis A, B, C and E, and tests for viral hepatitis carried out by laboratories in Wales, 2014-2015, and investigated variation in notification and testing rates. Sensitivity and specificity of Onomap was measured using three data sets containing patient names and self-reported ethnicity (n=6,640). This was a collaborative project involving Public Health Wales Communicable Disease Surveillance Centre and Microbiology, Cardiff Metropolitan University School of Health Sciences, Aneurin Bevan University Health Board, Cwm Taf University Health Board, and Narodowy Instytut Zdrowia Publicznego, Poland.

What was the impact of the research?
In 2014/15, there was a total of 2710 notifications of hepatitis (hepatitis A (26), hepatitis B (910), hepatitis C (1677) and hepatitis E (97)). Notifications were most frequent in 'White British', but rates were considerably higher in other ethnic groups. For hepatitis A, they were highest in 'Arabic' and 'Pakistani' groups, for hepatitis B 'Chinese', 'Other Asian' and 'Arabic' groups, for hepatitis C 'White – other' and 'Pakistani' groups, and for hepatitis E 'White – other' groups. In general, testing rates were highest in the ethnic groups with highest notification rates, although the Chinese population living in Wales appeared to be under-tested for hepatitis B relative to their risk. Onomap performed least well for 'Black' groups (30% sensitivity; 99% specificity). Onomap is therefore a useful tool for monitoring ethnic inequalities in communicable disease, although systematic differences in sensitivity should be considered when interpreting findings. Measuring ethnic variations in testing by age, area of residence, and social deprivation can provide further information about how best to better target services.
This work has been presented at a number of conferences, both orally and as poster presentation (Cwm Taf R&D Day, November 2017, Hepatitis Trust 'Hepatitis C Roadshow', December 2017 and the Public Health Wales R&D Day, March 2018). A scientific paper is currently being prepared for publication.

3.3 Health and Wellbeing Directorate

3.3.1 Lung cancer survival in Wales (Dr Dyfed Wyn Huws, Rebecca Thomas, Ciaran Slyne)

What was the research problem or issue that needed addressing?

There are approximately 2,400 lung cancer cases diagnosed in Wales each year and it accounts for more deaths in Wales each year than breast and bowel cancers combined. International studies that WCISU participates in has shown repeatedly that Wales tends to have lower lung cancer survival than most other high-income and many medium-income countries. Lung cancer incidence in Wales also has a steep gradient between the least and most deprived areas. WCISU has demonstrated that although most cases can be attributed to smoking (and are therefore potentially preventable) early stage lung cancer is also potentially curable (around a quarter of all cases are diagnosed in the earlier stages in Wales). However, survival from early stage one lung cancer is higher amongst the more affluent areas of Wales.

Surprisingly little is understood about the factors that explain observed international and within-Wales variations in lung cancer survival, especially for factors at the population, patient and health service level. Furthermore, the extent that known (and as yet, unknown) factors influence variation in survival in Wales is unknown.

What work was done?

A systematic review was undertaken with Bangor University looking at a number of data sources to identify the potential modifiable factors associated with lung cancer survival. A PHW pump-prime project was conducted by WCISU to discover the presence and completeness of some of the identified factors that could influence lung cancer survival. Our project proposed to:

- identify factors that could influence the variation in lung cancer survival in Wales
- identify whether those factors are measured in either the Wales national registry, in any other cancer-specific databases or in The Secure Anonymised Information Linkage (SAIL) databank
- determine the completeness of these factors in each data source
- produce a report regarding these potential risk factors

What was the impact of the research?

The review informed the exploration of the data sources included in this project. Several of the datasets contain adequate Wales data on several important factors that influence lung cancer survival, and the study has allowed WCISU analysts to develop expertise in using the SAIL databank.

The systematic review identified several categories of modifiable factors that could influence lung cancer survival e.g. BMI, quitting smoking after diagnosis, pre-treatment quality of life, lung resection undertaken by a thoracic or cardiothoracic (versus general) surgeon, medical insurance, and diagnostic intervals. The next stage is to use the project's outputs to carry out a multi-variate analysis using routine data to quantify the distribution and extent of factors that influence the variation in lung cancer survival in Wales. A paper has been prepared and is being submitted for publication.

3.3.2 Exploring the Dental Prescribing and general dental services databases (Dr Anup Karki).

What was the research problem or issue that needed addressing?

It is known from previous local work and literature reports that there has been inappropriate antibiotic prescribing in dentistry. Public Health Wales has highlighted that 9% of antibiotics prescribed in primary care in Wales were issued by dental practices, a figure that is considered high. However, providing feedback reduces antibiotic prescribing in dentistry. For instance, recent interventions have led to a 22% reduction of antibiotic prescribing by dentists in Wales. Analysis of antimicrobial audit data in Wales suggests that it is possible to further improve the level of antibiotic prescribing in dentistry because many antibiotics are prescribed without obvious clinical justification. A PHW pump-prime funded study was therefore undertaken to explore the feasibility of linking dental prescribing with the General Dental Services databases, and to produce antibiotic prescribing profiles as feedback to dental practitioners and practices in Wales.

What work was done?

A collaborative project between Public Health Wales and Cardiff University School of Dentistry set out to explore the feasibility of producing individual antibiotic prescribing profiles of dentists in Wales. The study was also a collaboration with NHS Business Services Authority (BSA), Dental Services and NHS Wales Shared Services Partnership (NWSSP). Linking and analysing data from two databases (the dental prescribing database and General Dental Services database) gave the researchers an opportunity to explore ways to produce meaningful prescribing profiles for dentists working in Wales.

What was the impact of the research?

The analyses undertaken as part of this exploratory research indicate that with some improvements in the existing data collection systems, it is possible to produce accurate personalised feedback profiles for NHS General Dental Practitioners and dental practices in Wales.

Following this study, the dental public health team lead researcher met with the NWSSP to understand the cost of making these improvements. It has been proposed that the NWSSP incorporate an action within their IMTP operational plan 2019/20 so that dental prescribing databases can be improved. The Dental Public Health team have been successful in including antibiotic prescribing in dentistry (health board level data) as one of the indicators of the initial set of Primary Care Measures.

Anwen Cope, Specialty trainee in Dental Public Health presented the findings from the study as a poster to the UK British Association for Study of Community Dentistry Spring Conference audience and won the Roger Anderson Poster Prize. Anup Karki, Consultant in Dental Public Health also presented the project and wider work around antibiotic prescribing in dentistry in Wales at the 2018 PHW R&D conference. This work also featured in the Health and Care Research Wales @ResearchWales magazine that highlights health and social care research in Wales.

3.3.3 A cluster randomised controlled trial of an intervention to improve the mental health support and training available to secondary school teachers – the Wellbeing in Secondary Education (WISE) project (Marie Evans)

What was the research problem or issue that needed addressing?

Studies have shown that the school environment, in particular support from school staff, can be important for adolescent emotional health and wellbeing. Teachers report a lack of training in supporting student emotional health, and a lack of support for their own wellbeing, despite evidence that they are consistently reported to be at increased risk of common mental health disorders compared to other occupations. Failure to attend to heightened levels of stress and distress may lead to longer-term mental health problems, poor performance at work, sickness absence, and health-related retirement in teachers. A number of school-based trials have attempted to improve student mental health, but these have mostly focused on classroom-based approaches and have failed to establish effectiveness. Only a few studies have introduced training for teachers in supporting students, and none to date have included a focus on improving teacher mental health.

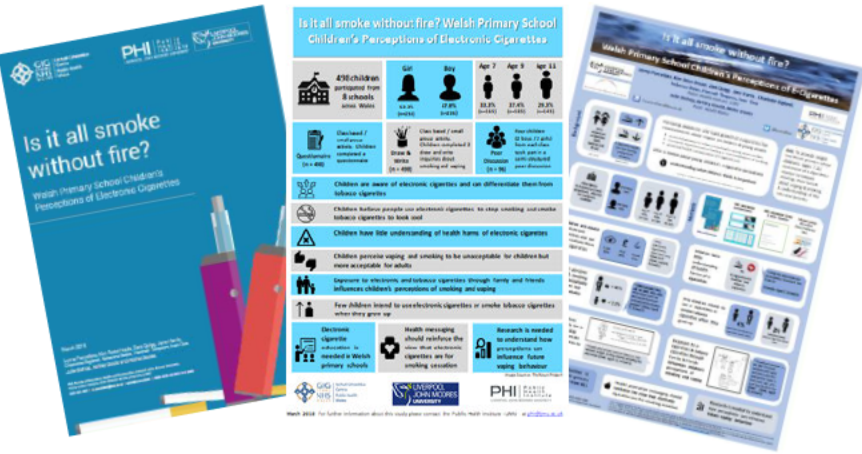
What work was done?

The study is a cluster randomised controlled trial with secondary schools as the unit of randomisation. Intervention schools will receive: i) Mental Health training for a group of staff nominated by their colleagues, after which they will set up a confidential peer support service for colleagues ii) mental health training for schools and colleges for a further group of teachers, which will equip them to more effectively support student mental health iii) a short mental health awareness raising session and promotion of the peer support service for all teachers. Comparison schools will continue with usual practice. The primary outcome is teacher wellbeing measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). Secondary outcomes are teacher depression, absence and presenteeism, and student wellbeing, mental health difficulties, attendance and attainment. Measures will be taken at baseline, one year follow up (teachers only) and two year follow up. Economic and process evaluations will be embedded within the study.

What is the impact of the research?

The study team is the same team that successfully undertook the pilot study (University of Bristol, University of Exeter, and the London School of Hygiene and Tropical Medicine). The team is strengthened with the addition of the University of Cardiff and Public Health Wales. Bristol Randomised Trials Collaboration (BRTC) will provide a Research Manager to support the trial lead, and a database manager to set up the database and provide ongoing support. A BRTC health economist and statistician will lead on the statistical and economic data analyses. The study runs until June 2018 with results being available in 2019.

3.4 Commissioned research: Is it all smoke without fire? Welsh primary school children's perceptions of electronic cigarettes. (Lorna Porcellato, Kim Ross-Houle, Zara Quigg, Jane Harris, Charlotte Bigland, Rebecca Bates, Hannah Timpson, Ivan Gee (Public Health Institute, Liverpool John Moores University)



The increasing popularity and rapid growth of e-cigarettes has raised considerable concern related to e-cigarettes acting as a gateway to tobacco smoking for young children, experimentation and potential health harms of vaping. Current research is largely focused on adolescents and young adults. In view of the recognised influence of the early years on attitude and habit formation, better understanding of what young children think about electronic cigarettes is needed.

The study commissioned by PHW aimed to provide insight into primary school children's awareness of e-cigarettes, their beliefs about vaping and smoking and understanding of the risks. A mix of qualitative and quantitative data was collected in 8 primary schools across Wales. Schools were purposively selected to ensure maximum variation, based on deprivation rates, Welsh language provision, urban/rural location and prevalence of e-cigarette use. 498 children (ages 7-11) across 3 year groups completed a class-administered booklet encompassing a draw and write exercise and questionnaire. 96 children also participated in 24 peer discussion groups.

Almost all children had an awareness of e-cigarettes and were able to differentiate between electronic and tobacco cigarettes. The primary reason for using e-cigarettes was to stop smoking. Generally the children had little understanding of any health harms of e-cigarettes. Children had few intentions to use electronic cigarettes or smoke tobacco cigarettes when older. Almost all the children were of the opinion that using e-cigarettes (98.8%) and smoking tobacco cigarettes (99.2%) was inappropriate for children their age but almost half thought it was okay for adults to use e-cigarettes (50%) or tobacco cigarettes (46.2%). Findings suggest that children's perceptions of vaping and smoking were influenced by exposure through family and friends. Results highlight the need for evidence based e-cigarette education in Welsh primary schools from Key Stage 1 and reinforce children's views of e-cigarettes as smoking cessation devices within a harm reduction narrative.

Understanding where children are at in their thinking about e-cigarettes prior to experimentation is imperative for the development of effective health promotion interventions that highlight potential risks and prevent uptake in non-smokers. Findings from this study gives direction for further research to better understand the potential impact of e-cigarettes on children and young people.

Appendix A: Public Health Wales research projects open in 2017-18.

Title	Type	CI	Funded Organisation	Funder
Research projects open in 2017-18				
The Perceptions of E-Cigarettes from the Perspective of young people	qualitative methods	Sarah Johnson (PHW)	N/A	PHW
PRIMETIME	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Dr Charlotte Coles (Cambridge University Hospitals NHS Foundation Trust)	N/A	Cancer Research UK
A compassion-focused intervention for exercise shame	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Mark Golightly (Betsi Cadwaladr University Health Board (BCUHB)/Bangor University)	N/A	Bangor University (part of a fellowship / personal award/ research training award)
Measuring ACEs in an offender population	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Dr Katharine Ford (PHW)	N/A	South Wales Police and Crime Commissioner
Selective genome enrichment analysis of T. Gondii	Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	Professor Edward Guy (PHW)	N/A	Welsh European Funding Office - European Social Fund (KESS)
Mining Cryptosporidium genomes	Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	Dr Martin Swain (University of Aberystwyth)	N/A	KESS PhD Scholarship

Factors that contribute to variation of lung cancer survival in Wales	Study limited to working with data (specific project only)	Dr Dyfed Wyn Huws (PHW)	N/A	PHW
Incidence of infectious disease in BME groups using Onomap	Study limited to working with data (specific project only)	Dr Daniel Thomas (PHW)	N/A	PHW
PRINCESS - Probiotics to Reduce Infections iN CarE home reSidentS	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Professor Christopher Butler (University of Oxford)	N/A	Medical Research Council's Efficacy and Mechanism Evaluation Programme administered by the National Institute for Health Research
The Wellbeing in Secondary Education (WISE) Project	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Dr Judi Kidger (University of Bristol)	N/A	NIHR Public Health Research Programme Researcher-led Workstream
Life after prostate cancer diagnosis	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Dr Adam Glaser (Leeds Teaching Hospitals NHS Trust/University of Leeds)	N/A	Prostate Cancer UK
Adverse Childhood Experiences (ACEs), health and educational outcomes (Same project as A4)	Study limited to working with data (specific project only)	Professor Mark Bellis (PHW)	Cardiff University	PHW
The United Kingdom Aneurysm Growth Study	Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	Mr Matthew James Bown (The University of Leicester)	N/A	British Heart Foundation

Electronic Longitudinal Alcohol Study in Communities - ELASTiC	Study limited to working with data (specific project only)	Professor Simon Moore (Cardiff University)	N/A	Economic and Social Research Council
Burden of Infection in Primary Antibody Deficiency (BIPAD) Study	Basic science study involving procedures with human participants	Dr Stephen Jolles (Cardiff & Vale University Health Board)	N/A	CSL Behring grant
Primary care use of a C-Reactive Protein (CRP) Point of Care Test (POCT) to help target antibiotic prescribing to patients with Acute Exacerbations of Chronic Obstructive Pulmonary Disease (AECOPD) who are most likely to benefit (PACE)	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Prof Christopher Butler (Cardiff University)	N/A	National Institute for Health Research, Health Technology Assessment Programme
Prevalence estimates of problem and injecting drug use in Wales 2010 to 2020	Study limited to working with data (specific project only)	Miss Josephine Smith (PHW)	N/A	PHW
Long term health sequelae of Cryptosporidius	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Dr Rhianwen Elen Stiff (PHW)	N/A	PhD fees funded by Wales Post Graduate Medical and Dental Deanery AND PHW
Welsh ACE Resilience and Health Survey	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Professor Karen Hughes (PHW)	N/A	PHW
Factors associated with overweight or obesity in 4-5ryr olds in Wales	Study limited to working with data (specific project only)	Dr Kate Fleming (Liverpool John Moore's University)	N/A	Study leave provided by PHW, no funding required.

Understanding the Police response to vulnerability and risk	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	Dr Katharine Ford (PHW)	N/A	South Wales Police and Crime Commissioner
PACERS Physical ACtivity monitors in an Exercise Referral Setting	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	Dr Jemma Hawkins (Cardiff University)	N/A	Health and Care Research Wales Health Research Award
Development of a POCT for the detection of CMV in Urine	Clinical investigation or other study of a medical device	Dr Vincent Teng (Swansea University)	N/a	NIHR i4i
Pilot study to evaluate whether polymorphisms in C-type lectin-type receptors can determine the risk of AML or SCT patients developing aspergillosis	Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	Dr Selinda Orr (Cardiff University)	N/A	School of Medicine funded PhD Studentship

Appendix B: Research projects commissioned by Public Health Wales (remaining open in 2017/18)

Title	Type	CI	Funded Organisation	Funder
Commissioned projects and grants in 2017-18				
Internal migration and health in Wales: an epidemiological analysis	Quantitative analysis (Secondary data analysis)	Shantini Paranjothy	Cardiff University	PRID
Development and first application of the Primary Care Clusters Assessment (PCCA) in Wales	Mixed methods	Clare Wilkinson	Bangor University	PRID
Improving outcomes for Lung Cancer in Wales	Systematic review	Ruth Lewis	Bangor University	PRID
Living well for longer: The economic argument for investing the health and wellbeing of older people in Wales	Systematic review	Rhiannon Tudor Edwards	Bangor University	PRID
Evaluation of a Researcher in Residence in Model in a Primary Care Setting in Wales	Qualitative study	Nichola Callow / Chris Burton	Bangor University	PRID
Public Health Research Evaluation and Development Hot House		Chris Burton	Bangor University	PRID
Gambling-related harms across Wales	Quantitative analysis (Secondary data analysis)	Robert Rogers	Bangor University	PRID
Is it all smoke without fire? Welsh Primary School Children's perceptions of electronic cigarettes	Mixed methods, in partnership	Lorna Porcellato	LJMU	PRID
Fieldwork for the Welsh adverse childhood experiences (ACE), resilience and health survey	Data collection only	Karen Hughes (PHW) Catherine Sharp (Bangor University)	BMG	PRID
Wellness and work: The economic arguments for investing in working age people in Wales	Systematic review	Rhiannon Tudor Edwards	Bangor University	PRID

The Public Health Impact of 'Cultural Belonging' in Wales - Understanding the impact of having a sense of cultural 'belonging' on public health	Qualitative study	Sara Wheeler	Bangor University	PRID
WFGA workstream 1/1A (Literature Review on Evidence based approaches to implementing SD Principles / Assessing PHW approach against Literature Review)	Systematic review	Victoria Hands	Kingston University	PRID
HEAR: The health and wellbeing of refugees and asylum seekers in Wales	Qualitative study, in partnership	Helen Snooks	Swansea University	PRID
Understanding the risks, vulnerabilities and resilience to uncertainty in rural communities	Qualitative study	Valerie Walkerdine	Cardiff University	PRID
Evaluation of the Adverse Childhood Experiences (ACE) Recovery Toolkit (ART) - measure the extent to which the ART achieves its goals; examine ACE-awareness and the impact of ACEs and trauma on development and life outcomes; explore the longitudinal impact in terms of breaking the generational cycle of ACEs	Mixed methods	Gordon Harold	University of Sussex	PTF
WFGA workstream 2 (Action Research on the SIFT Tool)	Qualitative study, co-production	Victoria Hands	Kingston University	PRID
Fieldwork for The Impact of the Internet and Technology on Health Survey	Data collection only	Simon Mildrew	BMG	PRID
Fieldwork for the Staying Well in Wales Survey	Data collection only	Karen Hughes (PHW) Catherine Sharp (Bangor University)	BMG	PHW
PhD - Understanding the use of routine enquiry on ACEs in health service settings / How ACEs can be used as a framework for delivering better tailored services in education, health and other systems (ends Sept 2018)	Mixed methods	Rhiannon Tudor Edwards (Bangor University) Helen Lowey and Ruth Young (Blackburn with Darwen); Mark Bellis (PHW)	Cardiff University	PRID / Blackburn with Darwen Council

PhD - The health economics of the prevention of Adverse Childhood Experiences across the life course using large survey datasets (ends March 2019)	Mixed methods	Rhiannon Tudor Edwards (Bangor University) Helen Lowey and Ruth Young (Blackburn with Darwen); Mark Bellis (PHW)	Bangor University	PRID / Blackburn with Darwen Council
PhD - Impact of ACEs on health and non-health outcomes and protective factors for resilience - (ends Mar 2021)	Mixed methods	Shantini Paranjothy (Cardiff University) Alisha Davies (PHW)	Cardiff University	PHW / Cardiff University
MRes - Parental Screen Time Impact on Child Development		Catherine Sharp (Bangor University) Alisha Davies (PHW)	Bangor University	PRID / KESS
PhD - Prescribing lifestyle changes for cardiovascular health	Mixed methods	Ashley Gould (PHW) Joyce Kenkre, Mark Williams (USW)	CTUHB and University of South Wales	KESS

April 2018
Performance Report

<table>
<tr><td colspan="2">Authors: Huw George, Deputy Chief Executive and Director of Operations and Finance; Phil Bushby, Director of People and Organisational Development; Sian Bolton, Acting Director of Quality Nursing and Other Allied Health Professionals; Angela Fisher, Deputy Director of Finance; Mark Bellis, Director of Policy, Research and International Development; Ioan Francis, Head of Performance</td></tr>
<tr><td>Date: 27 April 2018</td><td>Version: 1b</td></tr>
<tr><td colspan="2">Sponsoring Executive Director: Huw George</td></tr>
<tr><td colspan="2">Who will present: Huw George</td></tr>
<tr><td colspan="2">Date of Board meeting:</td></tr>
<tr><td colspan="2">Committee/Groups that have received or considered this paper:
Executive Team</td></tr>
<tr><td colspan="2">The Board / Committee are asked to:</td></tr>
<tr><td>Approve the recommendation(s) proposed in the paper</td><td>√</td></tr>
<tr><td>Discuss and scrutinise the paper and provide feedback and comments</td><td>√</td></tr>
<tr><td>Receive the paper for information only</td><td></td></tr>
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<tr><td colspan="8">Link to Public Health Wales commitment and priorities for action:</td></tr>
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<tr><td colspan="4">Priorities for action</td><td colspan="4">include relevant priority for action(s)</td></tr>
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1 Introduction and Purpose

1.1 The purpose of this report is to provide an update on Public Health Wales' performance, including against:

- public health indicators within the NHS Wales Delivery Framework
- key service indicators
- progress against our operational plan 2017/8
- progress against our wellbeing objectives for 2017/18

1.2 An overview of performance indicators, including those that relate to public health within the NHS Delivery Framework, is provided within our monthly dashboard within the Operational Performance report.

1.3 The dashboard provides a summary of progress against our key performance indicators reported for this period and includes the latest available performance information. Targets stated in the dashboard are the agreed performance trajectories within the Integrated Medium Term Plan. Trend charts have also been included throughout the report with the latest data (**blue line**) shown against the previous year (**grey line**).

1.4 This integrated report brings together the following performance reports:

- Operational performance – Huw George (page 6)
- Operational plan performance – Huw George (page 25)
- People and Organisational Development – Phil Bushby (page 46)
- Quality and impact report – Sian Bolton (page 52)
- Financial performance – Huw George (page 53)
- Wellbeing Statement and Objectives 2017/18 – Mark Bellis (page 63)

1.5 The report provides a combined picture of year end data for 2017/18 as well as month 1 performance for 2018/19. These are captured in the performance highlights and key performance issues below.

1.6 Appendix 1 in the Operational Performance Report provides an overview of the new Diabetic Eye Screening Wales (DESW) performance indicators, which are included in Screening Performance Activity Reports (SPARs) from April 2018.

Details of the proposed indicators to be reported at corporate level are set out in section 3, including the context for their selection and interpretation. Additional indicators to be reported at programme level are included in section 4.

The Board is asked to **approve** the recommendations proposed in this paper.

2 Performance Highlights

2017/18

2.1 Statutory and mandatory training compliance rates have increased month on month and have been above the All-Wales target of 85% for three consecutive months. Currently at 86.4% for March 2018, this is below our organisational target of 95% and work continues to support areas of the organisation where compliance is lowest.

2.2 End of year performance for our National Exercise Referral Scheme exceeded annual targets for 2017/18 indicators by up to 32%.

2.3 Recruitment time to hire performance for March 2018 stands at 40.8 days and has exceeded the 44 day target for the last three months.

2.4 Staff turnover rates have improved for the third successive month at 11% for March 2018, however it remains above our 10% target. In order to address high turnover rates, the People and OD team are progressing actions identified in the 'deep dive' review taken to the Executive Team in late 2017. In addition, reviews into the use of fixed term contracts and our redeployment processes are being undertaken.

2.5 Latest figures for Microbiology performance illustrates that 8 out of 12 indicators are achieving or exceeding respective organisational targets at the end of quarter 4 2017/18.

2.6 At the end of quarter 4, good progress has been made against the operational plan, with 82% of the actions (267 actions) being completed within timescales. Most progress has been made against actions supporting priority 3 (*Developing and supporting primary and community care services to improve the public's health*) and priority 5 (*Influencing policy to protect and improve health and reduce inequalities*), with 96% and 100% of actions completed within the timescale.

2018/19

2.7 The month 1 revenue position is a small surplus of £24k. Public Health Wales is currently anticipating a breakeven position, in line with the 2018/19 budget setting process and detailed work of the Integrated Medium Term Plan.

2.8 Cervical Screening waiting times from sample to test result recovered between March (68.4%) and April 2018 (75.2%) following a near 29% reduction last month. Timeliness issues remain for turnaround times within both Magden Park and Glan Clwyd laboratories, however 21 GP practices have been converted to HPV primary screening within the Cardiff area as part of the Programme's HPV mitigation plan. This reduces the cytology reporting burden on the Magden Park laboratory, with plans to convert more GP practices to HPV primary screening in Betsi Cadwaladr University Health Board.

2.9 Medical revalidation rates have been at 100% for the last three months.

3 Key Performance Issues

2017/18

3.1 Following a three month period of relative stability, latest figures for Bowel Screening waiting time for colonoscopy shows a 29% decline in performance (from 57% in February to 27.9% in March). Symptomatic services continue to be under considerable pressure and difficulties in recruiting consultant posts in Health Boards remain. Discussions with Health Board Lead Screening Colonoscopists have taken place around training and in-sourcing services to support symptomatic and screening lists (including from England).

3.2 Stop Smoking Wales number of clients that became a treated smoker remains below target levels for March 2018 (426 clients from a monthly target for March of 911 clients). At the end of 2017/18, a total of 5,076 clients had become a treated smoker from an annual target of 9,897 clients (51% target achieved).

3.3 Sickness absence annual rolling rates at the end of March 2018 remained static at 3.99%. Performance remains above the national target of 3.25%, and is higher than rates seen at the end of 2016/17 (3.62%). Monthly sickness absence rates are currently in line with those seen last year (4.37%). While short term absence remained stable at 1.6%, long term sickness absence increased from 2.6% to 2.8%. Anxiety, stress and depression remain as the highest recorded reason for absence.

3.4 Although good progress has been made against the operational plan, of the 57 actions (18%) which have not been completed, 7 of these were actions from the previous reporting year (2016/17). These actions will now be rolled forward to the next reporting year (2018/19). Less progress was made on the actions supporting strategic priority 2 (*Working across sectors to improve the future health and wellbeing of our children*) with 69% of actions being completed by the end of quarter 4, and 31% outstanding.

2018/19

3.4 Performance for Diabetic Eye Screening Wales results printed within 3 weeks reduced by over 37% during the latest reporting period. This decline was as a result of equipment failure and issues in obtaining consumable stock which significantly reduced printing capacity for 19 calendar days. It is anticipated that performance against standard will improve by the next reporting period as processes have been strengthened to ensure that the service maintains an adequate stock of consumable items at all times, and any issues that have the potential to impact on service delivery are escalated immediately.

3.5 Newborn Bloodspot Screening avoidable repeat rates increased between March (3.9%) and April 2018 (5.4%), although is below levels seen at this point last year. The service continues to support Health Boards and an online film has been developed for sample takers showing the laboratory sample quality requirements and processes.

3.6 Performance against the Public Sector Payment Policy slipped slightly below the 95% target for month 1 and currently stands at 94% for all non NHS invoices paid within 30 days for April 2018.

3.7 Although agency staff expenditure decreased from £228k in March to £171k in April 2018, expenditure continues to be primarily as a result of difficulties in recruiting to key consultant microbiology posts in North Wales.

3.8 Provisional figures for Healthcare Associated Infections stabilised during the latest period, but remain above the All-Wales reduction expectation levels. The team continues to support Health Boards/ Trusts and will provide guidance around the expectations to deliver the newly set reduction expectations by the end of May 2018.

4 Wellbeing of Future Generations

4.1 Section 5 of the integrated performance report comprises an end of year update on Public Health Wales' progress and performance against the organisation's Well-being Statement and Objectives for 2017/18.

4.2 Public Health Wales published its well-being statement and objectives in March 2017 as part of its duties under the Well-being of Future Generations (WFG) Act 2015. These objectives were developed by taking a Well-being of Future Generations 'lens' to the organisation's IMTP, and each well-being objective was mapped against the contributory actions within the Operational Plan 2017/18.

4.3 Progress against our well-being objectives has been monitored by analysing the number of year one Operational Plan actions that contribute to achieving each of the well-being objectives.

4.4 Case studies have been included which provide examples of activities which contribute to achieving the well-being objectives, influencing cultural and system change whilst embedding the sustainable development principle. The Health and Sustainability Hub will continue to identify case studies to help develop an organisational narrative on progress and these will be published as part of the Public Health Wales Annual Report.

4.5 As part of the development of our new strategic plan (IMTP 2018-21), it was agreed by our Board in March 2018 that our well-being objectives must drive everything we do and become one and the same as our strategic objectives. The decision to align organisational strategic priorities and well-being objectives means that future measurement of progress and impact will be further integrated within our organisational performance monitoring processes.

Operational performance

The April 2018 performance dashboard includes updates against **40** of Public Health Wales' performance indicators (**12** indicators are red, **4** indicators are amber, **21** indicators are green and **3** indicators cannot be RAG rated).

Latest available data highlights a mixed picture of performance compared with last month. Whilst improvements have been made in some areas, there continues to be challenges to achieve or sustain agreed Public Health Wales targets and national standards across many of our services.

Key issues arising during this period

- Performance for Bowel Screening waiting time for colonoscopy has declined by over 29% between February (57%) and March 2018 (27.9%) following a period of stabilisation during the previous three months. The symptomatic service continues to be under considerable pressure and Health Boards are undertaking additional waiting list initiatives. Cancelled screening lists are continuing to be replaced with symptomatic lists in some areas. Recruitment to fill consultant posts in Health Boards continues to prove challenging, which has had an impact on the number of available endoscopy lists and bringing new candidates forward to become accredited screening colonoscopists. A meeting with Health Board Lead Screening Colonoscopists was held in April 2018 to discuss training additional Screening Colonoscopists. It was agreed that an invitation email would be sent to all WAGE (Wales Association of Gastroenterologists and Endoscopists) to gauge interest. A request from a new candidate to undertake training has been received and an assessment day is being arranged for a previous unsuccessful candidate who has undertaken mentorship sessions. Discussions are ongoing with regards to in-sourcing services to cover symptomatic and screening lists, which includes the option of using facilities in England.

- Latest figures for Breast Test Wales *assessment invitations given within 3 weeks of screen* saw a 12% decline in performance (from 91.1% in March to 78.6% in April 2018). Although performance is currently achieving internal organisational targets, the number of women in Wales invited within 21 days has now fallen below national standards, with 89 women (21.4%) experienced a delay beyond target timescales. The West Wales region saw the largest decrease in performance, from nearly 78% of women seen within 21 days last month, to just over 23% in April 2018 – a decrease of almost 55%. However, although medical staffing shortages continues to have an impact on the service, especially in the West Wales region, performance is at its second highest level for the year following a declining trend seen between October 2017 and February 2018. Clinics continue to be managed dynamically to ensure best utilisation of slots and the Cardiff centre is now performing all of the Swansea arbitration work. As performance has been sensitive to staff leave, assessment waits across regions will continue to be closely monitored to ensure that any improvements are sustained.

- Diabetic Eye Screening Wales results letters printed within 3 weeks of screen saw a significant decrease between March (93.8%) and April 2018 (56.3%), and is now below the 85% standard. The reduction in performance was predominantly as a result of equipment failure and issues in obtaining consumable stock which significantly reduced printing capacity for 19 calendar days. It is anticipated that performance against standard will improve by the next reporting period. Processes have been strengthened to ensure that the service maintains an adequate stock of consumable items at all times, and any issues that have the potential to impact on service delivery are escalated to the relevant managers immediately.

Performance dashboard – April 2018

The performance dashboard includes the latest available performance information. Further detail on specific service performance is provided within subsequent sections of this report.

Legend: >10% below target (red) | Within 10% of target (amber) | Achieving target (green) | Not applicable (white)

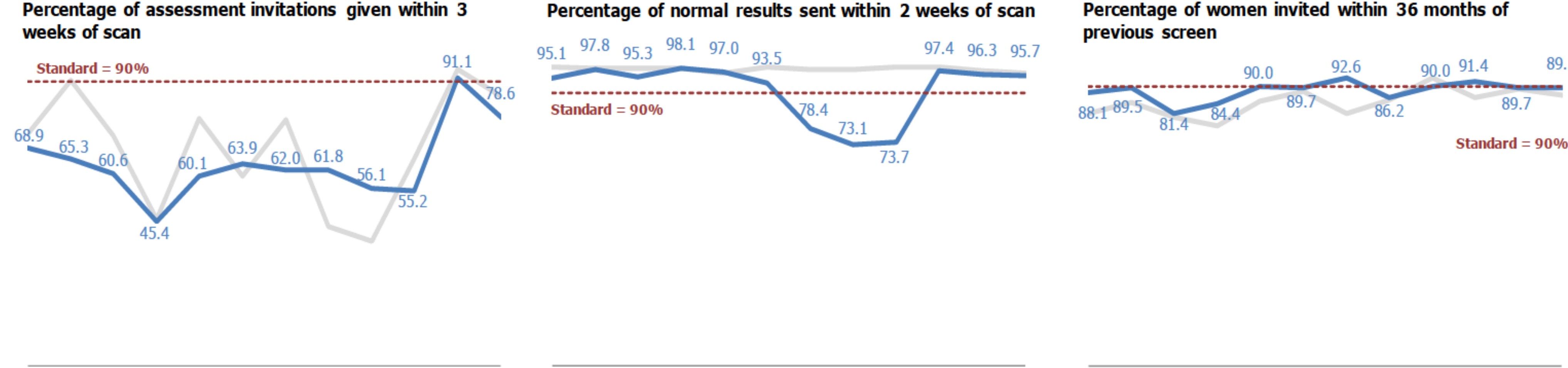
Indicator	Timeframe			
Breast Test Wales	Target[1]	Feb	Mar	Apr
Assessment invitations given within 3 weeks of screen	70%	55.2%	91.1%	78.6%
Normal results sent within 2 weeks of scan	95%	97.4%	96.3%	95.7%
% women invited within 36 months previous screen	80%	91.4%	89.7%	89.5%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	95%	97.3%	68.4%	75.2%
Coverage[2]	80%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	52%	51.7%	52.2%	52.4%
Waiting time for colonoscopy	90%	57.0%	27.9%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	91.1%	87.3%	87.5%
Medium AAA surveillance uptake	90%	88.9%	91.9%	90.9%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	90%	98.3%	98.4%	Not available
Babies completing assessment procedure (by three months of age)	85%	91.9%	88.1%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	94%	95.3%	94.3%	93.1%
Avoidable repeat rate	4%	4.5%	3.9%	5.4%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	80%	69.1%	65.9%	65.4%
Results Letters Printed Within 3 Weeks of Screen Date	85%	100.0%	93.8%	56.3%
Healthcare Associated Infections				
Clostrium difficile rate (per 100,000 population)	26	30.6	31.4	30.9
Staph aureus bacteraemia rate (per 100,000 population)	20	33.5	28.4	30.1
E. Coli bacteraemia rate (per 100,000 population)	67	63.6	74.1	73.5
Stop Smoking Wales	Monthly target	Feb	Mar	Apr
No. of clients that became a treated smokers	991	545	426	Not available
Average waiting time for an appointment in this month (days)	14	10	9	Not available

Performance dashboard – April 2018

>10% below target | Within 10% of target | Achieving target | Not applicable

National Exercise Referral Scheme	Annual Target	Q3 17/18	Q4 17/18	EOY Total
Number of 16 week consultations	6,492	2,399	2,550	9,509
Number of referrals	23,184	8,077	8,360	32,775
Number of 1st consultations	16,228	4,707	5,088	19,694
Microbiology	Target	Q2 17/18	Q3 17/18	Q4 17/18
CPA accreditation status and move to ISO 15189 (Microbiology)	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	97%	85%	97%	97%
EQA performance (Virology)	100%	99%	100%	100%
EQA performance (Specialist and reference units)	100%	99%	100%	100%
EQA performance (Food, Water and Environmental Laboratories)	98%	99%	99%	98%
Turnaround time compliance (Bacteriology)	96%	93%	95%	94%
Turnaround time compliance (Virology)	97%	97%	99%	98%
Turnaround time compliance (Molecular)	95%	99%	94%	96%
Turnaround time compliance (Specialist and reference units)	98%	98%	96%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	97%	98%	99%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	97%	Reported annually	Reported annually	Reported annually
Non-Processed Samples (%) Bacteriology	1.4%	2.2%	2.0%	2.2%
Non-Processed Samples (%) Virology	1.8%	2.5%	2.5%	3.4%
Non-Processed Samples (%) Specialist and Reference Units	0.3%	0.8%	1.1%	1.2%
Organisation	Target	Feb	Mar	Apr
Number of SUIs reported	N/A	0	0	2
SUI investigations completed within the timescales[4]	100%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	4	7	2
Written concerns/complaints responded to within target timescales[5]	100%	100%	71%	100%
% of medical staff revalidation appraisal (last 15 months)	100%	100.0%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Feb-17 to Jan -18 4.02%	Mar-17 to Feb -18 3.99%	Apr-17 to Mar -18 3.99%

1. Data reported against 2017/18 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW Service.
4. Deadlines for April SUIs reported not yet due
5. Holding letters were sent where the response timescalse of 30 working days was breached.



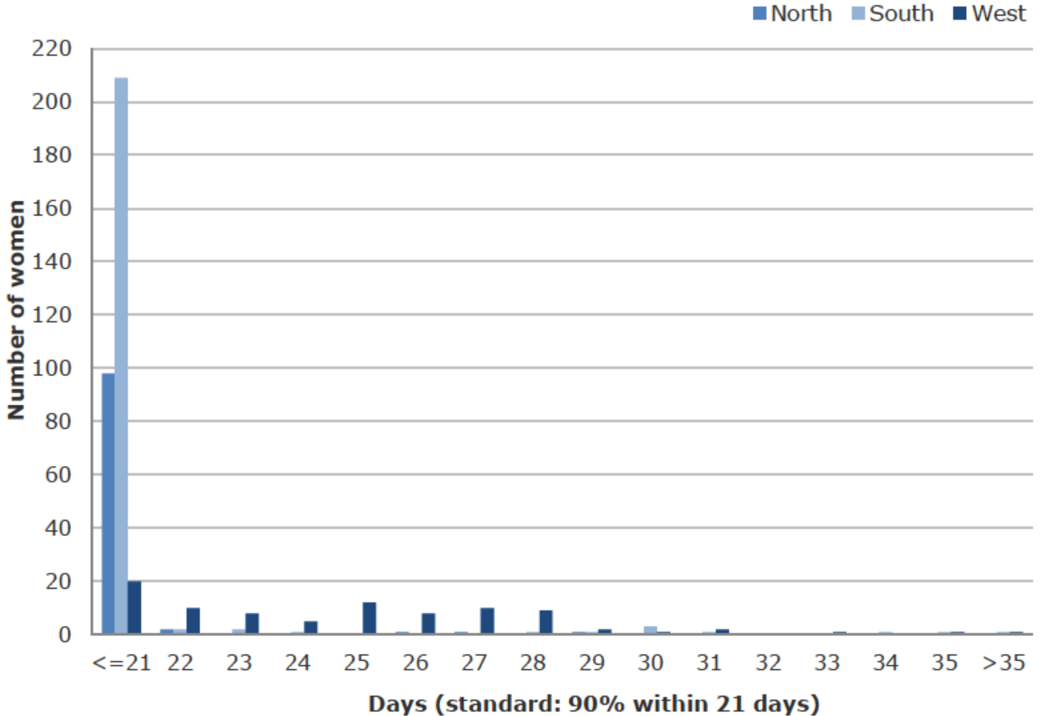
Summary of performance

- Following a significant improvement during March 2018 for the *percentage of assessments given within 3 weeks of scan*, performance has **declined** by over 12% in April 2018. Although medical staffing shortages continues to have an impact on the service, especially in the West Wales region, performance is at its second highest level for the year following a declining trend seen between October and February (further information for assessment waits by region is available on page 9).
- The *percentage of normal results sent within 2 weeks* remained **above standard** in April 2018 (95.7%). Performance over the past three months has stabilised following a decline in January 2018 (73.7%) and is now consistent with 2016/17 performance trends for the same time period.
- Performance for the *percentage of women invited within 36 months of previous scan* (round length) **slightly decreased** during the latest period (from 89.7% in March to 89.5% in April) and remains just **below the 90% standard**.

Actions to improve areas of underperformance

- Continued actions being put in place include: ongoing training and recruitment of breast clinicians, radiographers, film readers and biopsy takers in North Wales; exploring joint radiologist posts; and clinics continue to be managed dynamically to ensure best utilisation of slots.
- Cross site arbitration in place for the Swansea centre with the Cardiff centre now performing all of the Swansea arbitration work.
- Clinics continue to be managed dynamically to ensure best utilisation of slots taking into account the case mix and cancelations.

Number of days from screen to assessment appointment by region - April 2018



Summary of performance – April 2018

Following a significant improvement in performance during March 2018, the percentage of women in Wales waiting for an assessment appointment who were invited within 21 days has decreased by 12.5% (from 91.1% to 78.6%), with 89 women (21.4%) experiencing a delay beyond the 21 day target (up by 55 women).

The West Wales region saw the largest decrease in performance, from nearly 78% of women seen within target timescales last month, to just over 23% in April 2018 – a decrease of almost 55%.

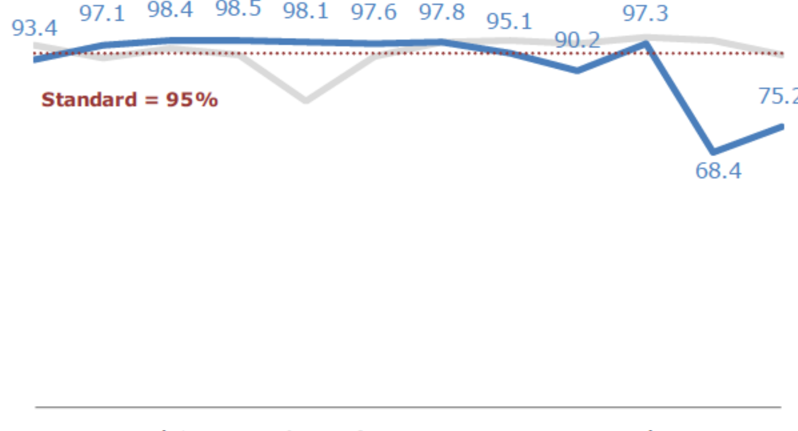
Both North and South Wales are currently meeting the standard of over 90% of women invited to an assessment appointment following their screen within 21 days.

Area	Assessment wait (days) by region				
	Total assessments	<=21	(%)	>21	(%)
North	103	98	95.1%	5	4.9%
South	223	209	93.7%	14	6.3%
West	90	20	22.2%	70	77.8%
Wales	**416**	**327**	**78.6%**	**89**	**21.4%**

Area	Number of days from screen to assessment appointment by region															
	<=21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	>35
North	98	2	0	0	0	1	1	0	1	0	0	0	0	0	0	0
South	209	2	2	1	0	0	0	1	1	3	1	0	0	1	1	1
West	20	10	8	5	12	8	10	9	2	1	2	0	1	0	1	1
Wales	**327**	**14**	**10**	**6**	**12**	**9**	**11**	**10**	**4**	**4**	**3**	**0**	**1**	**1**	**2**	**2**

Note: reported month relates to those assessed in the previous month

Cervical Screening Wales



Summary of performance

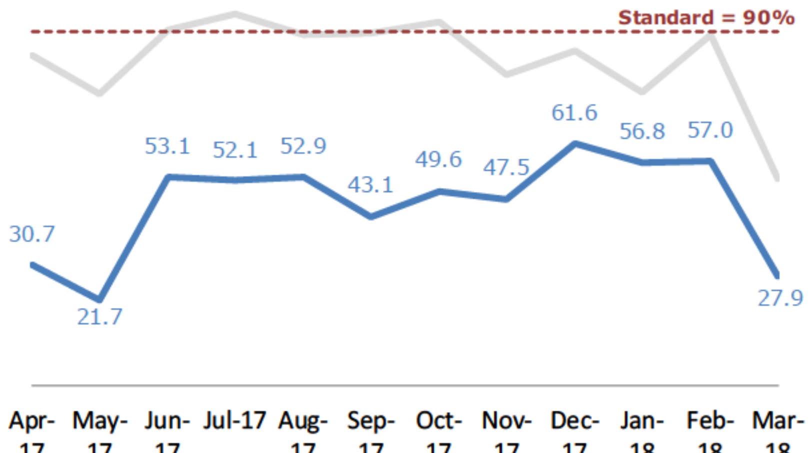
- Following a significant reduction in performance last month for *waiting times from sample being taken to screening test result being sent*, performance has **increased by nearly 7%** in April 2018 (75.2%), although remains **below standard**.
- Continued issues with turnaround times in both Magden Park and Glan Clwyd laboratories have affected performance during the last two months. Magden Park delays have been due to the department supporting an external screening review as well as trying to support Glan Clwyd laboratory. Delays in Glan Clwyd are due to staff sickness and staff training in new areas ahead of the laboratory closure.

Actions to improve areas of underperformance

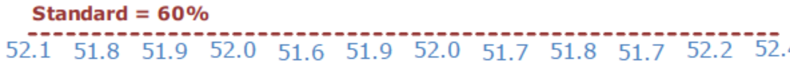
- Additional overtime being undertaken in the Magden Park laboratory, including senior staff undertaking primary screening.
- Converted 21 GP practices within the Cardiff area to HPV primary screening as part of the Programme's HPV mitigation plan. This reduces the cytology reporting burden on the Magden Park laboratory, with significant improvements in turnaround times being seen.
- Planning to convert more GP practices to HPV primary screening in the Betsi Cadwaladr University Health Board region, to mitigate for loss of screening staff in Glan Clwyd to help reduce their backlog.

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



Bowel Screening coverage



Summary of performance

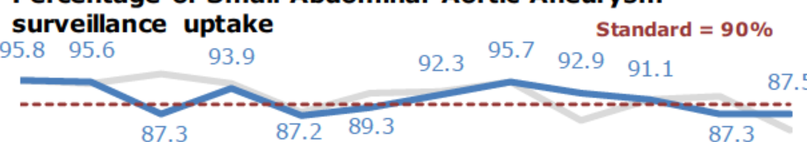
- Performance *for waiting times for colonoscopy* has **significantly decreased** between February (57%) and March 2018 (27.9%), a drop of over 29%, and remains **below standard**. Performance during 2017/18 has been consistently lower (36.8% on average) than the previous year; this is mainly due to fewer accredited screening colonoscopists being in the Programme compared to last year.
- Latest figures for *Bowel Screening coverage* continues to show little variation at 52.4% for April 2018, and has remained static throughout the year. Although remaining **below standard**, performance is now at its highest level in over three 3 years.

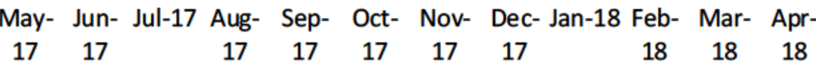
Actions to improve areas of underperformance

- A meeting with Health Board Lead Screening Colonoscopists was held in April 2018 to discuss training additional Screening Colonoscopists. It was agreed that an invitation email would be sent to all WAGE (Wales Association of Gastroenterologists and Endoscopists) to gauge interest.
- A request from a new candidate to undertake training has been received and an assessment day is being arranged for a previous unsuccessful candidate who has undertaken mentorship sessions.
- Meetings with Health Boards to discuss performance are ongoing with a focus on availability of accredited screening colonoscopists, estate issues and specialist screening practitioners.
- Discussions are ongoing in relation to the option to in-source services to cover symptomatic and screening lists (including from England). The option of using facilities in England for participants has also been discussed.
- The 'Be Clear on Cancer' campaign that was run with Cancer Research UK yielded a significant increase in returned test kits. Further quantitative analysis of the effectiveness of the campaign will be undertaken in July 2018.

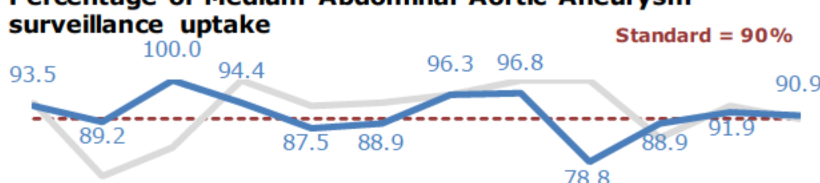
Abdominal Aortic Aneurysm

Percentage of Small Abdominal Aortic Aneurysm surveillance uptake





Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake



May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Summary of performance

- Latest figures for the *percentage of small abdominal aortic aneurysm surveillance uptake* saw a slight increase from 87.3% in March to 87.5% in April 2018. Performance remains **below standard** and continues to be related to a small number of individual cases, which are being addressed by the service as appropriate.
- Performance for the *percentage of medium abdominal aortic aneurysm surveillance uptake* has seen a **1% decrease** during the latest period and currently stands at 90.9% for April 2018. Uptake levels have **exceeded the 90% standard** over the last two months.

Actions to improve areas of underperformance

- Regional Coordinators continue to be informed of any participants missing surveillance appointments. Contact is made as soon as possible if an appropriate appointment cannot be arranged.
- Improve ceased codes to ensure that discharged men are not counted in monthly data.

Newborn Hearing Screening

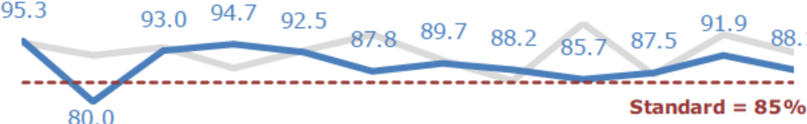
Percentage of well babies who complete screening within 4 weeks

98.3 98.3 98.9 98.3 98.4 98.6 98.3 98.5 97.1 98.8 98.3 98.4

Standard = 90%

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18

Percentage of babies completing the assessment procedure by 3 months of age



Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18

*Adjustment made to reporting month to align with processing arrangements of all Trust level Newborn Hearing Screening indicators

Summary of performance

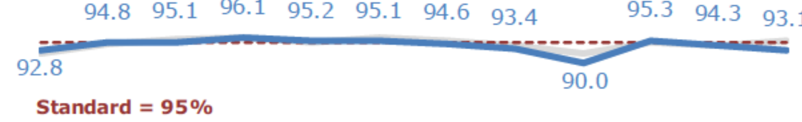
- *Percentage of babies who complete programme within 4 weeks* continues to show a stable trend in performance over the year, with latest data for March 2018 **exceeding standard** at 98.4%. Performance is consistent with figures seen during the previous year.
- Although the *percentage of babies completing the assessment procedure* saw a **slight decline** between February (91.9%) and March 2018 (88.1%), performance remains **above national standards** and has done so for the majority of the year.

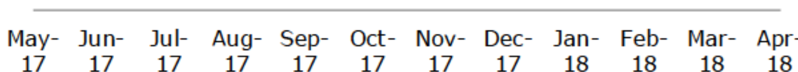
Actions to improve areas of underperformance

- N/A

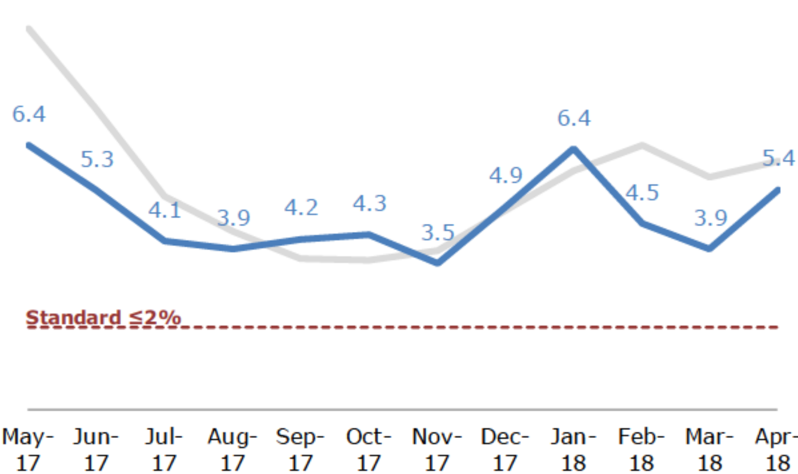
Newborn Bloodspot Screening

Newborn bloodspot screening coverage





Newborn bloodspot screening avoidable repeat rate



Summary of performance

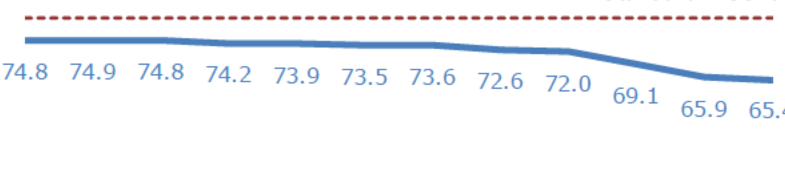
- Following a recovery in February 2018 to 95.3%, newborn bloodspot screening *coverage* **declined by 2.2%** over the following two months and now stands at 93.1% for March 2018. Performance remains **below standard**, although is consistent with year-on-year trends.
- Latest data for *avoidable repeat rates* saw a **decrease** in performance with repeat rates increasing over the latest period (from 3.9% in March to 5.4% in April 2018). Although avoidable repeats continue to **fall short of achieving standard**, the sustained reduction in rates compared to last year remains a focus for the programme.

Actions to improve areas of underperformance

- An online film has been developed by the service for sample takers showing the laboratory sample quality requirements and processes.
- Governance leads meet with the service on a bi-monthly basis to discuss performance issues and action plans are developed by Health Board leads.
- Monthly reports of poor quality and problem samples sent to governance leads and Heads of Midwifery.
- The service continues to work with laboratories to identify and follow up sample quality issues and is rolling out sample quality training sessions for Health Boards.
- Newly redesigned bloodspot cards have been distributed since April 2018 with the aim of minimising risk of using expired cards.

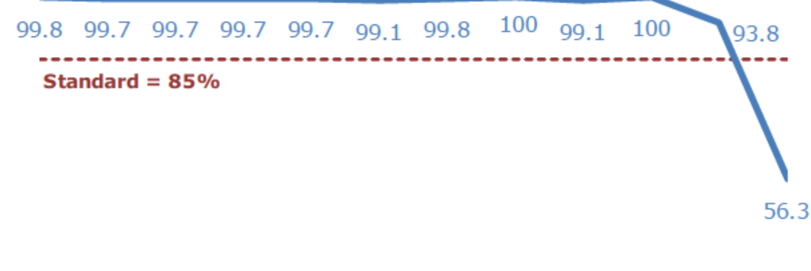
Diabetic Eye Screening Wales

Coverage-Reported Result in the Last 12 Months



May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Results Letters Printed Within 3 Weeks of Screen Date



May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Summary of performance

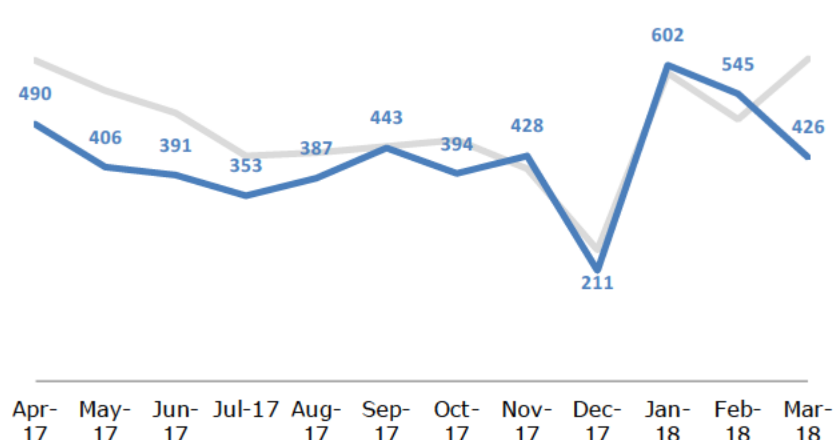
- Performance for Diabetic Eye Screening *Coverage* **slightly reduced** during the latest period (from 65.9% in March to 65.4% in April 2018), and is **below national standards**. Reduced clinic capacity, the introduction of a failsafe process, and annual increases in cohorts eligible for screening (4.6% year-on-year) have contributed to the decline in coverage.
- Latest figures for *results letters printed within 3 weeks of screen* has seen a **significant decrease** between March (93.8%) and April 2018 (56.3%), and is now **below the 85% standard**. The reduction in performance was predominantly as a result of equipment failure and issues in obtaining consumable stock which significantly reduced printing capacity for 19 calendar days. It is anticipated that performance against standard will improve by the next reporting period.

Actions to improve areas of underperformance

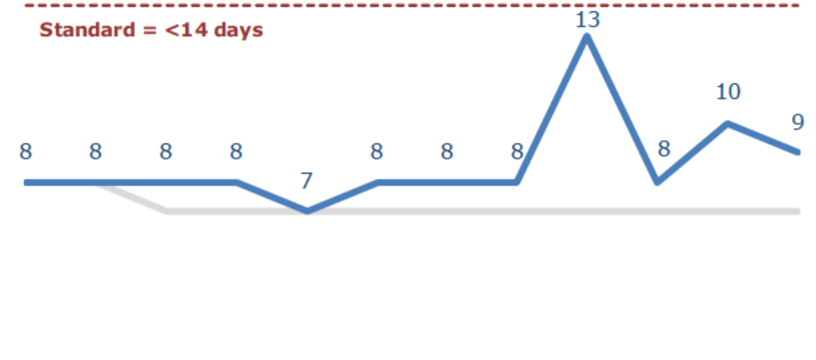
- Processes have been strengthened to ensure that the service maintains an adequate stock of consumable items at all times, and any issues that have the potential to impact on service delivery are escalated to the relevant managers immediately.
- A Robust demand and capacity analysis is planned to review population need compared with geographical provision and service capacity.
- Additional screening venue identified in the Wrexham area to increase capacity, and work continues to establish a replacement dedicated screening on the Maelor hospital site to address the longest waiting times for patients.
- Investment bid for funding to expand service user engagement activity, with a particular focus on persistent non-attenders.

Stop Smoking Wales

All-Wales monthly number of clients that became a treated smoker



Average waiting time for an appointment in this month (days)



*Monthly target for March 2018 (991 clients) changes cumulatively each quarter

Summary of performance

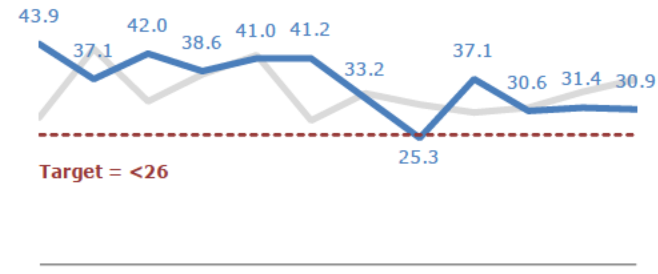
- Following the increase in the *number of clients that became a treated smoker* seen between December 2017 (211 clients) and January 2018 (602 clients), performance **reduced** for the second consecutive month and currently stands at 426 clients for April 2018. Performance remains **below target** levels (911 clients), and in line with expectations of the service, year-on-year comparisons show a slight decline in the number of treated smokers.
- The *average waiting time for an appointment* reduced between February (10 days) and April 2018 (9 days), and **remains within target** for the service (14 days). Waiting times during 2017/18 have generally been slightly higher than those seen last year.

Actions to improve areas of underperformance

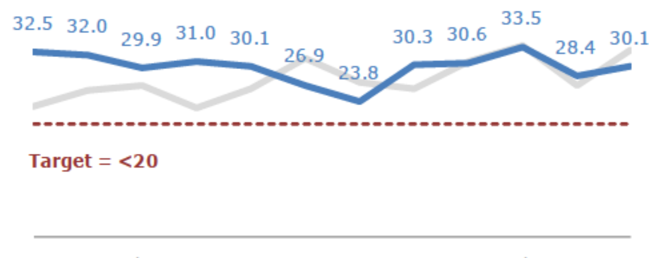
- Help Me Quit television advertisements targeting lower social grades (with higher smoking prevalence) on ITV and S4C, and on-demand services.
- Increased engagement with community partners to promote the service.
- Collaborative working in several Health Board areas with pharmace leads to understand service provision and to build relationships.
- Increased offer of telephone support including more evening appointments.
- Trageted activity in primary care in several areas of Betsi Cadwaladr University Health Board to increase referrals.

Healthcare Associated Infections

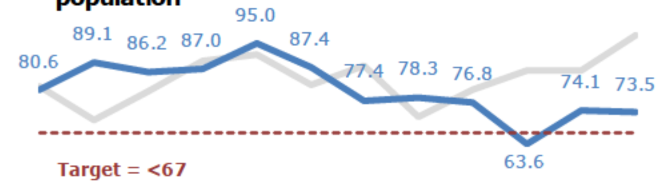
All-Wales clostridium difficile rate per 100,000 population



All-Wales staph aureus rate per 100,000 population



All-Wales E. coli bacteraemia rate per 100,000 population



Summary of performance

- Provisional data for All-Wales Healthcare Associated Infections show little variation in performance during the latest reporting period.
- *C.difficile* rates **decreased slightly** between March (31.4 per 100,000) and April 2018 (30.9 per 100,000), with performance remaining relatively stable over the past three months.
- Following a decline in *Staph aureus* rates between February (33.5 per 100,000) and March 2018 (28.4 per 100,000), latest available data for April 2018 show a **small increase** in rates to 30.1 per 100,000.
- Performance has **stabilised** for *E. Coli bacteraemia* in April 2018 (73.5 per 100,000) following an increase in rates between February and March 2018 (from 63.6 to 74.1 per 100,000).
- Provisional figures for April suggest that all HCAI indicators are falling short of achieving national reduction expectations for Wales.

Actions to improve areas of underperformance

- Following the release of reduction expectations for 2018/19 by Welsh Government, the team will issue guidance to all Health Boards/ Trusts by the end of May 2018 on expectations to deliver newly set reduction expectations, and the support provided by the team to the NHS in Wales.
- Surveillance data for the new financial year will be circulated to Health Boards/ Trusts from June 2018, with work being undertaken to transfer the system to use ICNet. *Klebsiella spp.* and *Pseudomonas aeruginosa* bacteraemia will be added to the new dashboard.
- National Infection Control Manual was launched in April 2018 and has been endorsed by the Chief Nursing Officer for Wales.
- Based on surveillance data, support being provided to Abertawe Bro Morgannwg and Hywel Dda University Health Boards.

Appendix 1 - Diabetic Eye Screening Wales Screening Performance Indicators

1. Introduction

The purpose of this paper is to provide an overview of the new Diabetic Eye Screening Wales (DESW) performance indicators, which are included in Screening Performance Activity Reports (SPARs) from April 2018.

The indicators have been developed based on UK standards but adapted to reflect the Welsh service model and ensure commonality of data definitions across other PHW screening programmes, as appropriate.

Details of the indicators reported at corporate level are set out in section 3, including the context for their selection and interpretation. Additional indicators to be reported at programme level are included in section 4.

The Board is asked to **approve** the recommendations proposed in this paper.

2. Background

Diabetic Eye Screening Wales has been an established national screening programme since 2006, and transferred to PHW from Cardiff and Vale UHB in April 2016. Prior to this transition, DESW (previously the Diabetic Retinopathy Screening Service for Wales) did not utilise performance standards, but did publish high level activity figures on an annual basis.

During 2016/17, the Screening Division undertook a review of its performance management framework for all Screening Programmes. The revised indicators were agreed by the Screening Division Senior Management Team, Public Health Services Leadership Team and Welsh Government. These performance indicators were agreed by the Executive Team in May 2017, and immediately implemented for the other Programmes. Work has continued throughout 2017/18 via the DESW Programme Board to develop the robust reporting mechanisms required to ensure the accuracy and validity of SPAR data and confirm the final suite of standards for inclusion in the corporate report.

It should be noted that development of the SPAR indicators will allow the service for the first time to clearly assess current performance in a number of key areas, and support the development of service plans to tackle areas of improvement.

3. DESW Corporate indicators

The following tables detail the performance indicators that will be reported at corporate level. Additionally, programme specific indicators have been outlined in section 4.

<table>
<tr><th>Indicator</th><th>Name</th><th>Standard</th></tr>
<tr><td>DESW-001A</td><td>Coverage - % of a defined cohort of eligible active patients who have a reported result in the last 12 months</td><td>>=80%</td></tr>
<tr><td colspan="3">The cohort of patients included in this standard are all on a routine or Digital Surveillance recall pathway and all new patients. Patients who have opted out of the service, are medically unfit, have no light perception or have requested temporary postponement of their appointments are excluded.</td></tr>
</table>

Achievement of this standard is impacted by the annual increase in the DESW eligible screening cohort through the growth of people with diabetes in Wales. Of particular significance are the operational challenges of balancing venue availability, geographical demand and staff capacity to deliver the service in a way that supports appointment timeliness and encourages patient attendance. In recognition of the lifelong nature of DESW provision (patients are screened from 12 onwards), the importance of building a trusted relationship between the service and our service users cannot be underemphasised when considering this standard.

DESW-003	New Registrations Appointed: % of eligible patients newly registered with DESW are offered a screening appointment within 90 days	>=80%

In most cases, DESW receives referrals at the point that individuals are diagnosed with diabetes. As the risk of retinopathy increases with the length of time an individual has been diabetic, and patients may have had diabetes for a considerable period of time prior to their diagnosis, a swift screening appointment is an important factor to support early identification of the disease. New patient appointments are a prioritised category for clinic booking.

Children under 12 are frequently referred to DESW at the point of their diagnosis. These children become eligible on their 12th birthday, and are classed as new registrations from this date.

The operational challenges faced by the service in delivering this standard predominantly relate to ensuring regular clinic delivery in areas where access to venues is poor, or where clinics are underutilised as there are insufficient numbers of people with diabetes due for recall in the local area.

Within this standard, the offered appointment date should fall within the 90 day period.

DESW-004A	12 Month Recall: % of patients offered 12 month recall appointment	>=95%

12 month recall is also referred to as routine recall within DESW with around 95% of patients on this service pathway. The operational challenges detailed in DESW-003 similarly apply to this standard, as does the impact of the annual growth in the diabetic population.

DESW-009	Results Letters Printed: % of results letters printed within three weeks of the screen date	>=85%

This indicator supports monitoring of the effectiveness and efficiency across the patient pathway within DESW. In order to be achieved; screeners must accurately record patient demographics and capture a high quality image, the grading team must produce a final grade outcome, including arbitration for queried or complex images, and the administration team must fulfil print and postal requirements on a daily basis.

This standard includes the production of patient results letters only, rather than the results letters that are sent to GPs and Diabetologists as standard.

DESW-011	Referrals to Hospital Eye Services Other Within 3 Weeks of Screen Date	>=90%

This standard assesses timeliness of referral to Hospital Eye Services for all routine eye grades. The underpinning principle is the rapid turn-round of all screening results and an effective handover of care to Hospital Eye Service, which forms the boundary for the screening service.

Screening photographers undertake an initial triage of images at the point of capture, which supports the grading team to prioritise their work. Grading is subject to a 10% quality assurance mechanism plus secondary / tertiary arbitration for complex or referable images.

4. All DESW Indicators

At a Programme level, performance against all standards is considered for a rolling 12 months, against the 3 screening regions across Wales (South, West, North) and a pan Wales position.

Indicator	Name	Standard	Programme Level	Corporate Level
DESW-001A	Coverage-Reported Result in the Last 12 Months	>=80%	Yes	Yes
DESW-001B	Coverage-Reported Result in the Last 15 Months	>=80%	Yes	No
DESW-001C	Coverage-Reported Result in the Last 18 Months	>=80%	Yes	No
DESW-002	Uptake	>=80%	Yes	No
DESW-003	Newly Registered Patients Offered an Appointment Within 90 days	>=80%	Yes	Yes
DESW-004A	12 Month Recall	>=95%	Yes	Yes
DESW-004B	18 Month Recall	>=95%	Yes	No
DESW-005A	Digital Surveillance Recall	>=95%	Yes	No
DESW-005B	Digital Surveillance Recall 3 Months	>=95%	Yes	No
DESW-005C	Digital Surveillance Recall 6 Months	>=95%	Yes	No
DESW-006	Digital Surveillance Uptake	>=80%	Yes	No
DESW-007	Grading Inadequate	<=3%	Yes	No
DESW-008	Grading Outcomes (Inadequate due to Technical Issues)	<=1%	Yes	No
DESW-009	Results Letters Printed Within 3 Weeks of Screen Date	>=85%	Yes	Yes
DESW-010	Referrals to Hospital Eye Services (R3A) Within 2 Weeks of Screen Date	>=95%	Yes	No
DESW-011	Referrals to Hospital Eye Services Other Within 3 Weeks of Screen Date	>=90%	Yes	Yes

5. Recommendation

The Board is asked to **approve** the recommendations proposed in this paper.

Appendix 2 – Full Performance Dashboard

Key	Meaning
Red	>10% below target
Amber	Within 10% of target
Green	Achieving target
White	Not applicable

Indicator	Timeframe			
Breast Test Wales	Target[1]	Feb	Mar	Apr
Assessment invitations given within 3 weeks of screen	70%	55.2%	91.1%	78.6%
Normal results sent within 2 weeks of scan	95%	97.4%	96.3%	95.7%
% women invited within 36 months previous screen	80%	91.4%	89.7%	89.5%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	95%	97.3%	68.4%	75.2%
Coverage[2]	80%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	52%	51.7%	52.2%	52.4%
Waiting time for colonoscopy	90%	57.0%	27.9%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	91.1%	87.3%	87.5%
Medium AAA surveillance uptake	90%	88.9%	91.9%	90.9%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	90%	98.3%	98.4%	Not available
Babies completing assessment procedure (by three months of age)	85%	91.9%	88.1%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	94%	95.3%	94.3%	93.1%
Avoidable repeat rate	4%	4.5%	3.9%	5.4%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	80%	69.1%	65.9%	65.4%
Results Letters Printed Within 3 Weeks of Screen Date	85%	100.0%	93.8%	56.3%
Vaccination and Immunisation				
Influenza vaccination uptake among the over 65s	75%	at 06 Feb 2018 68.5%	at 06 Mar 2018 68.8%	at 03 Apr 2018 68.8%
Influenza vaccination uptake among the under 65s in high risk groups	55%	48.0%	48.5%	48.5%
Influenza vaccination uptake among pregnant women	Not available	12,780	13,591	13,922
Influenza vaccination uptake among healthcare workers	60%	53.9%	56.7%	56.9%
Percentage of children who received 3 doses of the '5 in 1' vaccine by age 1	95%	Q3 17/18 95.9%	Q3 17/18 95.9%	Q4 17/18 95.8%
Percentage of children who received two doses of the MMR vaccine by age 5	95%	90.5%	90.5%	89.9%

Appendix 2 – Full Performance Dashboard

>10% below target | Within 10% of target | Achieving target | Not applicable

Healthcare Associated Infections				
Clostrium difficile rate (per 100,000 population)	26	30.6	31.4	30.9
Staph aureus bacteraemia rate (per 100,000 population)	20	33.5	28.4	30.1
E. Coli bacteraemia rate (per 100,000 population)	67	63.6	74.1	73.5
Stop Smoking Wales	Monthly target	Feb	Mar	Apr
No. of clients that became a treated smokers	991	545	426	Not available
Average waiting time for an appointment in this month (days)	14	10	9	Not available
% smoking population treated by Stop Smoking Wales	Q4 17/18 1.4%	Q2 17/18 0.27%	Q3 17/18 0.52%	Q4 17/18 0.74%
% of treated smokers who are carbon monoxide validated as successful	40%	49.1%	47.4%	44.0%
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	84.8%	75.0%	73.0%
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	61.4%	62.9%	60.4%
Smoking Prevention Programme[4]	Annual Target	Q3 17/18	Q4 17/18	EOY Total
Number of secondary schools targeted	62	16	27	57
Welsh Network of Healthy School				
Schools achieving level 1 - 5 award	180	36	35	235
Schools undertaking National Quality Award	35	2	7	35
Healthy Working Wales[5]				
Organisations completing a CHS mock assessment	20	8	7	26
Private sector organisations completing a mock assessment	5	7	3	15
Organisations completing a full assessment	20	14	12	38
Private sector organisations completing a full assessment	5	7	5	15
Organisations achieving a Small Workplace Health Award	80	13	17	60
Number of Workboost interventions delivered	360	74	9	179
National Exercise Referral Scheme	Annual Target	Q3 17/18	Q4 17/18	EOY Total
Number of 16 week consultations	6,492	2,399	2,550	9,509
Number of referrals	23,184	8,077	8,360	32,775
Number of 1st consultations	16,228	4,707	5,088	19,694

Appendix 2 – Full Performance Dashboard

>10% below target | Within 10% of target | Achieving target | Not applicable

Microbiology	Target	Q2 17/18	Q3 17/18	Q4 17/18
CPA accreditation status and move to ISO 15189 (Microbiology)	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	97%	85%	97%	97%
EQA performance (Virology)	100%	99%	100%	100%
EQA performance (Specialist and reference units)	100%	99%	100%	100%
EQA performance (Food, Water and Environmental Laboratories)	98%	99%	99%	98%
Turnaround time compliance (Bacteriology)	96%	93%	95%	94%
Turnaround time compliance (Virology)	97%	97%	99%	98%
Turnaround time compliance (Molecular)	95%	99%	94%	96%
Turnaround time compliance (Specialist and reference units)	98%	98%	96%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	97%	98%	99%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	97%	Reported annually	Reported annually	Reported annually
Non-Processed Samples (%) Bacteriology	1.4%	2.2%	2.0%	2.2%
Non-Processed Samples (%) Virology	1.8%	2.5%	2.5%	3.4%
Non-Processed Samples (%) Specialist and Reference Units	0.3%	0.8%	1.1%	1.2%
Organisation	Target	Feb	Mar	Apr
Number of SUIs reported	N/A	0	0	2
SUI investigations completed within the timescales[4]	100%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	4	7	2
Written concerns/complaints responded to within target timescales[5]	100%	100%	71%	100%
% of medical staff revalidation appraisal (last 15 months)	100%	100.0%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Feb-17 to Jan -18 4.02%	Mar-17 to Feb -18 3.99%	Apr-17 to Mar -18 3.99%

1. Data reported against 2017/18 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW Service.
4. No secondary schools were targeted as part of the Smoking Prevention Programme in Quarter 2 as the period predominantly covers the school holidays.
5. Public Health Wales is in dialogue with Welsh Government to agree performance targets.
6. Deadlines for April SUIs reported not yet due
7. Holding letters were sent where the response timescalse of 30 working days was breached.

Operational Plan Quarter 4 Performance

Key issues arising during this period

- Good progress has continued against the operational plan, with 82% of the actions (267 actions) being completed within timescales.
- Of the 57 actions (18%) which have not been completed, 7 of these were actions from the previous reporting year (2016/17), which will now be rolled forward again to the next reporting year (2018/19).
- Most progress has been made against priorities 3 (Developing and supporting primary and community care services to improve the public's health) and 5 (Influencing policy to protect and improve health and reduce inequalities), with 96% and 100% of actions completed within the timescale.
- Conversely, there has been less progress made on the actions supporting strategic priority 2 (working across sectors to improve the future health and wellbeing of our children) with 69% of actions being completed by the end of quarter 4, and 31% outstanding.
- Policy, Research and International Development have made particularly good progress against the operational plan, with 100% of all actions being completed or on target to be completed within timescale.

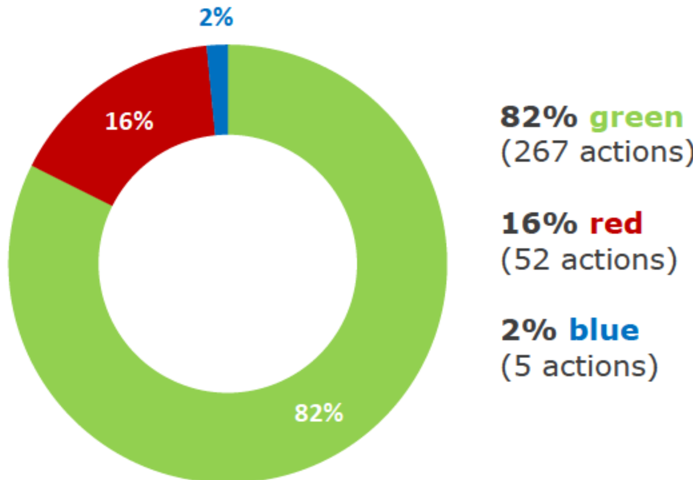
2017/18 Strategic Priorities

1	Working collaboratively and providing **system leadership** to improve our population's health
2	Working across sectors to improve the **future health and wellbeing of our children**
3	Developing and supporting **primary and community care services** to improve the public's health
4	**Supporting the NHS** to improve outcomes for people using services
5	**Influencing policy** to protect and improve health and reduce inequalities
6	**Protecting the public** and continuously **improving the quality, safety and effectiveness of the services** we deliver

Operational Plan Quarter 4 Performance

The following charts summarise the progress against the operational plan actions at the end of quarter 4 2017/18.

Figure 1: Overall progress across all plans



82% green (267 actions)

16% red (52 actions)

2% blue (5 actions)

Figure 3: Progress against Strategic Priorities

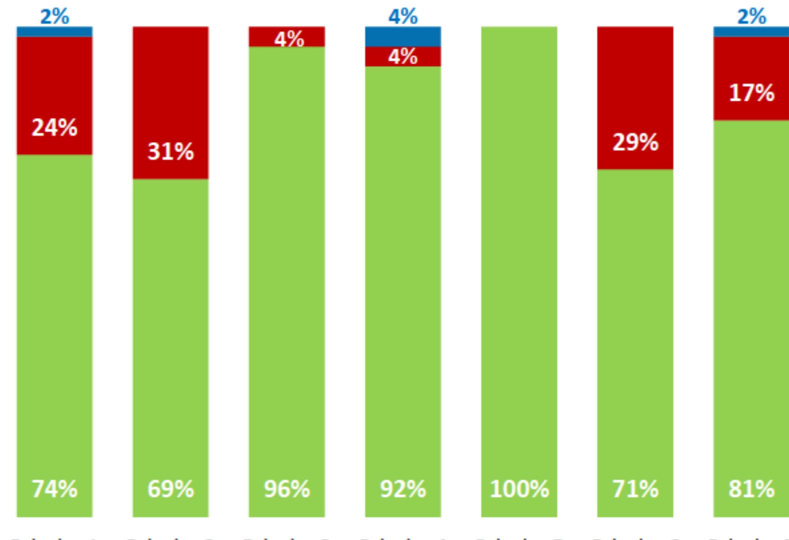
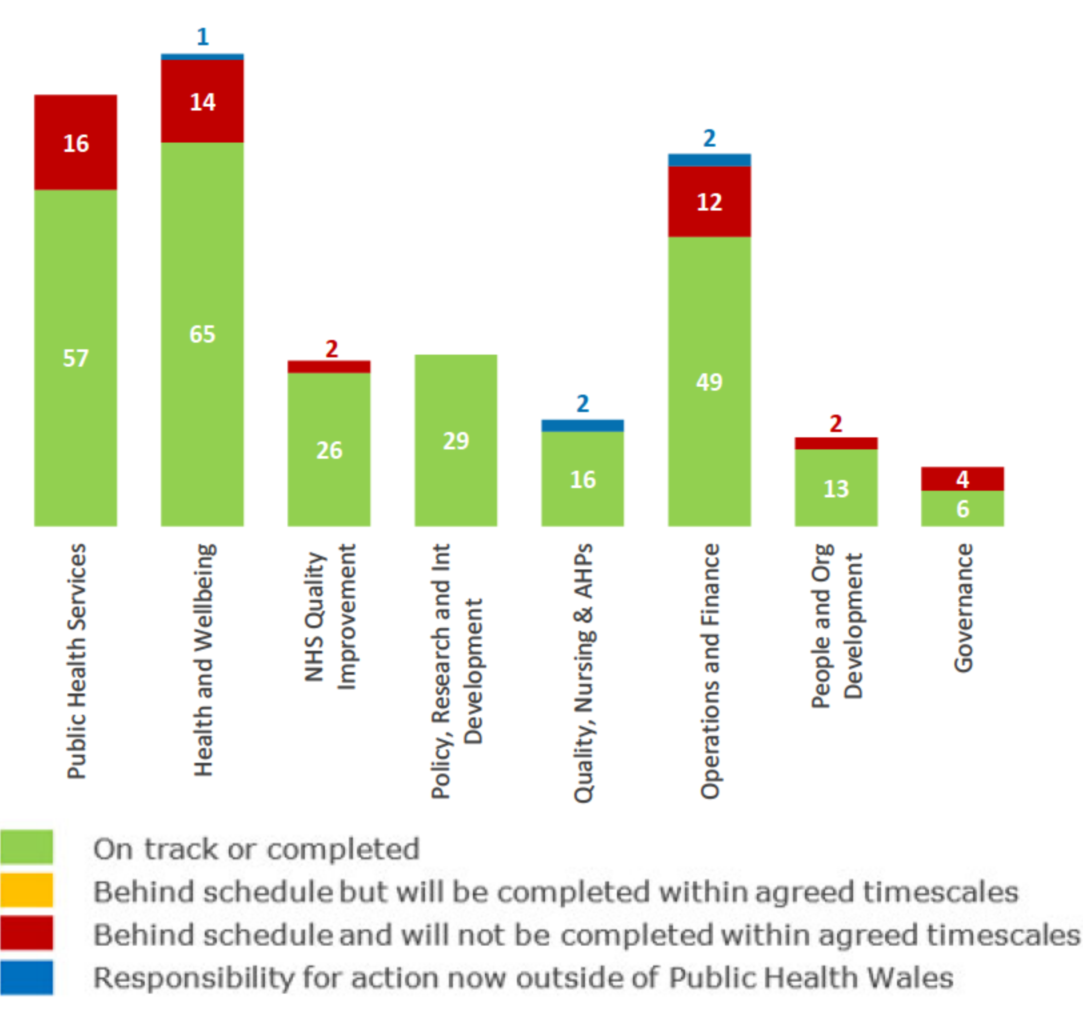


Figure 2: Progress by Directorate



Operational Plan Quarter 4 Performance

Total number of actions	324	Total number of actions not yet complete	52

Directorate	Completed	Not complete	Total
Public Health Services	57	16	74
Health and Wellbeing	65	15	80
NHS Quality Improvement	26	2	28
Policy, Research and Int. Development	29	0	29
Quality, Nursing & AHPs	16	2	18
Operations and Finance	49	14*	63
People and Org Development	13	2	15
Governance	6	4	10
ACEs	6	2	8
Grand Total	**267**	**57**	**324**

*2 red actions now reassigned, see exception reports for more detail

Total actions rolled over from 2016/17		Actions rolled over from 2016/17 which have been completed	Actions not completed from 2016/17 and will roll into 2018/19
Governance	2	2	0
Health and Well-Being	4	3	1
Operations and Finance	9	8	1
People and OD	4	3	1
Public Health Services	6	2	4
Total	**25**	**18**	**7**

Operational Plan Exception Reports

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
HWB/ 77	Primary & Community Integration	Make links between oral health improvement and other health improvement work in clusters				✓	**Cause:** Clusters responsible for identifying respective local priorities and developing cluster action plans, informed by local needs assessment **Impact:** Oral health improvement activity continuing and addressed under other actions **Next steps:** Review through cluster planning/IMTP for 18/19 and divisional/directorate/LPHT level action - is this now represented in the new IMTP/ product flows? **Timescales:** Subject to needs identified through cluster planning/IMTP, review in Q4. Need to see LHB IMTPs to identify whether connections have been made
O&F/ 05	Communications	Evaluate the new corporate website, including auditing traffic to the site from the public and stakeholder groups				✓	**Cause:** Delay to development of new website as reflected in O&F/41 as a Content Management System Project Board is being established by the National Programme Board, therefore evaluation cannot take place. **Impact:** None noted until the new website has been established **Next steps:** Propose to remove this action as delay to development of website into next year negates need for evaluation at this stage. **Timescales:** Dependent on O&F/41
GOV/ 01	Governance	Conduct a holistic review of our governance arrangements		✓			**Cause:** Following further consideration, it has been determined that this action underpins many of the other specific governance actions in the operational plan, particularly the development of a best practice corporate governance model. **Impact:** A review with the Director of Quality, Nursing and Allied Health Professionals (QNAHP) and her team is ongoing. **Next steps:** Continue to progress other governance actions. **Timescales:** N/A

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
HWB/ 09	Health Improvement	Implement a revised pre-school settings scheme				✓	**Cause:** Due to staff sickness absence and subsequent retirement of the post-holder responsible, this work has not progressed as anticipated during 2017/18. **Impact:** A revised pre-school settings scheme has not been implemented. Pre-school settings are therefore delivering according to the criteria established in 2016. **Next Steps:** A new Head of Settings role will hopefully be in a position to take forward this piece of work in 2018/19 subject to the wider team being fully staffed Link to SO4.4. **Timescales:** as IMTP
HWB/ 13	Health Improvement	Implement a revised Health and Work Programme building on the existing Healthy Working Wales Programme				✓	**Cause:** The team has experienced significant staff shortages during the year and while some progress has been made, the scale of change and the number of factors to address whilst simultaneously delivering the current programme has required more time than anticipated at the beginning of the year. **Impact:** This delay should not impact the development of new service model and associated change process in 2018/19. Following the workshop involving key stakeholders including Welsh Government, a logic model for the development of the revised programme has been prepared, forming the basis of an implementation plan for the revised programme. Discussions have been advanced with Welsh Government following that workshop. **Next Steps**: A Project Initiation Document will be produced for discussion with Welsh Government. Link to SO1.2. **Timescales:** The Project Initiation Document will be shared with Welsh Government early in Q1 of 2018/19
HWB/ 16	Health Improvement	Implement the recommendations of the review of the National Exercise Referral Scheme				✓	**Cause:** Delay in gaining access to NERS data has prevented analysis of activity, essential to inform the implementation of the review recommendations. **Impact:** PHW now have access to the data following a joint data ownership agreement and a secure data transfer process. However, due to the delay in accessing the data, analysis will not commence until Q1 2018/19. **Next Steps:** Consultant capacity identified in Q3 will lead the analysis of the data and prioritise recommendations for implementation during

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							2018/19. Links to SO6.1 **Timescales:** Progress has been made in Q4 to gain access to the data, however delays will extend this work into Q1 2018/19 this may also be affected by loss of Consultant capacity.
HWB/ 26	Health Improvement	Implement agreed action to promote physical activity in Wales in conjunction with Sport Wales and Welsh Government				✓	**Cause**: The Ministerial announcement, development of the Obesity Prevention and Reduction Strategy and the emphasis placed on Physical Activity in Prosperity for All required a stocktake of existing work and plans and there has been a delay in bringing the organisations together to agree a way forward. Reduced capacity in the Physical Activity programme has also had an impact on progress. **Impact:** Joint action plan likely to be agreed by all parties by the end of Q4. Agree and implement with Sport Wales and Natural Resources Wales the first phase of a joint programme of work to promote a more active Wales. **Next Steps:** Agree and implement with Sport Wales and Natural Resources Wales the first phase of a joint programme of work to promote a more active Wales. Move to new strategic objective Agree and implement with Sport Wales and Natural Resources Wales the first phase of a joint programme of work to promote a more active Wales. Links to SO3.5 **Timescales:** Joint actions to be agreed by the end of Quarter 4 2017/18
HWB/ 29	Health Improvement	Develop a programme to reduce the uptake of new psychoactive substances			✓		**Cause**: Impact of other priorities on consultant workload caused original delay in scoping the programme earlier in year. Review at Senior Leadership Team of substance misuse meant it was not appropriate to move forward with this specific objective and work was paused pending outcome of the review. **Impact:** Delay in commencement of the programme. **Next steps:** Cross organisational mechanism to establish collaborative programme for substance misuse is in development and has been included within the IMTP. This objective will be incorporated into this work. Links to SO3.7 **Timescales**: Q2 2018/19
HWB/ 36	Health Improvement	Secure agreement with partner agencies and organisations on priority			✓		**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		areas for health promotion information to avoid duplication and ensure consistency of messages					problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 37	Health Improvement	Agree with Welsh Government a future approach to the development, production and dissemination of printed health improvement literature			✓		**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 38	Health Improvement	Work with local information services and local libraries to develop a system for health information provision in local communities				✓	**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 39	Health Improvement	Develop a revised approach to the provision of health information for parents in the Early Years			✓		**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							Impact: Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 41	Health Improvement	Develop options for quality assurance of health information with partner agencies			✓		**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 45	Health Improvement	Disseminate First 1000 Days evidence briefings in at least three outcome areas				✓	**Cause:** The timelines for this programme of work were reviewed following completion of the scoping phase. This identified the significant complexity of the topics under review, and the additional time required for completion. Identification of the Association and Risk factors for Programme Outcomes 2 and 3 has now been finalised; work is in hand to prioritise the data and create information products for dissemination. It was decided that work on an evidence review for Outcome 1 should be postponed until the reviews of outcome 2 and 3 are complete **Impact:** The evidence-based priorities for action are not yet published for the Programme outcomes. **Next steps:** The basis for selection and prioritisation of factors underpinning Outcomes 2 and 3 will be agreed with the F1000D Technical Support Group. Links to SO4.3 **Timescales:** Information products for Outcomes 2 and 3 will be produced in Q1 and published in Q2. The Association and Risk Review for Outcome 1 will be commissioned in Q1.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
HWB/ 46	Health Improvement	Establish and agree an evaluation programme for the First 1000 Days Programme			✓		**Cause:** During the financial year, a number of opportunities to influence national early year's priorities and policy have presented themselves, including engagement with the Early Years Integration work stream of Prosperity for All. This led to a reprioritisation of programme resources and an associated delay in delivering some elements of the F1000D work plan. **Impact:** Delivery of the evaluation programme is delayed. However this has been partially mitigated by the production of an indicator set and supporting infographics designed to support local areas in developing their understanding of current needs. **Next Steps:** An evaluation framework will be prioritised in 2018/19. Links to SO 4.3 **Timescales:** An evaluation framework will be produced by the end of Q4 2018/19.
QIPS/ 14	Capacity & Capability	Deliver a primary care medications patient safety programme targeting initial high impact areas				✓	**Cause**: Delay in approving PID with partners **Impact:** Delay in launching national medicines safety collaborative **Next Steps:** New action for 2018/19 operational plan - Priority 6/Strategic Objective: By 2021, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery **Timescales:** Scoping meeting in March with work programme beginning April 2018
QIPS/ 29	Capacity & Capability	Develop an innovation strategy for Public Health Wales encompassing technology, care pathways and service models				✓	**Cause -** reflecting the recent development of the 10 year strategy, the approach to the innovation strategy will now be a core area of work for 2018/19 **Impact** - the work is delayed but will now be informed by current strategic developments **Next Steps -** action to be rolled over to 2018/19 - see section 4.8 of the IMTP **Timescales -** the approach to the innovation strategy will be completed by Q4 2018/19
QNAP/ 02	Safeguarding	Analyse and report on findings from the Safeguarding Children Quality Outcomes Framework Self				✓	**Cause:** a decision has been made with stakeholders at the NDs meeting (with CNO) that self assessment audits would not be undertaken this year. **Impact:** Therefore, the NST cannot report on the outcome of these audits.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		Assessment to support the development of Adverse Childhood Experiences informed practice by NHS Wales					**Next Steps:** A final safeguarding maturity matrix was discussed with stakeholders at the ND meeting with CNO on 23rd March where it was accepted for the pilot from April 2018. **Timescale:** This action is captured within the 2018-19 IMTP plan relating to strategic objective 6.
QNAP/ 03	Safeguarding	Analyse and report on findings from the Safeguarding Adults Quality Outcomes Framework Self Assessment to support development of Adverse Childhood Experiences informed practice by NHS Wales				✓	**Cause:** a decision has been made with stakeholders at the NDs meeting (with CNO) that self assessment audits would not be undertaken this year. **Impact:** Therefore, the NST cannot report on the outcome of these audits. **Next Steps:** A final safeguarding maturity matrix was discussed with stakeholders at the ND meeting with CNO on 23rd March where it was accepted for the pilot from April 2018. **Timescale:** This action is captured within the 2018-19 IMTP plan relating to strategic objective 6.
PHS/ 21	Public Health Services	Develop an options appraisal for integration of laboratory services at Magden Park, Llantrisant				✓	**Cause:** Winter pressures and a focus on stabilisation has meant it has not been possible to undertake an options appraisal due to availability of staff as well as a number of co-dependant actions which as yet are to be undertaken. **Impact:** Minimal. Two facilitated meetings have taken place between staff in the Screening and Microbiology Divisions to discuss. The laboratory director for Magden Park is now the microbiology national virology lead consultant. This has been important in order to establish in appropriate clinical oversight for the new HPV test as well as future joint working between the two divisions. **Progress made:** The national clinical lead for virology has been appointed as laboratory director for Magden Park thereby establishing a governance arrangement that will enable reconfiguration to take place as determined by the outputs of the transformation programme **Next Steps:** The actions required to determine future use of the site will be driven by outputs from the yet to be established Microbiology transformation programme. This is included in the Microbiology Stabilisation Plan - first meeting 29th May. **Timescales:** This is being taken forward in the renewed IMTP and

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							further detail developed as part of the programme of work (SO-5.1, & 5.2)
PHS/ 40	Microbiology	Working with partners, undertake engagement and option appraisal events to establish an agreed vision of Microbiology services for five and ten years into the future				✓	**Cause:** Insufficient management and transformation capacity **Impact:** Delay in strategic change **Progress made:** Stabilising the service whilst introducing two significant technological developments in terms of a new molecular and genomic led service will help frame up the art of the possible in terms of scope and offer to Health Board and local authority customers. This is included in the Terms of Reference for the Microbiology Transformation Board. **Next Steps:** Included in IMTP under theme 5 **Timescales**: As per IMTP submission
PHS/ 42	Microbiology	Using the workforce plan, implement agreed actions to develop career opportunities across all grades including MLA, Associate Practitioners, BMS, Clinical Scientists and Consultant Healthcare Scientists		✓			**Cause**: Insufficient capacity to progress as originally planned for lower grades although progression achieved for consultant healthcare scientists (was the relative priority) **Impact:** Limited in short-term and will continue next year. Linked to service transformation **Next Steps:** Work plan for the Biomedical Support Worker pathway is continuing with revamp of generic JD/PS's for the network **Progress made:** Successful creation of Consultant Clinical Scientist. Microbiology Workforce Subcommittee has redesigned Band 2 and 3 JD/PS and Stabilisation Plan includes introduction of Band 4 posts in all three regional Hubs. Recent appointment of Band 5 posts (to develop to Band 6s) has now created a pathway (with 18 month timeline) to 'grow' into role. This work will continue with the Microbiology Transformation Board. **Timescales:** As per IMTP submission. Links to Microbiology services work (SO-5.1)
PHS/ 43	Microbiology	Conclude a baseline and gap analysis and make recommendations on the all-Wales laboratory service description for Microbiology			✓		**Cause:** The work is ongoing but capacity has hindered the desired pace. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescale:** As per IMTP submission

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
PHS/ 44	Microbiology	Consult on the development of a clinical specification for the all-Wales Microbiology and Infection service		✓			**Cause:** Insufficient management capacity consumed by operational requirements and priorities **Impact:** Negligible in short term **Next Steps**: This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/ 47	Microbiology	Initiate the service review of Microbiology laboratory functions in Quarter 2 (sequence of review to be informed by the outcomes of the gap analysis of service description)		✓			**Cause:** Insufficient management capacity consumed by operational requirements and priorities **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/ 48	Microbiology	Building on current dialogue, develop formal regional engagement and delivery mechanisms (North Wales, Mid and West Wales, arrangements for South East)		✓			**Cause:** Insufficient management capacity consumed by operational requirements and priorities. ARCH programme timescales have slipped due to wider issues for ABMUHB and HDUHB. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/ 52	Microbiology	With stakeholders develop and deliver option appraisals on the delivery models for Microbiology services				✓	**Cause:** Insufficient management capacity consumed by operational requirements and priorities. **Impact**: Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/ 53	Microbiology	Establish a mechanism through the NHS Collaborative for developing a fit for				✓	**Cause:** Insufficient management capacity consumed by operational requirements and priorities. Internal dialogue has been undertaken within the management teams. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		purpose commissioning model for the service					**Timescales:** As per IMTP submission
PHS/ 60	Screening	Plan the introduction of risk based Diabetic Eye Screening				✓	**Cause:** Identified as a risk for DESW to move to Public Health Wales that there was a lack of resources for completion of critical failsafe development, which is required to take forward this project. **Impact**: Delay to implementation of risk-based screening may affect timeliness of offered screening in the future as diabetic population increasing **Next steps:** Complete critical failsafe work. There has been agreement of the essential requirements to be in place for a 'robust' failsafe and the work for this is well progressed. Management of administration team who undertake call and recall temporarily managed through to Head of Administration for clear leadership. New Head of Programme is taking this work forward as a priority. New, non-recurrent investment has been identified to take forward the project. **Timescales**: Q2 18/19 to start project to take this forward. (SO-6.5)
PHS/ 64	Screening	Develop robust failsafe system for the Diabetic Eye Screening Programme		✓			**Cause:** As detailed in the risks for DESW to move to Public Health Wales the resources required to undertake the failsafe were not available **Impact:** a robust failsafe is in development for the programme and the risk interval project cannot be taken forward until a robust failsafe is in place. There has been a lot of work on this area and the essential requirement have been agreed for a robust failsafe, SOPs have been identified and many have been prepared and agreed, quality management document under development, standards and policies agreed, administration team responsible for call and recall are temporarily under the management of head of Administration. Where SUIs have been identified, these have been declared with no harms identified to date. **Next steps:** Continued progress. Critical pathways agreed and documentation including SOPPs being developed and implemented **Timescales:** Q1 18/19 (SO-6.5)
GOV/ 02	Governance	Devise a best practice corporate governance model to enable a more integrated approach to				✓	**Cause**: Delay in developing some of the preparatory work. Did not progress as planned in Q4. Sufficient time to consult with the Executive and Board is required. **Impact**: Potential slippage on completion timescales.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		governance incorporating corporate governance, information governance, clinical governance and risk					**Next Steps**: Take integrated corporate governance framework to Board in May 2018 for approval. **Timescales**: Quarter 1, 2018-19
HWB/ 91	Health Intelligence	Rolled over from 2016/17: Develop a three year plan for Welsh Cancer Intelligence Surveillance Unit with stakeholders				✓	**Cause** - on hold pending outcome of Strategic Review of HI functions: **Impact:**- Delay in strategic development of WCISU according to stakeholder needs. **Next steps:** Action to be rolled over but already included in next year's plan - We will develop a new operating model for our health intelligence resources which adopts emerging data science techniques to understand and address the public health challenges we face today and will face in the next decade. **Timescale:** Anticipated 18 months, but timescales dependent on review timetable
PHS/ 66	Microbiology	Rolled over from 2016/17: Establish an operational model for delivering an integrated infection service for regional delivery reflecting local need			✓		**Cause:** Insufficient management capacity consumed by operational requirements and priorities. A draft model has been prepared and subject to limited circulation to prompt discussions. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/ 70	Microbiology	Rolled over from 2016/17: Carry out a gap analysis against the all-Wales service specification for microbiology	✓				Duplicate action, refer to PHS/43 for exception report
HWB/ 21	Health Improvement	Develop a programme of work on illicit and illegal tobacco in conjunction with local authorities,				✓	**Cause:** Welsh Government have commissioned ASH Wales to lead phase one development of a programme around illegal tobacco. **Next steps:** Public Health Wales have actively contributed to this work in its development. Phase 1 of the work was presented to the Tobacco Control Strategic

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		Welsh Government and other partners in line with the revised Tobacco Control Action Plan					Board at is February meeting and Welsh Government is currently considering how this will be taken forward. **Timescales:** To be confirmed pending Welsh Government decision
HWB/ 52	ACEs	Explore the introduction of an ACE Charter into key settings			✓	✓	**Cause**: This objective was originally to explore the role of Champions, which after initial exploration was changed to a charter. Some work has begun but the delayed start meant it hasn't proceeded as planned **Impact:** There is no material impact from this delay **Next Steps**: information has been gathered, further discussions with children and young people planned for Q4 and Q1 next year. **Timescales:** Activity to be rolled over to Q1 next reporting year
HWB/ 53	ACEs	Develop Adverse Childhood Experiences prevention and support communication strategy	✓				**Cause:** Resource not in post until February 2018 **Impact:** Communication capacity hampered, no strategic approach has meant activity has not been efficient **Next Steps**: Post holder now in post and had a significant impact in a few weeks. Beginning to pull together information to develop the communication strategy. **Timescales:** Q1 next reporting year
PHS/ 38	Health Protection	Refresh the all Wales TB working group and produce and publish a TB control strategy for Wales				✓	**Cause:** The All Wales working group has been re-established. A new strategy proposal requires All Wales input and agreement. **Cause** - Capacity due to ongoing outbreak pressures, staff shortages and requirement for contribution outside Public Health Wales **Impact** - minimal. **Next Steps** - Continued CCDC support identified to support the All Wales Group. Q2.
O&F/ 01	Communications	Evaluate the corporate communications and engagement strategy, make recommendations for improvement and revise the current document		✓			**Cause:** Strategy needs to align with long-term strategy for Public Health Wales, currently delayed. **Impact:** Delay to completion of action, however no impact to delivery of service. **Next steps:** Start drafting strategy document when IMTP is agreed, to be completed when long-term strategy is agreed. **Timescales:** April 2018 for work related to IMTP, July 2018 for work related to long-term strategy

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
O&F/ 11	Communications	Develop and implement a public affairs strategy improving our communication with politicians			✓		**Cause:** Strategy needs to align with long-term strategy for Public Health Wales, currently delayed. **Impact:** Delay to completion of action, however no impact to delivery of service. Next steps: Build on the existing Board stakeholder mapping work from 2017, and establish a brief with key stakeholders. **Timescales:** April 2018 for work related to developing the brief, July 2018 for wider engagement and development
O&F/ 17	Informatics	Develop plans for Business Intelligence systems and services following the review of information systems				✓	**Cause;** Outcome of the HI review to be finalised. Failure to progress the DTB also contributes. **Impact;** The landscape has moved on and teams are pursuing BI tools such as 'R' **Next Steps**; Receive HI review, and follow up on the constitution of the DTB. Consult on a wider interpretation to roll this up with O&F 18, knowledge management and Enterprise Content Management (ECM) services **Timescales:** To December for review. estimate completion of the requirements by March 19
O&F/ 18	Informatics	Scope the requirements for a Customer Relationship Manager system to support the NHS Wales' digital health and social care strategy				✓	**Cause;** Related to O&F 17. it may be that the CRM will be rolled up into a wider ECM which not only encompasses a CRM but also Web Content Management Services (CMS), BI, collaboration and knowledge management **Impact;** As O&F 17 **Next Steps**; As O&F 17 **Timescales:** As O&F 17
O&F/ 28	Informatics	Deploy servers within the NHS Wales 'DMZ' (infrastructure that supports internet facing services) to improve our external (to NHS Wales) collaborative capabilities			✓		**Cause**; we have progressed with firewalls in detect mode and some operational services are active to prevent ingress. The Stratia review is now complete and we are amending our process to be consistent with the recommendations made. **Impact;** the outcome of the review has not changed our plans to implement by the 2nd qtr. 2018 **Next Steps**; Continue to configure firewalls and assess the impact on the DMZ servers **Timescales**: Looking to complete Q2 2018
O&F/ 31	Informatics	Build effective informatics training services				✓	**Cause;** Difficult to affect change whilst the grievance process is still in train **Impact;** Delay whilst the grievance is settled and post-activities are determined and actioned

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							Next Steps; Address the impact of the grievance, generate trust across all affected and re-plan. **Timescales:** End May 2018
O&F/ 34	Estates and Health & Safety	Complete a review of North Wales office accommodation and recommendations agreed by Executive Team				✓	**Cause:** This action is linked with the development of the Estates Strategy - see action O&F59. Review of north Wales office accommodation needs to accommodate the recruitment Strategy to address the current workforce pressures. **Impact**-This work is currently ongoing. Initial assessment of estate has been completed. To develop property Strategy going forward. **Next steps**- To be taken forward as part of Estates Strategy **Timescales**- Anticipated completion by end of quarter 2 2018/19.
O&F/ 41	Strategic Programmes	Complete the functionality & content of Public Health Wales website within the all Wales content management system				✓	**Cause**- Whilst funding has been agreed at a National level, the Information for You National Programme Board has established a CMS implementation project Board to plan and manage the roll out of the CMS. **Impact**- We are awaiting the scoping and project initiation phase to be completed. **Next Steps**- Currently engaged in the process and are in discussion with the project leads around timelines and attempting to align these with our expectations. **Timescales**- Currently unknown however this will roll over into 2018/19 and likely to continue for at least 12 months. More detailed timescales will be confirmed in Quarter 1.
O&F/ 48	Planning and Performance	Undertake Business Impact Analysis to inform the refreshing of our business continuity plans		✓			**ACTION REASSIGNED TO EMERGENCY PLANNING AND BUSINESS CONTINUITY MANAGER** **Cause**- This work has now been handed over to the new Emergency Planning/ Business Continuity Manager who took up post in January 2015. **Impact**- There is a knock on effect for the timescales within the original Business Continuity Work Programme and as a result the proposed Business Impact Analysis. **Next Steps**- Work to be taken forward by Business Continuity/ Emergency Planning Manager **Timescales**- To be informed by Emergency Planning/ Business Continuity Manager.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
O&F/ 49	Planning and Performance	Review and refresh Business Continuity Plans				✓	ACTION REASSIGNED TO EMERGENCY PLANNING AND BUSINESS CONTINUITY MANAGER **Cause**- Linked to Exception report regarding Business Impact Analysis. The Business Impact Analysis will inform the review and refresh of business continuity plans. **Impact**- Whilst a review has not been undertaken, each Directorate has business continuity plans and these are maintained regularly. This will be taken forward as part of the role of the new Emergency Planning/ Business Continuity Manager. **Next steps**- Work to be taken forward by Business Continuity/ Emergency Planning Manager **Timescales**- Action to be rolled over to 2018/19.
O&F/ 52	Finance	Establish financial decision making model to support realignment and allocation of funding to delivery priorities for 2018 onwards			✓		**Cause**- Budget Scrutiny completed to establish 18/19 baseline, which includes agreed investment strategy. This included 3 investment opportunities 1) 1% Directorate savings plans to be re-invested directly back into Directorate 2) £500k Corporate Investment Reserve for Directorates to bid against 3) Organisational Efficiency work streams established to drive organisational wide savings that would then generate funds to be re-invested in transformation/transitional plans. What hasn't been completed is the model to support the realignment and re-allocation of funding based on the value and impact. **Impact**- The model to support the re-alignment and re-allocation will not be completed in 2017/2018 **Next steps**- To complete a draft proposal for consideration and incorporation which can be taken forward as part of the 2018/2019 planning framework and cycle for IMTP **Timescales**- anticipate early adopter phase for 18/19 with longer term roll out within the planning cycle of 10 year strategy
P&OD/ 04	People and OD	Map and publish the career structures for key professional groups		✓			**Cause:** ESR does not allow for us to code all staff by profession, particularly in respect of our Public Health workforce as there is no data set within ESR to code them against. **Impact:** This impacts on our ability to properly report on our workforce and communicate career opportunities to our staff. **Next Steps:** We have completed a manual mapping of professions and structures and will publish this on our intranet in Q1 2018/19

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							Timescales: The action to be rolled over to next year in respect of ESR coding, but we are dependent on a UK wide programme to create a data set for Public Health Staff
GOV/ 03	Governance	Develop a decision making framework for the Board and organisation taking account of the provisions of the Well-being and Future Generations (Wales) Act and the five ways of working			✓		**Cause**: A Decision Making Framework has been developed although discussions with regard to its finalisation are ongoing. Workshop held with Board February 2018. **Impact**: Slippage on completion timescales. **Next Steps**: Discussion at next Board Development Day in April 2018. **Timescales**: Quarter 1, 2018-19
GOV/ 04	Governance	Develop and implement a plan of Board visibility and accessibility	✓				**Cause:** Two Non-Executive Director vacancies on the Board. Therefore, it has not been appropriate to develop a documented plan. **Impact:** Whilst a specific plan has not been developed, there have been a number of positive actions undertaken during the year. For example, Chair's monthly message to staff, Executive Team weekly message, March Board meeting streamed live. **Next steps**: Agree Board visibility and accessibility plan. **Timescales:** Completion in Q1, 2018-19 (dependent on outcome of recruitment process)
PHS/ 68	Health Protection	**Rolled over from 2016/17:** Undertake an audit to ensure recommendations specific to Public Health Wales following outbreaks, incidents and exercises are			✓		**Cause** - Progress stalled due to winter outbreaks. **Impact** – Public Health Wales actions completed internally. Some recommendations requiring wider input not completely actioned - risk to organisation in future incidents and subsequent inquiries. **Next Steps** – Outstanding issues to be reported to and considered as part of the newly established Health Protection Advisory Group to be chaired by the CMO. **Timescales** – Q2 2018/19

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		implemented in a timely fashion					
PHS/ 69	Health Protection	**Rolled over from 2016/17:** Develop formal protocols for surge capacity for different staff groups to support escalating incidents, including mechanisms for drawing in support staff and loggists from across the organisation				✓	**Cause** - corporate emergency planning post has been appointed to and the corporate emergency planning assurance group has been established. This group met for the first time in Jan 2018 and has now developed a meeting rhythm and work plan.is meeting again in April. **Next Steps** – Emergency Planning Assurance group will discuss to look at overlaps between planning and business continuity. **Timescales** - Q2 2018/19.
P&OD/ 13	Organisational Development and Learning	**Rolled over from 2016/17:** Conduct a skills audit across all staff and populate Oracle Learning Management to provide a record of current skills of the workforce		✓	✓		**Cause:** Oracle Learning Management (in ESR) does not have function to conduct an audit. As a result any such process would need to be manual and therefore labour intensive, inconsistent and quickly out of date. **Impact:** Unable to conduct a skills audit without appropriate technologies Next Steps: Establish a heads of profession network. Network to, by the end of Q3, have defined the key skills within each professional group and define levels of competence **Timescales:** End of Q2 2018/2019 establish network, Q3 define key skills Q4 scoped options for auditing skills (including ESR development, use of appraisals/forms and other technologies)
O&F/ 59	Estates and Health & Safety	**Rolled over from 2016/17:** Develop a two-year Estates Action Plan				✓	**Cause**- Estates Strategy needs to be aligned with the new long term Strategy. **Impact**- Estate strategy will need to be developed and finalise dover the coming months **Next Step**- A skeleton template has been produced and will be populated following analysis and informed by Strategy and IMTP. **Timescales**- Anticipated completion of Estates Strategy will be completed by end of quarter 2.

Operational Plan Change Log

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report	Revised Action for 2018/19
O&F/ 51	Finance	As part of two year value and impact project, undertake value for money review of our service and programmes, including benchmarking against similar services where possible (Quarter 4- ongoing)		✓		✓	**Cause:** Bereavement and sick leave caused delays in meeting with key individuals, which were needed in order to complete the baseline / value profiles **Impact:** Action will not be completed until first quarter 2018/19 **Next steps:** Propose action to be amended to be a baseline review rather than a value for money review **Timescales** To be completed by quarter 1 2018/19	As part of two year value and impact project, undertake baseline review of our service and programmes, including benchmarking against similar services where possible

People and Organisational Development report

Key Issues

Statutory and Mandatory Training

For the third month in a row Public Health Wales' compliance rate (as at end of March 2018) exceeded the All Wales target, with Public Health Wales achieving an overall compliance rate of 86.35% (an increase from 85.74% at end of February 2018). Work continues to support areas of the organisation where compliance is lowest in pursuit of our organisational target of 95% compliance.

Staff Turnover

Staff turnover at 11% is still above our 10% target; we continue to see trends of individuals with short service exiting the organisation, voluntary resignation (accounting for 59% of leavers in the last twelve months) and end of fixed term contracts (accounting for 18% of leavers in the last twelve months). In order to address these turnover trends we are progressing the actions as identified in the 'deep dive' review taken to the Executive in late 2017 and are reviewing our use of fixed term contracts, as well as our redeployment processes.

Sickness Absence

The highest recorded reason for absence in March 2018 was Anxiety, Stress and Depression (25%), mirroring the number one reason for absence in the preceding twelve months. In the most recent data short term absence remains the same and long term absence has increased. Focus in the short term is to support our managers to manage absence, have difficult conversations and explore all reasonable adjustments with dedicated support from our Occupational Health service (which we are currently reviewing).

Appraisals

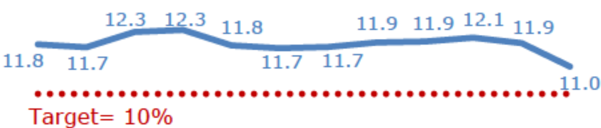
Having completed an initial upload of appraisal data into ESR in January 2018, 44.74% of colleagues are recorded as having had an appraisal in the previous twelve months. A second collated upload of data will take place in April 2018 and user guidance has been produced for managers to enter their staff's appraisal data from then on. Communications have also been sent to the organisation confirming that reporting from 1st April 2018 will consider data in ESR only.

People and Organisational Development dashboard

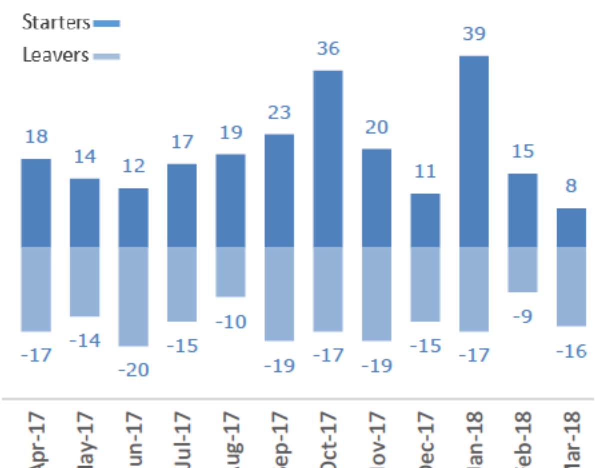
>10% below target | Within 10% of target | On target | Not applicable

Indicator		Timeframe			Target Source (as relevant)
Headcount	Actual	Jan-18	Feb-18	Mar-18	
Headcount (does not include Bank and Agency staff)		1,739	1,743	1,741	
Full time equivalents (FTE)		1,544.96	1,552.05	1,550.55	
Contractual Status	Actual	Jan-18	Feb-18	Mar-18	
Permanent		1,567	1,568	1,569	
Fixed term contracts		172	175	172	
Bank staff		57	55	53	
Agency workers		40	38	43	
TOTAL		1,836	1,836	1,837	
Staff Turnover	Target	Jan-18	Feb-18	Mar-18	
Rolling 12 month staff turnover	10%	12.1%	11.9%	11.0%	Tier 1 Target
Monthly turnover rate		1.0%	0.5%	0.9%	
Starters and Leavers	Actual	Jan-18	Feb-18	Mar-18	
Starters Headcount		39	15	8	
Leavers Headcount		17	9	16	
Time to Hire	Target	Jan-18	Feb-18	Mar-18	
Time from vacancy requested to conditional offer letter issued (days)	44	42.3	43.4	40.8	NWSSP Target
Live Vacancies (by days open)	Actual	< 44	44 - 55	> 55	
Live Vacancies	38	21	12	5	
Sickness Absence	Target	Jan-18	Feb-18	Mar-18	
Monthly sickness absence rate (% FTE)	3.25%	4.58%	4.17%	4.37%	Tier 1 Target
Rolling 12 month period sickness absence rate (% FTE)	3.25%	4.02%	3.98%	3.99%	Tier 1 Target
Short term sickness absence rate (% FTE)	TBC	1.87%	1.62%	1.62%	
Long term sickness absence rate (% FTE)	TBC	2.71%	2.55%	2.75%	
Statutory and Mandatory Training	Target	Jan-18	Feb-18	Mar-18	
Training Compliance	95%	85.11%	85.74%	86.35%	Internal Target
Appraisals (My Contribution)	Target	2016		Mar-18	
Appraisal completed within previous 12 months (ESR Data as of March 2018; previously reported from 2016 Staff Survey)	85%	71%		44.74%	Tier 1 Target
Employee Engagement	Target		2013	2016	
Job satisfaction (Staff Survey)	TBC		73%	72%	% Reported to Gov't
Gender	Target		Mar-17	Mar-18	
Male	TBC		24%	23%	
Female	TBC		76%	77%	
Black, Asian and Minority Ethnic (BAME) Staff	Target		Mar-17	Mar-18	
BAME	TBC		3%	3%	
White	TBC		68%	73%	
Not Declared/Unspecified	TBC		29%	24%	
Disability	Target		Mar-17	Mar-18	
Yes	TBC		2%	3%	
No	TBC		49%	56%	
Not Declared/Unspecified	TBC		49%	41%	

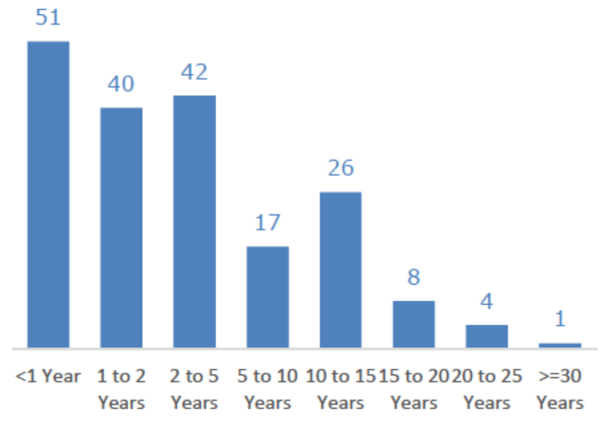
Staff Turnover, Starters and Leavers



Starters and Leavers



Leavers and length of service Leavers from 1 April 2017 to 31 March 2018



Summary of performance

- NHS best practice indicates that turnover should not exceed 10%; the turnover figure for March 2018 is 11.0%. February's figure was 11.9%.
- Staff turnover causes service pressures also has the potential to affect related aspects of employment such as employee engagement and sickness absence. Demands are placed on the recruitment process and high turnover affects the organisation's ability to plan and manage the delivery of services.

Actions to improve performance

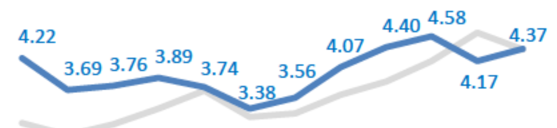
- Voluntary Resignation is the main reason for leaving and the People and OD team are undertaking analysis to understand and address voluntary attrition
- The main destination of known leavers is to other NHS organisations and this is being looked at through the workforce plans, and the recruitment and retention strategies being developed as a result.
- The People team are undertaking a piece of work looking at the redeployment process in the organisation, including process mapping work and wider work with managers surrounding how to support those in a redeployment situation.
- Further conversations are also taking place in targeted areas where fixed term contracts are being used in order to explore the reasons for this and look at alternative options.

Leaving Reason	Leavers
Dismissal	4
Transfer	4
End of Fixed Term Contract	34
VERS	3
Retirement	33
Voluntary Resignation	111
Grand Total	**189**

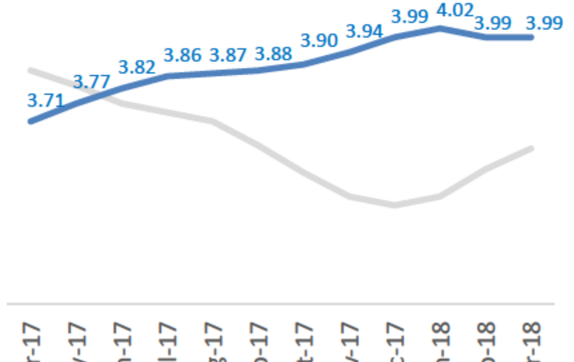
Destination on Leaving	Leavers
NHS Organisation	56
Unknown	57
No Employment	37
Private Sector	13
Public Sector	10
Other	16
Grand Total	**189**

Sickness Absence

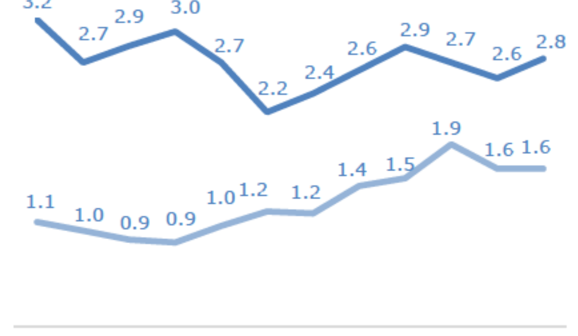
Sickness absence (% FTE), monthly rate

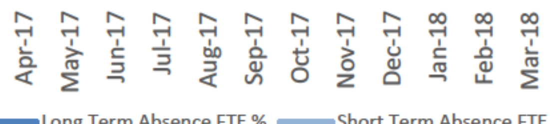


Sickness absence (% FTE), annual rolling rate



Long term and short term sickness absence (FTE %)





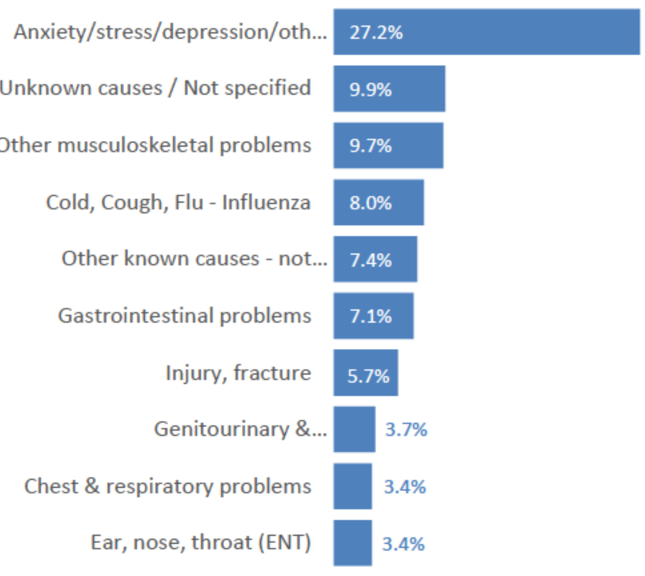
Summary of performance

- Sickness absence is a ministerial priority; the Welsh Government target for Public Health Wales is 3.25%. The sickness absence figure for March 2018 is 4.37%. The highest recorded reason for absence remains as anxiety and stress.

Actions to improve performance

- Stress and minor illnesses such as cold and flu has remained the top causes of absence in the UK since 2016. The most effective means of managing absence are the return to work interviews, OH involvement and line managers taking the lead on managing absence. A lot of work has been done with managers to help empower them to manage absence, having difficult conversations and exploring all reasonable adjustments. Work is also continuing developing specific resources for managers and individuals in managing stress in work.
- The work currently being undertaken in reviewing the OH specification has put additional focus on the role of OH in managing cases, in particular them playing a much more interactive role in the process. This will hopefully have a greater impact in developing more tailored solutions to support those on long term sickness. ESR/BI workshops/drop in sessions were held in April and will continue into May to support managers in obtaining and using managing information relating to sickness absence.

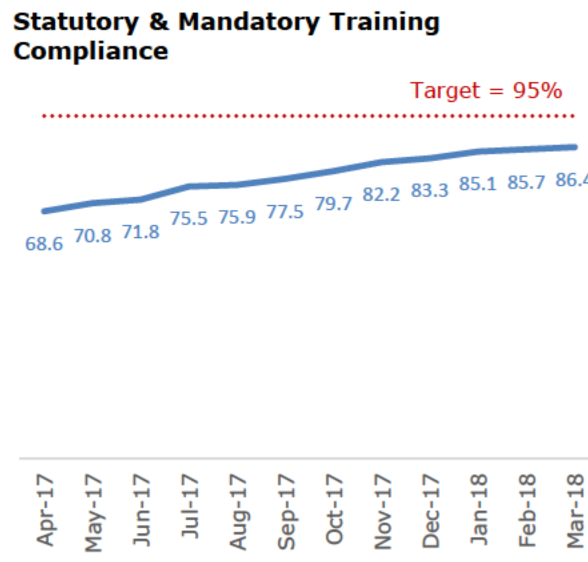
Top 10 Sickness Absence Reasons (Absence FTE %)



Statutory and Mandatory Training

Competence Name	Required	Achieved	Compliance
Equality, Diversity and Human Rights	1777	1502	84.52%
Fire Safety	1777	1503	84.58%
Health, Safety and Welfare	1777	1522	85.65%
Infection Prevention and Control	1777	1685	94.82%
Information Governance (Wales)	1777	1484	83.51%
Moving and Handling - Level 1	1777	1506	84.75%
Resuscitation - Level 1	1777	1370	77.10%
Safeguarding Adults - Level 1	1777	1565	88.07%
Safeguarding Children - Level 1	1777	1539	86.61%
Violence and Aggression (Wales) - Module A	1777	1667	93.81%

Directorate	Required	Achieved	Compliance
ACES Directorate	30	14	46.67%
Corporate Directorate	240	220	91.67%
Health & Wellbeing Directorate	4330	3777	87.23%
Hosted Directorate	730	632	86.58%
NHS Quality Improvement Directorate	590	547	92.71%
Operations and Finance Directorate	1000	917	91.70%
People & OD Directorate	290	282	97.24%
Policy Research & International Directorate	490	482	98.37%
Public Health Services Directorate	9520	7987	83.90%
Quality Nursing & Allied Profs Directorate	360	339	94.17%
SPRs Directorate	190	146	76.84%



Summary of performance

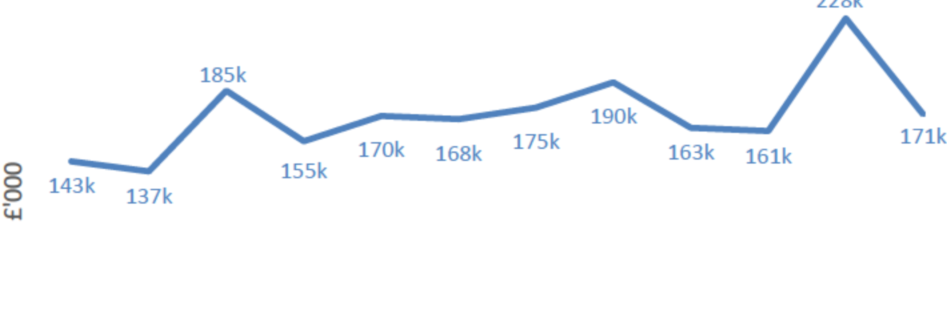
- Compliance with level one statutory and mandatory training subjects in the core skills training framework is a key priority for the Welsh Government, with a tier one target compliance rate of 85%, although we have set a higher internal target for 95% compliance.
- The compliance rate as at end of March 2018 is 86.35% (an increase from 85.74% at end February 2018).

Actions to improve performance

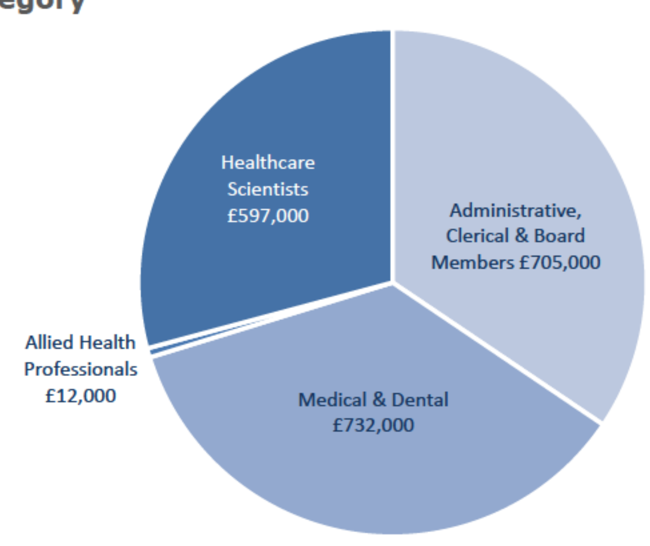
- Compliance with Statutory and Mandatory training continues to improve month on month and individual matrices will be updated with effect from April to include reports on other training mandated nationally.
- Systems development in respect of Statutory and Mandatory compliance will be delivered in the 2018/19 performance year and Directorates have been tasked to increase their compliance levels to the target threshold by the end of the current performance year. Compliance with statutory and mandatory training will continue to be monitored and reported monthly.

Agency Spend

Monthly Agency Spend
May 2017 to April 2018



Rolling 12 Months Agency Spend by Category



Summary of performance

- Agency spend for April 2018 totals £171k, equating to 2.6% of total expenditure. This is consistent with the average for 2017/18 (2.6% of total pay).
- There has been a decrease of £57K in agency costs from March to April due to a significant decrease in expenditure in the category 'Administrative, Clerical & Board Members' from £100K in March to £49K in April, and a slight decrease in 'Medical & Dental' agency costs, £76K to £65K.

Actions to improve performance

- Finance have provided a breakdown of 'Administrative, Clerical & Board Members' agency worker expenditure in 2017/18, and the People team will investigate to understand the reasons for the high level of expenditure in this category, and recommendations to reduce these costs.
- Welsh Government continue to scrutinise Medical and Dental agency and locum and expenditure. However, monthly reporting has ceased and reports are now due quarterly for the remainder of this year.

Overview of Quality Performance

Putting Things Right – Handing Concerns (Complaints, Claims and Incidents)

Complaints: During April 2018 2 formal and 4 'on the spot' complaints were received. The number of concerns received in April 2017 is similar, however the number of formal concerns was higher and the number of 'on the spot concerns' was lower. This would indicate that staff are more confident in trying to resolve concerns 'on the spot', which are usually issues that are relatively easy to address and can normally be dealt with in 24/48 hours.

Compliments: During April 2018, a total of 16 compliments were received. Based on the April 2018 data the ratio of compliments to formal is 8:1.

Claims: At the end of April 2018, there were 14 open claims, 12 of which relate to clinical negligence and two to personal injury claims. Furthermore, during the period 1 claim was closed. In addition to the claims, there are currently 2 redress cases being progressed.

Patient and Client Incidents: The most frequently recorded type of incidents on Datix is patient and client. During April 2018 a total of 40 patient and client incidents were reported:

- Screening Division 25
- Microbiology Division 15

This is a slight decrease compared to the same period in 2017, where 51 patient and client incidents were reported. For the reporting period the most frequently recorded incidents in the context of patient safety were laboratory incidents which totalled 11. A further analysis of the data for laboratory incidents indicates that the sub categories lost / delayed specimens was the highest reported incidents and a variety of reasons for these events are recorded on Datix (e.g. DX failure to collect samples).

Overview of Finance performance – Month 1

1 Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the Month 1 revenue position for Public Health Wales. The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 14th May 2018 as part of the full financial monitoring return for Month 1.

2 Financial Position

The cumulative reported position is a net surplus of £24k, and is summarised in the table below. The cumulative non-NHS Public Sector Payment Policy positon at month 1 was 94% against a target of 95%.

Cumulative Financial Position

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-11,618	-11,325	293	2.58%
Pay	6,696	6,590	-106	-1.61%
Non Pay	4,693	4,482	-211	-4.70%
Grand Total	**-229**	**-253**	**-24**	

Details of variances by Directorate are provided in section 3, with further analysis on pay under spend and the impact on performance in section 4.

3 Financial Performance by Directorate

Directorate	Annual Budget £000s	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	Cumulative Variance £000s 2017/18
Public Health Services	45,886	3,731	3,719	-12	-143
Health and Wellbeing	24,365	2,011	1,993	-18	-277
Policy, Research & International Devt	2,253	186	186	-0	10
Quality Improvement and Patient Safety	3,632	300	285	-15	0
Quality Nursing and Other Allied Profs	2,266	186	173	-12	-104
Operations and Finance	7,548	623	624	0	43
Workforce and OD	1,519	124	121	-3	-44
Board and Corporate	1,734	143	145	2	25
Central Budgets	-89,304	-7,541	-7,507	34	463
Hosted Organisations	0	-0	-0	-0	-5
ACE's Hub Directorate	100	8	8	0	4
Grand Total	**0**	**-229**	**-253**	**-24**	**-28**

Public Health Services: £12k under-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	(2,302)	(2,268)	34	-1.5%
Pay	3,267	3,219	(48)	-1.5%
Non Pay	2,766	2,768	2	0.1%
Grand Total	**3,731**	**3,719**	**(12)**	

The overall Directorate under spend position of £12k at Month 1 is made up of under spends within Screening Division of £61k and Health Protection of £24k which in turn is offsetting the £81k Microbiology Division pressure. Key highlights include:-

Screening – under spend of £61k

Income: £2k under achievement, due to under recovery of staff recharge income (vacant post), which was partly offset by Cervical Screening Wales course fees.

Pay: £50k under spend

- vacancies in a number of areas including Breast Test Wales (£27k), Diabetic Eye Screening (£8k)
- A vacancy/turnover factor of £70k has been covered within this position.

Non-Pay: a small underspend of £12k against a £1.5m Month 1 budget.

Microbiology – over spend of £81k

Income: £25k under achievement, due to lower actual income against budget for other income. Work is ongoing to ensure more accurate budget profiling in relation to significant programmes of work and over-activity. Adjustments will be agreed and actioned for month 2 reporting.

Pay: £29k over spend

- The vacancy/turnover factor has been increased from £533k to £967k for 2018-19, which means a total of £81k of vacancies/turnover is needed to contribute to a break-even position on a monthly basis. This £81k target has been offset by a number of vacancies in medical, laboratory, and admin staff categories for month 1.
- In April two locum agency consultants in North Wales cost £64k. Agency staff are also being used in Cardiff Bacteriology to cover the new 24/7 working arrangements. This is a continued trend from 2017-18 and will need to be factored into forecast positions.

Non Pay: £22k over spend mainly relates to over spends in laboratory consumables in North Wales and Swansea laboratories.

Health Protection – under spend of £24k

Income: a small over achievement of £2k due to higher than anticipated conference income

Pay: £13k under spend

- Mainly as a result of a recent consultant retirement and transfer of a member of staff to another division.
- The pay variance for the division includes a vacancy/turnover factor in month of £21k

Non Pay: a small underspend of £9k as a result of lower than anticipated spending

Health and Wellbeing: £18k under-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-214	-232	-17	7.5%
Pay	1,562	1,607	45	2.8%
Non Pay	663	618	-46	-7.4%
Grand Total	**2,011**	**1,993**	**-18**	

The overall Directorate under spend position of £18k at Month 1 is made up of under spends within the divisions of Health Improvement and Primary Care, which in turn are offsetting pressures in Health Intelligence, Health and Wellbeing Management Admin, and Local Public Health Teams. Key highlights include:-

Health Improvement – under spend of £28k

Income: There is a small under achievement on income of £1k within the CAMHs team, which is offset with an under spend in pay.

Pay: £2k under spend, which is offset by the underachievement on income as mentioned above.

Non Pay: The £28k under spend is within Health Improvement Programmes. Non pay plans are due from the division with the expectation that the budgets will need to be re-phased.

Health Intelligence – over spend of £10K

Income: Break-even position reported. All income has been invoiced as per agreed income budgets.

Pay: £9k over spend due to the cumulative vacancy/turnover factor of £10k.

Non Pay: £1k over spend due to library annual subscription fees.

Primary Care – under spend of £27k

Income: Break-even position reported. All income has been invoiced as per agreed income budgets.

Pay: £24k under spend as a result of several vacancies within the Primary Care team following a staff restructure. This also includes an in month vacancy/turnover factor of £5k

Non Pay: £3k under spend is due to expenditure expected to be incurred later in the financial year.

Health & Well Being Management and Admin – over spend of £14k

Pay: £19k over spend

- This over spend is as a result of agency costs within month 1 totalling £8k
- The pay variance for the division includes the cumulative vacancy/turnover factor of £11k

Non Pay: £5k under spend is due to expenditure expected to be incurred later in the financial year.

Local Public Health Teams – over spend of £14k

The reported over spend of £14k is due to the budgets associated with the Healthy Schools Scheme yet to be uploaded. This will be actioned in month 2.

Policy, Research and International Development: Break-Even

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-52	-74	-21	28.7%
Pay	189	225	36	16.0%
Non Pay	50	35	-15	-42.6%
Grand Total	**186**	**186**	**-0**	

The overall Directorate position at Month 1 is a break-even position. There has been an over recovery in income which is mostly offset by staffing costs. The pay is overspending by £36k, £6k of which is relating to the vacancy factor.

Quality Improvement and Patient Safety: £15k under spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-36	-36	0	0.0%
Pay	276	261	-15	-5.7%
Non Pay	60	60	0	0.0%
Grand Total	**300**	**285**	**-15**	

The overall Directorate position reported at Month 1 is a £15k under spend wholly against pay. This is as a result of 3 vacancies within the Directorate. The vacancy factor offset within this position is £7k for month 1.

Quality Nursing and Other Allied Professions: £12k under spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-3	-11	-8	69.0%
Pay	176	171	-4	-2.5%
Non Pay	14	13	-0	-2.7%
Grand Total	**186**	**173**	**-12**	

The overall Directorate position reported at Month 1 is an under spend of £12k. There is an over-recovery of income of £8k in relation to the Welsh Government Future Generations Commissioner funding and income for a Band 7 secondment. There is an under spend of £4k against pay as a result of backfill arrangements for an outward secondment to Board & Corporate. Within this position a vacancy factor of £4k has been covered off for month 1.

Operations and Finance: Break Even

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-14	-16	-2	10.0%
Pay	360	361	1	0.3%
Non Pay	278	279	1	0.4%
Grand Total	**623**	**624**	**0**	

The overall Directorate position reported at Month 1 is break even. Under spends of £4k against Finance and £1k for Estates are offset by over spends of £3k for Communications, £2k for IM&T and £1k for Strategy & Planning. Total pay budgets show an over spend of £1k after covering off the vacancy factor for month 1 of £7k.

People and Organisational Development: £3k under-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-9	-9	-0	0.0%
Pay	105	101	-4	-3.7%
Non Pay	28	28	1	2.0%
Grand Total	**124**	**121**	**-3**	

The overall Directorate position reported at Month 1 is an under spend of £3k. An under spend of £4k on pay is the result of an 8a vacancy after covering off a vacancy factor of £2k for the month. This is offset by an over spend of £1k on non pay.

Board and Corporate: £2k over-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-4	-17	-13	77.9%
Pay	139	157	18	11.3%
Non Pay	8	5	-3	-54.1%
Grand Total	**143**	**145**	**2**	

Board and Corporate Month 1 position is £2k overspent. This is mainly as a result of an £18k over spend on pay due to an outward secondment and a vacancy factor of £2.3k. This is offset by an over recovery against income of £13k for the secondment.

Central Budgets: £34k over-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-7,797	-7,789	8	-0.1%
Pay	21	20	-2	-8.8%
Non Pay	235	262	28	10.6%
Grand Total	**-7,541**	**-7,507**	**34**	

Central Budgets include Core Income, Welsh Risk Pool, and Investment budgets. There are no unallocated reserves within this position. The over spend at Month 1 is mainly as a result of £16k relating to Permanent Injury payment.

Hosted Organisations

- **NHS Wales Health Collaborative** - The NHSWHC is reporting an under spend of £66k at month 1. This is a result of a pay under spend of £94k due to vacancies across the organisation and a non pay under spend of £167k due mainly to timing of projects. This is offset by an under-recovery of income of £195k as some income streams are drawn down in line with project spend. Any under spend for the year will be returned to funding organisations and therefore within the Public Health Wales monitoring position this is being reported as a break-even position.
- **Finance Delivery Unit** – The FDU is reporting an under spend of £51k at month 1. This is the result of a pay under spend of £39k due to a number of vacancies within the new structure currently undergoing recruitment, and a non pay under spend of £12k following very little non pay spend in the month. It is assumed that any under spend for the year will be returned to Welsh Government and therefore within the Public Health Wales monitoring position this is being reported as a break-even position.

Adverse Child Experiences Hub

The ACE's hub forecast is that of break-even and therefore the position reported for month 1 reflects the current spending plans of the division.

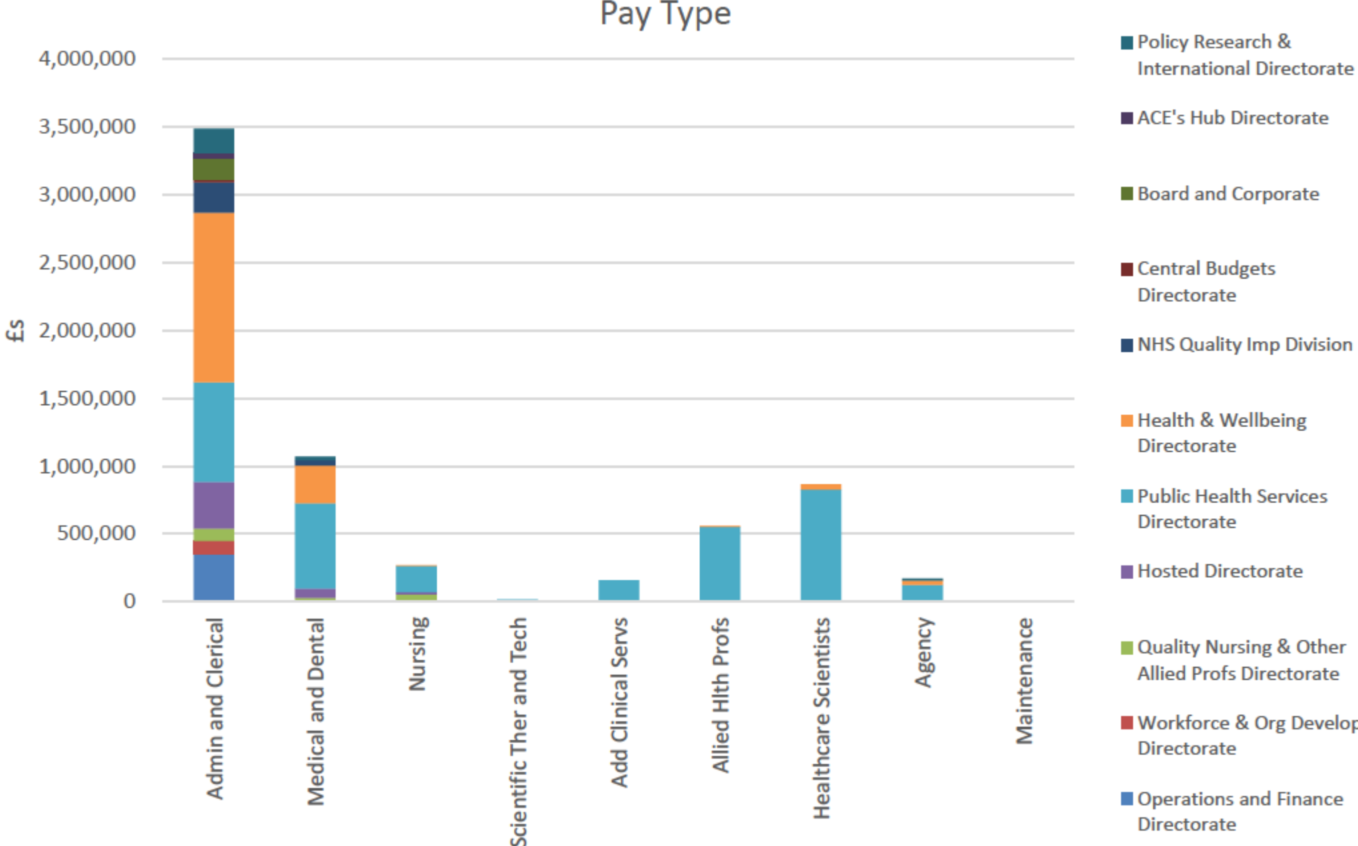
4 Pay Analysis

The table below summarise the pay position by Directorate, and includes the analysis of the vacancy/turnover factor that is reported within the pay position for Month 1:-

Directorate	Total Pay Budget £000's	Budget Excluding Vacancy Factor £000's	Vacancy Factor £000's	Budget Month 1 £000's	Actual Pay Month1 £000's	Variance Excluding Vacancy factor £000's
ACES HUB Directorate	414	35		35	35	0
Board and Corporate	1,672	142	-2	139	157	18
Health and Wellbeing Directorate	18,744	1,628	-66	1,562	1,607	45
Hosted Directorate	6,797	566		566	433	-133
NHS Quality Improvement	3,313	283	-7	276	261	-15
Operations and Finance	4,345	367	-7	360	361	1
Policy Research and International Directorate	2,266	194	-6	189	225	36
Public Health Services Directorate	39,261	3,439	-172	3,267	3,219	-48
Quality Nursing and Other Allied Profs Directorate	2,143	180	-4	176	171	-5
Workforce & Org Develop Directorate	1,257	107	-2	105	101	-4
Central	947	0	21	21	20	-1
Grand Total	**81,161**	**6,942**	**-246**	**6,696**	**6,590**	**-106**

It is worth noting that the £106k underspend on pay has in the main come from Hosted Directorates and is not therefore an underspend that can be used for Public Health Wales purposes. The overall pay position for Public Health Wales at month 1 is therefore a small overspend of £27k, however this is after taking into account (£246k) negative budget for vacancy/turnover factor.

The graph below shows the cumulative variance (£000s) by directorate and by pay type. Agency and locum actual costs for the year to date are £0.171m, equating to 2.6% of total pay expenditure. This is the same as the levels in 2017/18 (2.6%), primarily due to difficulty in recruiting microbiology consultants and having to employ two locum microbiologists in North Wales. In addition, difficulty recruiting to biomedical scientist (BMS) positions with North Wales and Cardiff laboratories has resulted in significant BMS agency expenditure.



5 Budget Phasing

The budgets for 2018/19 in the main have been uploaded in equal twelfths. However, there are several discreet budgets that have been phased differently in month 1 to reflect the timing of this expenditure. These include the following areas:

Area of Spend	Directorate	Phasing / Allocation
Investments	Central	March Only
Pay Award funding	Central	March Only
Molecular Diagnostics	Microbiology	April (Income & Non Pay)

Work is currently ongoing to identify where expenditure profiles differ to equal twelfths, and Directorates will be able to request a change in profiling as long as a detailed spending profile is provided. The budgets will then be phased to match the proposed spending plans with the plans monitored throughout the year.

6 NHS Wales Service Level Agreements (SLAs) and Long Term Agreements (LTAs)

Public Health Wales are working towards the deadline of 30th June for the sign off of all agreements. The current status is as follows:-

- The majority of microbiology SLAs cover a three year period. As these were agreed in 2017/18 they will not need to be renewed until 2020/21. The exceptions are:
  - Cwm Taf UHB – This was finalised week ending 4th May 2018.

- Betsi Cadwaladr UHB – Discussions have commenced due to a number of changes requested to the current SLA.
- Welsh Ambulance Trust – Awaiting signed copies.

- ➢ Screening SLAs are also renewed on a three year period. Updated financial appendices were issued for 2018/19 week commencing 16th April 2018.

- ➢ The SLA with NWIS for the provision of ICT support is currently being discussed.

7 Savings

The savings target needed in order to achieve a balanced budget in 2018/19 is £2.198m. These have been grouped into 6 individual schemes for the purposes of monitoring against these savings targets. All savings schemes have now been identified, however there are an additional £400k of savings linked to organisational efficiency workstreams which will not materialise until part way through the year. Whilst every effort will be made to ensure the savings plans are achieved in 2018/19, there is nevertheless a risk that they are not achieved in full. Therefore, 25% under-achievement has been built in as an element of risk management.

Delivery of these schemes will be monitored closely and reported on accordingly.

8 Forecast Position

Public Health Wales is currently anticipating a breakeven position, in line with the 2018/19 budget setting process and detailed work of the Integrated Medium Term Plan (IMTP).

The Finance Business Partners will work with Directorate and Divisional senior management to ensure that any changes to forecast plans are included in the detailed projections and that assumptions and risks associated with the figures are captured. This ensures that monthly changes to plans can be monitored closely, and reported to each senior management team as part of routine financial performance reporting.

9 Capital Programme

Public Health Wales capital funding for 2018/10 totals £1.615m, split as follows:-

- ➢ Discretionary £1.293m
- ➢ Strategic £0.322, which is in respect of CSIMs year 3

Bids have been invited from across Public Health Wales to access the discretionary capital funding. These bids will be reviewed by the Capital Planning group, and the list of approved bids will be ratified by Executive Board before commencement of schemes. Reporting on the capital programme agreed will commence from month 2.

10 Recommendations

The Board are asked to note:-

- The month 1 position for Public Health Wales is a small surplus of £24k on revenue;
- The financial performance of the Directorates at Month 1, with the key issues highlighted;
- Summary of the position for Hosted Organisations and ACEs Hub;
- Pay Analysis, highlighting the vacancy/turnover factor, significant pay under-spends and pay variance by categories of pay expenditure;
- The position in respect of budget phasing for month 1 and the ongoing work to re-profile key budgets where expenditure plans are available;
- The current status in respect of SLAs/LTAs;
- Savings target of £2.198m and the unidentified element of £400k relating to organisational efficiency;
- The anticipated break-even position in line with IMTP and the work to now ensure robust monitoring of forecast plans throughout the financial year, and
- The status of the Capital Programme for 2018/19.

End of Year Performance Review: Well-being Statement and Objectives

1 Purpose

To provide an end of year update on Public Health Wales' response to the Well-being of Future Generations (Wales) Act 2015 and progress against the well-being objectives.

2 Background

The Well-being of Future Generations (WFG) Act came into effect on 1 April 2016; key milestones for the Act are summarised in Annex 1. Public Health Wales set its first well-being objectives in March 2017 by taking a WFG 'lens' to the organisation's Integrated Medium Term Plan, reflecting our position at a point in time i.e. in the final year of a three strategic plan (Figure 1).

Figure 1: Public Health Wales' well-being objectives, March 2017-March 2018.

Public Health Wales will work with others to:	
1	Build capacity and support system change, to protect and improve health and reduce inequalities
2	Give our children the best start in life including opportunities to grow, play and learn in a healthy and safe environment
3	Support the NHS to deliver high quality, equitable and sustainable services that meet the needs of citizens at every stage of their life
4	Minimise public health risks from current and emerging diseases, environmental hazards and emergencies
5	Influence policy, planning and design to create sustainable, culturally thriving and cohesive communities, to tackle the wider determinants of health and to break the cycle of poverty and disadvantage
6	Maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales
7	Strengthen our role in global health and sustainable development, realising the benefits of international engagement

These well-being objectives were updated in March 2018, providing full alignment with organisational long term strategic priorities.

In May 2018, the Future Generations Commissioner for Wales has published *Well-being in Wales: The journey so far*[1], which examines well-being objectives set by public bodies and provides advice on how organisations can demonstrate they are taking effective steps to meet their objectives.

In parallel, the Auditor General for Wales has published *Reflecting on Year One: How have public bodies responded to the Well-being of Future Generations (Wales) Act 2015?*[2], which aims to:

- provide an overview of how the 44 public bodies are responding to the Act;
- identify and disseminate emerging practice to help public bodies learn and improve; and
- help inform the focus of future audit work under the Act.

The overall conclusion of the Auditor General is that "*Public bodies support the principles of the Well-being of Future Generations (Wales) Act 2015 and are taking steps to change how they work*".

3 The Health and Sustainability Hub

The Health and Sustainability Hub (in Policy, Research and International Development Directorate) was created to support Public Health Wales to meet its duties in the early years of the Act and to maximise opportunities afforded by the Act. The decision to establish the Hub has been commended by Andrew Goodall (CEO NHS) and Sophie Howe as demonstrating leadership in supporting the implementation of the WFG Act for both Public Health Wales and the wider NHS and public service.

3.1 Supporting an organisational response

The Hub led the development of Public Health Wales' well-being statement and objectives in March 2017, and more recently has developed a new well-being statement, following the update of organisational well-being objectives in March 2018.

The Hub has undertaken considerable staff engagement to raise awareness and understanding of the opportunities and challenges of implementing the Act; over 120 'engagements' have taken place in 2017-18 across all Directorates and with corporate leads for support functions. The Hub has

[1] Available at: https://futuregenerations.wales/wp-content/uploads/2018/05/2018-05-10-FGCW-1-year-Report-_English.pdf
[2] Available at: https://futuregenerations.wales/wp-content/uploads/2018/05/Reflecting-on-Year-1-English.pdf

also delivered several lunchtime talks with Cynnal Cymru-Sustain Wales, Size of Wales and the BBC.

The Hub has supported the development of Public Health Wales' approach to environmental sustainability, and has delivered a workshop for corporate leads on the subject with Cynnal Cymru. In October 2017, the Hub facilitated Public Health Wales becoming the first public sector organisation in Wales to achieve recognition in Cynnal Cymru's 'carbon literacy' training.

3.2 Enabling a collaborative approach

A 'PSB Support Network' has been set up for the Public Health system in its work with Public Services Boards (PSBs). To date, this has involved working in partnership with People and Organisational Development Directorate to deliver three workshops for Public Health leads in local areas.

The Hub is participating in the Sustainable Development Co-ordinators' Cymru network and the National Bodies Network, through which it is identifying opportunities for developing joint well-being objectives and joint ways of working to deliver shared outcomes.

The Hub's collaboration with the Office of Future Generations Commissioner and Betsi Cadwalader Health Board on a 'Live Lab' programme of work to explore and explain the practical implications of the Act and support innovation, transformation, and organisational cultural change has been highlighted at a recent WAO national learning event as one of the ways Public Health Wales is leading and supporting system change.

Two recent publications, supported by the Hub, highlight Wales as a country case study, providing a concrete example of a national approach to sustainable development (*Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world* (2017)[3] and *Sustainable development in Wales and other regions in Europe – achieving health and equity for present and future generations (2017))*[4].

4 How has the Act made a difference?

The WFG Act, and in particular the 'long-term' way of working, is one of the drivers for Public Health Wales developing a long-term organisational strategy to 2030.

[3] Available at: www.sahealth.sa.gov.au/wps/wcm/connect/4760078042fd0137a2cff68cd21c605e/17061.3+HiAP+Who+Case+Study+Book-ONLINE.PDF?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4760078042fd0137a2cff68cd21c605e-lYyto6K

[4] Available at: www.euro.who.int/en/publications/abstracts/sustainable-development-in-wales-and-other-regions-in-europe-achieving-health-and-equity-for-present-and-future-generations-2017

The decision to align organisational strategic priorities and well-being objectives means that future measurement of progress and impact will be further integrated within organisational performance monitoring processes.

4.1 Measuring our Progress to Date: Mapping against actions within our Integrated Medium Term Plan

To monitor progress against our well-being objectives, each well-being objective was mapped against the contributory actions within the Operational Plan 2017/18. Table 1 summarises the number of year one Operational Plan actions that contribute to achieving each of the well-being objectives. It is worth noting that some actions contribute to more than one well-being objective.

Table 1: Number of Operational Plan actions contributing to well-being objectives

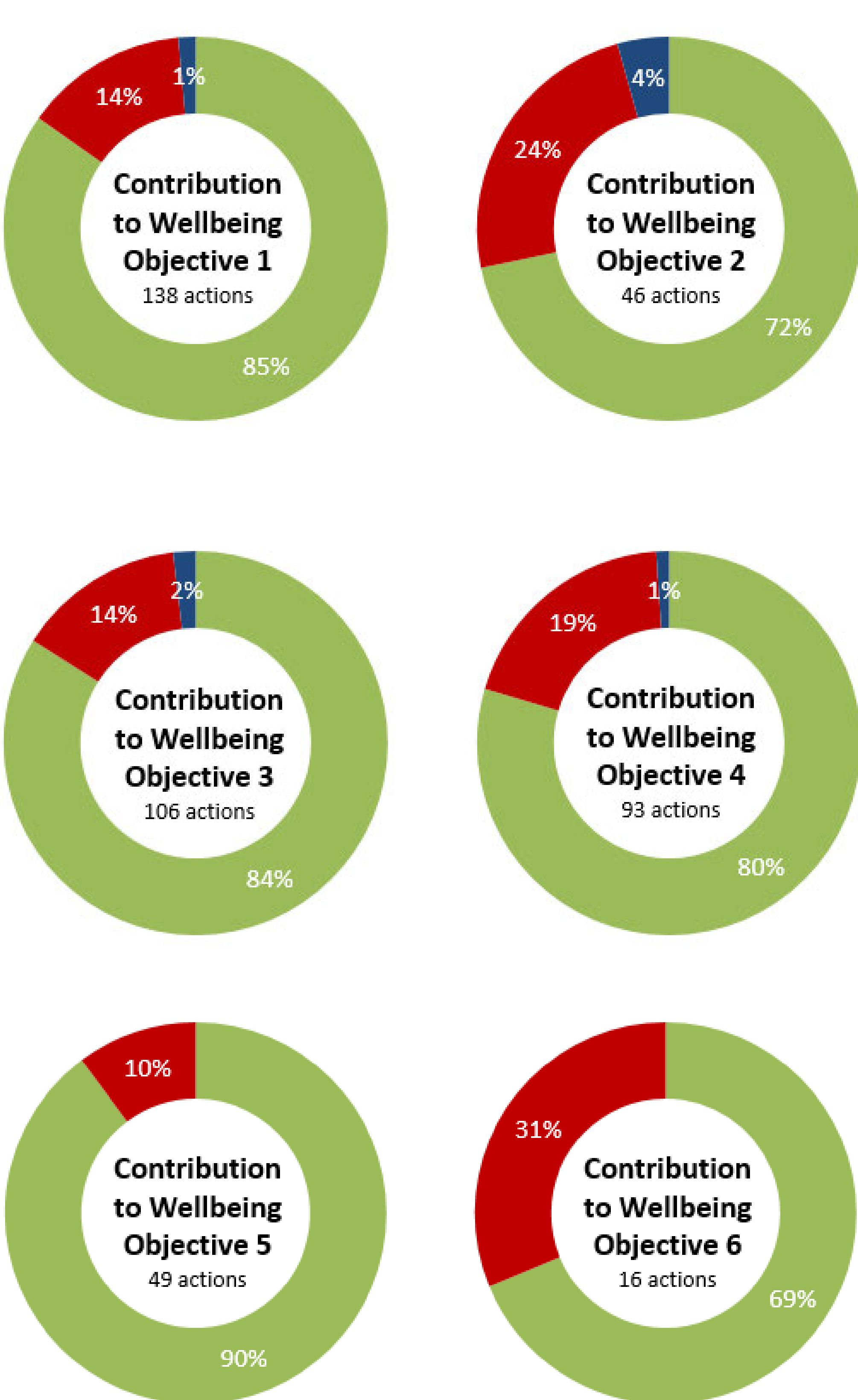
Well-being objective	Number of actions contributing to objective
1	138*
2	46
3	106*
4	93
5	49
6	16
7	10

*N.B Duplicative actions have been removed since reporting at mid-year

Performance against each of the well-being objectives at year-end is summarised in Figure 2. The charts highlight the status (see key) of completion of the contributing Operational Plan actions to each well-being objective, by percentage.

Where actions that contribute to well-being actions are behind schedule (red) or responsibility now sits with an external agency (blue), exception reports have been provided by relevant Directorates and are included in the March 2018 integrated performance report.

Figure 2: Performance against well-being objectives



4.2 Case Studies

Two case studies provide examples of activities that contribute to achieving the well-being objectives, influencing cultural and system change whilst embedding the sustainable development principle.

- Public Health Wales' environmental sustainability approach
- Supporting our Teams to 'baseline' their responses to the Well-being of Future Generations Act

Further details are provided in *Annex 2.*

5 2018/19 - Sustainable Development: everybody's business

In addition to continued communications and engagement work across the organisation to further raise awareness and understanding of the Act and ongoing collaborative working, examples of further work to embed sustainable development in 2018-19 include:

5.1 'Be the Change' campaign

Following the example of the United Nations, the Health and Sustainability Hub is developing 'bite size' practical guides for Public Health Wales staff as part of an overall campaign to *'Be the Change'*. The guides will offer

'top tips' to challenge staff to reduce negative impacts and maximise positive impacts across the well-being goals, and will be tailored to the work of the organisation and its services.

5.2 SIFT tool

The Hub is progressing a new tool - Sustainability Improvement for Teams (SIFT). The tool will help to translate the high level ambition of the legislation into meaningful actions that can be delivered by individuals and teams with the aim of changing cultural norms over time and making the ways of working 'everyday' practice. The SIFT tool development has been informed by findings from Quality Improvement, advice and experiences from NHS 1000 Lives, learning and expertise from organisational change and organisational development and public sector reform. The tool is being tested in a number of settings and once testing is complete, opportunities to widen its use in other sectors and settings will be explored with the Wales Audit Office and through the National Bodies Network.

5.3 Sustainability Showcase events

Together with Public Health Network Cymru and the Office of the Future Generations Commissioner, a series of events are being held across Wales with the aim of providing local organisations (across sectors) with an opportunity to showcase their sustainable development work. The events are also providing space for local networking and are supporting work to map and understand emerging practice.

5.4 Environmental sustainability

Public Health Wales' approach to its environmental sustainability includes calculating the organisation's carbon footprint. The Hub is working with Staff Health and Well-being to organise two further 'marketplace' events, building on the positive 'pilots' in Swansea and Cardiff in March 2018 (see case study in annex 2).

5.5 Supporting 'Long-term thinking'

In July 2017, the Future Generations Commissioner published a report[5] on the learning from the local well-being assessments of each PSB. A key recommendation was the need "*to build capacity, expertise and confidence to understand forecasting, future trends and the needs of future generations, including considering scenarios and trends which are less certain*". To support this response, work will be undertaken to identify successful approaches (including international examples) to long term

[5] Future Generations Commissioner for Wales (2017). Well-being in Wales: Planning today for a better tomorrow. Available at: https://futuregenerations.wales/wp-content/uploads/2017/07/FGCW_Well-being_in_Wales-Planning_today_for_a_better_tomorrow_2017FINALENG.pdf

thinking that can be adapted to the Welsh context and to establish a peer learning and support group, providing opportunities to build skills and expertise in Wales to undertake foresight work.

5.6 Sustainable Environments

Working with the Research and Development Division and the Environmental Public Health Service, a new '*Making a Difference*' chapter summarising the evidence around effective air quality management interventions is being developed to guide and support collaborative action to tackle air pollution, health risks and inequalities.

The Hub is developing a briefing on the impact of the built and natural environment (places and spaces) on population health with a view to producing relevant, accessible and timely public health advice for PSBs and other key stakeholders.

6 Recommendations

The Board is asked to **note** activity and progress towards achieving the organisational well-being objectives.

Annex 1: Key milestones for the Well-being of Future Generations (Wales) Act 2015

Key dates	
1 April 2016	WFG Act comes into effect and PSBs set up
Summer 2016	Health and Sustainability Hub set up
Autumn 2016	Future Trends report published by Welsh Government
March 2017	Public Health Wales publishes its first Well-being Objectives
	PSBs publish Well-being Assessments
March 2018	Public Health Wales updates its Well-being Objectives
May 2018	Wales Audit Office publishes *Reflecting on Year One: How have public bodies responded to the Well-being of Future Generations (Wales) Act 2015?*
May 2018	Future Generations Commissioner publishes *Well-being in Wales: The journey so far*
May 2018	PSBs publish Well-being Plans
May 2018	Wales Audit Office National Learning Event
Health and Sustainability Hub key actions	
To date	Leading the development of Public Health Wales' revised Well-being Statement
	Ongoing staff and stakeholder engagement and collaboration activities
	Supporting an organisational approach to environmental sustainability
	Setting up a PSB Support Network for local Public Health leads
	Collaborative working with the Office of the Future Generations Commissioner
Underway	New publications to raise awareness of the Act and Public Health Wales' response
	Developing a framework to support the embedding of sustainable development for teams (SIFT Tool)
	"Be the change" movement/campaign to engage staff
	New resources e.g. on topics such as Air Quality
	Sustainability Roadshows with Public Health Network Cymru

Annex 2: Case Studies report

1 Public Health Wales' environmental sustainability approach

Introduction

Public Health wales is working to improve its environmental sustainability, in contribution to a *prosperous*, *healthier* and *resilient* Wales. We are also responding to the Welsh Government's vision for a 'carbon neutral Welsh public sector by 2030'. We are proud to be the first public sector organisation in Wales to achieve Cynnal Cymru's 'carbon literacy' training, which is accredited by the Carbon Literacy Project in Manchester.

Our decarbonisation approach has five working groups:

- Buildings, energy and waste
- Sustainable procurement
- Green travel
- Calculating and reducing our carbon footprint
- Leading, engaging and learning

The approach, which was developed in 2017-18, is being shaped by the five ways of working:

Long term

We are developing our approach alongside the development of the organisation's long term strategy.

Prevention

We recognise that improving our environmental sustainability will contribute to addressing key public health issues including air pollution, obesity and climate change. Our actions are demonstrating leadership and modelling behaviour change, as we aim to move towards the Act's vision for a low carbon society.

Integration

We developed our approach with a working group of colleagues from across the organisation and its locations. The five working groups again have cross-organisation representatives. Our environmental sustainability approach will contribute to several of our well-being objectives, including 'Influencing the wider determinants of health', and 'Promoting healthy behaviours'.

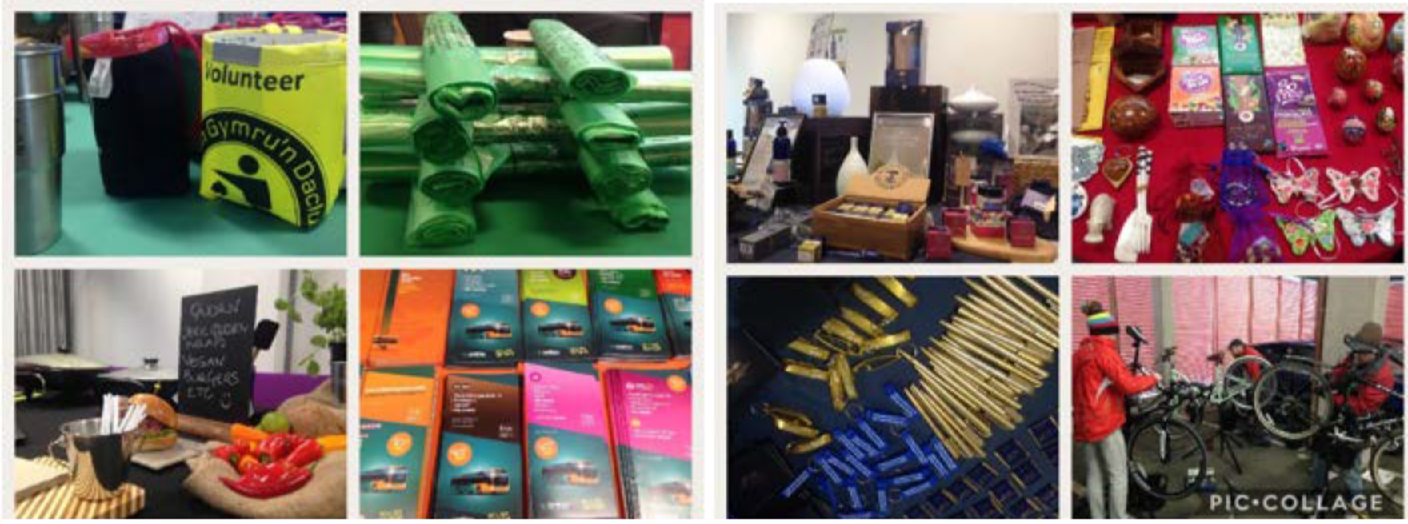
Collaboration

In delivering our approach, we are learning from Natural Resources Wales' best practice in its 'Carbon Positive Project' on carbon management. We are also pleased to be working with WRAP Cymru, on our strategic procurement work, and Carbon Trust Wales, on our carbon footprint.

Building on 'Our Space', and the acclaim which it has received, we are also working with the Welsh Government, WCVA and Wales Co-operative Centre to explore further the opportunities for the public sector to create inspiring workplaces using remanufactured office furniture.

Involvement

We have used our intranet and staff Facebook group, alongside our Health and Sustainability Hub, to engage colleagues in supporting this work. We also conducted a 'staff commute survey' to calculate our combined annual commute and target a reduction in the following years. We are pleased to have piloted three 'sustainability marketplaces' to enthuse our staff about environmental sustainability, by providing a range of stalls, on topics including recycling, travelling, healthier eating and well-being, and bike checks.



A selection of stalls from our 'sustainability marketplace'

2 Supporting our Teams to 'baseline' their responses to the Well-being of Future Generations Act

In 2016-17, working with the City and County of Swansea's Sustainable Development Unit and Netherwood Sustainable Futures, Public Health Wales built a corporate picture of how the sustainable development principle (and its five ways of working) is being addressed and delivered through the organisation, to develop its starting position and response to the Well-being of Future Generations Act.

In 2017-18, the Health and Sustainability Hub has kept these research tools 'live' by adapting them to support the National Safeguarding Team to assess its current position in relation to the legislation (at team-level).

This 'benchmarking' exercise consists of a number of work packages including:

- an online staff survey on levels of awareness and understanding of the Act
- a survey 'matrix' for the team lead on the contribution of the team's work to Wales' well-being goals
- telephone interviews (semi-structured) with stakeholder organisations on the opportunities through the Act for further collaboration

The team will receive a summary overview of its cultural, corporate and collaborative 'readiness' for the Act, with recommendations for its work-plan. The Health and Sustainability Hub aims to be able to offer these 'tools' to other teams across the organisation, to further embed the Act in the organisation.

Joint Executive Team Meeting

Public Health Wales

18 May 2018

Introduction

- The purpose of this Executive Summary Report, which is supported by a more detailed monthly integrated performance report (March 2018), is to provide Welsh Government with an overview of performance as at year end and outline how we will deliver our 2018-20 IMTP.
- The report consists of two sections:
  - **Section one** provides an overview of our performance during 2017/18 against our priorities within the IMTP 2017-20. It highlights a number of achievements during the year as well as areas where there are ongoing challenges. A summary of progress against planned actions within our IMTP is also provided. This section is designed to be considered alongside the **March 2018 integrated performance report** which includes key service, people, quality and financial information.
  - **Section two** sets out our plans for the future and describes our journey in developing our Long Term Strategy for 2018-2030 and how we will work with our partners to improve health and well-being and reducing health inequalities in Wales. It also covers the development of our Strategic Plan (IMTP 2018-21) which sets out how we will work over the next three years to achieve our seven new long term strategic priorities.

Performance in 2017/18

Highlight achievements

- Achieved designation as a WHO Collaborating Centre on 'Investment for Health & Wellbeing'
- Launched our International Health Strategy: Nationally Focused, Globally Responsible
- Developed a draft safeguarding maturity matrix for use across NHS Wales for 2018-19
- Achieved PENNA Award for Champion the Public: Listening and learning from children & young people and Elite Award for large employer
- Development of Children & Young People AQS / Youth Summit
- Received more than 1,700 compliments during 2017/18
- Using our award winning circular economy approach, relocated 120 staff to Swansea and Mamhilad
- Successful sale of the Temple of Peace
- Achieved Corporate Health Standard Bronze
- Values launched and embedded in key procedures

- Awarded research funding, including Police Transformation Fund
- Stay Well in Wales – delivered the first population survey in Wales
- Published Health Impact Assessment Quality Assurance Review Framework (one of the first in the world) and trained over 100 practitioners
- Delivered the Welsh Public Health Conference
- Developed the draft Long Term Strategy and final IMTP 2018-21
- Reviewed our communications channels across the organisation including rebranding
- Developed an integrated performance report to include key service, people, quality and financial information to our Board
- Developed Business Intelligence reporting through ESR

Performance in 2017/18

Highlight achievements (cont'd)

- Introduced a new Workforce Planning toolkit
- Launched a Healthcare Associated Infection Collaborative with cross-linkage to Antimicrobial Resistance
- Support to CMO Sexual Health Service review and introduction of PrEP for HIV
- Health protection support (epidemiological intelligence) to NHS in response to influenza this winter
- Launched the Safer Pregnancy Campaign with the CNO
- Published 'Matrics Cymru' guidance for the delivery of psychological therapies in Wales
- Launched the 'Cancer: Thriving and Surviving' Education Programme for Patients
- Delivered the JUSTB programme to targeted schools where children are at greatest risk of smoking
- Completed a strategic review of health intelligence
- Launched Help Me Quit smoking cessation system

- Used learning from the staff survey / Medical Engagement Scale to drive engagement across the organisation
- Undertook a Peer-to-Peer review of Public Health Wales by the International Association of National Public Health Institutes
- Planned the introduction of HPV primary testing in Cervical Screening Wales, FIT testing in Bowel Screening Wales, risk based Diabetic Eye Screening
- Successfully implemented new Patient Archiving System for Breast Test Wales and AAA Screening Programme
- Launch of the Q Network and Improvement Advisor training
- Supported over 60 businesses through Healthy Working Wales
- Published the 'Health and its Determinants in Wales' report
- Launched 'Every Child' to improve health in pre-school children

Performance in 2017/18

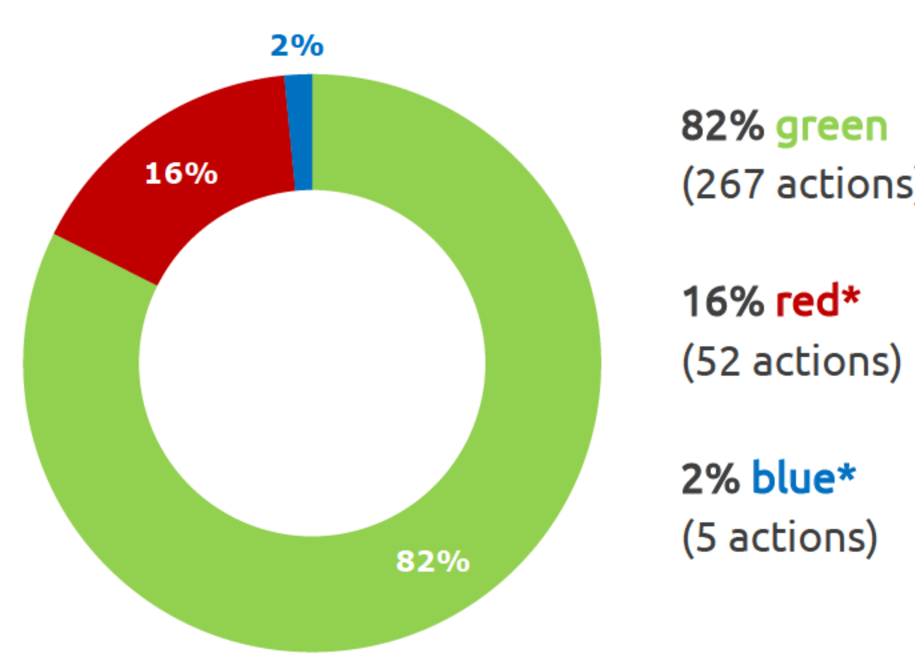
Ongoing challenges

- Ongoing recruitment challenges which will continue into 2018/19, including:
  - Microbiology staffing and service stability
  - Workforce capacity in some screening programmes
  - Colonoscopy capacity
  - Ageing workforce (specifically in highly specialised areas such as Safeguarding)
- Workforce capacity is further exacerbated in certain regions of the country which will continue to have an impact on our medical locum and agency spend. These issues will be mitigated by comprehensive workforce planning and innovative solutions involving location flexibility and job re-design.
- Focus around the culture of the organisation and the engagement of our people. Each directorate has action plans but we recognise the continued need to focus on this vital area.
- Work continues to demonstrate the value and impact of our work through the establishment of a 'value and impact' project, developments around evaluation, and the implementation of the Quality and Impact Framework
- Cyber security is now recognised as a Board level risk and action plans are in place to increase our resilience

Performance in 2017/18

Progress against planned actions in our IMTP

Overall progress across all plans



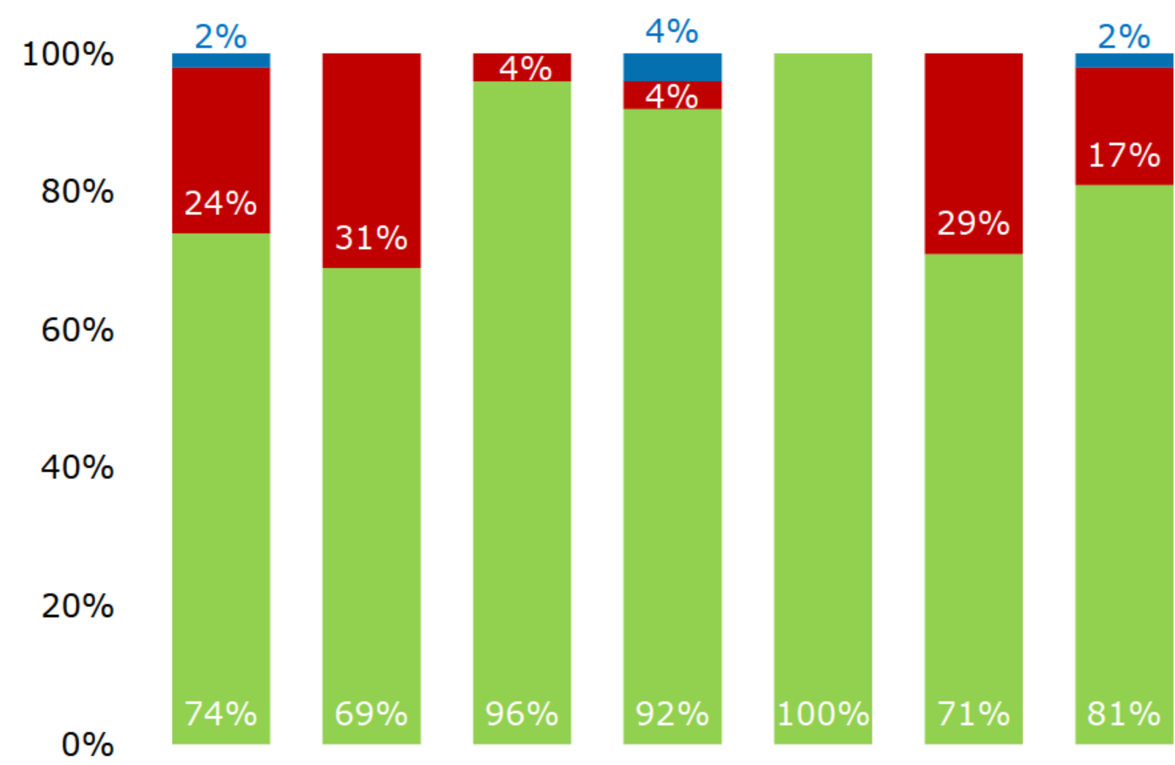
82% green
(267 actions)

16% red*
(52 actions)

2% blue*
(5 actions)

* Exception reports for actions not completed are included in the March 2018 Integrated Performance Report (pp. 21-39)

Progress against our Strategic Priorities



Performance in 2017/18

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

- Evaluation of Cymru Well Wales and coordinated development of the initiative in conjunction with the Welsh Local Government Association
- Implemented an agreed programme of support for communities and voluntary organisations through our Healthy and Well Communities Programme
- Implemented new social marketing programmes for help to quit smoking, addressing childhood obesity and promoting active travel to school.
- Established an alcohol prevention partnership across sectors
- Developed, in conjunction with Welsh Government, a programme to reduce the impact of sugar on population health
- Launched a unified national Help Me Quit Brand and campaign - almost 200,000 people have engaged with *Help Me Quit* social media, 60% of adults have watched the TV advert and almost 30,000 people have viewed the website
- Supported the development of a new national Tobacco Action Plan
- Supported over 60 businesses through Healthy Working Wales in partnership with local authorities, HSE and others
- Developed evidence summaries for 14 of the Public Health Outcomes Framework (PHOF) indicators and enhanced the PHOF tool (including sub-local authority analyses) to inform population health action
- Developed a visual resource – Doorstep to Desk – to support housing developers, planners, and the police in making walking and cycling to school an easier choice for parents and pupils
- Registered over 100 primary schools in The Daily Mile initiative
- Secured funding for a Knowledge Economy Skills Scholarship in conjunction with the University of South Wales researching the use of the MyBetterHealth prescription for lifestyle change, in a first-of-its-kind trial

Performance in 2017/18

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

- Supported the development of government policy on early years (part of Prosperity for All), including the future direction of Healthy Child Wales
- Launched Every Child, which is a new five-year programme initially focussed on the 10 Steps to a Healthy Weight, improving health in the pre-school age group. Over the launch period, there has been a specific focus on childhood obesity, breastfeeding and outdoor play.
- Supported First 1000 Days local collaborative projects in Wrexham, Torfaen, Conwy and Denbighshire
- Completed extensive parental insight gathering with parents in the First 1000 Days including with vulnerable parents
- Established an Adverse Childhood Experiences prevention and support hub
- Commenced Adverse Childhood Experiences prevention and support awareness and training sessions
- Implemented a communication and engagement programme for the First 1000 days programme
- Shared learning from the First 1000 Days Collaborative programme
- Co-developed a draft safeguarding maturity matrix (children and adults) with NHS Wales, for piloting during 2018-19

Performance in 2017/18

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

- Engaged clinicians and managers in developing a new model for primary and community care
- Development of Primary Care One Wales - a website promoting collaborative working and supporting clusters
- Supported more effective social prescribing through mapping evidence and sharing of activity
- Continued to embed health improvement initiatives into primary care delivery – for example stop smoking support for smokers from minority ethnic communities, a GP training resource on the use of Fit Notes
- Delivered well received Confident Leaders Programme: developed for cluster leads and aspiring cluster leads
- Delivered skills based workshops on a regional basis aimed at those working in or with clusters. Topics included Health Needs Assessment, Co-production and Principles of Project Management.
- Worked closely with the Chief Dental Officer's office and Health Boards to start the General Dental Service Reform Programme and took over the national leadership of Designed to Smile programme
- Co-ordinated the ongoing development of the Primary and Community Care Development and Innovation Hub in conjunction with Programme Board partners
- Implemented recommendations of Dental Health Resources review
- Supported the introduction and development of the pharmaceutical needs assessment framework in Wales
- Delivered a programme of re-orientating Designed to Smile to 0-5 year age group with an increased emphasis on the first 1000 days
- Developed a plan to improve oral health intelligence in line with the strategic review of public health intelligence review and the Public Health Wales Dental Public Health review recommendations

Performance in 2017/18

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

- Launched a Healthcare Associated Infection (HCAI) Collaborative with cross-linkage to Antimicrobial Resistance (AMR)
- Targeted public health support to reduce multi-(drug) resistant organisms, Staph. aureus (MRSA), and C. difficile rate in organisations that are challenged
- Hosting the support for the National Antimicrobial Resistance programme
- Defined the role of the National Safeguarding Team in the Adverse Childhood Experiences Prevention Support Hub for Wales
- Adverse Childhood Experiences evidence base presentations delivered to all Regional Adult Safeguarding Boards
- Launched the Safer Pregnancy Campaign highlighting the importance of keeping safe during pregnancy to reduce the risk of stillbirth
- Published 'Matrics Cymru' guidance for the delivery of psychological therapies in Wales
- Developed and released cancer survival data comparable with England and Northern Ireland as part of official statistical release
- Led the development and support of the National Task Force for Falls Prevention and continued to develop the Steady on, Stay Safe Campaign.
- Targeted public health support to reduce HCAI
- Delivered the Public Health Wales contribution to the refocused national Antimicrobial Resistance programme and action plan
- Completed year one of the Outpatient Improvement Programme to support health boards to reduce waiting lists and improve experience
- Provided 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
- Analysed and reported on NHS Wales compliance with NICE guidance on Domestic Abuse: mitigate impact of this adverse experience on children and adults
- Supported the Cancer Network's early detection programme (diagnostic), the implementation of Innovation Bids and improvements in priority pathways (e.g. head and neck; lung; upper gastro-intestinal)

Performance in 2017/18

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

- South Wales Early Intervention Project has developed, delivered and evaluated ACEs training and piloted single point of contact for vulnerable clients.
- National Approach to Policing Vulnerability and ACEs Programme funded through successful bid to Police Transformation Fund for £6.8million.
- Hosted European study visit on co-production and vulnerable groups.
- Jointly facilitated with RIVM (Netherlands) Wales First Foresight workshop for senior delegates from PHW, WG & FG Commissioner's Office.
- Publication with WHO on the Welsh approach to Health and sustainability
- Delivered high impact factor research on ACEs, electronic cigarettes, cancer survival, mass unemployment events and violence prevention (20 academic papers in Q1).
- Launched our International Health Strategy and development of its governance structure, implementation plan and stakeholder involvement.
- HIA – Publication of only International HIA QA tool. Work with WHO Europe on outline resource. Support and advise Welsh Government to draft the HIA Statutory Guidelines for HIA and their practical implementation.
- Produced a report on Health and its Determinants to inform policy and strategic planning across the wider NHS.
- Embedded the sustainable development principle in all work across PHW to support strategic planning and Future Generation Act implementation.
- Identified routes for public engagement and involvement in policy development and implementation.
- Delivered new research outputs covering community resilience, ACEs and prevention, WFG Act, gambling harms and Policing vulnerability.
- Progressed a programme of work on 'Investment for Health and Wellbeing' across Wales and the WHO European Region

Performance in 2017/18

Strategic Priority 6: Protecting the public and continuously improving the quality, safety and effectiveness

- Successfully concluded Patient Notification Exercise for Cardiac Heater Cooler Units across NHS Wales
- Established a stabilisation plan for safe delivery of clinical microbiology services including new ways of working to support 24/7 microbiology service delivery across Wales
- Continued active recruitment for key medical and clinical scientist posts in Microbiology
- Undertaken and evaluated pilots of the All Wales Acute Response (AWARe) system following establishment of a project board and engagement process
- Effective control of outbreaks and environmental incidents including Measles, Campylobacter, waste fires
- Launched (with 1000 Lives) HCAI Collaborative
- Provided epidemiological intelligence and specialist advice to support NHS response to winter flu
- Provided support to CMO Sexual Health Service review and introduction of PrEP for HIV
- Contributed to preparedness for UEFA Champions League event
- Support to air quality and climate change agenda including publication of NHS staff guidance
- Publication of Substance Misuse annual profile and other national reports
- Supported the conclusion of the sexual health and HIV prevention services review
- Established, with partners, consensus and systems to evidence and reduce premature deaths related to alcohol and drug poisonings
- Implemented national surveillance system for blood borne viruses including HIV from screening to treatment outcome to reduce rates of related liver disease
- Planned the introduction of: HPV primary testing in Cervical Screening Wales, and FIT testing in Bowel Screening Wales
- Coordinated the introduction of NIPT in Antenatal Screening flows (subject to agreement on funding flows)
- Implemented actions to improve access to screening for service users with sensory loss
- Received more than 1,700 compliments during 2017/18

Performance in 2017/18

Strategic Priority 7: Developing the organisation

- Conducted and implemented a review of the engagement, communications and web resource across the organisation
- Developed and delivered a programme of internal communications work to engage staff in the implementation of the Well-being of Future Generations (Wales) Act 2015
- Expanded mobile computing services as part of the Digital Strategy
- Ensured baseline assessments are in place to underpin the main pillars of the Sustainability Action plan
- Established a strategic financial programme as part of the development of the new Strategic Plan
- ESR enhanced launched and paper payslips 'turned off'
- Organisational Values launched and embedded in key procedures
- Revised workforce planning toolkit introduced leading to enhanced 3-year workforce plans
- Completed a strategic review of our health intelligence functions and has initiated a programme to implement the review
- Incorporated evaluation, research design and evidence synthesis into core workforce development organisational offer, based on assessment of need, to enhance knowledge mobilisation
- Held Lunch and Learn sessions for PHW staff to share knowledge on a range of key public health issues for PHW
- Developed and agreed new organisational strategy and priorities through undertaking a process of internal and external engagement
- Continued to review and implement revised directorate performance indicators (where required)
- Approved Joint Working Framework to outline how good governance arrangements should underpin joint working arrangements
- Used staff survey results to drive organisational improvements
- Enhanced work on diversity and inclusion; including completing Stonewall Index and launching a range of network groups
- Significant increase in Welsh Language learning
- Developed and implemented a risk management system working towards compliance with no major non conformities when assessed against the requirements of ISO31000
- Developed mechanisms for sharing knowledge arising from research, evidence review and evaluation, across Public Health Wales
- Achieved PENNA Award for Championing the Public: Listening and learning from children & young people and Elite Award for large employer
- Development of Children and Young People AQS / Youth Summit

Performance in 2017/18

Key financial performance

Summary

- Draft outturn of £28k revenue surplus and small underspend against capital funding of £3k.
- Pay underspend a result of recruitment difficulties in microbiology and delays in recruiting to senior posts within new structures. This was offset by planned additional expenditure on non pay.
- Increase of approx. £7.9m in budget in 2017/18 mainly as a result of:
  - Full year effect of Clinical Networks Transfer (£5.3m)
  - Pay award, increments and Apprenticeship Levy (£1.5m)
- Public Sector Payment Policy Target of 95% of all non NHS invoices paid within 30 days has been met again for 2017/18.

Public Sector Payment Policy Target	Target	Actual
% of Non NHS invoices paid within 30 days by number	95%	95.6%
% of Non NHS invoices paid within 30 days by value	95%	95.9%

Revenue Position	Annual Budget £000s	Draft Outturn £000s
Income	-128,228	-129,130
Pay	78,468	77,358
Non Pay	49,760	51,744
Grand Total	**0**	**-28**

Capital Plan 2017/18	Total Spend £000s
Strategic Capital	
ICT Hardware Replacement	400
Picture Archive and Communication System	303
Cervical Screening Wales Information Management System	239
Screening	29
Firewall for Diabetic Screening	17
Total Strategic	**988**
Discretionary Capital	1,577
Total Trust Capital Expenditure	**2,565**
Approved Funding	1,838
Proceeds from Sale of temple of Peace	730
Total Funding	**2,568**

Public Health Wales Long Term Strategy

Why are we developing a Long Term Strategy for Public Health Wales?

- We are nearing completion on our long term strategy spanning the next 10 – 12 years (published Summer 2018)
- This will enable us to focus on how we can best **work with our partners** to have the **maximum impact** in improving health and well-being and reducing health inequalities in Wales
- The new strategy helps us achieve our new purpose: ***Working to achieve a healthier future for Wales***

The development of our strategy

The journey so far

Fact Finding

- Health and its Determinants in Wales 2017 –overview of the health and well-being of the population of Wales
- Making a Difference (2016)
- Policy review

Listening

- Talking to staff and stakeholders about our focus
- Stay Well in Wales – public survey to understand their views
- PESTLE analysis

Discussion

- Executive Team and Senior Leadership Team identified themes
- Themes worked on with our Board and seven strategic priorities developed

Important external influences

- Well-being of Future Generations (Wales) Act 2015
- The strategies of other UK public health agencies
- Public Health (Wales) Act 2017
- Prosperity for All 2017
- NHS Wales Delivery Plans
- Interim and final Parliamentary Review into Health and Social Care in Wales (January 2018)
- NHS Health and Care Strategy (Spring 2018)

Planning Framework - Our Plans from 2018 to 2030

Long Term Strategy

This will enable us to focus on how we can best **work with our partners** to have the **maximum impact** in improving health and well-being and reducing health inequalities in Wales. The new strategy helps us achieve our new purpose: ***Working to achieve a healthier future for Wales***

Strategic Plan

Our Strategic Plan (otherwise known as our **Integrated Medium Term Plan** 2018-21) sets out what we will deliver over the first three years of our Long Term Strategy to deliver each of **our seven priorities**

Annual Plan

Our Annual Plan includes the **key milestones** for each priority and strategic objective **during 2018/19**

Directorate / Divisional Plans

Programme and project plans will support the **major developments and changes** detailed within this plan

2019

2021

2030

Connecting our people to our purpose

'My contribution' is our process for helping staff to see how their role has a real impact on the success of Public Health Wales.

Our Priorities 2018-2030

Influencing the wider determinants of health

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

Improving mental well-being and resilience

*Working to Achieve **a Healthier Future for Wales***

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

Promoting healthy behaviours

Protecting the public from infection and environmental threats to health

Securing a **healthy future** for the next generation

Our Values:

Working together with trust and respect to make a difference

Our Strategic Plan and Strategic Objectives

- Shows our work over the next three years to achieve our seven long term strategic priorities
- Each long term priority includes a number of strategic objectives that details what we will achieve over the next three years
- Our Strategic Plan is underpinned by our Annual Plan that provides further detail on the work we will be doing in 2018/19 and the specific key milestones and timescales
- Year 1 of our Strategic Plan is our 'Transition year'

Influencing the wider determinants of health

We will collaborate with others to understand and improve factors that impact on everyone's health

Over the next three years, working with our partners, we will have:

- demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice
- renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health
- built on the success of the Welsh Network of Healthy Schools Scheme and will work with others to increase both the action relating to the wider determinants of health and to support better educational attainment
- stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales
- embedded evidence based Health Impact Assessment as a key influence on ours and others' decision-making

Improving mental well-being and building resilience

We will help everybody realise their full potential and be better able to cope with challenges that life throws at us

Over the next three years, working with our partners, we will have:

- increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme reflecting public and partner priorities
- developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs
- developed and disseminated best practice guidance and tools on promoting wellbeing through work
- worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations

Promoting healthy behaviours

We will understand the drivers of unhealthy behaviour and make healthy choices easier for people

Over the next three years, working with our partners, we will have:

- reduced the proportion of the population who smoke
- supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy
- increased the proportion of children who are a healthy weight when they start school
- achieved demonstrable increases in the proportion of children who walk or cycle to school
- developed new comprehensive programmes on; a more active Wales, alcohol related harm, reducing the harm from drugs
- increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales
- increased understanding of the effective methods of behaviour change across staff working in public health
- ensured that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing

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

We will work with parents and services to ensure the best start in life for all children in Wales

Over the next three years, working with our partners, we will have:

- develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years
- undertaken research to inform policy around early years
- improve outcomes in the first 1000 days and to reduce exposure to adversity in the early years
- revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years
- improve oral health of the children in Wales

Protecting the public from infection and environmental threats to health

We will apply our expertise to protect the public from infection and threats from environmental factors, working in collaboration with others to mitigate these risks to human health

Over the next three years, working with our partners, we will have:

- agreed a service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation.
- provided effective and trusted system leadership on a range of designated risks including Healthcare Associated Infections and Antimicrobial Resistance and vaccine preventable diseases
- effective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change

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

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

We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention

Over the next three years, working with our partners, we will have:

- enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care
- used patient safety as a driver to reduce variation, inequality and harm in care delivery
- supported organisations to improve the quality of mental health and learning disability services across the life course
- supported the NHS in Wales to implement the Safeguarding maturity matrix
- delivered and developed evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations
- developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease
- delivered the public health contribution to the national programme for transformation of primary care
- worked with partners to develop and implement the General Dental Service Reform Programme to increase prevention and maximise value of dental healthcare

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

We will develop the skills, policy, evidence-based knowledge to help us and our partners improve health and well-being

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

Over the next three years, working with our partners, we will have:

- developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally
- increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs
- increased our understanding of how new technologies can be used to better deliver our objectives, improve health and reduce health inequalities
- developed a new operating model for our health intelligence resources
- increased our use of health and economic measurement techniques, including social return on investment
- through implementation of our International Strategy, developed with the WHO, a world-leading Centre for Investment in Health and Well-being, harness public health expertise developed abroad, and disseminate research, knowledge, innovation and learning developed in Wales
- increased the capacity and capability of our own workforce and that of our stakeholders to access, understand and utilise public health knowledge by developing their skills and by using new technologies to provide smarter interfaces to access and interpret such knowledge
- increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care
- aligned the levers and drivers for good population health in Wales through the implementation of population health standards for key partners

How we will work

Transition year

- Our new Long Term Strategy will change how we work, what we do and how we allocate resources
- To support the change we will focus on:

  - Organisational Development
  - Colleague development
  - Best use of our resources
  - Evaluation

Key developments in the next 12 months

- Continue to embed the five ways of working into everything we do
- Moving towards a matrix working
- Improving our planning and programme management
- Developing a revised performance management framework
- Understanding the value and impact of our work
- Maximising our resources to support our Strategy through reinvestment of cost improvement savings

Measuring success

- Progress against our refreshed wellbeing objectives and WFG Act '5 ways of working'
- Progress monitored against our Long Term Strategy through our Annual Plan
- Enhanced monitoring of key service, people, quality and financial data through our integrated performance report to support effective and efficient decision making
- Development of key performance indicators, measures of quality and demonstrating the value of our work
- Mapping against the Public Health Outcomes Framework and Welsh Government Delivery Frameworks

Components of Transformational Model for Primary and Community Care

A transformational programme of change to primary care and community services is underway to safeguard the health and wellbeing of the people of Wales, building on the excellent services currently provided by professionals across the country. The new model takes a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs (see diagram Appendix 1).

1. Principles of Primary and Community Care Transformational Model
The citizen is central to the new model, with inclusion of all ages and demographics. Access will ensure the right care is available at the right time from the right source, at or close to home. The model is founded on:

- Service developments based on population need, with planning and transformation led through local primary care clusters
- Promotion of healthy living and the demedicalisation of wellbeing
- A population focus as the basis for service planning and delivery across local communities
- A more preventative, pro-active and co-ordinated primary care system which includes general practice and community service provision through community resource teams (CRTs) or frailty services
- A whole system approach through the integration of health, local authority and voluntary sector services, facilitated by collaboration and consultation
- Holistic care for citizens that incorporates physical, mental, and emotional wellbeing, linked to healthy life style choices
- Integrated, streamlined care on 24/7 basis, focusing on the sickest patients during out of hours
- Greater community resilience through empowered citizens and access to a range of community assets
- Advice and support available to help people remain healthy, with easy access to local services for care when people need it
- Strong multi-professional leadership across sectors and agencies to drive quality improvement
- Technological solutions to improve access to information, advice & care and support self-care

2. Informed Public
A shared understanding of the case for change, setting out what good looks like and explaining the benefits, is critical to success. Cultural change requires information, education, motivation and inspiration of the public to empower people to take ownership of their health. Communication strategies require a strong primary and community care focus to inform both public and professionals of the new models and service developments. Cultural differences between geographical areas may require different approaches to change behaviour. Involving children and young people in understanding the importance of self-responsibility is a key enabler for future change. Healthcare professionals use brief interventions and approaches including making every contact count (MECC) to make an impact on lifestyle behaviours and choices

3. Empowered Citizens
Including people in the design of their local services, using feedback on user experiences and giving people active roles in the change process, all promote public empowerment. Local champions can share the value of primary and community care innovations through their own positive experiences. Motivational interviewing and coaching techniques have been found to be effective in supporting behaviour change. Patients and service users are encouraged to make informed choices together with their health and social care professionals.

4. Support for Self Care
People are assisted to take responsibility for their health by building their knowledge, skills and confidence. Self care and taking responsibility is key to transformational change, with active involvement of people and carers in decisions about their care, and a range of local resources available to promote self-care and self-referral. Smart technology assists with monitoring, self-care and communications.

5. Community Services

The model incorporates the ability for healthcare professionals in general practice to refer to a greater range of community services and pathways, with up-to-date information and advice on health and wellbeing. The model also includes non-clinical care and support in addition to clinical services. An increasing range of options for help and advice includes conversations with local health teams by phone, email or video call. Systems are designed to support decision-making and ensure there is access to the best professional or service when necessary. Community resources may be accessed through self-referral or by telephone triage acting as a social prescribing mechanism, with the use of Link Workers, Social Prescribers and technology to support signposting. It is essential that these local services are easily accessible, sustainable and meet the needs of the community.

6. Cluster Working

Employment of staff to work across clusters increases efficiency and ensures the local population has good access to clinical, social and managerial expertise. Cluster teams recruit professionals including pharmacists, physiotherapists, social workers, paramedics, physicians' associates, occupational therapists, mental health counsellors, dietitians, third sector workers and other local authority staff to increase capacity for managing the everyday needs of the local population.

General practice stability lies at the heart of the new model and is essential to ensure that local health services are sustainable and can respond to future demands. Local support from health boards helps to stabilise vulnerable GP practices and effective local workforce planning will ensure sustainability in the longer term.

Cluster teams are breaking down artificial barriers within local health and social care systems to promote integrated care around the needs of the local population. Integrated working and cultural change are facilitated by joint contracts, shared learning sessions, co-location of staff and opportunities for professionals to rotate between different sectors. The emergence of various models that promote collaborative cluster working, such as Federations, Social Enterprises and the Primary Care Hub, are aligned to this integrated multi-professional approach.

6. Clinical Triage / Telephone First Systems in General Practice

Safe and effective call-handling and clinical triage systems at the front door of primary care are designed to direct people to the most appropriate professional / service, moving away from the current system in which the GP filters the majority of patient contacts. Telephone advice is appropriate for a significant proportion of people's requests and, if given by a suitably experienced professional, can safely and effectively reduce the number of face-to-face consultations. This telephone first model, incorporating call handling (or care navigation) and clinical triage, has the potential to direct or signpost people beyond the multi- professionals around the GP.

The telephone first / triage model is also about ensuring access to the right care from the right service in a timely way, directing people to:

- Clinical professionals integrated within the local multi-professional cluster team, including optometric and dental professionals to manage eye, tooth and oral health problems; community pharmacists to manage common ailments and medication-related problems and physiotherapists to manage musculoskeletal problems
- Non-clinical community services when appropriate, with referrals assisted by link workers or social prescribers who are integrated within the local multi professional team

7. 111 and Out-of-Hours Care

The redesigned 111 Service ensures appropriate management of people with urgent needs in the out-of-hours period, with good communication systems to ensure that professional teams have access to contemporaneous clinical records. This is essential for seamless care across in- and out-of-hours, especially for patients with complex conditions and / or at the end of life.

111, supported by a national virtual directory of services, also acts as a social prescribing mechanism to signpost people 24/7 to local services and sources of help.

8. Direct access

People can directly access a range of local health services that include: community pharmacists for advice and treatment for a range of common ailments; optometrists for advice and treatment of routine and urgent eye problems; dentists for toothache and oral health; physiotherapists for

musculo-skeletal problems; audiologists for hearing problems. Some of these services may not be available yet everywhere but they are developing and transforming over time.

9. People with Complex Care Needs

As a result of effective triage and enhanced multidisciplinary cluster working, GPs and Advanced Practitioners have more time to proactively care for people with more complex needs at home or in the community - often the elderly with multiple co-morbidities. Significantly longer consultation times are required to assess, plan and coordinate anticipatory care.

People who present with both health and social care needs can be supported by seamless care from community resource teams, frailty or other integrated local health and care teams. Complex issues arising from welfare, housing and employment problems can be better managed through a whole system, multi-professional approach. The cluster team is also well placed to support care of the acutely ill within Virtual Wards and Community Hubs, working alongside specialist colleagues to care for those who would otherwise be admitted to hospital and risk losing their independence. Such community teams can also facilitate prompt discharge from hospital.

This holistic multidisciplinary model therefore offers a more proactive and preventative approach to care, with people managed earlier in their care pathways when they respond better to education and support for self-care. The result is better outcomes and experiences for people and carers.

The model has the potential for a wider range of planned care to be undertaken in the community, including outpatient appointments and treatments, and diagnostic tests. It could also reduce referrals to secondary care and unscheduled care admissions, allowing hospital staff to focus resources on the very sick and on planned specialist care.

10. Infrastructure to support Transformation

The Primary Care Transformational Model must be underpinned by an infrastructure that is fit for purpose and designed to facilitate enhanced MDT working. Local health facilities, informatics and telephony systems need to be flexible and responsive to future changes, supporting multi-professional working and telephone first/triage components. Digital options to seek and receive care need to become commonplace. Direct access to diagnostic services in the community by cluster clinicians is essential to the delivery of quality care closer to home.

11. Anticipated Outcomes

National and international research, taken alongside the evidence emerging from the Pacesetter Programme, indicates the potential benefits of the transformational model for primary and community care:

- Improved citizens' health and wellbeing
- Greater community resilience
- Better practitioner morale, motivation and wellbeing
- Increased recruitment and retention of primary care and community staff
- Sustainable models of care

Jane Harrison, Lead GP Adviser,
Primary Care Hub (PHW)
February 2018

VISION for transformation...

Integrated, Whole System
- WBFG - Health, LA, Vol Sector
- Population based
- Physical, psychological, social health
- 24/7 services
- Technological solutions

Stable Primary Care
- Health needs for population based approach
- Capacity, demand & flow for workforce planning
- IM&T systems to facilitate cluster working
- Support Units / Teams
- Estates fit for the future
- Diagnostics in the community

Sustainable Models of Care

Improved access to quality care

New services & pathways

New Cluster Models
- Clinical Triage
- Extended multi-professional teams
- Federations, co-operatives, other cluster models

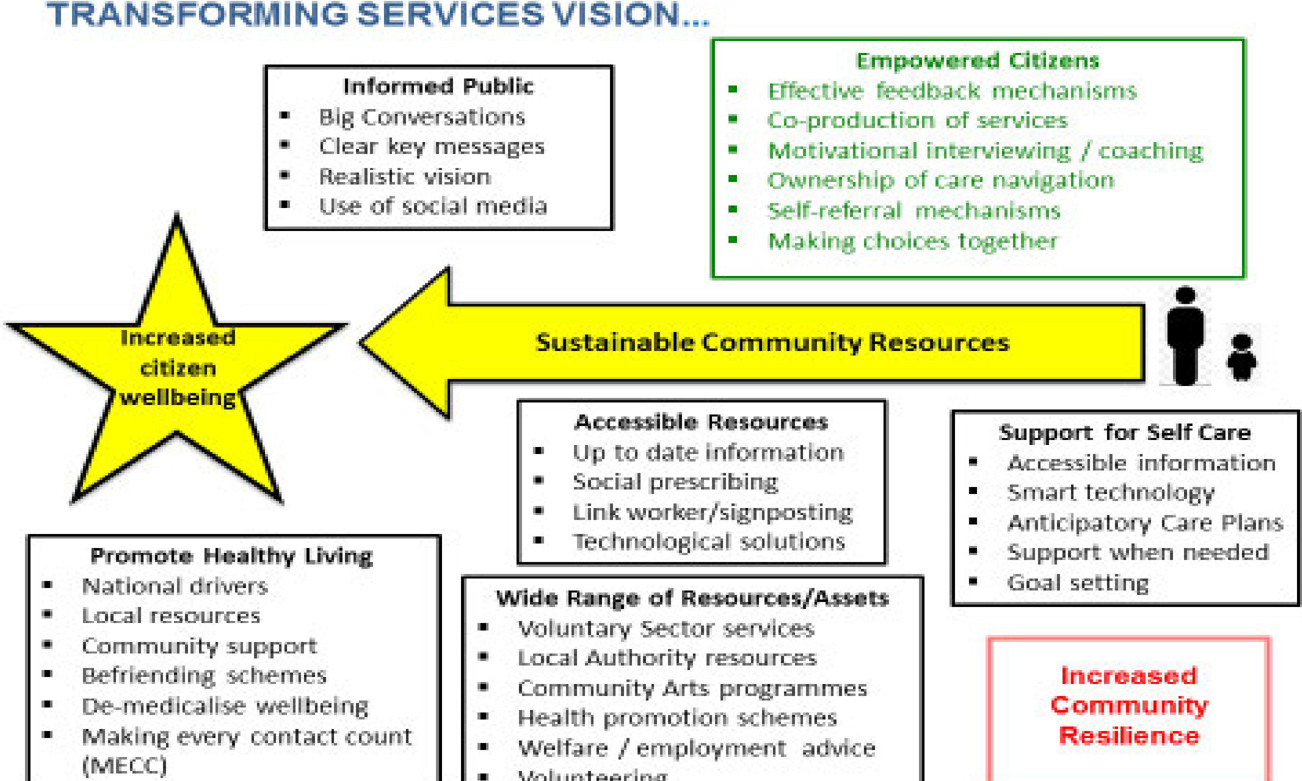
Released GP/ANP
skills, capacity, time

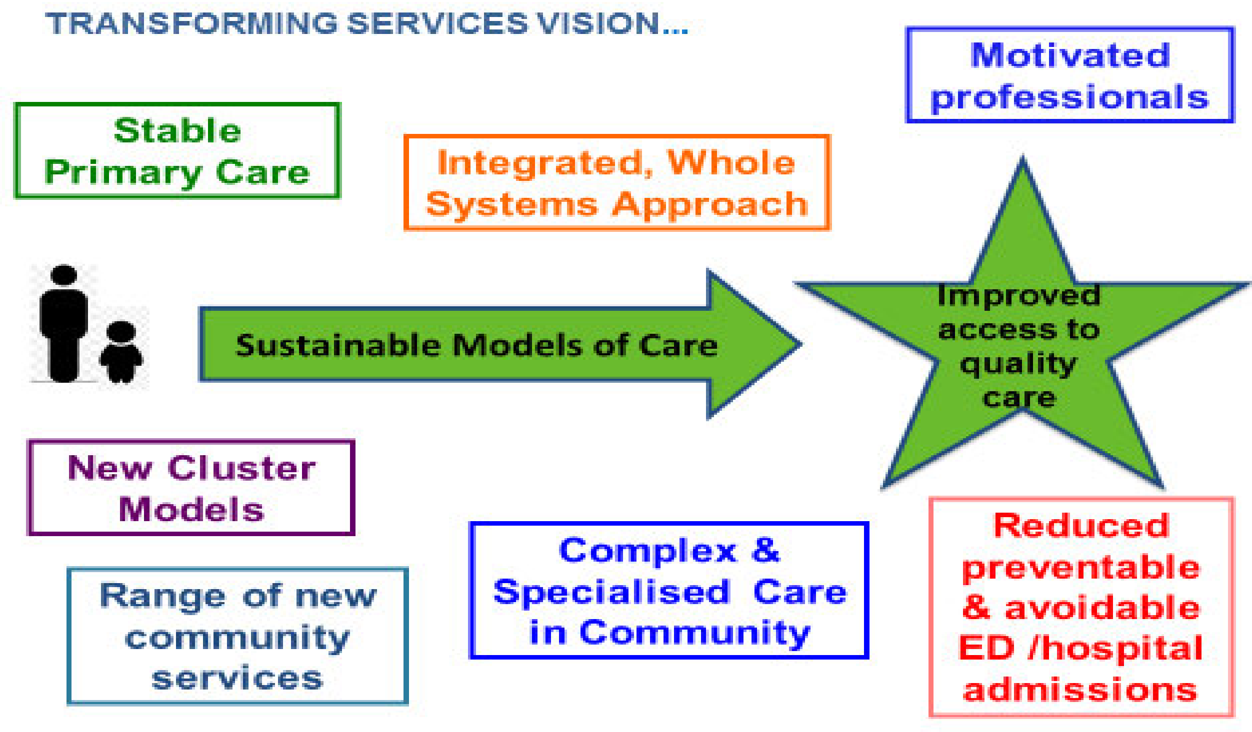
Released hospital specialists
skills, capacity, time

Motivated professionals
- New professional roles
- Career opportunities
- Recruitment & retention

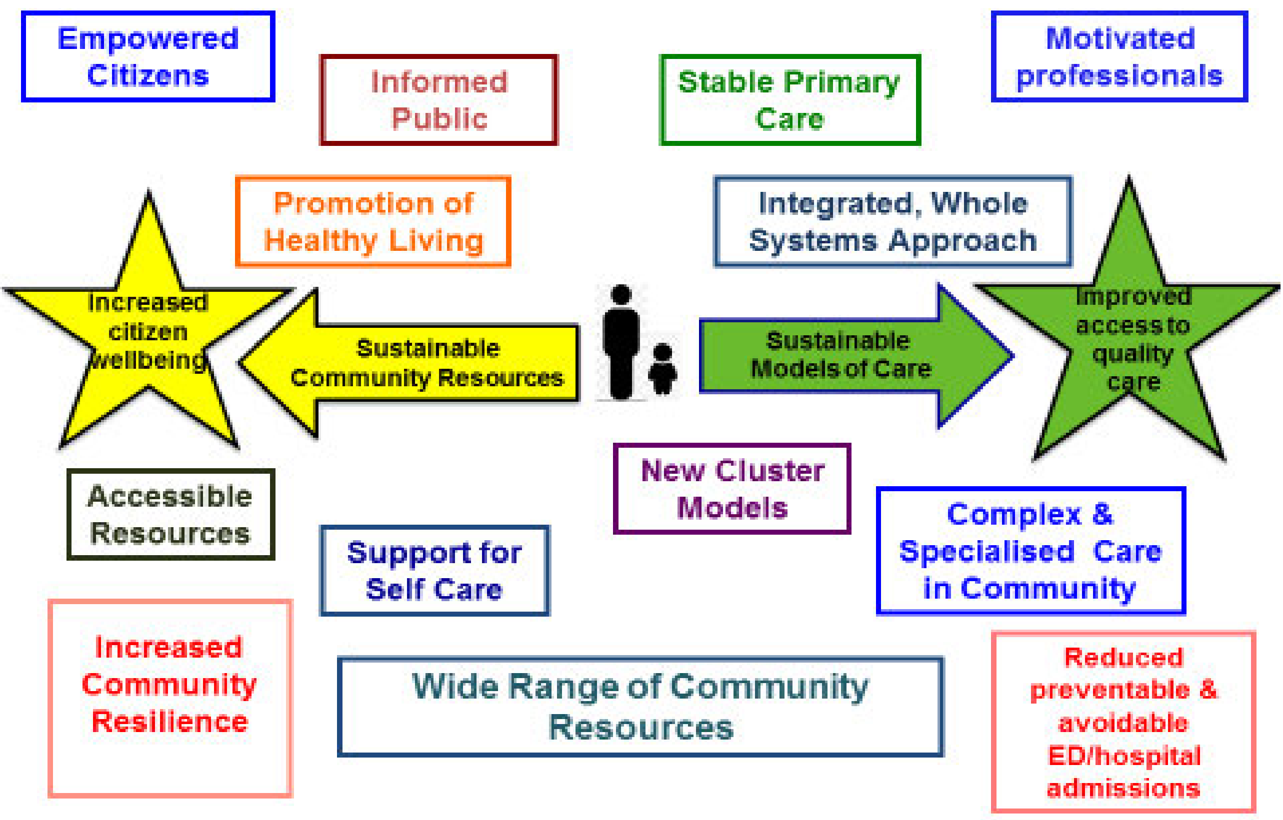
Complex care in community
- Community resource teams
- Specialist team working
- Virtual wards
- Community hospitals

Reduced avoidable/ preventable ED attendances & hospital admissions




TRANSFORMING SERVICES VISION...
Stable Primary Care
Integrated, Whole Systems Approach
Motivated professionals
Sustainable Models of Care
Improved access to quality care
New Cluster Models
Range of new community services
Complex & Specialised Care in Community
Reduced preventable & avoidable ED /hospital admissions

TRANSFORMING SERVICES VISION...
Informed Public
Empowered Citizens
Promotion of Healthy Living
Increased citizen wellbeing
Sustainable Community Resources
Support for Self Care
Wide Range of Community Resources
Accessible Resources
Increased Community Resilience


ALL WALES WHOLE SYSTEM APPROACH
Empowered Citizens
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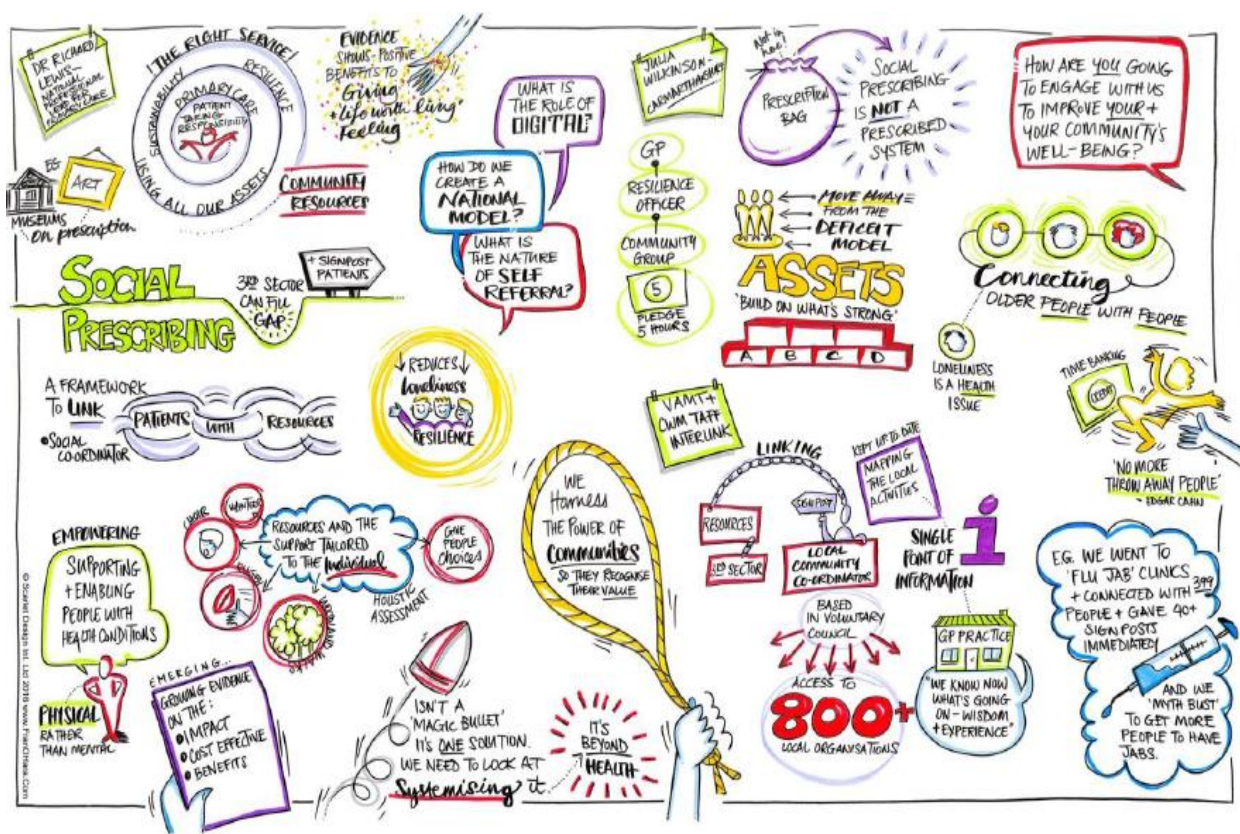

SOCIAL PRESCRIBING IN WALES

Primary Care Hub
May 2018

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Contact: Primary Care Division, Public Health Wales, Capital Quarter 2, Dumball Street, Cardiff,

Produced: May 2018

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1. INTRODUCTION

1.1 BACKGROUND

There is increasing acceptance that sources of support in local communities have an important role to play alongside clinical care or even as an alternative in improving someone's individual health and wellbeing outcomes. Wellbeing services offer people a wide range of sources of support within the community, improving emotional and physical wellbeing and reducing social isolation. The services are often provided by people working and volunteering in the third sector or independent sector, complementing the role played by statutory organisations.

Social prescribing is a systematic mechanism for linking people with wellbeing services. It has been in place for a good number of years, albeit on a relatively small scale. Social prescribing projects are widely acknowledged to have existed in some form since before the 1990s. The Bromley by Bow Centre[1] in London, which is widely regarded as the first social prescribing initiative to become fully operational, was established in 1984.

1.2 STRATEGIC CONTEXT

The Social Services and Well-being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, and the Programme for Government *Taking Wales Forward* and *Prosperity for All*, are all founded on a model of health which recognises the impact of social determinants on health and wellbeing and draws on all sources of help and support.

The objectives of social prescribing align with national policy encouraging a focus on well-being, prevention, integration and the role of the third sector in delivering person-centred care in community settings. Social prescribing projects also contribute to wider government priority areas such as housing, employment, volunteering and learning. Although the National Institute for Health and Care Excellence (NICE) does not refer explicitly to social prescribing, some of its guidelines relating to mental health, such as those relating to the independence and mental well-being of older people (NG32), may be considered examples of such initiatives. The role of voluntary third sector organisations alleviating demand on GP surgeries through social prescribing initiatives was emphasised in the *General Practice Forward View*[2]. Identified as one of the *10 high impact changes to release capacity in primary care* social prescribing represents an original and innovative approach to addressing the challenge of managing the increasing demand placed on the NHS. This is largely because unlike conventional models of medical care, social prescribing models seek to encourage changes of behaviour pre-treatment, during treatment and post-treatment.

> *"The approach can improve self-esteem, mood and self-efficacy, social contact and the development of transferable skills to help the management of chronic conditions. Demand for health services can also be decreased where the medical model is not the most effective solution"*
> Chief Medical Officer Report, Welsh Government, 2017

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[1] Bromley by Bow Centre, London https://www.bbbc.org.uk/about-us/

[2] NHS England (2016) General Practice Forward View, London

1.3 PURPOSE OF THIS REPORT

This report has been produced by the Public Health Wales Primary Care Hub to record the progress made on social prescribing in Wales over the last two years and highlight arrangements put in place to build on this work going forward.

There is wide professional and political support in Wales for the concept of linking individuals to community based assets. Work undertaken by Public Health Wales (PHW) has identified that there are gaps in the published evidence for social prescribing; there are many excellent examples of social prescribing projects in primary care in Wales, but they are short-term funded and often poorly evaluated. There is a lack of awareness of the well-being services that are available in the community, how they are accessed and funded; several national initiatives already exist in this space which could be a source of confusion to professionals and the public and which would achieve more if they were better aligned.

Good progress has been made thus far on the actions to progress social prescribing in Wales. There is an opportunity to continue this through the combined efforts of the newly established All Wales Social Prescribing Research Network, Regional Communities of Practice for social prescribing and Welsh Government in support of statutory and non-statutory organisations working together at a national and local level.

2. WHAT IS SOCIAL PRESCRIBING?

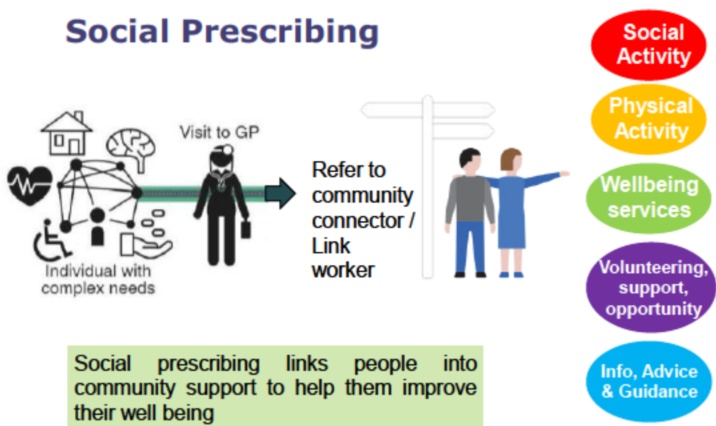
The terms "social prescribing", "community referral" and "linking to community well-being services", have all been used to describe a way of expanding the range of non-medical options that could be available to healthcare professionals when a person has needs that are related to socioeconomic and psychosocial issues.

"a means of enabling primary care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services".

Recognising that people's health is determined primarily by a range of social economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take a greater control of their own health.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations e.g. volunteering, arts activities, gardening, befriending cooking, healthy eating advice and a range of sports. There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support (Figure 1).

Figure 1: Social Prescribing



Social prescribing is designed to support people with a wide range of emotional, social or practical needs, and many schemes are focussed on improving mental health and physical wellbeing. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated and those who frequently attend either primary or secondary health care.

Social prescribing initiatives also symbolise a systematic shift towards making available new life opportunities for those who need them most, opportunities to form new relationships, be creative and be independent while improving both physical and mental health. Examples include voluntary work agencies, exercise classes, self-help groups, book groups, social or lunch clubs and hobby clubs. To put it concisely, social prescribing is about treating the patient – not the illness.

To fully address the social determinants of health, social prescribing schemes view a person not as a "condition" or "disability", but quite simply as a person.

2.1 THE REASON FOR DEVELOPING SOCIAL PRESCRIBING SCHEMES

Social prescribing shares the values that underpin the social model of wellbeing.

NHS England commissioned a guide to social prescribing[3] which highlighted the fact that many people in the UK are in situations that have a detrimental effect on their health. The Marmot Review provided comprehensive analysis on the causes of health inequalities[4]. Factors contributing to health inequalities can include financial, educational, poor housing, low self-esteem, isolation, relationship difficulties and physical and mental health problems. There are also more people who are living longer and struggling to cope and adapt to living with Long Term Conditions which can't be addressed by a clinical consultation.

Almost without exception people want to improve their situation, particularly those with complex needs. These changes can seem impossible to navigate or achieve without sustained support and the motivation needed to make a positive change. Without support, negative consequences can build, such as anxiety, depression and social isolation.

The traditional medical options might have only a limited impact if, for example, poor housing is a factor in a person's emotions; finance and employment concerns also have an adverse impact. It has been estimated that around 20% of patients consult their GP for what is primarily a social problem[5]. The Low Commission reported that 15% of GP visits were for social welfare advice[6].

As well as facilitating the use of non-clinical support for people, social prescribing also leads to NHS health care professionals developing wider relationships with their communities and the third sector and vice versa. Social prescribing is an opportunity to implement sustained structural change to how a person moves between professional sectors and into their community.

Social prescribing is part of a wider movement that signifies a shift from traditional top-down models of care delivered in hospitals and GP surgeries to a non-medical, more networked approach by placing the patient at the centre of their care, promoting independence and personal responsibility, and contributing to the common good. Such projects may also be seen as part of a concerted effort to reduce the number of referrals into the acute sector and the uptake of more costly medical interventions[7]. It places value on establishing and maintaining personal relationships, helps to de-medicalise health conditions and represents a formal means of making links to locally accessible opportunities for patients[8].

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[3] University of Westminster (2017). Making Sense of Social Prescribing

[4] Marmot, M (2010). Fair Society, Healthy Lives: the Marmot Review: strategic review of health inequalities in England post 2010

[5] Torjesen, I (2016) Social prescribing could help alleviate pressure on GP's, BMJ 352; 1436

[6] The Low Commission (2015). The role of advice services in health outcomes: evidence review and mapping study. Available at: https://www.lowcommission.org.uk/News/Advice-and-Health

[7] The OPM Group, 2013 http://www.opm.co.uk/blog/social-prescribing-offers-a-model-to-prevent-ill-health-but-shared-decision-making-could-be-the-mechanism-that-makes-it-happen/

[8] Hall Aitken (Big Lottery Fund), 'Social Prescribing and Older People: A Guide to Developing Projects', (November 2014).

Social prescribing can offer many people a personalised and flexible support back to health at a pace that is appropriate to the person.

There are many models of how social prescribing schemes have been organised. These models have a range of aims and therefore enable a range of outcomes to be achieved. In 2016, the Social Prescribing Network in England asked stakeholders to list the outcomes achieved by social prescribing[9] (Figure 2).

Figure 2: Outcomes described by social prescribing stakeholders

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nuture community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Source: Social Prescr bing Conference Report 2016

More recently a review of the evidence[10] assessing the impact of social prescribing on healthcare demand and cost implications showed average reductions following referrals to social prescribing schemes of 28% in GP services, 24% in attendance at A&E and statistically significant drops in referral to hospital.

[9] Social Prescribing Network Conference report 2106

[10] Polley, M et al (2017). Review of evidence assessing impact of social prescribing on healthcare demand and cost implications Report https://www.westminster.ac.uk/file/107671/download

3. SOCIAL PRESCRIBING IN WALES

3.1 POLITICAL SUPPORT

The Welsh Government has signalled strong support for social prescribing approaches through legislation and a range of policy statements. The Social Services and Well-being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, and the Programme for Government *Taking Wales Forward* and *Prosperity for All*, are all founded on a model of health which recognises the impact of social determinants on health and wellbeing and draws on all sources of help and support.

A plenary debate on social prescribing was held in the National Assembly on Tuesday 23 May 2017, generating cross-party support for the approach in Wales.

In August 2017, the Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health wrote to all Chairs of health boards, local authorities, regional partnership and public services boards and WCVA (21 August 2017) urging bodies "*to use the PHW work on social prescribing to inform their research proposals and plans to develop better ways to link people to well-being care and support*".

In its National Strategy *Prosperity for All* (September 2017), Welsh Government set out its vision, which includes:

- expanding the community health and social care workforce, with innovative new roles, such as 'community connectors' that support social prescribing and more formal partnerships with volunteers and the third sector.
- building the capacity of communities as places which support better health and well-being using approaches such as social prescribing.
- delivering a pilot to explore how social prescribing can help to treat mental health conditions.

Following discussions with Vice-chairs of Health Boards and NHS Trusts the Cabinet Secretary indicated in a letter (17 October 2017), that "*Welsh Government is championing social prescribing*" and expressed an interest in *"the development and sharing of the principles that underpin the harnessing of effective community health and well-being services to support population needs... (and)..timescales for incorporating social prescribing into future activity...".*

The Parliamentary Review of Health and Social Care in Wales (January 2018)[11] also supports a social prescribing approach, through its recommendations of one seamless approach across sectors with strengthened individual and community involvement which puts the individual at the centre, with better information and shared decision making.

3.2 CHAMPIONING

The National Professional Lead for Primary Care in Wales, has championed the role of wellbeing services and called for more systematic ways for people to access or be referred to such support. Following a National Primary Care event in October 2016 social prescribing has gained a strong profile in Wales, both locally at Primary Care Cluster level and at a national level through discussions facilitated by the National Professional Lead for Primary Care and the Future Generations Commissioner for Wales. It has subsequently been identified as an area of interest by the Directors of Primary Care and the National Primary and Community Care Board.

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[11] The Parliamentary Review of Health and Social Care in Wales (January 2018) available at: https://gov.wales/docs/dhss/publications/180116reviewen.pdf

4. PRIMARY CARE HUB SUPPORT

In October 2016, the Primary and Community Care Development and Innovation Hub (Primary Care Hub), hosted by Public Health Wales NHS Trust was tasked with supporting the emerging interest in social prescribing in Wales. This work would specifically seek to explore the evidence base for social prescribing, identify current Social Prescribing project activity in primary care in Wales and share learning arising from these activities.

A multiagency, multidisciplinary group[12] was convened to advise and oversee this work. The group had a broad membership and met monthly (Annex A). Scrutiny was provided by the Hub Programme Board, the Primary Care Reference Group and National Primary and Community Care Board.

The Primary Care Hub and the Social Prescribing Project Team have:

- Implemented a systematic process for gathering and sharing activity in respect of social prescribing. A repository of social prescribing projects in Wales can be viewed at Primary Care One Wales

- Published, in collaboration with Public Health Wales Observatory Evidence Service, *Social prescribing evidence map:* Summary report (June 2017)

- Organised and supported regional and national events to develop and share learning

- Identified key themes and recommended actions to progress social prescribing in Wales which were endorsed by the NPCCB (December 2017)

- Identified key individuals and organisations to pick up the social prescribing baton and mechanisms to maintain the momentum going forward (e.g. All Wales Social Prescribing Research Network, Communities of Practice)

4.1 MAPPING THE EVIDENCE

The concept of Social Prescribing is not new, but over the last 18 months, there has been a renewed interest in what the approach has to offer patients, communities and services in Wales and the UK as a whole. Despite wide support for linking individuals to community based assets, evidence mapping undertaken by the PHW Observatory Evidence Service (June 2017) Summary report identified that there are gaps in the evidence base for social prescribing.

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[12] A multiagency Social Prescribing Project Group, with representation from Primary Care Clusters, Heads of Primary Care, Local Public Health Teams, Local Government, Third Sector and individuals with links to wider networks e.g. Green Health, has overseen the implementation of the three Primary Care Hub commitments. The members of this group (Appendix A) were identified to provide useful connections to other national programmes that relate to social prescribing in Wales e.g. community development, use of green space and time banking.

The scope of the mapping commissioned by the Primary Care Hub was developed with stakeholders and agreed by the Social Prescribing Project Group. The evidence map[13] explored the question:

How, why and in what circumstances might targeted, non-clinical interventions, services or programmes benefit the health and wellbeing of individuals and families with social, emotional or practical needs?

The mapping identified two types of evidence: research evidence assessing the effectiveness of interventions and evidence from experience, the lessons learned from the experience of designing and implementing non-clinical intervention programmes.

Headlines from the evidence mapping were that:

- the time required to set up social prescribing schemes is often underestimated
- Primary Care staff need to understand the services and interventions available and what they can offer. Patients need to understand why they are being referred and what benefits are anticipated
- the social prescribing referral process should fit in with existing referral processes and be simple to use. Feedback to referrers on the outcome of the referral was seen as encouraging appropriate referral
- consideration should be given for evaluation and associated data collection at outset, including processes to do this
- a substantial proportion of those referred, do not take up or do not engage with or complete the intervention to which they are referred
- link worker schemes vary with regard to their base (e.g. GP premises, voluntary organisations, home visits) and also the role they undertake (e.g. motivational interviewing, coaching, ongoing support)
- a link worker model requires resource to employ, train and support staff.
- There are gaps in the evidence base specifically in relation to:
  - the barriers and facilitators to uptake of social prescribing and adherence to the intervention,
  - actions to address these and how to target interventions more effectively
  - the extent to which link workers are an active ingredient in social prescribing.

The Summary report of the Evidence Mapping and a supporting Technical report were published June 2017 and are available on Primary Care One Wales.

[13] Evidence mapping enables systematic and comprehensive identification, organisation and summarising of evidence on a broad topic but does not include critical appraisal of the identified sources. Evidence maps are useful for exploring broad questions and identifying gaps in evidence.

4.2 MAPPING THE SOCIAL PRESCRIBING PROJECT ACTIVITY ACROSS WALES

The Social Prescribing activity known to Primary Care Clusters across Wales, as reported by Heads of Primary Care, was gathered and collated between December 2017 and February 2018. There were 52 different projects of which 31 identified a clearly defined mechanism of referral involving an individual or link person.

Summary information is available to view by Health Board Area on a dedicated Social Prescribing webpage on Primary Care One and can also be navigated from individual Health Board/ Primary Care Cluster pages. Where more detail about the projects was provided by local teams, this is also accessible from the webpage.

The following are examples of current projects reported as part of the activity mapping:

Torfaen Neighbourhood Community Network Social Prescribing Project, a jointly funded project between Torfaen Primary Care Clusters and Torfaen County Borough Council (TCBC). The social prescriber's primary objective is to "tackle the underlying causes of ill health and to promote self-help by connecting primary care with the range of services that exist across the community and public sector". The initiative has been fully operational since January 2016.

The role improves access to community based services supporting with social needs and behaviour change. Social prescribers refer into a wide range of support based on individual need. More importantly, they have the time and space to have a holistic conversation with individual patients to fully understand their circumstances and what matters to them. In this way they can support people to address their primary concerns and start to take action for themselves. The most significant example of this is someone who presents with stress, depression or anxiety and might ordinarily be referred to primary care mental health and / or prescribed anti-depressant medication. A conversation with a social prescriber will identify any social issues that may be causing the poor mental health, for example, financial concerns. By addressing these issues they go some way to improving mental wellbeing.

Referrals GPs report that the impact of the social prescriber had resulted in patients making fewer appointments with their GP and felt more in control of their own health and well-being. The top three priority areas cited by patients were concerns about mental health, housing/financial issues and extended periods of loneliness and anxiety. Many of the patients being referred experience barriers to social engagement and suffer from a complex mental illness and so there is a need to ensure that there is a certain element of support in putting patients in touch with the appropriate service in a timely manner. In short, it is vulnerable people who are the most likely to use a social prescribing service.

Project Team Social prescribers are hosted by Torfaen CBC and work across General Medical Practices

Funded Torfaen NCN's and Torfaen County Borough Council

Evaluation As the resource to deliver the intervention is limited, the scale of impact on individual surgeries is small, however, early anecdotal evidence suggests that social prescribing reduces repeat consultations with GP's, therefore, contributing to reducing the demand on primary care.

Valleys Steps is a free and innovative programme to assist people manage stress, anxiety & depression. Working with Cwm Taf UHB it provides courses addressing stress control and developing skills and awareness around personal mindfulness.

Underpinning this project is the recognition that getting people to engage with and address their health conditions is an important part of therapy in itself. The Valleys Steps project is considered an alternative not only for seeking medical treatment for an ongoing mental health issue, but also for those who wish to be more active and engage with more people in their localities to prevent feelings of loneliness and isolation.

For some patients, this may be as simple as attending a twice-weekly knitting club; for others, attending exercise and dance classes may be more appropriate, or for those suffering with stress and anxiety brought about by financial problems, a simple point of contact for the Citizens Advice Bureaux. The advantage of the Valleys Steps project working as a 'one-stop shop' is significant because some people, particularly the elderly and the vulnerable, honestly do not know where to go, where to turn or who to speak to in times of need.

Referrals GPs refer a patient to Valleys Steps (either by providing them with a telephone number to call or the addresses of the community centres across the Health Board), where they can discuss their concerns with a member of the team who can signpost them to the most appropriate service. 30% referrals are via GP Practices, the rest from other providers in the communities.

Duration the stress and mindfulness course lasts six weeks (1.5 hours a session).

Project Team Lead by Project Team members drawn from a variety of backgrounds but all with considerable experience in psychology, human behaviour or counselling.

Funded Welsh Wellbeing Fund; Big Lottery; SLA with Cwm Taf UHB; supported by The Welsh Institute of Health and Social Care (WIHSC),

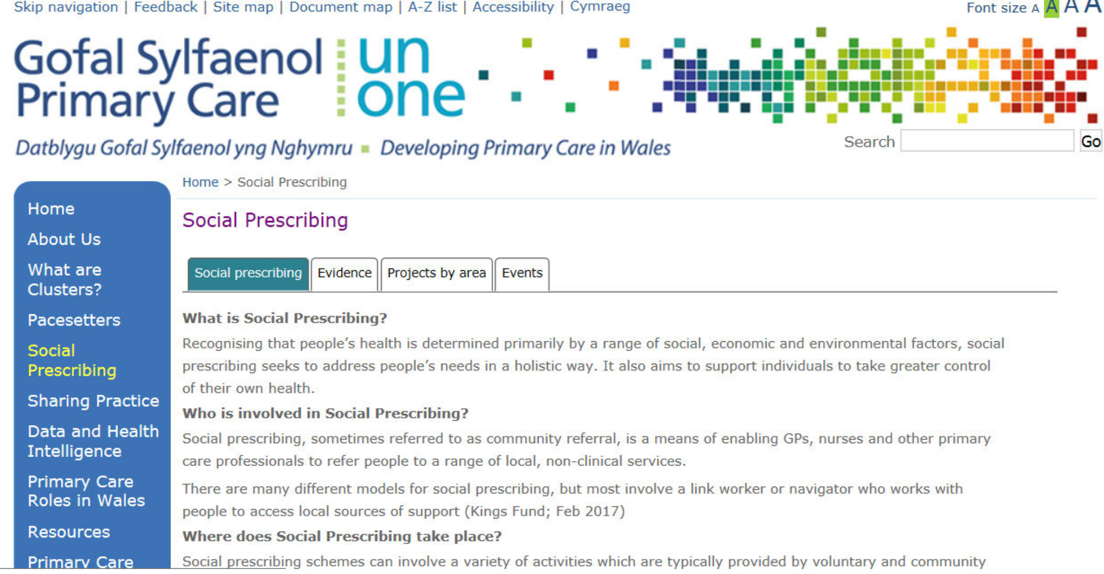
Evaluation Annual Year End Review for Cwm Taf UHB. Full quantitative assessment, linked to anti-depressant prescribing planned and supported by WIHSC.

4.3 SHARING THE LEARNING

4.3.1 PRIMARY CARE ONE WALES - SOCIAL PRESCRIBING WEBPAGES

The webpage hosts resources and information relating to the evidence for social prescribing, activity mapping by health board area across Wales and wider information (Figure 3)

Figure 3: Social Prescribing Webpage (Primary Care One**)**



4.3.2 NATIONAL AND REGIONAL EVENTS

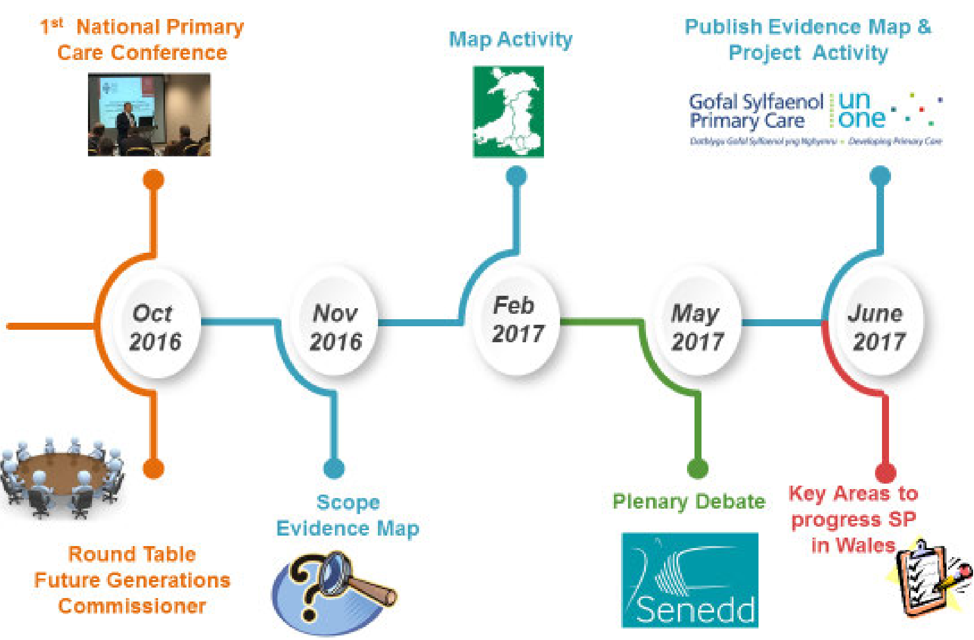
There have been a number of events during the last 18 months which have raised the profile of Social Prescribing in primary care. Many of these events have been organised by the Primary Care Hub whilst others have been Health Board events with input from the Primary Care Hub/ Social Prescribing Project Group.

A timetable of these events is given in Appendix C.

At each of the events, the Primary Care Hub issued Flyers to raise awareness of Social Prescribing (Appendix D) and demonstrated the Social Prescribing webpages on Primary Care One.

The opportunity was also used to capture information about Social Prescribing projects, to add to the Primary Care One Repository as well as establishing a network of interested contacts.

4.4 SOCIAL PRESCRIBING IN WALES TIMELINE 2016-18



5. SOCIAL PRESCRIBING BY HEALTH BOARD AREA

Social Prescribing Contacts and Project Group members in each Health Board provided the following summaries, providing a snap-shot of local activity.

HYWEL DDA

There is a range of activity across Hywel Dda University Health Board that falls within the ‘social prescribing’ umbrella. There is engagement and investment from GP clusters within each County, and established partnership working that is embedding a range of ‘alternatives to prescription’ within primary care, social care, community, and voluntary organisations. Innovative evaluation methods such as ‘Most Significant Change’ are being implemented with support from Swansea University, and research into the role of the link worker is underway with Aberystwyth University. The Local Public Health Team are developing a Community of Practice’ (CoP) for those involved with social/green prescribing, as well as those who identify their role as supporting community resourcefulness. The purpose of the CoP will include support around evaluation, training, funding, sharing of best practice and resources, and the development of peer support networks across geographical and organisational boundaries.

CARDIFF & VALE

Across Cardiff and Vale of Glamorgan, a number of initiatives are being developed including the following highlights:

South West Cardiff Cluster is developing a sustainable approach to social prescribing through engagement with all members of the Cluster, including community organisations, at Cluster meetings and via facilitated workshops at a CPET session. A mapping exercise has been undertaken and an action plan agreed. The future planning of a sustainable model incorporating existing initiatives is the focus of the project being undertaken by a Welsh Clinical Leadership Training Fellow who is working with the cluster under the supervision of the Cluster Community Director for 12 months from August 2017.

Initiatives being evaluated include:

- A social prescribing system has been established by ACE (Action in Caerau and Ely) to enable primary care to signpost patients to local services and projects within the western area of the cluster. ACE also delivers two mental wellbeing courses 'ACTion for living' and 'Stress Control'. It is hoped to extend these courses to all areas of the cluster.
- The Grow Well Project. Following a successful bid to the Neighbourhood Partnership Fund, Cardiff SW Cluster has collaborated with a local charity, Grow Cardiff to establish a gardening project within one of the GP practices in the cluster. This is the first of its kind in Wales and the group is supported by a gardener who promotes health and wellbeing through a variety of projects centred on the garden. The aim is to support patients through physical exercise, healthy eating and mental health. An additional benefit is to promote GP surgeries as a focus for wellbeing rather than focussing on ill health and the traditional medical model. Following the initial pilot phase, the project is being extended to other areas of the cluster following a successful bid to the Innovate to Save Fund. The R and D phase of this project will allow more in depth evaluation including the cashable savings resulting from the project. These will form the basis of the next phase of the grant, which will be to extend the project across the Cardiff and Vale UHB area.

- An innovative approach to social prescribing is currently being developed in order to establish a sustainable system for social prescribing across the cluster. The project is the result of a collaboration between the cluster and the charity SPICE and formed the basis for a successful bid to the Innovate to Save Fund, which is supported by Nesta (an innovation foundation) and Cardiff University. The project will deliver Time Credit social prescribing in the Cardiff South West Cluster, initially to three practices in the cluster during the pilot phase. Time Credits are a well-established community currency that enables an asset-based approach to community development and encourages active citizenship via earning and spending in the network. In Cardiff 120,000 hours of Time Credit have been earned by community members engaging in volunteering opportunities in 171 groups across the city. The project will allow the outcomes of social prescribing to be evaluated in terms of benefits to patients, primary care staff and also the economic benefits in terms of cashable savings. The role of the social prescriber will also be evaluated and this will inform future standards and training associated with this rapidly expanding role. It is hoped that the information gained will help to inform a sustainable model for social prescribing which may be applicable across Wales.

East Cardiff Cluster established an informal system with East Cardiff, Llanedeyrn and Pentwyn Communities First prior to the ending of the Communities First Programme.

The Wellbeing 4U Team is a community wellbeing service funded by the UHB for 2 years (using Welsh Government primary care monies). Funding of £273,000 per annum commissions the third sector to deliver the service via a team of seven staff. The service is provided in one Cluster in each of the three Localities working with primary care teams to improve patient access to community activities and services. The Clusters receiving the service are City & South, South West Cardiff and Central Vale. Currently 2 Clusters are considering using non-recurring monies to commission additional services from the team.

Community Well-being Coaches, part of the Barry Communities First Cluster, provides activities centred on the key topic areas of physical activity, food and health, smoking, mental health and sexual health. Referrals are received from mainly primary care teams and schools.

ANEURIN BEVAN

Integrated Well-being Networks (IWNs) provide the strategic approach to social prescribing for Gwent, across health and social care and will enable better integration of well-being services with Primary Care. The Public Health Team has reviewed the elements of IWNs already in place across Gwent, and have made recommendations for taking IWNs forward. These have recently been agreed by Regional Leadership Group, with Integrated Partnership Boards overseeing a programme of work to progress IWNs on Neighbourhood Community Network (NCN) footprints during 18/19. It is recommended that this programme will include the following three elements:

1. Place-based Integrated Well-being Networks (IWNs)

Development of place-based IWNs that bring together well-being services collaboratively on NCN footprints (i.e. healthy living, mental well-being, secure home and finances, working, learning and participation). Partners representing these wider well-being services will become core members of NCNs with a clear purpose of creating good links with the place-based IWNs.

2. Linking Roles

Developing capacity across the workforce to ensure patients can be linked effectively with local well-being services, based on a three tier 'care navigation' competency framework. To support this, *Dewis Cymru* will be fully populated with well-being services in every area, as the online platform for social prescribing; GP receptionists will be offered Reception Navigation training in order to signpost to other agencies; existing 'linking roles' will be reviewed in order to ensure GP surgeries have an identified link role attached to the surgery for those individuals who need more intensive support than just signposting; a care navigation competency framework and training for the well-being workforce across Gwent will be agreed, including alignment with the developing Health and Social Care Academy.

3. Health and social care hubs

Ensuring new and existing health and social care hubs (e.g. Integrated Health & Social Care Resource Centres and Primary Care Health & Well-being Centres) play a key role as part of integrated well-being networks, providing appropriate community based well-being services and access to information, advice and assistance.

ABERTAWE BRO MORGANNWG

Clusters in ABMU HB recognise the added value of the Third Sector and the need, through a prudent healthcare approach, to support patients for social and non-medical issues which could impact upon their health and wellbeing in the longer term. As such Clusters have commissioned through dedicated funding schemes, Third Sector and other partner agencies, to deliver on this agenda. Some of this work has been mainstreamed to be delivered via other funders or the community themselves. This includes:

- Primary Care Children and Families Support Service
- Social Prescribing Link Worker & Local Community Coordination Links
- Carers Centre Helpdesks
- Citizens Advice in Primary Care practices
- Training Cluster Pharmacists in Social Prescribing
- Training Frontline staff in Social Prescribing
- Asylum Seeker support worker
- Close cluster working with Local Area Co-ordinators
- Third Sector counselling for Young People and Adults
- Action for Elders and Red Café to help manage social isolation
- Down to Earth programme to support low level mental health and learning disability needs
- Development of patient information leaflets
- Undertaking of patient questionnaires to assess their perception of value of social prescribing
- Healthy Homes Projects
- Dementia Café & Dementia Swimming

- HALO Diet & Exercise Support

A range of other smaller grants have also been awarded including Care and Repair Western Bay, Swansea Carers Choir, Stroke Association, Ty Croseo Clydach.

Clusters continue to expand and improve their approach to social prescribing.

“MADE IN NORTH WALES” SOCIAL PRESCRIBING PROGRAMME

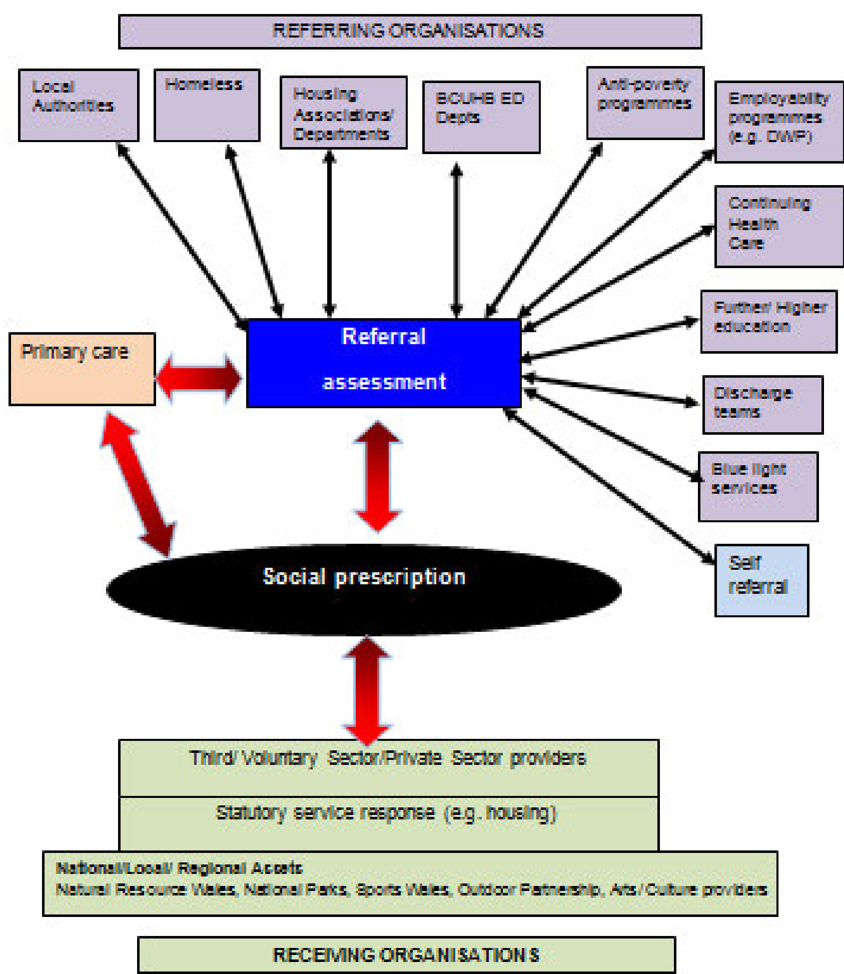
Work is on-going in North Wales to build a regional profile for social prescribing. The “Made in North Wales” approach aims to open up the referral routes into social prescribing, whilst also building the knowledge base for increasing the number of options individuals can access.

A number of unrelated, largely un-coordinated social prescribing programmes have been established across the region. Over the next 12 months, there will be greater co-ordination and refining of the different models, with a greater emphasis on targeted interventions within specific communities.

Each area will develop its’ own integrated system, ensuring that the programmes are tailored to the needs of individuals and communities, and reflective of the identified needs. In providing greater co-ordination, the aim is to develop a multi-agency focus, and a model that is both broad in scope, but can demonstrate how the different elements and programmes can work in tandem:

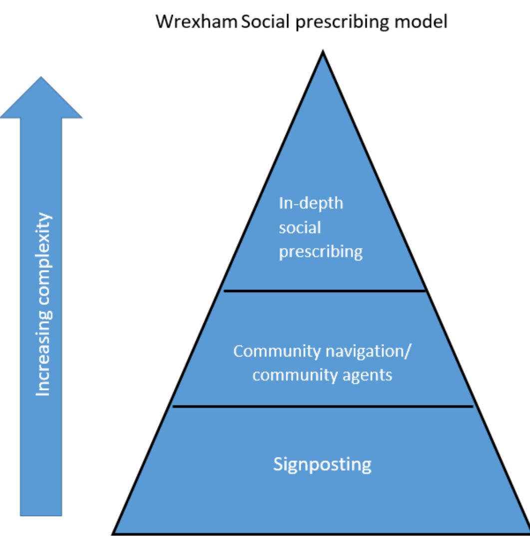
“Made in North Wales”:

Proposed delivery model for social prescribing



Examples of work in North Wales include:

Wrexham – the development of a 3-tier model, encompassing initial signposting, community navigation, and a service for those individuals with more complex needs who require additional support:



In Ynys Mon, a model developed by utilizing the Integrated Care Fund, GP cluster monies and 3rd sector funding, will provide a team of 5 Local Area Co-ordinators, who will work across the island to provide a comprehensive social prescribing programme.

Underpinning the different elements will be:

- A multi-agency steering group, reflecting the broad spectrum of referring agencies.
- A unified data collection system
- A practitioner network, which will also identify future education and training requirements.
- A robust monitoring and evaluation programme, particularly around social value.

In drawing referrals from a wide range of partner agencies, the integrated programme will have both a direct and indirect impact on mainstream primary care services. May of the individuals who would be referred by an agency such as housing or an anti-poverty programme are likely to be the same individuals who would be accessing their primary care service for support on issues that would often be non-medical in nature, and could be addressed through the social prescribing route.

The anticipated outputs of the programme are:

- A consistent, equitable and practical approach to facilitate social prescribing across the whole of North Wales for clinicians, other health professionals, local authorities, community groups/ third sector, by capturing good practice and sharing this across the region.
- Maximising the impact of existing schemes, whilst ensuring equity of access to social prescribing across the whole region.
- Developing a range of opportunities for individuals that will alleviate some of the pressures on existing NHS services, particularly primary care.
- Establishment of a system that can help monitor the impact and value for North Wales, with a focus on social value and economic benefits across all sectors, linked to robust evaluation.
- A system that links to primary care information systems and tracks outcomes for individuals.
- Development of a high quality educational framework and training programme for all aspects of the North Wales programme, based on practitioner-identified priorities.
- Building robust mechanisms to identify capacity issues for those organisations receiving referrals.

- Opportunities for further research and evaluation, extension of the programme, and establishing North Wales as a centre of excellence.

CWM TAF

Primary Care Clusters in Cwm Taf are engaged with a range of initiatives that actively link patients to support in their community. These projects have developed to meet locally identified need and include Third Sector based Community Coordinators funded via Intermediate Care Fund working with practices and a range of Cluster funded roles based in General Practice that support and signpost individuals with varying levels of social and non-clinical needs. Work is planned to co-ordinate and refine the different models, with a greater emphasis on targeted interventions within specific communities.

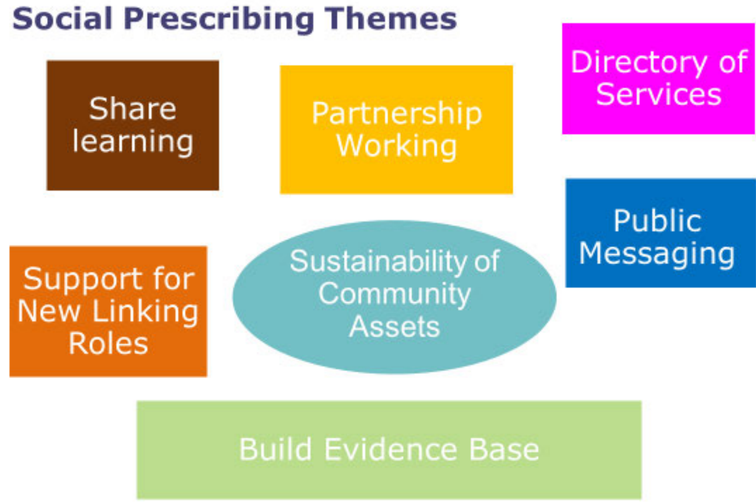
Practitioners across Cwm Taf will be supported by a South East Wales Community of Practice which will operate across geographical and organisational boundaries.

POWYS

The Powys Association of Voluntary Organisations (PAVO) are currently working on placing Health and Wellbeing Co-ordinators within communities throughout Powys, whose roles are going to be focussed on accumulating information about local third sector organisations and working with Virtual Wards and Multi-Disciplinary Teams within those communities. Community Connectors continue to identify gaps in support across Powys, working closely with PAVO Development team and Powys Volunteer Centre, third sector and statutory service colleagues to look at how the sector can meet these demands.

6. KEY THEMES AND RECOMMENDED ACTIONS

During the course of delivering the three commitments, linking with the Social Prescribing Network in England and contact with interested parties in Wales, the Primary Care Hub multiagency social prescribing project group identified key themes to be addressed:



Within these themes, there were several areas for action highlighted:

Theme	Action
Share Learning	**Mapping & sharing learning** from existing social prescribing work to generate ideas and enable primary care clusters and partners to collaborate and learn from each other in a systematic way
Build Evidence Base	**Access to and use of evidence base** to enable easy access to findings of published literature & experience drawn from grey literature. **Research** to address the gaps in the evidence base together with the development of an **Evaluation framework/ toolkit** to enable structured, meaningful evaluation of local projects to inform learning and identify successful approaches
Directory of Services	**IT solutions** to host and maintain information on services/ assets available in the community to enable easy referral and access
Partnership Working	**Support at local level to develop approach to social prescribing** A successful approach to Social Prescribing needs to be developed locally by partners to meet local need, utilising available assets; approach needs to reflect variation in maturity of local partnership working

Support for new roles	**New roles to deliver joined-up approach** New models and roles have and will continue to emerge to effectively sign-post/ link individuals to the appropriate asset/ wellbeing service in the community. These roles will require funding and training support for the staff
Public Messaging	**Public message around social prescribing and links to other initiatives** The success of the social prescribing approach will depend in part on patients' acceptance of a non-medical solution/ community referral; would ultimately anticipate that citizens would self-refer/ manage/ seek solutions from within their community as alternative to approaching GP. There is opportunity to progress this through the Implementation of the Emerging Model for Primary Care.
Sustainability of community Assets	**Sustainability of community assets** Social Prescribing is dependent on the existence of assets or well-being services in the community to support and meet needs of individuals

6.1 ACTIONS AND PROGRESS TO DATE

The recommended actions were endorsed by the National Primary Care Board (December 2017). The detailed actions and an update of progress to May 2018 are attached as Appendix E. The following are being raised with the Board in June 2018.

PROGRESS HIGHLIGHTS

Generic Evaluation Tool – The Primary Care Hub developed a generic tool for use by Primary Care Clusters and partners. Training events on accessing evidence and use of the evaluation tool were delivered to Primary Care Clusters during September /October 2017

Research & Evaluation – An All Wales Social Prescribing Research Network was launched in Cardiff City Stadium on 21 May 2018. This will be led by Dr Carolyn Wallace, PRIME and hosted by WCVA. This has been made possible through a small research capacity building grant from the School for Social Care Research. The network will identify and support research priorities for Social Prescribing in Wales, addressing the need for evaluation of projects and gaps in the evidence base.

Sharing Information - Having successfully completed the three actions, the Primary Care Hub role going forward will be to maintain the Social Prescribing web pages on Primary Care One Wales. This has been included in the Hub work plan for 2018-19 and will be picked up through the regular PC One Wales update work. This arrangement will however need to be reviewed in light of other web developments going forward e.g. Research Network website.

Local Support – Three Communities of Practice to support practitioners and others working or interested in social prescribing are in the process of being set across Wales (North, West and South East), with support from 1,000 Lives.

Links to Social Prescribing Initiatives outside of Wales Strong links have been established with the Social Prescribing Network in England, Scotland and Ireland. Academic links to areas of Europe have also been developed.

AREAS REQUIRING FURTHER ATTENTION

Health Board planning commitment – following on from the Cabinet Secretary letter to Health Boards (August 2017) urging bodies "*to use the PHW work on social prescribing to inform their research proposals and plans to develop better ways to link people to well-being care and support*" and the inclusion of social prescribing in the NHS Planning Framework (October 2017), it would be timely to establish the commitment of Health Boards to Social Prescribing in their IMTPs.

Sustainability of Community Assets – Community services and support are the foundation of social prescribing. Often provided by the Voluntary Sector and Charities, the funding is short term in nature. Uncertainty of ongoing funding for these assets has been highlighted as one of the major risks to social prescribing.

Sustainable Community Assets has been identified as a key component of the Primary Care Transformation Framework. However, the sustainability of these services is dependent on funding. To achieve a successful transformation of primary care that includes communities and third sector partners, a sustainable solution to funding this provision must be found.

A third sector response to the recent Parliamentary Review of Health and Social Care in Wales prepared by the WCVA highlights:

Social prescribing needs to be clear in providing designated funds to small groups which are providing 'care closer to home'. This type of organisation is usually volunteer-led and run, may not have the capacity to dedicate to grant-seeking or fund-raising. Without recourse to an accessible, designated 'pot', the demand resulting from increasing 'social prescriptions' will exceed supply and provision will cease.

Anecdotal feedback from third sector organisations highlights a need for a greater understanding of LHB and Cluster funding for the third sector and co-ordination between third sector services that are commissioned by LHBs and Clusters. In addition, County Voluntary Councils (CVC's) are well placed to be able to enable relationships to build and ensure that local third sector provision is developed to meet local needs.

Developing Roles – the Transformation of Primary Care (TPC) Programme has identified new roles in primary care. In relation to social prescribing there are various titles attributed to such roles – community connector, co-ordinator, social prescriber, link worker etc. The governance and training needs of these roles need to be addressed. (Some insight has been obtained through a recent survey of Primary Care Reference Group members).

Directories of Services – work is being progressed to bring together *DEWIS Cymru, Infoengine* and *NHSD* databases. Awareness of the resource and how to access it should be raised amongst Primary Care Clusters to maximise its use.

APPENDIX A: SOCIAL PRESCRIBING PROJECT GROUP

Name	Organisation	Role
Shareen Ali	Aneurin Bevan UHB	Public Health Practitioner
William Beer	Aneurin Bevan UHB	Primary Care Cluster Lead and Consultant Public Health
Rhian Bond	Cardiff & Vale UHB	Head of Primary Care
Gemma Burrows	Aneurin Bevan UHB	Principal Public Health Practitioner LPHT
Karen Chambers	Flintshire County Council	Wellbeing & Partnership Lead
James Duckers	BCUHB	Project Manager
Russell Dyer	Public Health Wales, Primary Care Hub	Project Team Manager
Victoria Edwards	Hywel Dda UHB; South Pembs Cluster	Locality Development Manager;
Jennifer Evans	Aneurin Bevan UHB	Senior Health Promotion Specialist LPHT
Rosemary Fletcher	PHW, Primary Care Hub	Programme Director
Maria Gallagher	Public Health Wales 1000 Lives	Senior Manager 1000 Lives
Jane Holloway	Public Health Wales, Primary Care Hub	Project Team Programme Support
Wayne Jepson	Public Health Wales 1000 Lives	Person Centred Care Lead
Wendy Jones	BCUHB Conwy	Conwy Voluntary Services Council
Sue Leonard	Pembrokeshire Association of Voluntary Services	Chief Officer
Carol Owen	PHW, Health Improvement Team	Principal Health Promotion Specialist
Sian Price	Public Health Wales Observatory	Head of Observatory Evidence Service
Diana Reynolds	Welsh Government	Sustainable Develop't Change Manager
Glynne Roberts	BCUHB	Well North Wales Programme Director
Ian Scale	HDUHB	Consultant in Public Health LPHT
Sara Thomas	PHW Primary Care Hub & Cwm Taf LPHT	Social Prescribing Lead, Public Health Consultant
Sue Toner	C&V UHB LPHT	Principal Health Promotion Specialist
Bethan Williams	BCUHB	Support voluntary and community groups
Victoria Wood	HDUHB	Senior Public Health Practitioner LPHT

APPENDIX B: SUMMARY EVIDENCE MAP – KEY MESSAGES

The Public Health Wales Observatory Evidence Service produced an evidence map and narrative summary to enable the Primary and Community Care Development and Innovation Hub to share evidence related to the effectiveness and practice of social prescribing in support of colleagues looking to implement these interventions within primary and community care settings across Wales. The Summary report of the Evidence Mapping and a supporting Technical report were published June 2017 and are available on Primary Care One Wales.

The evidence map looked at social prescribing and explored the question *How, why and in what circumstances might targeted, non-clinical interventions, services or programmes benefit the health and well-being of individuals and families with social, emotional or practical needs?*

Evidence mapping identified two types of evidence. These were research evidence assessing the effectiveness of interventions and evidence from experience: the lessons learned from the experience of designing and implementing intervention programmes.

Based on the needs that were targeted, two main types of non-clinical programmes or interventions were identified:

Schemes targeting psychosocial needs, including link worker programmes (schemes linking people to a facilitator who assessed them and referred them on to sources of support in the community), community arts programmes, a horticultural programme and referral to welfare rights advice. The research evidence base for these programmes is largely characterised by before-and-after evaluations without comparison groups. This means that the evidence base is insufficient to robustly answer questions about their effectiveness. However, the evaluations of these programmes contain much evidence on the experience of designing and implementing programmes.

Exercise referral schemes and commercial weight loss programmes intended for those who are sedentary and/or overweight or obese. The research evidence base for these interventions is characterised by evaluations using a control group. It should be possible to answer questions about the effectiveness of these programmes, although these evaluations contain little evidence on the experience of designing and implementing programmes.

Key messages about the design and implementation of interventions, services and programmes

Evidence from the experience of those setting up programmes suggests that the time required to establish social prescribing schemes is often underestimated.

Where social prescribing is new to primary care staff and their patients, evidence from experience suggests that it is important to engage with both groups. Primary care staff need to understand the services and interventions available and what they can offer. Patients need to understand why they are being referred and what benefits are anticipated.

Many evaluations note the need to establish a clear referral pathway, with documentation that supports assessment of eligibility and evaluation. Evidence from experience suggests that the social

prescribing referral process should integrate with existing referral processes and be simple to use. Feedback to referrers on the outcome of this was seen to encourage appropriate referral.

Many evaluations report difficulties in collecting outcome data. Evidence from experience suggests that evaluation and data collection to support this should be considered when programmes are set up. A particular issue was the expectation that community and voluntary organisations would collect outcome data. This may require them to set up processes to do this and may be particularly difficult when community and voluntary organisations do not receive specific funding to take part in social prescribing schemes.

Evidence from experience suggests that a link worker model where post-holders are employees rather than volunteers might be the better option for a flexible service able to support patient need. Resources are necessary to recruit, train and support link workers. Experience from link work and other programmes where staff are not experienced in working with people with mental health problems suggests additional training will be required to ensure this client group is provided with the support needed to fully engage with interventions.

Those involved in social prescribing initiatives in Wales should be encouraged to maintain a lesson log to help facilitate onward dissemination of learning no matter what is ultimately achieved.

Key messages about the research evidence base

Many evaluations report that a substantial proportion of those referred do not take up or do not engage with or complete the intervention offered. Research could be undertaken to identify barriers and facilitators influencing uptake and adherence, actions to mitigate these barriers, and suggest how interventions might be targeted more effectively.

Models for link worker schemes varied. Some were based in general practice (GP) premises and were seen as members of the primary care team, while others were based within voluntary organisations or saw clients in their own homes. Research could help to identify the best model to encourage appropriate referrals and investigate whether the model used has an impact on uptake of and engagement with interventions delivered.

Research could consider the extent to which link workers are the active ingredient in social prescribing, in some schemes, the link worker role is intensive, involving in-depth assessment of clients. In some examples, this includes motivational interviewing and goal setting. Some link workers make appointments on behalf of clients with the services to which they refer, and may accompany participants to appointments or activities. Some are in regular contact with participants and offer ongoing support. The extent to which the link worker–participant relationship is in itself a psychosocial intervention could be explored.

This evidence mapping exercise was informed by a theory of change which postulates that social prescribing interventions lead to a reduction in demand for primary and community care, which would in turn increase the long-term sustainability of the system. The evidence map suggests that there is insufficient evidence, in terms of both its likely quality and the outcomes reported, to be able to answer this question. Under these circumstances, with the goal of improving population health and well-being, appropriate attention should also be directed towards alternatives to social prescribing initiatives where the evidence base for intervention may be more robust, and the return on investment proposition more certain.

APPENDIX C: EVENTS

Date	Event	Location
16th March 2017	Green Health Event	Aberystwyth
8th May 2017	Social Prescribing: from rhetoric to reality	Kings Fund London
11th May 2017	Aneurin Bevan Primary Care Cluster Event	Newport
26th October 2017	Made in North Wales (Focused on North Wales Stakeholders, but open event)	Mold
26th / 27th October 2017	Public Health Wales Conference	Celtic Manor Newport Gwent
16th November 2017	National Primary Care Conference	Swansea
21st May 2018	All Wales Social Prescribing Research Network (Launch and Consensus event) Invited attendance of stakeholders across Academia, Statutory and Voluntary Sectors	Cardiff

APPENDIX D: FLYER

Canolfan Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol
Datblygu Gofal Sylfaenol yng Nghymru

Primary and Community Care Development and Innovation Hub
Developing Primary Care in Wales

Social prescribing

What is social prescribing?

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way by improving access to wellbeing services and community assets.

Who is involved in social prescribing?

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing schemes often involve a link worker or navigator to connect individuals to the most appropriate community support.

Where does social prescribing take place?

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations.

Why social prescribing?

In addition to supporting individuals to take greater control of their own health, social prescribing schemes may also lead to a reduction in the use of NHS services.

Public Health Wales' Primary Care Hub has coordinated the delivery of three commitments to social prescribing:

1: Mapping of evidence for social prescribing

2: Collation of information about social prescribing activity in primary care across Wales

3: Regional and national events to develop and share learning

All these resources can be viewed on the social prescribing page on the Primary Care One website.

If you'd like to share information on social prescribing projects in your area, get in touch: **PrimaryCare.One@wales.nhs.uk**

For more information visit:

www.primarycareone.wales.nhs.uk

APPENDIX E: ACTIONS TO PROGRESS SOCIAL PRESCRIBING IN WALES (PROGRESS UPDATE MAY 2018)

Access to and use of evidence base

The PHW Observatory was commissioned to map the evidence for Social Prescribing (SP) Evidence (published June 2017). Both the summary report & technical document can be accessed at Primary Care One Wales website together with links to other evidence reviews and reports. No further request for evidence reviews has been received.

Action	Lead	Progress
None, but scope to commission further work if required	**N/A**	**N/A**

A. Mapping & Sharing Learning

The Primary Care (PC) Hub undertook mapping of SP activity at Primary Care Cluster level (Dec 2016 –Feb 2017). Projects reported by Heads of PC/ Clusters are hosted on Primary Care One Wales. As mapping was undertaken within primary care only, it did not necessarily pick up all of the initiatives that were Local Authority (LA) or Third sector led. Hence PC webpage repository is not an exhaustive repository of all SP projects across Wales.

During 2016/17 the PC Hub has supported sharing of learning at regional and national events.

Action	Lead	Progress
1. Set up and maintain Primary Care One Wales Social Prescribing web-pages as an on-line repository with links to wider resources; actively encouraging the sharing of projects and evaluations for inclusion in the central repository for SP; Pro-actively share SP in Wales news via PC One Wales Newsletter	Primary Care Hub	Website formally launched October 2017. Ongoing maintenance of web pages and repository is included in Primary Care Hub work plan for 2018/19; Future of PCOne SP web pages/ repository will need to be reviewed in light of other developments that might offer this function e.g. All Wales SP Research Network (hosted by WCVA)

B. Support at local level to develop approach to Social Prescribing A successful approach to SP needs to be owned and developed locally by partners to meet local need utilising available assets and in a way that takes account of variation in maturity of local partnership working.		
Action	**Lead**	**Progress**
2. Encourage and support PC Clusters to link with local partners (e.g. Third Sector and LAs) to join up approaches locally through cluster development initiatives	Directors /Heads of Primary Care	There has been a widespread endorsement of promoting local ownership and development of SP; skills programmes such as *confident leaders* support this work; SP given a high profile at Primary Care national conferences (2017 & 2018) and championed by National Professional Lead for Primary Care Importance of primary care “linking to sustainable community assets” has been identified in the framework and work plan of the *Transformation of Primary Care Programme*
3. Public Health support for linking to wellbeing services in the community: Make available facilitation and co-production expertise for local multiagency events (on a Regional Partnership / Health Board footprint) to progress SP and if required, initial support to help Health Boards set-up a local forum/ Community of practice using a co-production approach. Access to PHW support through Directors of Public Health (DsPH) /Local Public Health Teams	PHW (Directors Public Health, PHW 1000 Lives and Health Improvement Team working together to support local approach)	1,000 Lives has previously supported a number of approaches and initiatives at cluster/ locality/ neighbourhood level. A number of established fora exist e.g. Cartrefi Cymru, Big Lottery funded Co-production Network; Green and social prescribing Network. PHW Health Improvement Team also engaged with Third Sector and CVCs across Wales in 2016/17 to identify their development needs identifying local partner engagement and social prescribing.

		December 2017 Meeting of DsPH endorsed Local Public Health Teams support for Primary Care Clusters providing link to wider PHW resource and local Partners. Patient Centred Care team of 1,000 Lives have committed to provide expertise to establish a Community of Practice for Practitioners in South East Wales (June 2018) with links to similar recently formed networks in North (BCU) and West (Hywel Dda)
4. Identify Health Board vice-chairs as local champions for social prescribing	Vice Chairs Local Health Boards	Vice Chair of BCUHB has championed SP among the Vice-chairs group; Cabinet Secretary and Minister for Social Services and Public Health joint letter to Chairs of Health Boards, Regional Planning Boards, Public Service Boards and CEO's Local Authorities and WCVA (August 2017) re linking people effectively to well-being care and support; NHS Planning Framework Guidance for health Boards (October 2017) urges NHS organisations in their Integrated Medium Term Plans (IMTP's), to "*use the work by Public Health Wales to inform research proposals, plans to develop better and sustainable ways to link people to well-being care and support, and public messaging to promote the use of well-being care and support*"
5. Explore connections with interested groups and national fora e.g. Cymru Well Wales, Social Care Wales, WCVA, Future Generations Commissioner Office to support national and local working.	PC Hub	Numerous conversations to make connections among stakeholders and align interests and work programmes (including Public Health Conference 2017; National Primary Care Conference 2017 and round table conversation chaired by Future Generations Commissioner for Wales (October 2016))

		Formation of All Wales Social Prescribing Research Network (May 2018); Formation of regional Communities of Practice as a mechanism to connect interested parties/ stakeholders of social prescribing (2017/2018)
6. Facilitate sharing of successful strategic approaches from outside of Wales	PC Hub	Established formal links with University of Westminster and Social Prescribing Network in England. UK News and activity shared widely within Wales via PCOne Newsletter. Connections made to research networks outside of UK. Formation of All Wales Social Prescribing Research Network and Community of Practice as a mechanism to connect interested parties/ stakeholders (May 2018) Use of PCOne as repository of projects
C. Evaluation Framework/ Toolkit Enable structured, meaningful evaluation of local projects to inform learning, identify successful approaches with potential for scaling–up (inform business case) and/ or further study (research grant submission) Recognise need to commission and share learning from independent evaluations. Development of a common outcome framework would assist identify system–wide benefits; consistent use of validated measurement tools would allow impact on individual wellbeing to be captured.		
Action	**Lead**	**Progress**
7. Encourage and support evaluation of SP projects through development of framework and skills	PC Hub	A generic evaluation framework for cluster initiatives was developed by PC Hub; workshops delivered on how to use the framework with applicability to social prescribing (September/ October 2017). Resources available on PC One

8. Identify need for SP–specific outcome measures that could enhance evaluation /Common Outcome framework (captures wider impact and value of social prescribing to all stakeholders)	Academic Lead	A priority area identified by the All Wales SP Research Network (May 2018)
9. Explore mechanisms to support evaluation	Academic Lead with support from NWIS	A priority area identified by the All Wales SP Research Network (May 2018)
10. Template to capture evaluation which could form basis of business case to mainstream successful pilot projects	Directors of Finance	DoFs developed an approach to identifying impact of primary care activity on secondary care (NPCB Feb 2018);could consider developing this further
11. Identify nationally agreed clinical **READ or SNOMED codes** to capture SP activity in primary care record	NWIS/ Cluster Leads/ AMDs for Primary Care	Awaiting new codes

D. Research

Gaps in the evidence base for Social Prescribing (SP) are acknowledged; there is a place for developing successful feasibility projects into larger scale controlled research studies. Collaboration through an academic network could enable faster learning, resolution of common problems experienced e.g. ethical approval and also attract funding for robust studies.

Independent evaluations of SP initiatives have previously been undertaken by Academic Institutions in Wales, but there has been no formal mechanism for sharing findings.

Action	**Lead**	**Progress**
12. Develop an approach that would bring academics together to support practitioners undertake evaluation and identify opportunities (and funding) for high quality research	Dr Carolyn Wallace, PRIME	Projects underway in Wales funded by NESTA ‘innovate to save’ fund, Health and Care Research including award of projects to be tested as part of WG commitment to a pilot of

		SP in Mental Health. Links with UK Social Prescribing Research Network (University of Westminster) and Academic Network established. School for Social Care research Capacity Grant secured to set up All Wales SP Research Network, hosted by WCVA and lead by Dr Carolyn Wallace (Launch May 2018)
E. IT Solutions (Directory of Community Assets & referral/ linkage mechanisms) Mechanisms to host and maintain information on services/ assets available in the Community i.e. an up to date directory of services that can be easily accessed by all stakeholders (including the public) in a timely manner. This may in time be developed to include a referral mechanism and service user rating function etc. Access to current information on wellbeing services available in the community was identified as an important function early on, and highlighted in the SP and Wellbeing service round-table conversation chaired by the Future Generations Commissioner for Wales (October 2016).		
Action	**Lead**	**Progress**
13. Development and integration of systems used across health social care/ third sector to host information on services/ assets available in the community;	National DOS Group	A National Group has been established to oversee development and integration of systems used across health/ social care/ third sector (DEWIS, INFOENGINE, NHSD 111 Directory, ReferNet, DoIt). Within NHS Wales this is being linked to the roll out of 111 and each Health Board will have a DOS co-ordinator to update service details for inclusion on the NHSD database. The focus for NHS Wales will be the population of NHS Direct (WAST) DOS and a lead has been appointed to update information from local services. The website has already been updated as has the on-line symptom checker.

		There is also a working group to provide a "technical" link between NHSD, DEWIS and INFOENGINE, with the latter two system links being the first priority and will be operational by July 2018. The final link between NHS Direct DOS and DEWIS Cymru is being finalised and joint content shared by November 2018.
14. Communicate vision and progress with directory developments to Primary Care Clusters to inform planning for Social Prescribing	NHSD 111 Project Primary Care IT Board National Primary & Community Care Board	Letter from Director General (June 2017) to NHS Organisations and Local Authorities re single Directory of Service Project in Wales to consolidate and combine existing directories into a single health and social care entity. *DEWIS Cymru* presence at Primary Care National Conference (October 2017) and Public Health in Wales Conference (September 2017); the creation of single directory of services also highlighted to Primary Care and partners during plenary sessions and presentations.
15. Explore further development of the system e.g. interface between the DoS facility and GP Clinical Systems and potential role of GP One; SP activity recording/ evaluation tool	NWIS/ Primary Care IT Board/ PC Hub	Being scoped for feasibility

F. Workforce

New models and roles have emerged to sign-post/ link individuals to the appropriate asset/ wellbeing service in the community. They have been attributed a range of titles such as Community Connector, Wellbeing Co-ordinator, Social Prescriber, Link Worker etc. There is recognition that the training and development needs of individuals undertaking these roles needs to be identified and supported, as well as

issues around governance and indemnity. Consider: • Developing national role profiles for the new link worker roles; • Data sharing, indemnity and governance • Short term nature of funding e.g. ICF, Cluster development monies • need for robust evaluation of role to establish what works and how which would underpin longer term funding/innovative resourcing Need to make link to regional Social Care Workforce Development Plan and Emerging Models of Primary Care (Transforming Primary Care programme)		
Action	**Lead**	**Progress**
16. Include new SP connector/ link worker roles in the workforce development action plan of the Implementation of Emerging Model Group supported by Health Education Improvement Wales (HEIW). Specific areas to address: • employment and governance arising from cross-sector working • Data sharing, indemnity and governance • Collation of Social Prescriber/ Link worker JDs and role profiles	IEMG (now Transforming Primary Care Group) and HEIW	Social Prescribing identified as one of the new roles to include in PCRG survey of primary care workforce which will seek to capture the role's contribution to improving access (April 2018) It is not known how many Social Prescribers (or equivalent) are employed in Primary Care; the role is not recorded on ESR for health board employed staff, and there is currently no means of robust primary care workforce data collection. WEDS compendium of Primary Care Roles and Models hosts some case studies and associated job descriptions in its job description library, none of which have been subject to the Agenda for Change process. Job titles include: Community Health Prescriber; Healthy Lifestyle Advisor; Care Facilitator; Active Monitoring Practitioner. The All Wales Primary Care Healthcare Support Worker (PC HCSW) Development Group is taking into consideration the

		education and training requirements for non-registered primary care staff. There is potential for this group to consider academically accredited education and training for the development of these new roles. Links can be established with new forums convened for social prescribing to inform any future work on this.
17. National approach to information governance and data sharing agreements between health and social care	NPCB/ PCCRG	Directors of Social Services (Claire Marchant, Monmouthshire CBC) has developed an agreed approach which can be shared as a template.

G. Public Message and links to other initiatives

The success of the SP approach will depend in part on patients' acceptance of a non-medical solution/community referral. One would anticipate that in due course, citizens would self-refer/manage/seek solutions from within community as an alternative to approaching GP

There is a need to link SP to other related national and local initiatives to ensure consistency of public messaging. There are many related initiatives that complement this approach (and even have potential to cause confusion if not aligned). Awareness raising and behaviour change can be achieved through alignment with existing Prudent HC programmes.

Examples of related initiatives in Health Care include:

- Making Choices Together (formerly Choosing Wisely Wales)
- Educational Programme for Patients (EPP)
- Making Every Contact Count (MECC)
- Choose Pharmacy Minor Ailments Schemes
- CVD Health Checks

All of the above have a role in achieving success in the Transformation of Primary Care

Action	Lead	Progress
18. Communicate and promote social prescribing (use of wellbeing services) among professional groups, public and	NPCC Board, Primary Care	The Transforming Primary Care Framework and Plan include reference to sustainable community assets and

across sectors by linking to other public messaging campaigns	Reference Group, LHBs	linking patients to these assets including wellbeing services in the community. Opportunity for inclusion in local cluster and health board developments as part of response to Parliamentary Review (2018)
19. Explicitly align social prescribing with Making Choices Together, Asset Based Community Development, Co-production, shared decision making initiatives delivered by PHW commitment to Prudent Healthcare. Help professionals and public internalise SP through inclusion of principles in delivery of related programmes e.g. MECC Explicitly align social prescribing/ community asset linkage with other initiatives such as MECC, Community Empowerment Principles	PHW 1000 Lives Team (Patient Centred Care) PHW Health Improvement Division	Work underway within 1,000 Lives

H. Sustainability of Community Assets and SP

The sustainability of SP is dependent on the existence of assets or well-being services in the community to support and meet the needs of individuals. These range from volunteer- run walking groups to employment or debt advisory services. Historically community assets have been underutilised. However, as the sign-posting or linking of individuals to the assets improves, the demand will increase. Often funding is short-term.

Current Funding sources include: PC Cluster development Money; Intermediate Care Fund (ICF) or SLAs with Third Sector; Charitable organisations or one-off project monies. WG Innovate to Save fund includes social prescribing as one of its themes.

Action	Lead	Progress
20. Explore potential role of well-being bond to sustainably fund local wellbeing assets	WG (Public Health)	Stakeholder Workshops held 2017 to scope ideas

21. Apply collaborative (Community of Interest) approach of interested organisations / stakeholders at a national level to mirror and support local approach enabling the identification of once for Wales products and solutions (interested parties include: Citizens' Advice Bureau, Natural Resources Wales, CVCs, WLGA (Dirs Social Services), WG, Academia, WBFG Commissioner Office, Time Credits (e.g. SPICE), NHS (Primary Care & HBs), PHW Observatory	Championed by Vice-chairs as part of TPC agenda; Potential role for Cymru Well Wales (to be confirmed)	Progress here is limited; The All Wales SP Research Network identified "sustainability" as one of its priority areas