

**National Assembly for Wales
Health, Social Care and Sport Committee
General Scrutiny Session**

**Submission by Public Health Wales
June 2018**

1 Background

1. Public Health Wales welcomes the opportunity to provide evidence to the Health, Social Care and Sport Committee on the work being done to protect and improve the health and well-being of the population of Wales.
2. Public Health Wales was established in 2009. For the first time, this created an independent NHS body with a clear and specific public health remit to provide professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales. Prior to 2009, public health services in Wales were provided by four distinct entities – the National Public Health Service for Wales, the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit and Screening Services Wales.
3. Public Health Wales' purpose is *Working to achieve a healthier future for Wales* and our new strategic priorities to achieve this are outlined in section 11 below. We have four statutory functions which are to:
 - ❖ provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases
 - ❖ develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters
 - ❖ undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales, including cancer incidence, mortality and survival; and prevalence of congenital anomalies
 - ❖ provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.
4. Over the last few years we have met all of our statutory duties including achieving a breakeven position each year, having an approved Integrated Medium Term Plan and, in addition, we have managed to create an internal investment fund for the purpose of new public health developments and to continue to build resilience across our functions.
5. Since 2009, we have grown and developed considerably, taking on new functions and services (for example additional national screening programmes) in order to have the biggest impact that we can to improve health and well-being in Wales and to transition into a National Public Health Institute for Wales. This has seen us increase our staffing by 44%. Since this time, we have

continued to review and adapt our functions and services to the key public health challenges. This has involved significant redesign of the organisation.

6. Public Health Wales has a Board of Directors comprising a Chairperson, six Non-Executive Directors and five Executive Directors who are led by a Chief Executive. The Executive Team comprises the Chief Executive, the four Executive Directors and three additional Directors each of whom lead the Directorates in the organisation. The Board sets the strategic direction of the organisation and seeks assurance that we are effectively executing our strategy and achieving the outcomes intended through a well governed system of effective performance and delivery that is aligned to improving population health outcomes.
7. As of the 1 June 2018, our workforce consists of 1,684 people equal to 1,495 full time equivalent (FTE). Following a restructuring in 2015, our Directorates are organised as shown in Appendix 1.
8. At the end of 2017/18, we achieved an overall break even position with a small net surplus of £28k. The total expenditure (£117.574m) is a combination of spend covered by core and non-core funding streams. A summary of our financial performance for 2017/18 is shown in Appendix 2. The NHS Wales Health Collaborative (including clinical networks), which is hosted by us, is not included in these figures.

2 Developing a New Long Term Strategy

9. During 2017/18 we undertook a process to develop a new Long Term Strategy for the organisation from 2018 – 2030. The development of the Strategy was underpinned by the five ways of working in the Well-being of Future Generations (Wales) Act and is accompanied by a first three year Strategic Plan for its implementation (the Integrated Medium Term Plan 2018 – 2021) which has recently been approved by the Cabinet Secretary for Health and Social Services. The Strategy outlines seven new strategic priorities for the organisation that we believe will enable us to have the biggest impact on improving health and well-being in Wales.
10. In addition to considering the policy and legislative environment in Wales, the development of the new Strategy involved over 1000 hours of staff and stakeholder feedback. We also undertook a review of the burden of disease in Wales, and the latest research internationally and nationally, to inform the best available evidence to define our strategic priorities. Finally, for the first time we undertook a survey of our public's views of health and well-being to inform the Strategy - *Stay Well in Wales*, to find out what the Welsh public thought about health and well-being. This was published earlier in the year.
11. In considering the information and feedback that we have collected, seven strategic priorities emerged. The strategic priorities are outlined below and a summary of what we will do to implement them over the next three years is outlined in more detail in Appendix 3. The strategic priorities are:
 - ❖ Influencing the wider determinants of health
 - ❖ Improving mental well-being and building resilience
 - ❖ Promoting healthy behaviours
 - ❖ Securing a healthy future for the next generation through a focus on early years
 - ❖ Protecting the public from infection and environmental threats to health

- ❖ Supporting the development of a sustainable health and care system focused on prevention and early intervention
- ❖ Building and mobilising knowledge and skills to improve health and well-being across Wales.

3 General Scrutiny Session Terms of Reference

The remainder of this briefing will be structured around the requested areas of focus for this scrutiny session, which we understand to be the following areas:

- A. The work being done by Public Health Wales to protect and improve health and wellbeing outcomes and reduce health inequalities in Wales, specifically:
 - i. Health protection - protecting people from communicable and infectious disease
 - ii. The provision of screening programmes
 - iii. Patient safety
 - iv. Safeguarding
 - v. Health intelligence and research
 - vi. Life expectancy and tackling the social determinants of health.
- B. The role of Public Health Wales in leading transformational change.
- C. The expert and specialist services Public Health Wales provides to Health Boards, Trusts and local authorities in Wales and how effective these arrangements are in helping to promote public health locally and nationally.
- D. Specific information on Hepatitis C, Sepsis and Breastfeeding.

A. The work being done by Public Health Wales to protect and improve health and wellbeing outcomes and reduce health inequalities in Wales

i. Health Protection

12. We provide health protection services including communicable disease control, environmental public health services and emergency preparedness and response, together with laboratory, clinical and public health microbiology services to the whole population in Wales. An effective health protection response also requires knowledge systems for identifying and risk assessing potential health hazards (surveillance), a skilled workforce, prevention programmes including vaccination and immunisation, promotion strategies involving cross-sector collaboration to address the social, economic and environmental determinants of health and enablers including communications, organised and delivered within a governance structure based on legislation and regulation.
13. Within Wales, we provide strategic leadership to the NHS in response to the challenges of health care associated infections (HCAIs). Key drivers of HCAIs are failures in the prevention of infection and transmission when providing health care, wherever that care is delivered (including community settings), and antimicrobial usage. Examples of how we support the NHS includes our establishment of a national Collaborative for HCAIs jointly led through our 1000 Lives Improvement Service and our Health Protection Team and our support to the Chief Medical Officer in taking forward a national plan to address

antimicrobial resistance.

14. We provide a 24 hour, 365 days a year service to respond to infectious disease threats to the population of Wales. This requires a close working relationship between our Health Protection and Microbiology services.
15. Our greatest challenge in this area is our medical and scientific workforce capacity. This is due to the ability to recruit into this specialty area and is consistent with the experience elsewhere in the United Kingdom.
16. We have recognised for some time that we need to modernise and transform our infection service given the changing workforce and the continued development of new technologies. Having established new senior management structures and internal governance systems in 2017, we are in the process of developing a modernised National Infection Service for Wales.
17. In relation to our leadership role in national resilience and preparedness in this area, three examples of the type of direct leadership and involvement are the NATO Summit, UEFA Champions League and our response to the Ebola Virus Disease.

ii The provision of screening programmes

18. We deliver seven national screening programmes and coordinate the All-Wales managed clinical network for antenatal screening. Each programme is informed by evidence considered against robust criteria and in line with recommendations from the UK National Screening Committee and Welsh Government policy. The programmes are either primary prevention with the aim of reducing incidence of disease (for example Cervical Screening) or secondary prevention with the aim of early diagnosis to reduce the impact of the disease (for example Breast Screening). Continuous improvement and development underpins the programme delivery in Wales.
19. During 2016/17 we undertook a strategic review of our screening programmes to ensure that we are as effectively organised as we can be to have the greatest impact through our population screening programmes and to best prepare for the changes and new technologies coming through.
20. There is continued work within the Screening service to develop engagement with service users and implement an approach aimed at enabling informed choice and uptake, with a particular focus on reducing health inequalities. For example, in response to concerns about uptake in the bowel screening programme among males in areas of higher social deprivation we have worked with Cancer Research UK. We will continue to learn from our experience with this and other programmes to address known inequalities in uptake across all the programmes.
21. The introduction of Human Papilloma Virus (HPV) primary testing within the cervical programme will provide a more sensitive test and will allow us to identify women requiring treatment more effectively. These changes will increase quality and effectiveness (including cost effectiveness) and improved service user experience, in line with the principles of prudent healthcare. Full roll out is planned to be completed by the end of October 2018.
22. The introduction of Faecal Immunochemical Testing (FIT) in the bowel screening programme will offer a more sensitive test that is more acceptable to participants and has the potential to reduce the burden of bowel cancer in

the population. However, achieving successful implementation will result in increasing demand for diagnostic colonoscopy throughout Wales, and we will continue to work in partnership with health boards to develop this capacity across the whole system.

23. Work on introducing antenatal screening for Patau's and Edwards' syndrome in Wales, delivered by the health boards, is well advanced. This includes the introduction of non-invasive prenatal testing (NIPT) for women with a higher chance screening result for Patau's, Edwards' and Down's syndrome. The improved pathway offered will result in fewer unnecessary diagnostic amniocenteses, with a reduction in the risk of miscarriage as a result.
24. Diabetic Eye Screening Wales transferred from Cardiff and Vale University Health Board to Public Health Wales in April 2016. We have continued to strengthen the impact of the service which benefits from now being part of the national screening service provider.

iii Patient Safety

25. We provide the quality improvement support to the NHS through our *1000 Lives Improvement Service*. Our work supports NHS Wales to achieve improvements in patient safety through simple changes in practice. The *1000 Lives* team works closely with the Improvement Hubs that exist in health boards and trusts. The programmes are responsive to investigations and reviews of patient safety in Wales which continue to highlight the need to further develop the culture of patient safety, improvement, learning and innovation. This includes the OECD Reviews of Health Care Quality – United Kingdom (2016) and the recent Parliamentary Review of Health and Social Care in Wales (2018).
26. We have a key role in supporting several networks and targeted work programmes across NHS Wales to improve patient safety. These include:
 - ❖ Supporting the dedicated Wales Maternity Network to improve outcomes for mothers and babies.
 - ❖ Supporting the Wales Cancer Network to implement the 'Single Cancer Pathway'.
 - ❖ Leading a national network to support the continued reduction of harm and death caused by acute deterioration (further detail below)
 - ❖ Continuing to roll out a Quality Indicator Tool to support improved care planning for mouth care.
 - ❖ Working with our Health Protection Division in Public Health Wales to deliver a national programme aimed at reducing the incidence of Healthcare Associated Infections (HCAIs) and Antimicrobial Resistant (AMR) organisms in community and hospital settings.
 - ❖ Supporting a national Hospital Acquired Thrombosis (HAT) network, which is seeing improvements in the reporting and analysis of potentially avoidable cases of HAT amongst patients.
 - ❖ Leading a national Falls Taskforce to reduce the risk of falls
 - ❖ Commencing a supportive programme to improve outcomes for patients undergoing emergency laparotomy.

iv Safeguarding

27. The National Safeguarding Team (NST) provides independent expert health advice to the wider public sector through the regional safeguarding boards (children and adults) and through relationships with Welsh Government, the Children's Commissioner for Wales, the Older People's Commissioner for Wales, National Advisors on VAWDASV (violence against women, domestic abuse and sexual violence) and the National Independent Safeguarding Board.
28. The NST generates a unique contribution to safeguarding through the NHS in Wales through its system leadership of the NHS Wales Safeguarding Network. The NST has provided expertise to shape the emerging priorities and safeguarding related work streams across Wales and contributes to our new Long Term Strategy.
29. Work undertaken in 2017/18 to protect and improve health and wellbeing outcomes and reduce inequalities include:
 - ❖ Contributed to the National Independent Inquiry into CSA (IICSA)
 - ❖ Delivered two National Safeguarding Conferences
 - ❖ Collaborated and developed national safeguarding supervision policy for NHS Wales and bespoke training packages for supervisors and supervisees
 - ❖ Development of guidance for health professionals regarding Unaccompanied Asylum Seeking and Refugee Children (UASC)
 - ❖ Review of the Procedural Response to Unexpected Deaths in Childhood (PRUDiC) on behalf of the six Regional Safeguarding Children Boards
 - ❖ Evaluated effectiveness of impact of NST leadership of NHS Safeguarding Network and NHS Wales Notification Pathway for Looked After Children
 - ❖ Audit of NHS Wales's compliance with NICE guidance on Domestic Abuse
 - ❖ Reported on collated themes and lessons for NHS Wales arising from published reviews (child, adult practice and Domestic Homicide).
30. Work will continue in 2018/19 to support the NHS to implement the pilot of the Safeguarding Maturity Matrix and use the collated data to drive improvements, reduce variation and share learning across Wales and wider partners.

v Health intelligence and Research

31. A good understanding of our health challenges and opportunities for effective intervention is essential to inform public health action. Using this information, while innovating and evaluating, is a core element in our approach to knowledge mobilisation. As a National Public Health Institute, we play a key role in providing and promoting the best available public health intelligence (evidence and data analyses) in a way that is easy to understand and that inspires, informs and maximises the impact of public health action.
32. Our Health Intelligence function includes the Public Health Observatory, specialist registries and information sources (Welsh Cancer Intelligence and Surveillance Unit, Congenital Anomaly Register and Information Service, Child Measurement Programme and Child Death Review) and the sponsorship of a number of external information sources.
33. Working closely with local public health teams in health boards, Public Health Wales supports local decisions by providing expert advice, responding to ad hoc queries, signposting to resources, providing evidence and library support,

training and skills development. Directors of Public Health prioritises the health intelligence requirements for local public health teams, informed by an all-Wales liaison group.

34. In 2016/17 we undertook a strategic review of our health intelligence functions across the organisation in order to ensure that we are exploiting modern approaches to delivery in a strategically joined up manner and exploiting data science and new web-based methods to improve health and well-being. As part of our new Long Term Strategy we will be implementing the recommendations that have arisen from the review to develop a new model of health intelligence and knowledge functions across the organisation.
35. Our research is essential to helping us better understand which factors influence health and inequalities in Wales and inform policy and practice to improve health and well-being. Research ensures that the work we do is based on the best available evidence.
36. Supported by Welsh Government funding, we have made great progress over the last two years in developing research within the organisation. Following the launch of our research strategy we have promoted and enhanced the understanding of public health research in Wales, developing closer collaborations between Public Health Wales, academia and partners across the wider research infrastructure in Wales.
37. Our research is shaping the health agenda for Wales, achieving international recognition for its impact, leading to a strong academic publication record, and securing funding from competitive grant giving organisations. Recent research that we have undertaken include:
 - ❖ two research studies into Welsh Adverse Childhood Experiences (ACEs) with four associated reports published
 - ❖ the development of new methods and whole genome sequencing to support international surveillance and outbreak investigations of *Cryptosporidium*
 - ❖ understanding the police response to vulnerability and risk
 - ❖ evaluating the potential of using an observation tool for parent child interaction in the first two weeks of life
 - ❖ Life after Prostate Cancer Diagnosis research
 - ❖ developing a public health approach to responding to mass unemployment events
 - ❖ Preventing Violence, Promoting Peace: a Policy Toolkit produced with the Commonwealth Secretariat.

vi Life expectancy and tackling the social determinants of health

38. Our population is living longer than ever before. However, today, like many other countries, we face increasing challenges in relation to how healthy we are as we get older. We continue to have intractable levels of health inequalities across different parts of Wales, and there remains a gap in healthy life expectancy of greater than a year between Wales and England. Smoking prevalence in Wales is 18.1% compared to 16.9% in England and even lower in many other countries. Wales has the highest rate of overweight and obesity in children aged 5 years when compared to England, Scotland and the Republic of Ireland and the rate is increasing.

39. Our [Health and its determinants in Wales](#) report provides an overview of the health and well-being of the population of Wales, including the burden of disease which show the current situation and future forecasting, respectively. Updated in 2017, it outlines the main causes of death, disability and illness in Wales. While demonstrating the gains made, it highlights the significant challenges now and in the future. This intelligence has helped to shape our Long Term Strategy and the strategic priorities we have identified. It is also being used by health boards, local authorities, Public Services Boards and Welsh Government for planning purposes.
40. In addition, our report [Making a difference: Investing in Sustainable Health and Wellbeing for the People of Wales](#), published in 2016, provided research evidence and expert opinion in support of preventing ill health and reducing inequalities to achieve a sustainable economy, thriving society and optimum health and well-being for the present and future generations in Wales.
41. Our new strategic priority, *influencing the wider determinants of health*, describes how we will collaborate with partners to understand and improve factors that impact on everyone's health. Over the next three years, we will:
- ❖ demonstrate the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally, for example, housing, education, employment, economic development and planning policy and practice
 - ❖ renew 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
 - ❖ build 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
 - ❖ stimulate action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales
 - ❖ embed evidence based Health Impact Assessment as a key influence on ours and others' decision-making.

B. The role of Public Health Wales in leading transformational change

42. Following our research and subsequent reports on adverse childhood experiences (ACEs) in Wales, and their impact on health and life, through Cymru Well Wales (see below), the then three Cabinet Secretaries for Health and Social Services, Education and Communities and Children jointly resourced the establishment of the all Wales ACE Support Hub. This is hosted by us and provides support across all sectors to help prevent ACEs, reduce the impact of harm and inform good policy. The ACE Hub is a truly cross-sector programme of work involving health, housing, police and criminal justice, education and communities. There is a Steering Group for the ACE Support Hub that is chaired by Matt Jukes, Chief Constable for South Wales Police, and the Steering Group reports into Cymru Well Wales.
43. In 2015, we established *Cymru Well Wales* in partnership with (and co-chaired with) the Welsh Local Government Association. This is a cross sector collaboration with an overseeing Strategic Leadership Group established in

order to align activity and resources to tackle and prevent the issues that contribute most towards poor health and wellbeing in Wales. Cymru Well Wales's priority areas for action are: improving outcomes in the first 1000 days of life; reducing adverse childhood experiences (ACEs) in Wales and tackling poverty in Wales by increasing employability.

44. In 2016/17, through internal investment we established a national *Health and Sustainability Hub* in Public Health Wales to support the organisation with its contribution towards each of the wellbeing goals in the Well-being of Future Generations Act and also to provide and mobilise support to the wider health and wider public sector for the implementation of the Act. The Hub provides guidance, mobilises sharing of good practice, develops position statements on health and sustainability and provides advice to Welsh Government.
45. In recognition of the important role that housing plays in the health and well-being of our population, we have developed close working relationships with the housing sector and particularly Community Housing Cymru (CHC). In 2015, we signed a Memorandum of Understanding (MoU) with CHC, formalising a purposeful partnership between health and housing in Wales to improve the lives of people in Wales and jointly funded a Public Health and Housing Policy role. Since then, two project groups, the 'Health and Housing Public Health Group' and 'Health, Social Care and Housing Group' were established, supported by the MoU mechanism that had been created. The co-chairs of each group, together with Welsh Government with additional support from CHC and Public Health Wales meet as an overarching Collaborative Steering Group to ensure a focus on progress and consider additional strategic developments from each sector and Welsh Government.
46. In October 2015, a MoU between South Wales Police and Crime Commissioner, South Wales Police Force and Public Health Wales was agreed and signed that committed all organisations to identifying common problems, understand the challenges each face and progress the delivery of joint priorities from the wider perspective of both public health and criminal justice, with an emphasis on prevention and early intervention. The publication of the ACEs reports provided a strong evidence base for the shared agenda and a focus for collaboration. This secured funding from the Home Office Police Innovation Fund and the main purpose was to prevent the generational cycle of crime through adopting an ACE-informed approach. This work has recently been evaluated.
47. Following on from the success of the relationship with South Wales (as above), a collaborative bid between Public Health Wales, the four Police and Crime Commissioners, four Chief Constables, and a wide range of criminal justice and voluntary sector partners across Wales secured funding of £6.87 million through the Home Office Police Transformation Fund for a three year period from 2017-2020. It follows the ACEs study that found 14% of adults living in Wales had experienced four or more ACEs before reaching the age of 18. The Police Transformation Funding bid shows that policing and criminal justice are leading the way in translating the evidence into action and developing a multi-agency ACE-informed approach in Wales to policing and vulnerability. In addition, we have recently signed a Partnership Agreement between Public Health Wales and all of the four Police and Crime Commissioners, the four Chief Constables, Prison and Probation Service, Courts and Tribunal Service and the Youth Justice Board.

48. We have 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 is essential given that the global public health world needs to function seamlessly and works as a close network. The key achievements include:

- ❖ In March 2018, the World Health Organization (WHO) designated our Public Policy, Research and International Development Directorate as the first WHO Collaborating Centre on Investment for Health and Wellbeing. This is a significant achievement for the organisation and for Wales
- ❖ Developing our first International Health Strategy, 2017-2027, through our unique pan-Wales body, the International Health Collaborating Centre
- ❖ Becoming a full member of the International Association of National Public Health Institutes (IANPHI) and, at our request, subjecting ourselves to an international peer-to-peer review by IANPHI in 2017
- ❖ Working closely with the Commonwealth Secretariat and producing an International Health Protection Toolkit with them that we trialled in Sierra Leone and was approved by all Commonwealth Health Ministers, and the Preventing Violence, Promoting peace: Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence
- ❖ Active members of, and hosting meetings for, the WHO Regions for Health Network.

49. We work closely with our UK partners across the wide range of our functions including health protection, health improvement, health intelligence and ACEs. We are also very active with the UK, and more international partners, including the Institute for Healthcare Improvement (IHI) through *our 1000 lives Improvement Service*.

C. The expert and specialist services Public Health Wales provides to Health Boards, Trusts and local authorities in Wales and how effective these arrangements are in helping to promote public health locally and nationally

50. Public Health Wales provides a range of resources and support for the delivery of specialist public health services at a national, local and community level, including to local health boards and their Directors of Public Health. We currently deploy 226 staff across seven local public health teams. These staff are employed by us and make up 13 per cent of the organisation's workforce. In 2017/18, the budget for these staff totalled £9.96 million. The Directors of Public Health are employed by health boards and are responsible for directing and managing the work of the public health teams, while being accountable to Public Health Wales for the use of these resources.

51. We have undertaken significant work with health boards over the last few years to develop and strengthen our collective arrangements, particularly in relation to service delivery. This is reflected in the development of MoUs in the following areas, which aims to articulate the specific arrangements and management of services.

- ❖ Primary and Community Care
- ❖ Health Intelligence
- ❖ Key Health Improvement Programmes
- ❖ Health Protection, Screening and Microbiology Services

- ❖ 1000 Lives Improvement
- ❖ Policy, Research and International Development

52. Further work will be undertaken to refresh the MoUs between Public Health Wales and health boards during 2018/19 following the conclusion of the implementation of the recommendations following the Wales Audit Office Review of the Management of Local Public Health Resources.
53. By developing tools such as the Public Health Outcomes Framework, we play a key role in providing the intelligence needed to inform Well-being assessments, working with Public Services Boards (PSB) across Wales, as part of the requirements under the Well-being of Future Generations (Wales) Act 2015.
54. Several examples of work being undertaken by our local public health teams whilst being enabled by Health Boards and Directors of Public Health, include:
- ❖ Working with Cardiff PSB and Cardiff Council, the team provided expert public health advice to support behaviour change and infrastructure improvements to promote healthy and sustainable travel. A similar approach looking at staff active travel undertaken with the Vale of Glamorgan PSB.
 - ❖ A long term programme of work on 'Planning for Health and Wellbeing' implemented in partnership by Cardiff Council, Cardiff and Vale University Health Board and Public Health Wales.
 - ❖ Progress in smoking cessation in pregnancy, Bach a Iach (Small and healthy) pre-school awards, in Powys Teaching Health Board.
55. We provide national health improvement programmes that we deliver locally and involve close working with health board colleagues and our local teams. These include Healthy Working Wales, Stop Smoking Wales (supported nationally by the Help Me Quit support centre) and our Welsh network of Healthy Schools Scheme.

D. Specific information on Hepatitis C, Sepsis and Breastfeeding

Hepatitis C

56. We provide leadership for the Hepatitis C Treatment Programme. As outlined below, much has been achieved to date and the building blocks to achieve elimination in Wales by 2030 are in place. Continued efforts to test and treat in community settings, develop the infrastructure across Wales to provide this service and the provision of harm reduction services are key to success. Consideration of further investment in some areas is required to achieve these goals.
57. The Blood Borne Virus (BBV) clinical network in Wales is well established and continues to deliver transparent and equitable access to highly effective and well tolerated treatments for hepatitis C (HCV) infection with no restriction on access to treatment, based on disease stage. A dramatic increase in the numbers of individuals both treated and cured of the virus has been seen over the last two years with approximately 1,300 individuals treated during this period with a cure rate of around 95%. The BBV teams are focussing on community-based activity in recognition that the current barrier to reaching target relates to insufficient testing and difficulties related to linking positive

individuals to care.

58. Work has been undertaken to carry out pilot testing for HCV within the pharmacy setting and a national programme with recommendations for commissioning is being developed. We are in the process of recruiting to a national pharmacist role to lead and support the implementation of routine testing in pharmacies across Wales. A strategy for treatment in these settings is also being explored.
59. Over the course of 2017, a third of all men admitted to prisons in Wales were screened for blood borne viruses. Over 350 individuals were identified as HCV antibody positive, demonstrating an overall prevalence in Welsh prisons of around 10%. Despite dramatic improvement in testing rates much work remains to be done to achieve 100% coverage and improve linkage to care. Pathways are now in place to facilitate rapid access to treatment and shorten the time from diagnosis to completion of treatment.
60. Within substance misuse services the implementation of the BBV (hepatitis B, HCV and HIV) module of the Harm Reduction Database has been rolled out in all health boards in Wales. This will help strengthen the pathway from testing to treatment and provide more robust data on BBVs in those accessing these relevant services.
61. Work has been undertaken within Public Health Wales to develop a BBV laboratory testing database which will help us better understand testing patterns for HCV, and help identify those lost to follow-up. It is anticipated that this will form the basis of a HCV registry.

Sepsis

62. The main vehicle for improvement for acute deterioration in NHS Wales has been the active participation of all Health Boards and Trusts in the 1000 Lives Improvement Service Rapid Response to Acute Illness Learning Set (RRAILS). RRAILS was launched in 2011 with the purpose of introducing the National Early Warning Score (NEWS), sepsis screening and implementation of the Sepsis 6 care bundle.
63. Health boards and trusts actively participating in an All Wales 'Out of Hospital' Acute Deterioration patient safety programme (pre-hospital and community) and demonstrating improvements in processes and outcomes for patients who deteriorate in the non-acute hospital setting by 2020.
64. There are already annual European Antibiotic Awareness Day and World Antibiotic Awareness Week activities that we in Wales and the UK join in with although more could be done to raise awareness of prevention strategies to reduce the development of sepsis relating to particular conditions, for example, the diagnosis and management of urinary tract infections (UTIs).
65. In relation to UTI improvement work aimed at the prevention of UTIs and subsequent Gram negative sepsis, there is work ongoing in Wales particularly in relation to the interface between health and social care.

Breastfeeding

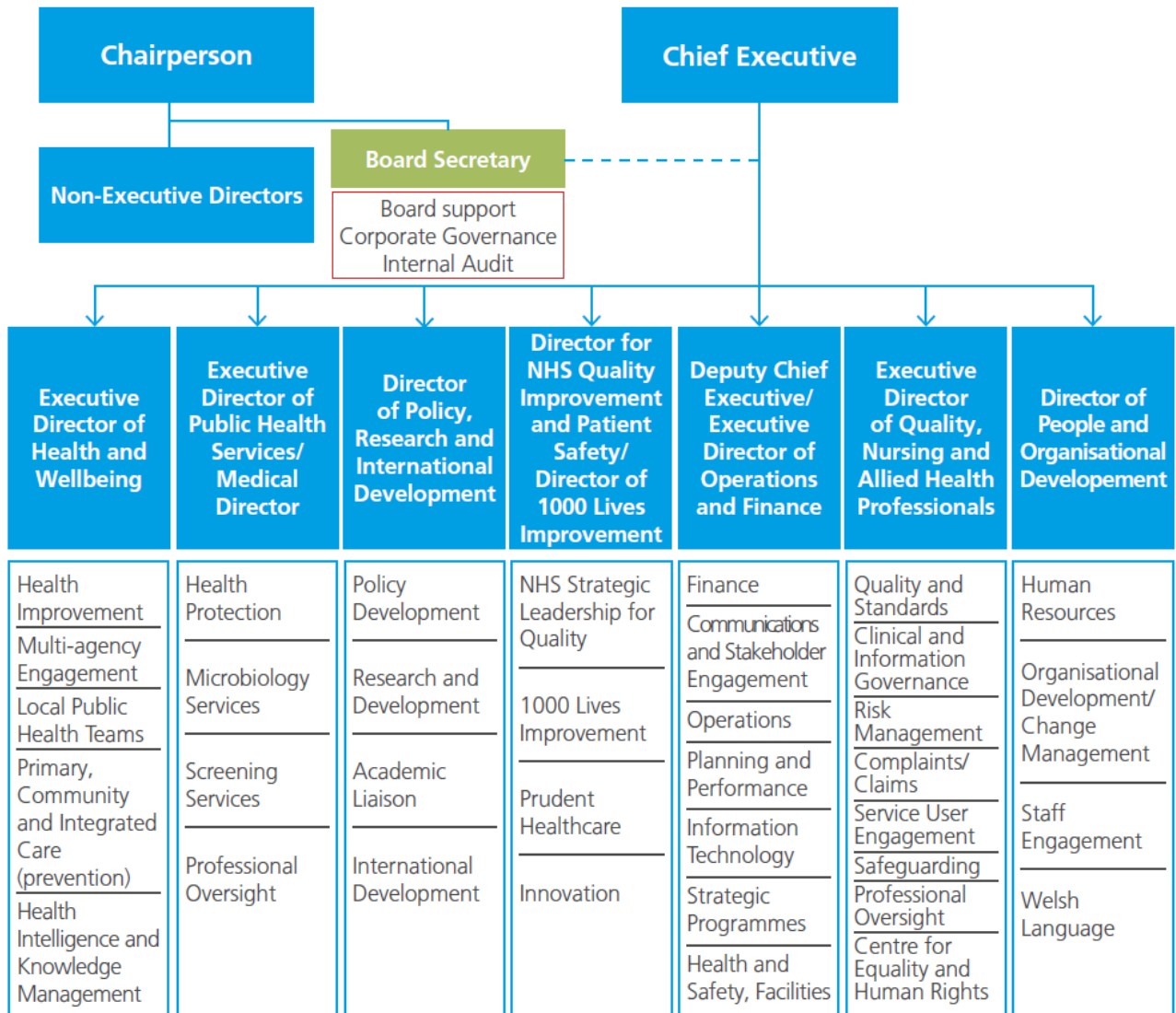
66. The early years of a child's life lay the foundation for a healthy childhood and into adulthood. How a child is fed in the first year of life has a significant

impact on a range of outcomes including the risk of obesity and overweight. The benefits of breastfeeding, ideally exclusively for the first six months, are well documented. However, social norms to bottle feed are very well established in many of our most disadvantaged communities and even where parents express a desire to breast-feed, they often encounter difficulties and are unable to continue.

67. Making a significant change to breastfeeding rates in Wales is very challenging and the issue itself generates strong emotional responses which can mean that even talking about the issue and how we might improve can be difficult. Having extensively reviewed the previous Wales Breastfeeding Programme, we withdrew from active support of all of the elements except the UNICEF Baby Friendly Programme which has a good evidence base. What is clear is that a different approach is needed to what is a very complex problem. We have been working, with our partners, to develop a new approach through the following actions:

- ❖ We have commissioned research on asset based approaches to breastfeeding in communities where breastfeeding is less common.
- ❖ We have re-established the Wales Infant Feeding Network with affiliation to wider UK networks to ensure exchange of best practice
- ❖ We have developed the Every Child Wales Programme which includes Breastfeeding as one of the 10 Steps to a Healthy Weight
- ❖ We have commissioned Cardiff and Swansea University to co-produce an approach to changing social norms towards infant feeding in low uptake communities
- ❖ We have led Wales engagement in the Becoming a Breastfeeding Friendly Country project which is an international benchmarking initiative co-ordinated from Yale University.

Appendix 1: Our Organisational Structure



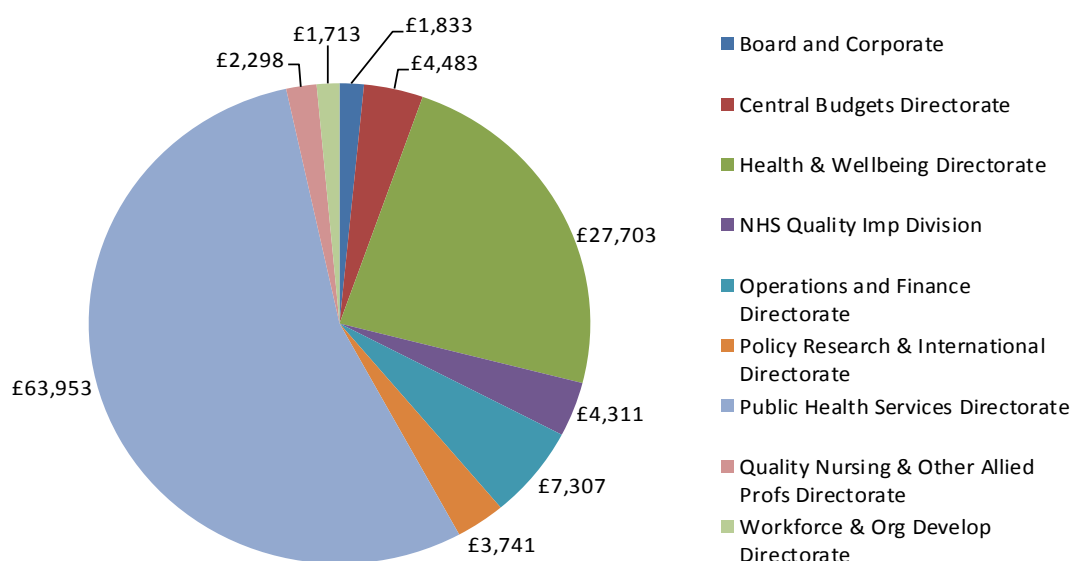
Appendix 2: Financial performance (outturn and expenditure 2017/18)

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

Summary
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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%



**Our Priorities
2018-2030**

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

Influencing the wider determinants of health

Improving mental well-being and resilience

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

Working to Achieve a Healthier Future for Wales

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

Strategic Priority 1: 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

Strategic Priority 2: 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

Strategic Priority 3: 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:

- worked with others to reduce the proportion of the population who smoke
- supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy
- worked with others to increase the proportion of children who are a healthy weight when they start school
- worked with others to achieve demonstrable increases in the proportion of children who walk or cycle to school
- agreed and implemented with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales
- developed a new comprehensive programme of prevention of alcohol related harm
- developed a programme to reduce the use and 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
- worked with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.

Strategic Priority 4: 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:

- worked with partners to 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
- worked with others to 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
- worked with partners to improve oral health of the children in Wales

Strategic Priority 5: 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 HCAI and AMR 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

Strategic Priority 6: 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

Strategic Priority 7: 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

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 which will have measurable impacts at national and international levels
- 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 adopted and exploited to better deliver our objectives, improve health and reduce health inequalities.
- developed 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.
- increased our use of health and economic measurement techniques, including social return on investment in order to provide evidence based advice to inform public health policy and practice and measure our own impact on population health.
- through implementation of our International Strategy, developed with the World Health Organization, 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 development of implementation of population health standards for key partners.