

Public Health Institutes of the World

**IANPHI**

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Public Health Institutes  
of the World

11 JUNE, 2018

Public Health Wales  
PEER-TO-PEER REVIEW AND  
RECOMMENDATIONS

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## Part 1 | Introduction

This evaluation was conducted October 8-12, 2017 at the request of Public Health Wales Chief Executive Tracey Cooper. The Review Team was comprised of Prof. Juhani Eskola, Dre Nicole Damestoy, Prof. Dr. Ivan Erzen, Prof. Dr. Lars Schaade, Dr. Anne-Catherine Viso (see Appendix I).

The IANPHI [Framework for the Creation and Development of National Public Health Institutes](#)<sup>1</sup> and the [IANPHI Evaluation Tool](#)<sup>2</sup> were used to support the evaluation. Strong preparation by a Public Health Wales team led by Dr. Quentin Sandifer contributed greatly to the team's work.

Terms of Reference, developed by the Public Health Wales leadership team, are attached as Appendix II.

## Part 2 | IANPHI

IANPHI ([www.ianphi.org](http://www.ianphi.org)) was launched in 2002 and chartered in 2006. It is an association of directors from 108 National Public Health Institutes (NPHIs) representing national organizations spread across all continents and varying in size and scope from the most sophisticated and historically well established to those recently created and starting with a few key functions. With oversight from an Executive Board, IANPHI is managed by a Secretariat based at Public Health France and an office at Emory University in the United States. IANPHI's mission is to improve health outcomes by building capacity within and between its member NPHIs. IANPHI provides technical assistance and grants, develops policy and fosters its community through annual meetings, a website and other communications, benchmarking and advocacy in support of strong NPHIs.

## Part 3 | National Public Health Institutes

Numerous countries have established national public health institutes to coordinate and lead public health systems. Some, such as the U.S. CDC, South African NICD, Brazilian FIOCRUZ, and China CDC, have developed over time while others—including Public Health England and, the Public Health Agency of Canada—were created more recently. While NPHIs vary in scope and size—from institutes focusing only on infectious diseases to those with comprehensive responsibility for all public health matters (including research, public health programs, and policy support and development)—they share a national scope of influence and recognition and focus on the major public health problems affecting the country. NPHIs use scientific evidence as the basis for policy development, program implementation and resource allocation and are accountable to national governments and the public. Their key functions—including disease surveillance, detection, and monitoring; outbreak investigation and control; health information analysis for policy development; research; training; health promotion and health education; and laboratory science—are particularly critical in low-resource nations.

## Part 4 | Evaluation Process

In 2007, to provide its members with policy guidance and a roadmap for strengthening NPHI capacity, IANPHI drafted and approved a [Framework for the](#)

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<sup>1</sup> <http://ianphi.org/documents/pdfs/frameworkfornphi>

<sup>2</sup> <http://www.ianphi.org/documents/pdfs/evaluationtool>

[Creation and Development of National Public Health Institutes](#)<sup>3</sup>. The IANPHI Framework includes Core Attributes and Essential Functions for NPHIs and has been used by NPHIs from around the world to plan for and undertake capacity strengthening activities. The [IANPHI Evaluation Tool](#)<sup>4</sup> was developed by a group of IANPHI members and key experts including RIVM from 2012-2014. It was informed by IANPHI assessments of China CDC and other national public health institutes including THL (Finland), RIVM (Netherlands), and WIV-ISP (Belgium).

## Part 5 | Background, Public Health Wales and the context of the evaluation

### Background

Public Health Wales was established in 2009 on a recommendation of the Welsh Government as an independent NHS body with a clear and specific focus and remit to act across all domains of public health practice (through its constitution as an NHS Trust). Public Health Wales results from the merger of 4 distinct entities: the National Public Health Service for Wales, the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit, and Screening services for Wales.

Since 2009, Public Health Wales has developed significantly taking on new services and developing new functions, increasing its budget and staffing (from 80 M£ in 2010/11 to 114 M£ in 2016/17, with an increase in 531 full time equivalent (FTE) staff between 2009 and 2017 with a current total of 1493 FTE).

### About Wales

Located on the western side of Great Britain, Wales has a population of just over three million people, mostly living in the south of the country and along the north coast with a largely rural centre to the country. Cardiff, the capital city, is located in the south east of the country and is the location for the National Assembly for Wales (the Senedd) and the Welsh Government.

### Devolution

In 1998, a referendum was held in Wales and following a 'yes' vote the UK Parliament devolved certain powers and responsibilities to an elected body that is established in Wales. These devolved responsibilities include health and health services, economic development, education, environment, housing, social welfare, and sport and recreation.

Relationships with other Countries in the United Kingdom (UK)

Health is a devolved matter for each country in the UK. As a result, health policy is developed by each nation separately – these being Wales, Scotland, Northern Ireland and England. Public Health Wales is the National Public Health Institute for Wales and fulfils all of the functions of a NPHI including additional functions that are specific to the context in Wales.

Public Health Wales works closely with other public health bodies across the UK in relation to exchanging learning, opportunities for the development of consistent

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<sup>3</sup> <http://ianphi.org/documents/pdfs/frameworkfornphi>

<sup>4</sup> <http://www.ianphi.org/documents/pdfs/evaluationtool>

guidance and approaches and also, more formally, in relation to the response and management of infectious diseases and environmental hazards.

In the context of the latter, the four public health systems in each nation work closely together for the purpose of the International Health Regulations 2005 (IHR). Within the United Kingdom, Public Health England discharges the responsibility for IHR (and only IHR) across all four countries of the UK by consent, recognising the fact that health is a devolved matter, and is expected to liaise with the devolved governments and the public health bodies established in Wales, Scotland and Northern Ireland. This has usually been managed successfully through tripartite discussions involving officials in Welsh Government, officers in Public Health Wales and Public Health England supported by a Memorandum of Understanding. However, in exceptional circumstances Four Nations Ministerial meetings have been convened, most recently in response to the Ebola Virus Disease outbreak.

### **Context to the Evaluation**

Public Health Wales requested the evaluation in order to assess the effectiveness of its activities since its establishment as the National Public Health Institute for Wales, and to seek international peer review as to how it can continue to improve to meet the challenges and the opportunities for the future. The timing for the evaluation was in the context of a changing and favourable legislative and policy context including:

- The Well-being of Future Generations (Wales) Act, 2015, coming into force in 2016
- The Public Health (Wales) Act, 2017, coming into force in 2017
- The new Welsh Government strategy for implementing its Programme for Government for a more prosperous Wales: "Prosperity for All: the national strategy", for the period 2017-2021
- The development of a new Long Term Strategy, 2018 – 2030, by Public Health Wales

It is to be noted that in spite of austerity, the Welsh Government has protected the healthcare budget.

This visit fits into a schedule of internal and external evaluation processes which the organisation submitted itself to in preparation for its strategic planning 2030. Terms of Reference were defined prior to the site visit and agreed upon by the team (Appendix II). The Review Team received a thorough situation analysis with historic and future perspectives outlined in responses to the Evaluation Tool. Additional materials were provided (a list of the main documents is presented in Appendix III).

The international team spent four days on site and visited relevant organisations and was able to meet with members of the board (including non-executive and executive directors), government representatives directly involved in public health policy development, local public health leaders and key stakeholders from other sectors. The Review Team inquired about the roles of the different partners during the different meetings and their views about the present and forthcoming development of public health in Wales. In addition presentations by Public Health Wales' Executive Team, and from the leadership teams from across the respective

directorates of the organisation were given. There were also opportunities to meet with staff directly.

It is important to note that one of the directorates in Public Health Wales is the NHS Quality Improvement and Patient Safety Directorate which includes the internationally recognised *1000 lives Improvement Service*. This is the national quality improvement resource for the NHS in Wales through the provision of both national and local tailored improvement programmes and intense support. These focus around the dimensions of quality improvement, patient safety, innovation and disseminating best practice through the auspices of prudent healthcare. Unfortunately, the Review Team were not able to spend sufficient time with the Directorate to be in a position to comment on the effectiveness of the work of the Directorate and therefore this is not covered in this report.

**The IANPHI team was asked to address the relevance and effectiveness of Public Health Wales since 2009 and to look ahead to 2025 through the following questions:**

1. Is Public Health Wales addressing the most important public health issues in Wales with regard to its role as a national public health institute?
2. Is Public Health Wales demonstrating effectiveness in achieving its core purpose?
3. Is Public Health Wales organised effectively and its behaviours consistent with a commitment to deliver its strategic priorities through its engagement and collaboration with key partners in Wales including Welsh Government, other health service providers, local government, third sector and the public in order to improve health and wellbeing?
4. Do Public Health Wales' partners feel that the relationship is effective in improving health and wellbeing?
5. Are Public Health Wales' processes, practices and outputs of high quality, efficient and demonstrate innovation and impact?
6. Does Public Health Wales effectively utilise and present the best available evidence in order to influence health in all policies and bring about improvements in population health?
7. Is the knowledge and competence of Public Health Wales and its staff adequate and sufficient for current and future challenges?

## Part 6 | Findings of the Review Team: observations and recommendations

### Key achievements over the past three years

In the past 3 years, several key milestones for the organisation are worth mentioning:

- The appointment of a new Chief Executive in June 2014
- The appointment of a new Chair in June 2017
- The revision of the organisational structure in 2015/2016
- A three year strategic plan (IMTP) 2017-2020 "Creating a healthier, happier, fairer Wales"
- The establishment of Cymru Well Wales (2015)
- The establishment of the Health and Sustainability Hub for Wales, 2016

- The establishment of the All Wales Adverse Childhood Experience Support Hub, 2017
- Several strategic reviews and audits were carried out and recommendations are already implemented or action plans defined. The key strategic reviews that have been undertaken are as follows:
  - Transforming Health Improvement in Wales: a review undertaken by Public Health Wales, 2014
  - Strategic Review of the Screening Service: external review undertaken at the request of Public Health Wales, 2016/17
  - Strategic Review of Health Intelligence: external review undertaken at the request of Public Health Wales, 2016/17
  - Strategic Review of Emergency Planning and Business Continuity: undertaken by Public Health Wales 2016/17
  - Strategic Review of Dental Public Health, 2017: undertaken by Public Health Wales
  - Review of the National Safeguarding Team, 2017: undertaken by Public Health Wales
  - Successful ISO 15189(2012) Accreditation of all Public Health Wales Microbiology Laboratories, 2017
  - Stocktake of the Relationship between Public Health Wales and Welsh Government, undertaken by the Welsh Government, 2017
  - Review of the Management of Local Public Health Resources (involving Public Health Wales, NHS Health Boards, Welsh Government: Undertaken by the Wales Audit Office, 2017

From the background documents and interviews, the Review Team has identified the following key achievements:

#### Leadership and organisation

- A new executive leadership team, a number of new director appointments and a new directorate dedicated to Policy, Research and International Development
- A strong organisational development program and the willingness to stay ahead of best practices in leadership management and in influencing policies to improve effectively population's health.
- The "Our Space programme", which is an estates strategy that aims to align flexible working practices, new technology and the organisation's approach to enable Public Health Wales to move toward developing a modern, collaborative and sustainable working environment. This Programme has received a number of national, UK and European awards for innovative procurement, furthering the circular economy and good practice in sustainable development. The initial phase focused on moving over 500 staff into new premises in Cardiff (2016), the second phase has moved over 100 staff into new premises in Swansea and South East Wales (2017) and mid and North Wales will be considered during 2018.
- An efficient investment strategy based on an improved efficiency of the different directorates through a 1% saving of expenditure of each of them, which has allowed the organisation to create an internal investment fund. This has funded developments including establishing a Health and Sustainability Hub for Wales as part of the Policy, Research and International Development Directorate, investing in dedicated resources

to reduce and mitigate adverse childhood experiences and further strengthening core organisational functions and key leadership and management positions.

#### Policy and public health leadership

- Highly appreciated role of Public Health Wales under the leadership of Dr. Tracey Cooper, Chief Executive, to influence policies and work collaboratively with Welsh Government, partners and communities.
- A capacity to influence and use the frameworks and opportunities created by the Welsh strategies and legislations (Prosperity for All, Public Health (Wales) Act, Well-being of Future Generations (Wales) Act), to work with a long-term perspective with all partners and stakeholders.
- Development of innovative advocacy and infographic tools to facilitate timely communications of evidence in support of those developing policies such as adverse childhood experiences (ACEs) and the Making a Difference report, highly recognised by the Welsh Government and the Welsh assembly, the local public health teams, and national stakeholders.
- Implementing a practical 'health in all policies' approach, thanks to strategic partnerships such as the Memorandum of Understanding and joint appointment with Community Housing Cymru (Wales) (2015), the Memorandum of Understanding and joint appointment with South-Wales Police and Crime Commissioner and the South Wales Police Force (2015) and a new collaboration with Sport Wales and Natural Resources Wales on promoting physical activity in Wales.
- Welsh Government relies on outputs and evidence provided by Public Health Wales to make the case to Ministers.

#### Health protection

- Highly recognised, appreciated and undisputed role in the area of health protection by the Cabinet Secretary for Health and Social Services, directors of public health, Welsh organisations including local government, and other nations (England, Scotland, Northern Ireland and across Europe, for example, European Centre for Disease Prevention and Control (ECDC)). The organisation is considered by all as very strong in this domain of public health.

#### Public Health services

- Screening: Well organised services for a wide variety of population-based screening programs, with a special focus on reaching out to vulnerable groups, informed consent supported by literacy appropriate tools and a results-based continuous improvement loop of programs.
- Laboratory services: Running an up-to-date clinical and laboratory microbiology service across the majority of Wales, providing both routine primary diagnostics and specialist and reference services for specific pathogens and in response to specific service needs, for example, antimicrobial resistance.

### International recognition

- An international footing through its International Health Strategy 2017-2027, reports commissioned by the Commonwealth such as “Health Protection Policy and Planning Toolkit” and the “Preventing Violence, Promoting Peace: A Policy Toolkit for Preventing Interpersonal Collective and Extremist Violence”, and by WHO Europe such as the “Investment for health and well-being”, an approved national membership within IANPHI in 2016, an active member of EuroHealthnet and an appreciated contributor to ECDC. WHO Euro has proposed Public Health Wales to become a WHO Collaborating Centre on Investment for Health and Wellbeing”.

### **Evaluation Question 1: Is Public Health Wales addressing the most important public health issues in Wales with regard to its role as a national public health institute?**

#### Observations

The strategic plan 2017-2020 identified seven priorities:

- Working collaboratively and providing system leadership to improve our population’s health
- Working across sectors to improve the future health and well-being of our children
- Developing and supporting primary and community care services to improve the public’s health
- Supporting the NHS to improve outcomes for people using services
- Influencing policy to protect and improve health and reduce inequalities
- Protecting the public and improving the quality, safety and effectiveness of the services we deliver
- Developing the organisation to be the best it can be

The Review Team had the opportunity to meet with a considerable number of Public Health Wales’ staff involved in the priority setting and in delivering services to the Welsh population including the Executive Team, non-executive Board members, senior staff from all Directorates across the organisation, groups of staff across different teams to discuss key functions and meetings with staff virtually and in an open lunchtime session. The Team also met with a wide range of key stakeholders including Ministers and officials at Welsh Government, local government representatives, local public health directors, the chief executives of Natural Resources Wales and Sport Wales, and police and criminal justice, as well as representatives from public health agencies in England, Scotland and Northern Ireland (Appendix IV).

The Review Team has noted that there are a great diversity of needs and expectations towards Public Health Wales from the Welsh Government, the Chief Medical Officer, the health boards and directors of public health, local government and other partners.

According to the views of stakeholders, Public Health Wales has managed to meet the specific needs and expectations to a great extent. It was certainly helpful that Public Health Wales did not experience budget cuts and was even allowed to increase its staffing in order to develop pivotal public health functions relevant to the Welsh context. But this would not have been enough if at the same time Public Health Wales had not developed effective and successful approaches in defining and meeting the needs of each stakeholder.

With regards to health improvement, the report on Health and its Determinants in Wales (2017) by the Public Health Wales Observatory provides very useful information in terms of burden of disease, health behaviours, living conditions and emerging threats.

The most important public health issues in Wales are: improving health in early life (the first 1000 days), reducing the gap in life expectancies and healthy life years between the most and least deprived areas of Wales, supporting the NHS to achieve a reduction in health care associated infections, increase vaccination and immunisation uptake, reducing premature deaths from key non communicable diseases (cardiovascular disease, cancer, respiratory diseases), and reducing smoking, alcohol and obesity. The Public Health Wales' review of health and its determinants in 2017 also demonstrated that improving mental health and wellbeing was becoming increasingly important.

Public Health Wales has identified a need to establish a national infection service in Wales, in response to recognised strategic challenges from healthcare associated infections and antimicrobial resistance, wider communicable disease threats, the need to address significant challenges in recruiting the best scientists to key positions (medical and scientific), and the potential opportunities from new technologies.

The Health Improvement Division has already taken actions to move to a more evidence-based, preventative approach, and, because of the prevention paradox, to shift from a vulnerable group approach to a population health approach and is preparing its health improvement contribution to the Public Health Wales strategy for 2030 which will be more outcome focused and more connected to individuals and communities.

The Health and its Determinants report has some challenges for the Board of Public Health Wales as it will necessitate it to consider the alignment of resources (in comparison the communicable diseases represent 4% of the Burden of Diseases but Health Protection and Microbiology together account for 24% of the budget of Public Health Wales representing the organisation's legacy. This should not be misinterpreted as a reason for reducing investment in essential areas of public health practice. Rather it is an invitation to examine relative priorities and to challenge spend in all domains. The Health and Wellbeing Directorate has started to review its spending priorities and four early wins have been identified in their strategic planning: 1) reducing the prevalence of smoking, 2) promoting mental health and well-being, 3) transforming primary care, 4) and delivering effective prevention (including vaccination, cancer screening, and sexual health services). The long terms goals include narrowing the gap of socio-economic and environmental determinants of health, preventing and reducing overweight and obesity, and promoting healthy ageing across the life course.

The issue for Public Health Wales will be to support local health boards to deliver their population health improvement role given the burden of disease in Wales and to prepare an action plan for further development of primary care (which is planned).

Public Health Wales has also taken into consideration the present political and policy needs which create high demands on Public Health Wales to work more on the following issues:

- Improvement of the health expectancy of those with on-going inequalities and reduce the gaps in healthy life-expectancy
- Increase cancer screening uptake in disadvantaged groups and areas
- Social justice with regards to smoking, and an increasing need to target messages to poorest communities
- Physical activity agenda for those who are not physically active. More progress is needed on physical activity and obesity, the Obesity strategy (under preparation by the Welsh Government) will be important to create the dynamics
- Employability, health and housing
- Social determinants, this need is shared in expectations by the Cabinet Secretary, the Welsh Government, and the Well-being of Future Generations' Commissioner

It is acknowledged that good progress has been made with tobacco control, with immunisation, with HIV and PrEP, and TB.

Public Health Wales is not only expected to work on the wider social and economic determinants of health and to develop further the area of health improvement, Public Health Wales is also expected to support better the health boards so they understand better their population 's needs.

From the Public Health Wales perspective, there is an identified need to work on what has the biggest impact and to develop accountability frameworks for the Well-being of Future Generations (Wales) Act and for the Prosperity for All agendas.

### Recommendations

Public Health Wales has already identified the public health outcomes that should be included in the accountability framework. It would be needed to align the strategic plans with the health profiles to identify priorities.

The Review Team supports the plan made by Public Health Wales to work on these accountability frameworks to be more efficient. In addition, there is a need to work collectively with its partners and the Welsh Government and have a co-production of the Public Health Wales policy outputs (request from the Welsh Government).

Public Health Wales should address the wider social and economic determinants to answer the needs of the well-being of future generations and the prosperity for all agendas. To be more effective and have a common approach to the relevant stakeholders, there is a need to develop within Public Health Wales (between the different directorates) a broader approach to address issues with a cross-sectoral dimension and avoid working in silos. A good example is physical activity, for which

it would require to work on urban planning (policy dimension) to increase active transport as well as public campaign (health promotion and education).

Even though significant progress has been made with regards to population health, it is urgent to see what works for the most deprived and disadvantaged communities (alcohol, tobacco, risky behaviours).

Concerning the priorities, Public Health Wales is very much dedicated to an “upstream approach” of health improvement with the strong focus on the health and well-being of the future generations, which is absolutely reasonable and very well founded. However, as a second main strategic approach, prevention and improvement of main current public health issues in the population (e.g. alcohol, tobacco, mental health, and physical activity) should receive the same attention.

### **Evaluation Question 2: Is Public Health Wales demonstrating effectiveness in achieving its core purpose?**

#### Observations

Public Health Wales’s core purpose is to create a healthier, happier and fairer Wales. Its effectiveness is demonstrated through its annual performance indicators.

As referred to previously, Public Health Wales has undergone a number of strategic reviews over the past four years: Transforming Health Improvement, Screening, Emergency planning and business continuity, Health Intelligence, Dental Public Health, National Safeguarding Team and the successful ISO 15189 (2012) Accreditation of all Public Health Wales’ Microbiology Laboratories.

The number of strategic reviews and the different action plans show that Public Health Wales is keen to improve its internal organisation and its partnerships to improve its effectiveness.

Given the discussions during the site visit, the Review Team can comment on:

- Health improvement
- Screening
- Health intelligence
- Microbiological laboratories
- Areas of improvement from the point of view of different Welsh stakeholders

#### *Health Improvement*

Public Health Wales recognises health improvement as a main working area. In response, Public Health Wales has developed and implemented different programmes that are covering the following domains:

- Living conditions that support and contribute to health now and for the future
- Ways of living that improve health through a health promoting behaviours approach
- Health throughout the life course

It is important to acknowledge, that all programmes have been developed and are implemented by working together with other sectors and public services. However, as with any health improvement programs, the key challenges stand with reaching out those most in need and demonstrating program specific effect on the long term. Specific intermediate targets have been set in order to evaluate the uptake and efficiency of the programmes. Some of these targets are not clear to everyone and it should be considered how to present them to the broader community in a manner that will be understandable for them and therefore also easier to adopt them.

### *Screening*

Public Health Wales provides several national population-based screening programmes in order to identify individuals at risk for certain diseases. Screening programmes work on a very high level ensuring a comprehensive and systematic screening of population groups for dedicated diseases in the Welsh population in an opt-out-model. Screening techniques are up-to-date, e.g. fully automated molecular diagnostics for papillomaviruses, and quality assured, e.g. through established quality assurances processes based on national standards set by the UK National Screening Committee as well as practical services examples as in the use of second readers in reviewing breast images.

The programmes are efficiently organised and some of them reach a very high proportion of respondents, for example new-born hearing screening uptake exceeds 99.6%, and cervical and breast cancer screening reach above or close to national standards. Public Health Wales is steadily exploring the approaches that could help to raise the percentage of uptake. There is a great deal of engagement in order to achieve the highest possible quality of service. With regards to breast cancer screening, the screening teams are well aware of the need to improve informed consent from participants based on better information about the programme.

### *Health intelligence*

An external peer review conducted by health intelligence experts from Public Health England in 2016 concluded that the work in health intelligence was of high quality and trusted. The peers recommended several actions to be considered as a priority, in particular improved stakeholder engagement and work with them to agree on a jointly owned process of prioritisation, branding and narrative around the division, work jointly with Public Health Wales on the production of key reports to improve the interpretation, ownership and impact of health intelligence. This peer review team also suggested exploring opportunities for a more integrated intelligence function across Public Health Wales and clarifying strategic leadership for intelligence functions within Public Health Wales.

For the IANPHI peer review team, Public Health Wales took all these recommendations very seriously and is now developing an action plan in response to the review and to the report that was prepared by an external team from PHE, with peers from Scotland and Northern Ireland in June 2017. These recommendations were the basis for actions that are partly still under development.

### *Microbiological laboratories*

The microbiological service provides both, routine clinical microbiology for NHS Wales and public health microbiology. It hosts a number of national reference centres, some of them serving the whole UK. The visited labs for anaerobic bacteria and antimicrobial resistance have a very high standard and expert level. Automation and whole genome sequencing are increasingly established and should be emphasized in future. The comprehensive database of all microbiological results is a huge achievement that serves public health in Wales very well. Some of the microbiology labs offer a clinical infectious disease consultant service (Cardiff). This approach should be adopted by the other regional laboratories as well, bringing together clinical care for infectious diseases and laboratory expertise. Personnel management should facilitate this through continued medical education and future recruitments.

### *Areas of improvement from the point of view of different Welsh stakeholders*

Beside the indicators, the evaluation has noted several comments from the different Welsh stakeholders that would need to be further considered:

- In the area of physical activity: it is expected that Public Health Wales does more and goes beyond the partnership with Sport Wales to make the Welsh population more physically active.
- In the area of obesity: several agencies and NHS have different pieces of information, it was noted by some stakeholders that there is a need for better partnership and better timeliness, improved data quality and harmonisation, for example: child obesity surveys done by health boards.
- In the area of Health Care Acquired Infections, local public health teams and health boards see this as a priority
- In the area of immunization, data is timely and with the right quality, however, concerning campaigning, the possibilities of the new social media should be further explored.

More work could be done in the area of social and cultural determinants to answer the needs of the Well-Being and Future Generations Commissioner.

### Recommendations

Public Health Wales is clearly demonstrating effectiveness in achieving its core purpose in almost all fields of activity examined. However, there may be some uncertainty about the primary customer Public Wales has to serve. Effectiveness may benefit if the mandate and position of Public Health Wales as the National Public Health Institute in the Welsh health system is further clarified. At the time of writing this report, the Review Team understands that Welsh Government is progressing in this clarification following its Stocktake and the recommendations of the Wales Audit Office review of the management of local public health resources.

**Evaluation Question 3. Is Public Health Wales organised effectively and its behaviours consistent with a commitment to deliver its strategic priorities through its engagement and collaboration with key partners in Wales including Welsh Government, other health service providers, local government, third sector and the public in order to improve health and wellbeing?**

As indicated in the review undertaken by Public Health Wales in 2013, "Transforming Health Improvement in Wales", Public Health Wales considers that it has a key role in co-producing health improvement by working closely with others and empowering communities to promote health.

Observations

*Partners outside the health sector*

Public Health Wales leadership team is very committed to have a good dialogue with the key partners in Wales including the Welsh Government (see answer to Question 4). Strong effort has been put in the dialogue within the health sector and across sectors at the national level to identify priorities and answer their needs. Public Health Wales has put an emphasis not only on stakeholder engagement through stakeholder consultations but also in community engagement by developing principles for community engagement. This was well noted by the Review Team.

With regards to the third sector, Public Health Wales is willing to develop its relationship with the NGOs. To do so, Public Health Wales benefits from having a non-executive Director representing the third sector on its board. This will be important to raise awareness of UK-wide NGOs/ Charities about the Welsh issues and also to broaden access to colleagues across the third sector in Wales. In addition, as a unitary board (a board that has a single board of directors comprising both executive and non-executive directors), Public Health Wales' Board also has representation from academia and local government, which brings additional benefits and relationships with these sectors.

*Health boards and local public health teams*

The health boards and the local public health teams have a major role to play in health improvement at the local level. Examples of interventions done at local level were presented by the public health directors to the Review Team such as smoking cessation for pregnant women, reduction of low birth weights for women with a BMI 30+, the Food & Fun and the SHEP (School holiday enrichment program) programs in schools (particularly important for children in deprived areas), public health in prisons (including smoke free prisons in Wales), health promotion in general practices, Health Checks programme, flu immunization in Health Workers, Mental Health and Well-being. It was noted by the Review Team that Public Health Directors are a national lead for some programs of Public Health Wales. The Review Team was very impressed by the spectrum of work.

From the discussions, it has appeared also that it is difficult for Public Health Wales to support the health boards to change focus from short-term targets to long-term targets. One stakeholder mentioned that there is a "disconnect between the health boards and Public Health Wales".

The Review Team felt that the arrangements and governance between Public Health Wales, the health boards and the public health directors, and the local public health teams are complex and require specific attention<sup>5</sup> and there is room for improvement. This complexity is fed by the confusing governance arrangements that came into effect on the establishment of Public Health Wales and health boards.

This is particularly true in the area of health improvement at the local level where there is a need to reconcile both national objectives of Public Health Wales and local objectives for the population served by the health boards. The local public health teams are often drawn into day to day health care issues of the local population as this is often the prime focus of the health boards. Public Health Directors report currently having a prime focus on health protection and health care improvement. Even though they consider the priorities of Public Health Wales right, some of them consider that Public Health Wales should be more focused on improving health care.

From the presentations and interviews, the Review Team considers that there are some obstacles that prevent efficient work at a local level. The cooperation appears to depend very much on the willingness of the local level to work together with the national level. This means that it is also possible that local levels follow their own tasks and even work in their own way.

The observations of the Review Team are much in line with the findings of two very recent reports, the Stocktake of Public Health Wales report (June 2017) undertaken by the Welsh Government and the review the collaborative arrangements for managing local public health resources undertaken by the WAO (Welsh Audit Office, August 2017). In addition, there were many expectations with regards to the Well-being of Future Generations (Wales) Act to introduce changes at the local level through the Public Services Boards.

In recognition of the system issues identified in the WAO report, the Review Team is aware that a jointly developed and agreed action plan has been developed by Public Health Wales, all Health Boards through the Directors of Public Health, and Welsh Government officials in response to this report. One of the key actions in this response is as follows:

*'In the context of the Well-being of Future Generations (Wales) Act, Welsh Government will establish a mechanism to describe the public health system leadership, including the respective roles and responsibilities for the specialist public health system and to develop options for consideration by all relevant parties on an operational model for specialist public health at a local level'.*

The review panel noted the enactment of, and opportunities within, the Well-being of Future Generations (Wales) Act. This is a unique piece of legislation that aligns a national approach to the United Nations Sustainable Development Goals. It provides Wales with a significant opportunity to drive policy into action with the

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<sup>5</sup> This is a mixed governance arrangement with Directors of Public Health being employed by Health Boards and the specialist local public health resource (known as Local Public Health Teams (LPHTs)) being employed by Public Health Wales and locally managed by the Directors of Public Health.

alignment of local, regional and nationally focused action, knowledge and evaluation to transform health, well-being and sustainability in Wales.

The Act establishes Public Services Boards (PSBs) in order to bring together public bodies. Each PSB has a well-being duty to improve the economic, social, environmental and cultural well-being of its area by contributing to the achievement of the well-being goals. The PSBs undertake a well-being needs assessment of their communities (local well-being assessments) and identifies multi-agency action to address these needs with communities (local well-being plans) in an aligned way.

The review panel noted that this legislation provides a significant opportunity to improve health and well-being both at a local and at a population level in Wales. The public health system, and Public Health Wales, has a pivotal role to play in this.

#### *The Health and Wellbeing Directorate at Public Health Wales*

The Review Team has noted the challenges related to the Health and Wellbeing Directorate, with regards to health improvement. The transforming health improvement review led to a realignment of staff of the health improvement division in 2015/2016 to facilitate the delivery of the new approach to the programme of the division.

The Health Improvement division has to face many competing priorities within Public Health Wales as there are many national policy needs. It is recognised by the Public Health Wales team, and the Review Team, that there will be a need for Public Health Wales to consider how it prioritizes its resources and work programmes in light of the new strategic priorities that will form its new 2030 Strategy. To guide this, there is a need for a new prioritization framework.

It is understood that the health improvement related challenges will be addressed in the Health and Wellbeing Directorate vision for 2030 that will be contained in the new Public Health Wales 2030 Strategy. These, and other challenges relating to the organisation's new strategic priorities, will also be for the Board of Public Health Wales, which will have to take decisions in terms of priorities and resource allocation, and a prioritization framework will then be needed for the Board to support the decision-making process.

A strategic discussion on the decision-making framework has already been initiated. It will have to integrate the burden of disease, political sensitivity, the prosperity for all agenda and cost-effectiveness. The outcome should be scenarios for resource allocation.

The new 10 year strategy is an opportunity to rethink the resource allocation which will be a challenge for the Board taking into account that the strategic priorities are about behaviour changes together with system level change. The new 10 year strategy is also an opportunity to rethink the accountability framework within the public health system in particular for the local public health teams, the health boards and Public Health Wales for the different public health functions.

## Recommendations

The complex relationship between the local and national level has been studied by the Wales Audit Office prior to the Review Team visit and its conclusions go deeper into challenges than the analysis of the peer review group during its site visit.

However, the limited exposure of the Review Team was sufficient to witness the discrepancies in the expected roles and responsibilities of the local and national organisations as reported by respective representatives. This issue will have to be taken into consideration shortly since a fluid and constant collaborative work between the different levels of the public health system is key to efficient work and population based results. The Review Team did not see evidence of regular, collaborative work in setting few but shared priorities across local public health boards.

Public Health Wales should establish a transparent mechanism that will enable working together with the stakeholders and implementing intense cooperation between local and national levels. The priority setting should be decided together and resources should be allocated according to the needs.

The role of Public Health Wales *vis à vis* the Public Health Directors in prioritizing the work of the local public health teams has to be clarified and who should decide on the resource allocation for the different programme should also be clarified. Indeed, there are diverging views on who should do the prioritization and decide upon the allocation of resources given that the health boards are responsible for population's health. Public Health Wales should consider how to establish a unique team throughout the country - where all local levels would discuss their priorities - in respect of the needs of the local population.

The Review Team supports Public Health Wales in the development of a new prioritization framework for its work on health improvement, and in other areas with the development of its new 2030 Strategy, and a new accountability framework within the public health system that would allow to clarify the accountability of Public Health Wales at the local level (with the Health Boards to achieve the targeted public health outcomes). These two frameworks would be useful to implement the key action mentioned above (\*) further to the WAO report, to decide upon resource allocation and define an optimum model for specialist public health resource locally in Wales. The financing of the local public health teams and the public health directors should be clarified.

It is also noted that Public Health Wales runs national health improvement programmes that are delivered by it locally including the Welsh Network of Healthy Schools Scheme and Healthy Working Wales for workplace health and wellbeing. These are additional health improvement resources that are managed directly by Public Health Wales and it should be made more explicit.

The Review Team considers that more efforts could be made by Public Health Wales to share information on the effectiveness of the programs implemented by the different boards (it seems that it is limited to the Public Health Wales annual conference and a number of themed workshops on specific health improvement topics organised by the Health Improvement Division and the Health and Sustainability Hub in Public Health Wales). It is said by several stakeholders that Public Health Wales should support better the work of health boards, but there

would be a need to clarify how a national organisation, with limited capacities, can provide support to the local public health directors.

The Public Health Wales added value at the local level should be made more explicit, this added value is questioned by some public health directors in the area of health improvements despite the local specialist public health resource being the employees of Public Health Wales. Making this added value more explicit is very important given the efforts made by the national health intelligence team in relation to health improvement and with regards to the national support provided through the ACE Hub and the Sustainability Hub.

It was very clear to the Review Team that this added value is not questioned for health protection.

#### **Evaluation Question 4: Do Public Health Wales' partners feel that the relationship is effective in improving health and wellbeing?**

Public Health Wales works with different partners that the Review Team interviewed.

- Partners within the health sector (addressed in Question 3), these partners constitute the public health network of Wales at national and local levels: the Health Boards and the Public Health Directors, the Local public health teams
- Partners outside the health sector (mainly addressed in Question 4 under strategic partnerships) to work across sectors such as Sports Wales, Natural Resources Wales (NRW), Community Housing Cymru, the policing and criminal justice system, the Welsh Local Government Association and the Well-being of Future Generations Commissioner
- Partners at the UK level with England, Scotland and Northern Ireland (addressed in Question 4)

#### **Working within Cymru Well Wales and strategic partnerships outside the health sector**

The Review Team was acquainted to Cymru Well Wales and several of the strategic partnerships developed by Public Health Wales (the Welsh Local Government Association (WLGA), Sports Wales, Natural Resources Wales (NRW), Community Housing Cymru (CHC), the South Wales Police. The Review Team had also the opportunity to interview the Future Generations Commissioner prior to the site visit.

The Review Team was impressed by the quality of the partnerships and the level of understanding of each other's priorities and their respective potential contribution to improve the well-being of the population through complementarity and potential for synergetic actions. All partners were satisfied with the collaborative relationship with Public Health Wales. These partnerships allow each to leverage funding for joint programmes, in some cases to share professional or research appointments, to mobilise each other's networks, to identify new opportunities to improve health and well-being of the population, to identify health information gaps, and to develop a common research agenda.

### Observations

Public Health Wales is considered as a key partner to push the agenda of well-being across the public bodies. It is acknowledged that Public Health Wales has moved from a pure medical model to public health. The evidence delivered by Public Health Wales with the ACEs demonstrates its true focus on social determinant of health. Public Health Wales is recognised to have a leadership role in Cymru Well Wales which has the social determinants at its core.

It is also recognised that Public Health Wales has a difficult role to play in pushing the health boards to move from short term targets to long term targets and having a better sustainability of the expenses for preventative measures, since the health boards have other priorities. However, it is recognised that there has been very good progress made and not all is under Public Health Wales control. Public Health Wales is recognised as putting the evidence straight, to having a very good relationship with the government and as being very successful in developing strategic inter-sectoral partnerships (see below).

### The Welsh Local Government Association (WLGA)

#### Observations

WLGA works closely with Public Health Wales and they co-chair Cymru Well Wales. WLGA and Public Health Wales have an active strategic partnership that has been satisfactory and excellent over the past years. Tracey Cooper has given the organisation a new and dynamic approach of working, which has deepened the share of resources between WLGA and Public Health Wales. The relationship used to be very much dependent on a strong leadership dimension through Public Health Wales Chief Executive, the partnership is now developing with other key personalities in the organisations and is now embedded in WLGA work programme.

WGLA seeks to increase the programme of housing in Wales to develop social housing opportunities in Wales and decrease homelessness. Public Health Wales provides health intelligence and research results to WLGA by means of scientific evidence.

The potential for future joint work programmes with Public Health Wales could include:

- Researching the impact of youth homelessness on health
- Working around employability and skills agenda.

In terms of public health promotion, WLGA runs the Welsh GP exercise referral scheme as well as the national autism programme. However, Local Governments are going through a period of austerity and budgets are reduced. WLGA works in collaboration with Public Health Wales on these programmes. The aim of the relationship is to facilitate access to existing resources.

WLGA has identified challenges and opportunities in its relationship with Public Health Wales among which are:

- Development of a closer relationship between Public Health Wales and local government: "Public Health Wales is about dealing with determinants

of health not what is happening in the hospitals such as in local health boards”.

- Improvement of Public Health Wales staff capability to have a good level of understanding of the groundwork and needs. Public Health Wales appears to be too technically, medically and academically focused. It is indeed an issue of mobilising everyone in order to improve population health. WLGA expects in the future to retrieve data from Public Health Wales, which can be used to address poverty and reduce ill health. The data will have to be presented in a way that is not too academic and more useful for local governments.

### Recommendations

Public Health Wales is expected to gather evidence to address poverty and reduce ill health and health inequalities. It is important for the local governments to work on researching the impact of youth homelessness on health and to work around employability and skills agenda. Public Health Wales is expected to be less academic and more action oriented if it really wants to have an impact.

### Sport Wales

#### Observations

Sport Wales and Public Health Wales are at the start of a new relationship. This is the beginning of a long-term collaboration to get Wales Healthier.

There are several opportunities for collaborative work:

- Sport Wales can be better involved in social prescribing with the 'Every contact counts' programme with GPs (ex. swimming could be consider in social prescribing)
- Sport Wales does not have local level but works with different organisations for local delivery (Welsh cycling and its local networks, the Ambassador networks in schools)
- Sport Wales has school delivery staff across Wales, has a young Ambassador programme (a network of 3500 ambassadors) and has a physical literacy programme.

According to Sport Wales, the healthy and active school programme could link with Sport Wales better. Public Health Wales and Sport Wales could work together on healthy schools, on active travel and security, and on recreational physical activity. Public Health Wales and Sport Wales could work together to be a powerful force to influence infrastructure planning (transport) to make Wales a more active and healthier nation. A joint research agenda could include:

- The development of a wide framework for impact assessment of interventions, so all collaborators could work on the same priorities; impact measurement is to be improved to understand the wider benefits of activity.
- The improvement of impact measurements to show the benefit of what Sports Wales does in particular for health, in using QUALY's
- Health could be linked to a new survey for adults about physical activity to be undertaken by Public Health Wales.

Sport Wales has no direct link with health boards to work at local level, but can seed funds for some initiatives. Sport Wales works proactively with some health boards (disability sports and physiotherapy) but there is not a close relationship with the health boards. Sports Wales states a need to demonstrate to the health boards that sport contributes to health.

#### Recommendations

The collaboration with Sport Wales is a new relationship with potential long-term benefits and a common long-term plan could be developed. The resources needed to implement effectively the identified actions will have to be evaluated.

#### Natural Resources Wales (NRW)

##### Observations

Air quality is a shared responsibility with Public Health Wales. NRW and Public Health Wales share common objectives such as the well-being objectives. Currently there is collaborative work with Public Health Wales through their common interests in health protection and in health improvement. Public Health Wales and NRW provide joint evidence and contribute to education on health improvement.

Overall, the two organisations are very joined up at the strategic level. Nevertheless there is a need to clarify their respective roles when it comes to their operational roles.

There is a confusion where their responsibilities end (Public Health Wales, Health Boards), for example with emissions impact of facilities on air quality and on health. Public Health Wales needs to provide a precise health impact, as NRW has to issue a permit for emission and in this the role of the Director of public health should be made clearer. The influence of Public Health Wales on the health boards is unclear to NRW. For NRW, it would be helpful to clarify their respective operational functions and understand better the relationships of Public Health Wales with public health directors in the health boards.

NRW and Public Health Wales have very similar objectives and work closely together on the evidence side and on the public health outcome framework. There is a range of issues to collaborate in particular to develop joint work on the health impact of climate change and a common agenda allowing both to provide evidence that the environment contributes to better health and well-being.

##### Recommendations

The operational roles of Public Health Wales and NRW have to be clarified. Public Health Wales has to refine its health impact assessment for industrial emissions to be workable for NRW, which has to grant the emission permit.

## Community Housing Cymru (CHC)

### Observations

In the last three years the relationship has developed quickly. Public Health Wales gives CHC an excellent gateway to the wider health services in Wales. There is a joint programme and one shared post. This provides access to Public Health Wales. It also allows Public Health Wales to have easier access to target populations including families and landlords.

Social housing brings along many problems and health issues, particularly the agenda on ACEs. The associations of housing have re-identified that housing associations have a role to play in health. The evidence of the impact of poor housing conditions on health for Wales is still missing. CHC would like to have a Welsh study on poor housing conditions and health, and this work should be done with the private sector too. There is a very high desire for collaboration. The challenge is to go at the local level (messages and practices on the ground) and good practices locally should be disseminated.

There is an urgent need to tackle housing conditions in Wales. The issue for CHC is the long-term sustainability to support the preventative agenda (as it is for other partnerships). The threat is real if the current shared post cannot be secured and new resources are not allocated. CHC considers that a sustainable relationship would allow sharing of facilities and staff to work at the local level. The relationship with Public Health Wales is considered as very innovative by CHC and it allows working with the health boards which has been difficult so far for CHC.

CHC is very open to joint working with Public Health Wales and there is a need for Public Health Wales to work alongside housing staff at a local level. This partnership offers the opportunity to create champions in each of the networks: for health and for housing. There is a potential to appoint health champions in the housing sector supporting the work between CHC and Public Health Wales. The partnerships needs to move from the strategic level to the local level, as it is considered too much top-down for now.

Public Health Wales and CHC Chief Executives co-chair the Public Health and Housing Group made of 15 members of the housing sector, Welsh Government officials, directors of public health, and local government representatives. The Group delivers recommendations to the Welsh Government to deliver solutions and best practices with regards to falls prevention, homelessness and social care provision. CHC describes Public Health Wales involvement as very successful in influencing policy, and as a strong advocate for health in all policies and for a partnership approach using evidence to drive policy forward.

### Recommendations

Build a sustainable partnerships that works at the local level. Public Health Wales has to be practical and work alongside CHC at the local level. The relationship between the health boards and Public Health Wales at the local level for housing and health issues need to be operationalised. All partners expect Public Health Wales to move the strategic partnerships to be effective at the local level. This will require Public Health Wales to go beyond providing evidence.

## South Wales Police

### Observations

The ACEs work is identified as providing key evidence to initiate and develop the partnership with South Wales Police. There is a clear understanding from the South Wales Police of the added value of the partnership with Public Health Wales. This demonstrates the capacity of Public Health Wales to communicate evidence and identify where early action has to be taken and where targeted actions will have more impact (reduction of alcohol related violence for example, quieter night life in Cardiff and reduction of persons in custody, understanding of hot spots for violence). It was clear from the interview that a considerable amount of work has been invested to explain the evidence and the added value of this partnership. At the time of the visit, Public Health Wales, the South Wales Police along with other partners, were applying to the UK Police transformation fund to develop further the partnerships. This partnership has appeared very promising to the Review Team.

### General observations on strategic partnerships

All partners acknowledged the capacity of Public Health Wales to work across sectors thanks to the development of a variety of strategic partnerships. The leadership of the Chief Executive of Public Health Wales in the development of such partnerships is acknowledged by all. Partners are satisfied with the relationship with Public Health Wales at the strategic level.

All recognised that such partnerships create new opportunities:

- to work together to develop joint evidence
- to develop joint research agendas
- to develop frameworks for impact assessment of interventions and improve impact measurements
- to extend the collaboration
- to influence and work with other sectors to improve health and well-being
- to facilitate access to seed funding, to benefit from relationship/ closeness of the partners and their respective programmes
- to influence other sectors' agenda for better health and well-being
- to create champions and have ambassadors in the different sectors to promote health, to be together strong advocate for health in all policies with joint evidence and address health inequities

All these partnerships are dedicated to offer a win-win solution, which is a key condition for engagement.

The challenges ahead for Public Health Wales and its partners are to continue to move to the operational level at the local level. Although partnership is broad and pertains to all available opportunities within each sector, several partners seem to expect that partnership with Public Health Wales would facilitate their working relationships with health boards and public health directors. Hence, a need, stated by several partners, to clarify the responsibilities and accountability of Public Health Wales with regards to the health boards and the public health directors.

The Review Team noted that partners are able to identify clearly how Public Health Wales can support them to achieve their own objectives and reverse is true. Some of these partnerships were initiated thanks to co-funding of positions/shared positions and to external additional funding, and the issue of resourcing is already there to move actions from the strategic to the operational level. In the future, these partnerships will require adequate resourcing and this raises the issue of their sustainability to implement long term collaborative work plans.

Partners expect Public Health Wales to bring evidence of their contribution on health. Public Health Wales is expected to be more practical and to work at the local level to add value to the partners. Partners are concerned to deliver concrete actions for achieve their own objectives. Therefore the evaluation of those partnerships is important for the partners to remain engaged and enthusiastic.

#### Recommendations on strategic partnerships

Building on the evidence of what works that is produced by Public Health Wales, all partners expect Public Health Wales to further support and enable the local change and operational delivery through a variety of approaches including brokering the relationships across sectors and providing leadership and momentum for changing models, implementing evidence-based interventions and improving outcomes.

Partners expect Public Health Wales to bring evidence of their contribution on health and Public Health Wales has to be more practical to work at the local level, and to add value to the partners.

Building sustainable partnerships that allow new models to be tested locally and scaled up nationally on a sustainable footing is key. Public Health Wales and its partners should ensure that they put the partnership arrangements onto a long-term perspective to enable the multi-agency, cross sector working to improve health and wellbeing to be spread and sustained across Wales.

In addition, stakeholders would like Public Health Wales to gather and provide more evidence on what works to address poverty and reduce ill health and health inequalities.

Stakeholders also requested that Public Health Wales continues to engage with them and provide information that is presented in a less academic way, is understandable, accessible and provides solutions for what works in order for all partners to focus action for greater impact. There are examples of where this approach in Public Health Wales has already influenced partners, for example adverse childhood experiences and the first 1000 days, and they would like more of it.

It is important for local government to work on researching the impact of youth homelessness on health and to work around employability and skills agenda and they would like the continued and increased support of Public Health Wales to do so.

## Working with other nations at UK level

### Observations

The technical collaboration between the UK countries is functioning well. The collaboration is particularly well developed in the area of health protection and communicable disease surveillance. More experience sharing would be valuable for Northern Ireland and Scotland in the areas of One Health, health inequalities and health improvement. It was noted by the Review Team that Public Health Wales has undertaken a considerable amount of work on the One Health agenda and engaged with international partners on this work including the Commonwealth Secretariat and the InterAction Council (a Council of former Heads of State and Governments). For Scotland, support from Public Health Wales to improve routine data reporting would be appreciated. Public Health Wales is engaging with Scotland to share experiences as they move to establishing a single Public Health Agency in Scotland.

The Four Nations Health Protection Oversight Group and Five Nations (including the Republic of Ireland) Microbiology Group allow for developing joint approach, agreeing on shared strategic priorities, and for supporting each other. In the case of significant incidents in the UK, and in the context of International Health Regulation, there are formally established mechanisms for a UK level response to incident and outbreak management. There is a joint approach for surveillance at the UK level, including the development of new surveillance programmes. Access to the reference laboratories based in England and Wales by all UK countries is working well.

It is acknowledged by the other national partners that Public Health Wales is able to work independently and has gained a high recognition in European activities (collaboration with ECDC) and is actively involved in global health work (WHO and IANPHI for example).

The collaboration on health inequalities with Scotland is highly valued. Public Health Wales is considered to have been very successful in influencing policies in Wales. The collaboration between Public Health Wales and Scotland could be expanded further on particular subjects for example, on minimum unit pricing of alcohol and on smoking cessation.

Public Health Wales is considered to have high ambition and being able to «punch above its weight». At the present time, it is acknowledged that Public Health Wales has done very well, particularly in influencing policies internationally.

The collaboration with PHE is very fruitful. There are close working relationships between the respective directors and chief executives and the Executive Teams for both organisations meet face to face at least twice a year to exchange information and share challenges and opportunities. PHE and Public Health Wales are very well connected to work on all areas of health protection given that PHE is the UK Focal Point for International Health Regulations. There is a willingness on behalf of PHE to develop the collaboration on air pollution, immunization and global health.

**Evaluation Question 5: Are Public Health Wales' processes, practices and outputs of high quality, efficient and demonstrate innovation and impact?**

Answers to this evaluation question can be found in the answers to all the other questions.

In addition, the review team considers that Public Health Wales was innovative in establishing of two hubs: the "ACE Support Hub" and the "Health and Sustainability Hub".

In order to tackle Adverse Childhood Experiences (ACEs) at a population level, the ACE Support Hub has been established to drive the achievement of the collective vision for Wales as a world leader in ACE-free childhoods. The mission of the Hub is to champion sharing and learning to challenge systems and communities to effect intergenerational change. It will help create the environment for change and enable and support individuals, communities and organisations to achieve their local ambitions around the ACEs agenda.

The existence of the Hub as a focal point for activity around ACEs has ensured momentum across Wales since the publication of the first Wales ACE Study around two-and-a-half years ago.

Another example of innovation from Public Health Wales, responding to the opportunities provided by the Well-being of Future Generations (Wales) Act 2015 to improve health and well-being, was to set up a 'Health and Sustainability Hub' to drive and support this.

The Review Team noted that the decision to establish the Hub has been commended by Andrew Goodall (Director General Health and Social Services/NHS Wales Chief Executive) and Sophie Howe (Future Generations Commissioner for Wales).

**Evaluation Question 6: Does Public Health Wales effectively utilise and present the best available evidence in order to influence health in all policies and bring about improvements in population health?**Observations

Stakeholders and partners recognised the impact of recent evidence presented by Public Health Wales to move the health in all policies agenda as presented in other sections of the report.

Two major pieces of work were constantly highlighted by all partners and stakeholders.

- Making a difference: investing in Sustainable Health and Well-being for the people of Wales (2016). Making a difference has provided results to demonstrate what public health can achieve. Public Health Wales was very successful in making the content easily accessible for decision makers. It also allows the understanding of solutions and why it is worth investing in public health with information on «return on investment» when available.

- Adverse Childhood Experiences (ACEs) study report (2015/2016 and 2016/2017).

In the opinion of all partners and stakeholders, the quality of the evidence and the quality of the infographics have been very successful in supporting the «Health in all policies» approach across government and it has been instrumental to develop the strategic partnerships.

The Policy, Research and International Development directorate played a major role in this. Its policy team was able to support and advocate for the future of the well-being of the future generations agenda to achieve the well-being goals, thanks to its policy team and the Sustainability hub. Establishing effective collaborative agreements with universities in the area of health economics (Bangor University Centre for Health Economics and Medicines Evaluation Unit (CHEME) and the development of a research hub in Swansea for population health has allowed Public Health Wales to increase its capacities to provide convincing evidence to the policy makers.

The considerable work undertaken over the last two years to shape policy has led to a WHO Euro version of the making a difference report for the WHO's Health Evidence Network (WHO HEN) and the European Office for investment for health and development. This helped pave the way for the WHO Collaborating Centre status recently awarded on investment for health and well-being.

#### Recommendations

Public Health Wales has been a very successful advocate for the health in all policies approach across government. The importance of research activities should be emphasized by the management to gain excellence and evidence. A dedicated budget line for research ought to be implemented; an internal competitive call for proposals may be a possibility to allocate research funding, at least as an incentive to apply for external grant funding.

#### **Evaluation Question 7: Is the knowledge and competence of Public Health Wales and its staff adequate and sufficient for current and future challenges?**

#### Observations

The Review Team has noticed that the knowledge, competence and well-being of the staff are highly valued by the leadership team in view of developing the organisation and answering long-term public health need. Public Health Wales is committed to developing its staff to meet current expectations and those anticipated for the future with an ethos of enabling staff to be the best that they can be and focusing on the well-being of its people. It has undertaken a considerable amount of work in relation to its workforce planning and is thinking more innovatively of the workforce of the future in the context of its new 2030 Strategy. The organisation monitors carefully the staff surveys and the staff turnover hot spots in the organisation. Public Health Wales is also aware of the need to increase the visibility of its senior staff. Public Health Wales has developed policies and tools that are important to mention such as, the talent management scheme and the health and well-being policy for staff (in relation to working conditions).

All partners in Wales, but also NHS Scotland, Northern Ireland and PHE acknowledged the competence of the staff of Public Health Wales to fulfil its mission. It is well recognised that Public Health Wales is good at understanding behaviour change sciences which is particularly important for health improvement.

The Review Team noticed that Public Health Wales is well aware of the need to develop the right competences within the organisation to implement the “Prosperity for all” agenda, the Well-being of Future Generations Act and the Public Health Act and this will be translated into a competency framework for the next 10 years.

### Recommendations

Based on the discussions, and given that Public Health Wales is expected to work more on social and economic determinants of health, on new issues such as employability, there might be a need to have additional or new specific skills in Public Health Wales. Some stakeholders have highlighted the need for Public Health Wales to go beyond gathering evidence and knowledge development and to find the right practical approach to implement actions. It is clear that Public Health Wales has to improve its capacity to drive changes in the public health system. Even though this raises the issue of the accountability of Public Health Wales within the public health system, new skills might be needed to achieve such changes at the system level. The Executive Team has recognised that it will need to increasingly develop more staff with specialised skills in relationship management, in engaging with all of its stakeholders in order to influence the type of changes required to transform health and wellbeing in Wales – both nationally and locally. This will need to be incorporated into its new workforce plan for the implementation of its new 2030 Strategy.

It has appeared to the Review Team that it is also necessary to develop new (or more) competencies among the staff in the following areas:

- Microbiology: Clinical infectious diseases consultant services, genome sequencing technologies, bioinformatics
- In conjunction with health boards, more innovative workforce solutions for improving access and capacity in imaging and colonoscopy services in order to meet the needs of the population screening programmes, and
- Public Health Wales needs to better plan for the needs of those who wish to interact with the organisation through the Welsh language. This need will be brought into even clearer focus with the upcoming Welsh Standards for the health sector

Public Health Wales has developed training for the health boards and local organisations to carry out health impact assessments given the need arising from the new Public Health Act. In spite of this investment (given that more than 1000 people benefited from this type of training), it was unclear to the Review Team whether local teams are now really able to carry out a health impact assessment at the local level. Initial training without follow-up measures has fewer long-term impact on skill development.

More mobility between the health boards, the public health local teams and Public Health Wales could be of benefit to Public Health Wales. This would allow a better

understanding of issues of one another and will bring new skills and competences to each.

Investing in new types of training, including building more specialised skills in relationship and stakeholder management, would be beneficial to manage and implement complex partnerships.

### **Additional issues identified by the Review Team**

#### Positioning Public Health Wales in the public health system and in the well-being landscape

There is a need to discuss where to position Public Health Wales as an NHS body (NHS trust) and as the National Public Health Institute as it increasingly works across government ministries and departments. The Board of Public Health Wales can continue to help to position the organisation as the Chair reports to the Cabinet Secretary for Health and Social Services. As long as Public Health Wales is acknowledged as an independent public body providing scientific evidence to support decision-making, it will be able to continue to work closely across the government to help address the considerable public health challenges across the wider determinants of health through a health in all policies approach.

#### Attractiveness of Public Health Wales

Building succession plans and hiring the best people in the UK might not be easy for Public Health Wales. The issue might be the lower attractiveness of the professional and academic networks working in other parts of the UK, including Wales, who are more attracted to working in a larger country or being more London-focused. It was noted that there are particularly 'hard-to-fill' posts for Public Health Wales, such as microbiology consultants; that is a challenge reflected across the UK. However, there are some roles that Public Health Wales has found it increasingly easy to appoint, because of the favourable and innovative health and well-being policy context in Wales, for example, health and wellbeing personnel, public health consultants and directors and policy related positions.

It was noted by the Review Team that public health research in Wales (including academic public health) has weakened over the years according to some interviewees and that transport issues to travel across Wales can be an obstacle to collaboration within Wales.

Joint arrangements between Public Health Wales and other public health agencies in the UK could be discussed to overcome this difficulty of lesser attractiveness where it is relevant. However, the Review Team understands that such joint roles have been explored and can be problematic for some positions given the considerable difference in the health and care systems within the different countries. This should not prevent exploring such arrangements for similar roles.

#### Operational independence versus co-production of policy outputs

It is acknowledged that Public Health Wales is an expert body and provides independent research results and advice. It is expected that Public Health Wales expresses its own vision and there is an overall satisfaction of the quality, level of

evidence, and timeliness of evidence provided by Public Health Wales. As for all NPHIs, there is a need to manage the interface between operational independence and the need to assist for policy development.

### Research

Public Health Wales has made an important step with its first Research Strategy (2015-2018). Public Health Wales is commissioning research but as for many organisations worldwide, issues are raised in the cost-sharing of research and the time-frame within which results are available. While research results take time, decision-makers need rapid answers.

Stronger public health research in academia is needed as it is essential for public health in Wales, and particularly for Public Health Wales to maintain a diversity of expertise and a critical mass of highly qualified professionals in specific areas (such as public health economics). Academic public health has weakened in Wales over the years according to several organisations that the review team spoke to. The weakness of academic public health cannot be solved by Public Health Wales alone. This is an area that the Review Team would recommend prompt action to address by Welsh Government and all appropriate partners.

Thanks to the international work of Public Health Wales (with WHO, with the Commonwealth, with ECDC). Public Health Wales is seen as an ambassador for Wales internationally and this is deemed important to mention.

Finally the Review Team is concerned by the potential significant risks to public health from Brexit and this will be an important issue for Public Health Wales in the future.

## Part 7| Conclusions

The Review Team is very thankful for the excellent preparatory work done by the Public Health Wales teams and all its partners and for all the efforts made during the visit to provide all the necessary information to the Review Team.

The Review Team has identified many key achievements as presented in Part 6.

Some areas of potential improvements to strengthen further its leadership and drive changes at the strategic and more local level were also identified.

The Review Team has grouped its conclusions as follows:

### 1. Public Health Wales as an organisation

- The Public Health Wales priorities are the right priorities (the youth, inequities, etc.). The work on the Burden of Disease in Wales is welcomed and appreciated, there is a need to use better the Burden of diseases work with the addition of other criteria to guide Public Health Wales work and resource allocation.
- Public Health Wales should increase its attention to the main public health issues (including, for example, alcohol, tobacco control, mental health, physical activity).

- The issue of de-prioritization should be looked at carefully by Public Health Wales and an internal decision making process needs to be put in place.
- The research activities are unevenly distributed within the organisation. The importance of research should be communicated to all the directorates and be more emphasized. Some flexible money for strategically planned research should also be made available as an incentive for researchers internally and externally.
- A continued and increased emphasis on the implementation of new technology and automation should be given by Public Health Wales: automated laboratory work flows, next generation sequencing, bioinformatics, big data and artificial intelligence.
- As far as the organisational culture and staff development is concerned: the Review Team noted the engagement of the management team of Public Health Wales to develop staff competences and provide a healthy working environment.

## 2. Partnerships

Overall, Public Health Wales was very active and successful in developing partnerships. The relative closeness of Wales makes partnerships easier. To quote a partner met during the visit: "Public Health Wales is a small agency in a small country punching above its weight".

- Working with other nations
  - Technical collaboration between UK countries is going fairly well. There are some areas of work that would benefit from more experience sharing and there are also areas where the burden of work could be better shared providing that there is no political issue to do so. To quote one partner "We do not plan to develop together, although health issues are similar. We have different government priorities".
- Working across sectors
  - There is a unanimous applause to the dramatic positive change in the past 3 years. However, the evaluators notice that although personal leadership is essential to initiate positive relationships, the question of sustainability over time has to be tackled now.
  - Working across sectors imply working at local level and be very operational, these requires to translate evidence into practices, to have staff at Public Health Wales able to have a clear understanding of the "ground work".
  - Financial constraints are a risk to the sustainability of the inter-sectoral partnerships to quote a partner: "We are pressured by the financial reality: working together has become more difficult because everyone is focused on their own core business" – what will happen if joint financing does not exist anymore?"

- Working within the public health sector and with government
    - There are many high expectations on Public Health Wales by the Welsh Government. Public Health Wales is now expected to move from providing evidence to implement, and support others to implement, practical evidence- based action and steps to drive changes.
3. Working locally
- Public Health Wales has to overcome difficulties to work locally. There is an uneven support of the health boards and contested role of Public Health Wales at the local level in relation to health improvement activities undertaken by local public health teams. The position of Public Health Wales with regards to health improvement and the role of health boards is to be clarified. However, there are other functions undertaken by Public health Wales that are very clear in relation to roles and responsibilities, including the delivery of the Healthy Schools Scheme, Health Working Wales, the provision of microbiology services to health boards, the provision and commissioning of screening services, the support, activities and direction in relation to health protection, the provision of health intelligence support, the support provided by the National Safeguarding Team and the support provided by the 1000 Lives Improvement Service. These are all clarified in the Memorandum of Understanding with Health Boards and Public Health Wales.
4. Sustainability
- Sustainability is a major issue for Public Health Wales for the near future
    - For the time being Public Health Wales has been able to increase its budget and resources, but Public Health Wales needs to prepare for the possibility of a less favourable budget context, by developing a clear prioritization and de-prioritization framework.
    - The strategic partnerships often rely on external funding and shared posts and there are expectation to go further than providing evidence and to implement concrete actions.

The Review Team was very impressed by the readiness of the Public Health Wales leadership for change, the high quality of Welsh professionals as well as its openness and honest way to share information with the Review Team along the visit.

The Review Team recognised during the review many challenges that are common to all national public health institutes regardless of how a public health system is organised.

Public Health Wales has very well identified and recognised strengths by the Welsh partners and the Review Team. Indeed, in the past three years Public Health Wales has demonstrated that it is a dynamic organisation, able to push the health in all policy agenda and to contribute creating a “spirit of Health in All policies” in the whole organisation and with partners. The efforts in developing strategic

partnerships within Cymru Well Wales are very impressive and have been highly successful, in particular to leverage resources to develop actions of common interest that will improve population's health in Wales.

Public Health Wales has made a lot of progress in recent years. Given the very high expectations of stakeholders and partners many are still needed towards practical approaches and steps to drive change to meet their expectations to improve the health and well-being of the Welsh population.

Public Health Wales has contributed significantly to the awareness of public health issues in Wales, more work on social determinants of health is still expected given the agenda related to Prosperity for All.

The Review Team was impressed by the good relationship of Public Health Wales with high level decision makers which is essential for the further development of the organization given the new challenges arising from the Well-being of Future Generation Act, the Prosperity for all agenda and the public health Act.

## Appendix I | IANPHI Review Team Members



**Juhani Eskola** is Director General at the National Institute for Health and Welfare (THL), which is a governmental research institute and advisory body under the Ministry of Health.

THL's functions are to promote the welfare and health of the population, to prevent diseases and social problems and to develop social and health services. THL has currently 1,000 employees and is located in Helsinki and four other cities in Finland.

In the past, Juhani Eskola has worked as general practitioner, paediatrician and infectious disease specialist until 1991. Thereafter in 1991-1999 he worked as Director of the Department (of Infectious Diseases in 1991-1995, of Vaccines in 1996-1999) at the Finnish National Public Health Institute (KTL). In 1997-1998 he was Visiting Professor at Imperial College, London. During 2000-2003 Juhani Eskola worked as Senior Vice President at Aventis Pasteur (currently Sanofi Pasteur) in Lyon, France, being responsible for global medical affairs and clinical development of all vaccines in the Company. From 2004 on, Juhani Eskola has been back in Finland. Before THL was created, he worked as Deputy Director General of KTL.

Juhani Eskola has also served in several international development projects and initiatives as a consultant, evaluator, scientific adviser or Board Member (e.g. in European Vaccine Initiative, EVI; European and Developing Countries Clinical Trial Partnership, EDCTP; Tuberculosis Vaccine Initiative, TBVI; International Vaccine Institute, IVI, and in the WHO Strategic Advisory Group of Experts on Immunization, SAGE).

Juhani Eskola is author of approximately 200 publications, mainly during years 1983-2000 in the area of conjugate vaccines and vaccine development. He has been active in the European Society for Paediatric Infectious Diseases, serving in 1998-2000 as the President of the Society. He has received several awards (incl. Justus Ström Award, Pharmacia & Upjohn Award in Medicine, and Bill Marshall Memorial Award). He is Knight, First Class, of the Order of the White Rose of Finland (2007) and Commander of the Order of the Lion of Finland (2016).



**Lars Schaade** is Vice President at the Robert Koch Institute, Germany's federal institute of public health, since 2011 and has also been the head of the institute's Centre for Biological Threats and Special Pathogens since 2010.

Prior to joining the Robert Koch Institute, Schaade led the communicable disease unit in the German Federal Ministry of Health from 2007 to 2010 and was an advisor for the same unit from 2002 to 2007.

He has also held positions in science and clinical medicine at the University Göttingen, Germany, the Clinical Centre Kassel, Germany, and the RWTH Aachen University, Germany.

Since 2000, he has been board certified for microbiology and infectious disease epidemiology, and has been appointed Adjunct Professor at Charité University Medicine Berlin in 2017. Lars Schaade received his doctorate in medicine in 1994.

Since 2016, Lars Schaade is an appointed member of WHO's International Health Regulations (2005) Roster of Experts. In 2015, he served as a member of the Resource Group to the United Nation's High Level Panel on Global Response to Health Crisis and of WHO's Independent Advisory Group for Consultation on the Implication of Synthetic Biology Technology on Variola Virus and Smallpox Control and Preparedness. Previously, Schaade was the deputy chair of the Boards of Trustees of the Bernhard Nocht Institute for Tropical Medicine Hamburg and the Research Centre Borstel, and a deputy member of the ECDC Management Board.



**Ivan Erzen**, born in 1957 is Director of the Public Health Institute of Slovenia. During his long career, Ivan Eržen, MD, PhD, a specialist in public health, was performing a variety of tasks within the public health in Slovenia, both at the regional and national level.

He was director of Regional Institute of Public Health for 18 years, then he became a state secretary at the Ministry of Health of Slovenia. In addition to his rich professional and research work, where he focused primarily on the study of health, in conjunction with health determinates, he devoted a lot of time to the students while teaching public health at different levels of education. Through this and through his rich publication opus he is transferring knowledge and experience in the field of public health to the young generation and to his fellow as well.

He is elected full professor of public health at the University of Ljubljana but he is holding lectures in public health at different universities in Slovenia. In the period from 2013 to 2018 he was director of the National Institute of public health in Slovenia. At present he is the head of the department for analysis of the health situation in Slovenia at the very same Institute.

Beside this he is active in different fields of public health. He is or still is at present a member of numerous commissions and working bodies established either by Ministry of Health or other organisation as for example Slovenian Medical Chamber, Slovenian Association of Organisation in Health Care. In the period from 2009 to 2012 he was president of the World Conference of Strategic Approach in Chemical management which incorporates governmental, nongovernmental and professional organisations. He finished mandate in 2012. He is also a member of several steering committees of international Projects.



**Nicole Damestoy** is Chief Executive Officer of the Institut national de santé publique du Québec (Québec PHI since 2015). She manages a 750 employees and physicians team, including the Provincial Public Health Laboratory and the Provincial Toxicology Laboratory. She has been in the field of public health for almost three decades.

Previously, she held various executive positions in public health as a regional medical officer of health from 2004 to 2012. She then collaborated at the provincial level in elaborating a Health in All Policies Program for Québec which was released in October 2016. She also contributed to upgrading the Programme national de santé publique du Québec 2015-2025 (Québec National Health Public Policy).

Dr Damestoy also continues academic involvement in public health since 2002 at Université de Montréal where she has been appointed associate professor in 2012. She has been a member of the examination board in Public health and preventive medicine for the Royal College of Physicians and Surgeons of Canada for 12 years and has chaired this board between 2001 and 2003.

Nicole Damestoy, graduated from McGill University medical school in 1988, completed a master degree in epidemiology and biostatistics and is a fellow of the Royal College of Physicians of Canada (public health and preventive medicine).



**Anne-Catherine Viso** is Deputy to the Director of the Science and International Office of Santé publique France, the French Public Health Agency. She has been working for Santé publique France since 2006. She is also responsible for the operations of the main office of the IANPHI Secretariat based at Santé publique France.

From 2003 to 2006 she was responsible for international affairs at AFSSET (the French agency for environmental health and occupational health). From 1994 to 2003 she was in charge of European Affairs in relation to Water Quality and Water treatment technologies at the Research Directorate of a large company operating worldwide in the area of environmental services.

Anne-Catherine Viso has a PhD in Toxicology from Paris 7 University (1990) and a Master degree in Technology Management and Innovation (1994) from the Management and Business school of Grenoble (France).

## Appendix II | Terms of Reference

### January 2017

#### **Purpose**

To assess how Public Health Wales succeeds in achieving its mission “to protect and improve health and wellbeing and reduce health inequalities for people in Wales”. The peer review should be **future-oriented** and reflect the challenges for development in achieving this mission and make recommendations for further development of Public Health Wales’ activities.

#### **Background**

Public Health Wales was established in October 2009 with four statutory functions:

- 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;
- To 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;
- To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies; and
- To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.

As well as expanding in relation to its statutory functions the organisation has undergone significant transformation over the past couple of years in response to the Wellbeing of Future Generations (Wales) Act 2015 and the evolving nature of public health challenges. Current functions include:

#### **Improving Health and Wellbeing:**

- Health improvement: providing information, advice and taking action across sectors to promote health, prevent disease and reduce health inequalities;
- Health Intelligence: providing public health data analysis, evidence and knowledge to support approaches to improve health and wellbeing;
- Primary, community and integrated care: strengthening public health impact at a local level by supporting communities to help people to stay healthier for longer.

#### **Providing Public Health Services:**

- Delivering national screening programmes: to assist the early detection, prevention and treatment of disease;
- Protecting the public from harm: providing information, advice and taking action to protect people from communicable disease and environmental hazards;
- Providing a network of microbiology services: to support the diagnosis and management of infectious diseases;
- Safeguarding people: providing expertise and strategic advice to help safeguard children and vulnerable adults.

**Improving Healthcare Outcomes:**

- NHS quality improvement and patient safety: providing the NHS with information, advice and support to improve population outcomes for patients;
- Delivering 1000 Lives Improvement Service: national and local focused support to build capacity and capability across the NHS and improve the quality and safety of care provided locally;
- Customised support for national healthcare programmes: providing improvement expertise for national NHS healthcare programmes of work.

**Influencing Policy, Undertaking Research and International Development:**

- Influencing policy: to address the wider determinants of health in order to improve population health and wellbeing and reduce health inequalities;
- Undertake and commission research: into effective public health action to inform current and future approaches, understand population need and mobilise knowledge;
- International development: working with partners in the wider UK, Europe and more broadly to support health in other countries, learn from effective public health approaches and evidence elsewhere and share good practice from Wales.

We also have a range of corporate functions that enable us to be an efficient, effective and resilient organisation.

**Relevant issues and key questions**

The peer review will address the relevance and effectiveness of Public Health Wales' activities in the years since 2009 **and** looking ahead up to 2025. In doing so the peer review will focus on the strategic agenda Public Health Wales has agreed with the Welsh Government, as set out in the current Integrated Medium Term Plan (our strategic plan), and the progress made and in doing so address 7 key questions:

1. Is Public Health Wales addressing the most important public health issues in Wales with regard to its role as a national public health institute?
2. Is Public Health Wales demonstrating effectiveness in achieving its core purpose?
3. Is Public Health Wales organised effectively and its behaviours consistent with a commitment to deliver its strategic priorities through its engagement and collaboration with key partners in Wales including Welsh Government, other health service providers, local government, third sector and the public in order to improve health and wellbeing?
4. Do Public Health Wales' partners feel that the relationship is effective in improving health and wellbeing?
5. Are Public Health Wales' processes, practices and outputs of high quality, efficient and demonstrate innovation and impact?
6. Does Public Health Wales effectively utilise and present the best available evidence in order to influence health in all policies and bring about improvements in population health?
7. Is the knowledge and competence of Public Health Wales and its staff adequate and sufficient for current and future challenges?

### Appendix III | List of Documents Submitted to the Evaluation Team

1. Public Health Wales IANPHI Peer Review Prospectus Document October 2017
2. Evaluation Questionnaire
3. Public Health Wales Strategic Plan 2017 - 2020
4. Public Health Wales Operational Plan 2017/2018
5. Public Health Wales Annual Report 2016/17
6. Public Health Wales Annual Governance and Quality Statements 2016/17
7. Draft Stocktake report by the Welsh Government reviewing the relationship between public Health Wales and the Welsh Government
8. Draft Wales Audit Office review of the management of the local public health resources in Wales: Public Health Wales, Health Boards and Welsh Government
9. Public Health Wales Memorandum of Understanding with NHS Wales Health boards
10. Well-being of Future Generations (Wales) Act 2015
11. Taking Wales Forward (2016 – 2021) Welsh Government Programme for Government
12. Prosperity for All – the national strategy (implementation of the Programme for Government)
13. Public Health (Wales) Act 2017
14. Public health Wales report: Making a Difference: investing in Sustainable Health and Well-being for the People of Wales
15. Public Health Wales reports of Adverse Childhood Experiences in Wales. Series of three reports
16. Public Health Wales' review of Health and its Determinants Report. 2017
17. Prudent Healthcare: background, principles and action plan
18. Public Health Outcomes Framework (developed by Public Health Wales)
19. NHS Outcomes Framework
20. NHS Wales Planning Framework
21. NHS Wales Service Delivery Plans (including cancer, mental health, stroke, cardiovascular services)
22. Welsh Government's 'Our Plan for a Primary Care Service in Wales'

## Appendix IV | Interviewees

### **Public Health Wales**

Board members and Directorate Teams including Microbiology laboratory staff at the University Hospital of Wales Cardiff and Screening staff at Magden Park

### **Welsh Assembly**

Vaughan Gething AM, Cabinet Secretary for Health and Social Services  
Rebecca Evans AM, formerly Minister for Social Services and Public Health

### **Welsh Government**

Dr Andrew Goodall, Chief Executive NHS Wales and members of senior management team

**Future Generations Commissioner for Wales** – Sophie Howe (teleconference in advance of Peer Review visit)

### **Welsh Local Government Association**

Steve Thomas, Chief Executive

### **Directors of Public Health in Wales**

#### **Directors of Public Protection, Chair**

Robert Hartshorn, Director of Public Protection

#### **Natural Resources Wales**

Dr Emyr Roberts, Chief Executive

#### **Sport Wales**

Sarah Powell, Chief Executive

#### **Housing Association Wales**

Stuart Ropke, Group Chief Executive

#### **SOLACE Wales**

Darren Mepham, Bridgend County Council

#### **South Wales Police**

Deputy Chief Constable Matt Jukes (now Chief Constable)

#### **Bangor University**

Professor Nicky Cowell, Dean of College of Health and Behavioural Sciences

#### **Public Health England**

Professor Paul Cosford CB, Medical Director and Director for Health Protection

#### **NHS Scotland**

Andrew Fraser, Director of Public Health

#### **Public Health Agency Northern Ireland**

Dr Lorraine Doherty, Assistant Regional Director of Public Health