<table>
<tr><th>Risk Reference and Link to Strategic Priority</th><th colspan="2">Risk Description</th></tr>
<tr><td>SRR1

Strategic Priority 1, 2, 3 and 4</td><td colspan="2">There is a risk that: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.

Caused by:
1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy
2. Failure to generate the quality of evidence and supporting data to shape our influencing and delivery
3. Insufficient/Ineffective public health advice, evidence and action within our remit
4. Ineffective engagement, advocacy and communication with partners, the public and policymakers
5. Insufficient system leadership and co-ordination with stakeholders and partners
6. Programmes which do not support our population in achieving healthier lives

Resulting in:
We fail to have the impact required to reverse the worsening healthy life expectancy of the population of Wales. Wales fails to close widening gaps in health outcomes between our most and least deprived populations.</td></tr>
<tr><td>Executive Director Sponsor</td><td colspan="2">National Director of Health and Wellbeing</td></tr>
<tr><td>Assuring Committee</td><td colspan="2">Knowledge, Research and Information Committee</td></tr>
<tr><td>Trend</td><td>Current Position of Risk Including Risk Appetite and Risk Decision</td><td>Position Statement – Executive Director Update</td></tr>
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</td><td><table><tr><td>Open</td><td>PHW is open to consider all potential options, subject to continued application and/or establishment of controls recognising that there could be a high risk of exposure.</td></tr></table>
Current Score = 9
Target Score = 6
Risk Appetite Level Applied = Open, therefore, within tolerance level.</td><td>July 2026 Update

Summary
Healthy life expectancy in Wales continues to worsen and PHW action alone will not reverse this without wider public health system change, including collaboration with and action by Health Boards, Local Authorities and the voluntary and community sector. PHW is therefore strengthening controls against SRR1 by:
1. Strengthening delivery and demonstrating impact through the revised IMTP response, with</td></tr>
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		sharper priorities, clearer accountability and a stronger focus on measurable impact. 2. **Building national prevention pathways** to embed prevention across the system. Two examples are OPIP, which brings £8m to develop a bilingual digital obesity pathway for Wales and the hypertension pilot, with around 38,000 people identified with hypertension and treated to target. 3. **Refocusing programmes and resources** across the Health and Wellbeing Directorate so that tobacco, healthy weight, diabetes, physical activity, food systems, community approaches and wider determinants work are better aligned to improving healthy life expectancy and reducing inequalities. 4. **Embedding prevention in the system through Community by Design** by co-leading the prevention and population health management workstream, developing national prevention standards, shaping the national prevention architecture, influencing NHS workforce skills and development framework to embed prevention and creating a practical route for NHS Wales to act earlier and reduce avoidable deterioration. Embedding our Prevention Based Health and Care (PBHC) framework, within the Community by Design prevention work to embed prevention in the health and care system in Wales. **Detail**

		Healthy life expectancy in Wales continues to worsen. The latest ONS data shows that Wales had the largest fall in healthy life expectancy for both males and females between 2019–2021 and 2022–2024. This confirms that SRR1 remains live and that PHW must accelerate action on prevention, inequalities and the wider determinants of health. During June, PHW strengthened the controls against this risk. The revised IMTP response to Welsh Government revised delivery, with sharper priorities, stronger accountability and a more explicit focus on prevention, inequalities, access, system pressures and measurable impact. There is evidence of direct programme impact. The National Quality Improvement Programme for Hypertension has delivered early pilot outcomes, with around 38,000 people identified with hypertension and treated to target. This is a significant prevention gain: better detection and control of high blood pressure will reduce avoidable cardiovascular disease, stroke and premature mortality over time, and the pilot provides a scalable model for using population health management and primary care quality improvement to deliver measurable outcomes. The Healthy Weight Systems and Pathways Programme has secured £8 million through the UK-wide Obesity Pathway Innovation Programme. This will enable development of a bilingual, digitally enabled obesity pathway for Wales. OPIP moves the work from general prevention messaging into a structured pathway model,

		with potential to improve access, reduce variation, strengthen outcomes and build the evidence base for national delivery. Other major prevention programmes are also being sharpened. Tobacco, vaping and nicotine work is supporting health boards to prepare for implementation of the Tobacco and Vapes Act and has provided timely advice to Welsh Government on vaping among children and young people. The All Wales Diabetes Prevention Programme continues to move towards mainstreaming, supported by an updated protocol and work with health boards on sustainable delivery, although financial pressures remain a barrier to universal roll-out. Continued national leadership and coordination of Gwen am Byth, our national oral health improvement programme for older people in Wales has continued to expand its reach across Wales, with strong engagement from care homes and wider health and social care partners. Activity focused on supporting participating homes, delivering staff training, carrying out quality assurance visits, and strengthening partnership working across local health boards. 85% of eligible care homes engaged in the programme (497 homes) training 3,792 care home staff, 866 domiciliary care staff and 1,107 healthcare professionals with links to care homes trained across Wales in 2025/26.

		The Health and Wellbeing Directorate is continuing to review and refocus programmes to improve reach, access, impact and outcomes. Healthy Working Wales and Tobacco Control have already been reviewed and refocused. Further work is bringing together healthy weight, diabetes, physical activity, food systems, community approaches and wider determinants into a more coherent prevention ecosystem, reducing duplication and focusing effort where it can make the greatest contribution to healthy life expectancy and inequalities. Because PHW action alone will not change this, Community by Design is now a key additional control for SRR1. PHW is co-leading the prevention and population health management workstream to make prevention a practical operating model for NHS Wales. During May and June, PHW helped establish programme governance, drafted the initial National Model for Prevention and National Standards for Prevention, defined the first prevention architecture, and convened a number of multi-agency Task and Finish Groups with Welsh Government, NHS Executive, HEIW, DHCW and health boards. This gives NHS Wales a practical route to act earlier, identify risk sooner, target support more effectively and reduce avoidable deterioration. It also creates a mechanism for systematically embedding prevention across primary, community and secondary care, with clearer expectations on workforce, data, delivery and accountability.

		PHW is continuing to develop and strengthen our partnership agreement with the Wales Council for Voluntary Action (WCVA). Being 'partners in prevention' is a key element of this. (see detail below) In addition, PHW's refreshed Young People's Engagement Programme was launched this month, employing 12 young people from across Wales to work alongside us. For more detail on both the PHW-WCVA Partnership Agreement and the Young People's Engagement Programme please progress update on actions below. Overall, the July position demonstrates strengthened controls against SRR1. PHW is aligning resources to priorities, using Community by Design to embed prevention in the health and care system, generating stronger evidence and data, providing timely advice to Welsh Government and NHS Wales, and refocusing programmes towards measurable population impact. PHW action alone will not reverse the decline in healthy life expectancy or close inequalities without wider system change. However, the current position shows that PHW is moving from advocacy and frameworks into standards, delivery architecture, national pathways, programme review and measurable prevention outcomes. **April/May 2026 Update**

		Latest published data shows that for both males and females, in 2022 to 2024, healthy life expectancy decreased compared with 2019 to 2021, with the largest decreases observed in Wales.- Healthy life expectancy, UK - Office for National Statistics. This reinforces the importance and urgency of PHW's work on prevention and health equity. PHW has completed the first phase of its advocacy work and promoted prevention-focused policy messages (e.g., via the Future Generations Commissioner's Report). Significant progress includes: • Launching the first prevention-based framework for health and care • Seconding expertise into Welsh Government to review prevention architecture • Supporting a system-wide assessment of preventive spend • Establishing a Prevention Advisory Group chaired by the CMO The next phase will focus on developing an internal tactical plan that brings together PHW's role in leading and influencing the system-wide shift to prevention, tackling health inequalities, and addressing wider determinants of health. To mitigate the risk, PHW is committed to: • Aligning strategic priorities and specialist capabilities to embed prevention and equity • Generating and mobilising high-quality evidence and data to drive policy and delivery • Providing timely, trusted and impactful public health advice

		• Strengthening engagement and communication with partners, policymakers, the third sector, and the public • Exercising strong system leadership through coordination and collaboration • Designing and delivering inclusive, evidence-based programmes that address the needs of disadvantaged groups It is recognised that influencing a system shift toward prevention alone may not be sufficient to reverse current trends in healthy life expectancy or close the widening health inequalities without wider system change. Health and Wellbeing Directorate continues with reviewing and refreshing programmes of work to ensure we focus on actions which will address healthy life expectancy. A number of programmes including Healthy Working Wales, Mental and Social Wellbeing and Tobacco Control programmes have been reviewed and refocused. The National Quality Improvement Programme for Hypertension has in its first quarter ensured 38,000 people have been identified with hypertension and treated to target.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C1:** 1. Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
C1.1	Delivery of Public Health Wales Route Maps and milestones within the Board approved Integrated Medium-Term Plan	• Integrated Performance Report • Programme Deep Dives	• Public Health Wales Board • Public Health Wales Committees • Welsh Government Accountability Meetings • Mid and End of Year Reviews • Health and Wellbeing Directorate Leadership Team • Programme Boards for Wider Determinants of Health; and Climate Change

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2:** Failure to generate the quality of evidence and supporting data to shape our influencing and delivery			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C2.1	Implementation of Public Health Wales Digital and Data Strategy and ensuring all programmes include built-in evaluation plans with clear metrics and methodologies.	• Public Health Wales Digital and Data Strategy • Research and Development Strategy • Programme Deep Dives • Integrated Performance Report • Contribution to the PHW Duty of Quality reporting	• Digital, Data and Design Authority (DDDA) • DARC Programme Board • Research and Evaluation Strategy Oversight Group • Knowledge, Research and Information Committee • Board and Executive Team Meetings

[1] Three Lines of Defence Model
First – Operational Management control of organisational risks
Second – Risk management and compliance functions, reporting to senior management
Third – Internal audit to provide assurance.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2:** Failure to generate the quality of evidence and supporting data to shape our influencing and delivery			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
			• Health and Wellbeing Directorate Leadership Team

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** Insufficient/Ineffective public health advice, evidence and action within our remit			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.1	Professional standards and registration for Public Health Consultants and Practitioners and system of workforce planning ensuring we have the workforce to meet operational and strategic needs. Extensive people development opportunities to maintain and expand knowledge, skills and competency. Workplans reflect drive to ensure that 1. the organisation and the workforce remains up to date with best evidence and practice on prevention and on relevant areas. 2. The relevant parts of the workforce are skilled and effective at system leadership and advocacy	• Job Planning Process • Registration and revalidation • My Contribution • Training attendance records • Developing and maintaining of staff competency framework and staff Training Needs Assessments (TNA)	• Oversight from OMD • Monitoring of workforce plans by People and OD • Integrated Performance Report reviewed by Board • Training records • Training and development spend monitored through Finance • Annual objective setting and appraisals

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** Insufficient/Ineffective public health advice, evidence and action within our remit			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C4:** Ineffective engagement, advocacy and communication with partners, the public and policymakers			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.1	Use of multiple communication channels and accessible formats to ensure we meet user needs. Ongoing review of public and third sector engagement activity and metrics, evaluation and quality assurance of engagement activity through our research, campaigns, social marketing activity and website interactions utilising engagement and communications expertise within the organisation. Workplans further develop our ability to nuance approaches to different audiences including policymakers, partners and the public. Public Health Advocacy Programme to support effective organsiational engagement and advocacy with policymakers	• Monthly Communications Report (Publications, Reports and news coverage) • Campaign evaluations • Forward Look (Plan) • WCVA-PHW Partnership Agreement workplan monitoring • Young People's Engagement Programme workplan monitoring Central management of PHW website and PHW social media channels • Editorial planning group • Public health advocacy programme monitoring and evaluation	• Monitoring through Comms Team via a Programme Board • Monitoring of impact of campaigns run by social marketing team in HWB • Joint working between Comms and Health and Well Being Directorate • Campaign Oversight Group and Corporate Comms Playbook (under development) • Media coverage (reach and sentiment) monitored through Communications Team and HWB Social Marketing Team • WCVA-PHW monthly progress meetings • Engagement leads community of practice (under development) • Website metrics • Public Health Advocacy Programme Board

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C5:** Insufficient system leadership and co-ordination with stakeholders and partners			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C5.1	Strong working relationships with key partners and stakeholders including the third sector, Welsh Government, Directors of Public Health and Public Service Boards Development of joint or shared work plans with Directors of Public Health, HEIW, relevant clinical networks, Community by Design, Sport Wales and Arts Council for Wales are already in place. The PHW-WCVA Partnership Agreement was formerly agreed by both organisations alongside a joint staff launch event in May 2026. MOU agreed with Sport Wales. A Framework for Healthcare Public Health to influence the NHS to shift systematically towards prevention and Early Intervention has been published and is being incorporated into the community by design work The MECC 2 Pack – a training pack to support the workforce become more preventive through use of psychological skills – has been launched and is being disseminated to the system. Multi-agency governance Programme Boards (e.g. Tackling Diabetes Together)	• Memoranda of understanding • Shared work programmes • IMTP	• Board and Executive Team Meetings • Board Committees • Health and Wellbeing Directorate Leadership Team • WCVA/PHW partnership agreement regular check-ins to monitor progress. Progress presented regularly to Board and Executive Team • Engagement leads meetings

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C5:** Insufficient system leadership and co-ordination with stakeholders and partners			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C6:** Programmes which do not support our population in achieving healthier lives			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C6.1	All programmes of work are evidence based, and key milestones are included within the Long-Term Strategy, Route Maps and the Integrated Medium-Term Plan.	• Integrated Performance Report • Programme Evaluations	• Board and Executive Teams • Committee Programme Deep Dives • Health and Wellbeing Directorate Leadership Team • Programme Boards

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.1	Implementation of agreed Route Maps for priorities 1,2,3 and 4 and ongoing engagement with Welsh	Route maps are required to inform IMTPs going forward which will be monitored	By developing a longer term and more coordinated approach to development and	National Director of Health and Wellbeing	31 March 2027	**July 2026 Update** As part of the Quarter 1 baseline review,

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	Government to influence provision of resources to PHW and health boards aligned to All-Wales strategies. Review alignment of resources against agreed route maps	Align resources, programmes and delivery plans to the revised IMTP, focusing on prevention, inequalities, access and measurable population impact. Review resource allocation annually against priority outcomes and strategic delivery requirements. Delivery of IMTP milestones; monitoring and review of Routemap Milestones; evidence of resource shifts towards agreed priorities; delivery against performance and outcomes measures.	implementation of innovation and continuous quality improvement in service provision Ensures prioritisation of short-term action is aligned to a longer-term plan to enable change. Strengthening of cross-organisational working to make best use of resource, expertise and stakeholder relationships across the organisation. Ensures specialist resources and programmes are focused on actions most likely to improve healthy life expectancy, reduce inequalities and support system shift to prevention. Review will inform future allocation of resources and prioritisation.	Priority leads	31 March 2027	Public Health Wales is currently reviewing and assessing how resources are deployed across the organisation and aligned to Government priorities and 2026/27 remit letter. This will help support identification of opportunities for optimisation, efficiency and re-prioritisation. This will also support future work to revise and update organisational plans. **April/ May 2026 Update** IMTP agreed by Board for 2026-29. Currently being aligned to the mandate letter received from WG and due to be approved by

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
		Delivery of strategic objectives				Public Health Wales Board in March 2026.

Gaps in Assurance / Action Plans for the cause C2 Failure to generate the quality of evidence and supporting data to shape our influencing and delivery						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP2.1	Agreeing a mechanism for balancing evidence and data requests between internal teams (RDD, HI R&E and programme teams) and commissioning external providers where relevant and required (dependant on capacity and skill mix)	Agreed & monitored through Divisional workplans	Coordinating requests ensures alignment with organisational priorities and avoids duplication, which can waste resources and create conflicting outputs. By distributing workload based on capacity and skill mix, you avoid overburdening any one team, ensuring timely delivery of outputs.	National Director of Health and Wellbeing National Director of Research, Data and Digital	31 March 2027	**July 2026 update** Health and Wellbeing Directorate is working closely with the Research, Data and Digital Directorate (RDDD) to strengthen the way we use data, intelligence and evidence to inform decision-making and demonstrate impact. This collaboration is focused on ensuring that programmes are underpinned by robust evidence, have access to the right analytical support, and are able to demonstrate their

Gaps in Assurance / Action Plans for the cause C2 Failure to generate the quality of evidence and supporting data to shape our influencing and delivery						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						contribution to Public Health Wales priorities and Welsh Government outcomes. Work is underway through the DARC programme to support this and also how we can increase data analytical capacity in Health and Wellbeing to support future planned work. **April 2026 update-** As part of the development of the IMTP 2026-2029, ongoing discussions are taking place to understand the data support requirements to deliver our plans and mechanism for commissioning work in the future. This is being undertaken in conjunction with the

Gaps in Assurance / Action Plans for the cause C2 Failure to generate the quality of evidence and supporting data to shape our influencing and delivery						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						DARC programme and move to NDAP.

Gaps in Assurance / Action Plans for the cause C3 Insufficient/Ineffective public health advice, evidence and action within our remit						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP3.1	Develop capability in system leadership, prevention pathways, population health management, behavioural science and implementation across PHW and key partners. Support Welsh Government, NHS Wales	Workforce capability measures; completion of targeted development programmes; partner feedback; evidence of contribution to prevention standards and pathway implementation.	Strengthens PHW's ability to influence, lead and deliver system-wide prevention and population health improvement.	National Director of Health and Wellbeing National Director Policy and International Health	Ongoing	**July 2026 update** Good progress has been made in strengthening capability for prevention across Public Health Wales and the wider system. Through our Prevention Based Health and Care Framework and our system leadership for the Community by Design programme, PHW is co-leading the prevention and population health

Gaps in Assurance / Action Plans for the cause C3 Insufficient/Ineffective public health advice, evidence and action within our remit						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	and the CMO's work to strengthen prevention.					management workstream, with governance arrangements established, draft National Standards for Prevention and a National Model Architecture for Prevention developed. PHW continues to provide leadership and support to Welsh Government, NHS Wales and the Chief Medical Officer on prevention policy, standards, inequalities and population health management, helping to embed prevention as a practical operating model across the health and care system and strengthening the evidence base for future delivery.

Gaps in Assurance / Action Plans for the cause C3 Insufficient/Ineffective public health advice, evidence and action within our remit						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						April 2026 update- Consultants in Health and Wellbeing continue to access coaching support as part of their development. Change training will be further embedded in 2026-27 Discussions have commenced with Directors of Public Health on development of a public health system workforce plan and internally work has commenced to support development of the practitioner workforce in line with the job families work.

Gaps in Assurance / Action Plans for the cause C4 Ineffective engagement with and communication to partners, the public and policymakers						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.1	Continue to migrate ancillary websites to new Public Health Wales content management system as part of Web Transformation Programme	Benefits and mechanism for monitoring success and progress have been developed and are monitored through Web Transformation Programme Board	Providing consistent communication methods and channels that comply with relevant standards and regulations will support effective communication to partners, the public and policymakers.	National Director of Health and Wellbeing	31 March 2026	**July 2026 update** Complete. All ancillary sites have now been moved to new content management system as part of Web Transformation Programme. Action to be closed.
	Strengthen engagement, communications and partnership approaches to support adoption of prevention priorities, pathways and wider determinants interventions by policymakers, partners and communities.	Campaign and engagement evaluations; website and digital reach; stakeholder feedback; evidence of use of PHW advice, resources and frameworks.	Improves the effectiveness of PHW's influence and communication, increasing uptake of prevention policies, evidence and interventions.	National Director of Health and Wellbeing	31 March 2027	**April 2026 update-** First set of migrations on schedule - Healthy Weight Healthy You, Help me Quit and Public Health Network Cymru migrations currently in progress completion early May 2026. Further discussions required to take forward developments within these sites as part of Web transformation BAU process.

Gaps in Assurance / Action Plans for the cause C4 Ineffective engagement with and communication to partners, the public and policymakers						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	Development of a model for engaging with the public and third sector which enables us to have oversight of all engagement activity, share learning and reduce duplication or disjointed approaches	Measures for monitoring success and progress to be developed as part of this work	A strategic and aligned approach to our engagement activity, reducing the risk of over-engagement/engagement fatigue. Transparency of insights from previous engagement activity, improving our ability to be agile and better use community insights in our work. Better use of resources which will increase efficiency	Director of Nursing, Quality and Integrated Governance	Ongoing as part of NQIG workplan	**July 2026 update** A launch event hosted by PHW in May was attended by over 180 colleagues from both PHW and WCVA. As an organisation PHW also had a co-ordinated presence at WCVA's annual conference, Gofod3. A number of teams shared their work and made connections with the voluntary sector through the PHW stall, and PHW hosted two workshops. A PHW consultant spoke at a panel session, and our CEO recorded an interview with WCVA's Chief Executive to be used to promote the partnership. PHW's refreshed Young People's Engagement

Gaps in Assurance / Action Plans for the cause C4 Ineffective engagement with and communication to partners, the public and policymakers						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						Programme was launched this month, bringing 12 young people aged 18-25 together in person in Cardiff for a 2 day induction. Each member of the programme is employed on a bank contract for approximately 6 hours a month. As well as contributing to work across the organisation they will also be supporting the development of a Wales-wide network, to better enable us to engage and hear from existing groups representing young people from across the country. **May 2026** Formally signed partnership agreement with WCVA and staff

Gaps in Assurance / Action Plans for the cause C4 Ineffective engagement with and communication to partners, the public and policymakers						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						session held 21.5.26 to share aims and how to get involved

Gaps in Assurance / Action Plans for the cause C5: Insufficient system leadership and co-ordination with stakeholders and partners						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP5.1	Co-lead Community by Design prevention and population health management work, including development of prevention standards, prevention architecture and national approach for population health management and data sharing in Wales Strengthening strategic leadership across PHW and HB PH Teams through	Delivery of prevention standards and architecture; partner adoption; implementation milestones achieved; reporting through Community by Design governance arrangements.	Creates a practical mechanism for embedding prevention across NHS Wales and strengthens system leadership,	National Director of Health and Wellbeing	31 March 2028	**July 2026 update** Through Community by Design, Wales has established a national transformation programme focused on delivering care closer to home through prevention, population health management and integrated community services. Key outputs to date include the creation of national governance structures, establishment of three transformation pillars, and the design of a

Gaps in Assurance / Action Plans for the cause C5: Insufficient system leadership and co-ordination with stakeholders and partners						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	collaborative action and network development	Suite of outcome measures in discussion with Welsh Government through the Strategic Programme for Primary Care Route Map and IMTP delivery	Health Care Services and Social Care Services will be able to deliver preventive interventions more systematically and effectively	Interim Health Improvement Directors and Priority leads	Ongoing	community-by-default approach to service planning. Public Health Wales is co-leading the Prevention and Population Health Management pillar and supporting the development of the prevention, data and population health infrastructure required to deliver the programme. **April 2026** We continue to work with the Community by Design workstream and have created draft prevention standards and architecture for the programme.

Gaps in Assurance / Action Plans for the cause C5: Insufficient system leadership and co-ordination with stakeholders and partners						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**

Gaps in Assurance / Action Plans for the cause C6 Programmes which do not support our population in achieving healthier lives						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP6.1	Complete and embed the review and refocus of prevention programmes, ensuring resources are directed towards interventions and pathways with the greatest impact on healthy life expectancy and inequalities.	Outcomes Measurement Framework Integrated Performance Report Evidence of programme reviews informing decisions; outcome measures reported through Board reporting; improvements in reach, uptake, outcomes and reduction in variation.	Ensures programmes contribute demonstrably to healthier lives, improved outcomes and reduced inequalities, maximising impact from available resources.	National Director of Health and Wellbeing	31 March 2028	**July 2026** Ongoing work in Health and Wellbeing to review programmes with a particular focus on assessing impact. This work will continue during quarter 2 and 3 of 2026/27. Service reviews such as in help me Quit have also informed improvement actions which are currently being implemented.

Gaps in Assurance / Action Plans for the cause C6 Programmes which do not support our population in achieving healthier lives						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						April 2026 Health and Wellbeing continue to review their programmes of work. This work will inform future planning and resource allocation. Work is also underway in Health Improvement to develop clusters of programmes to support join up between programmes and more effective and efficient ways of working.