GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 10 September 2026 **Agenda item:** 4

Deep Dive: Population Health Programmes within the Health and Wellbeing Directorate

Executive lead:	Jim McManus, National Director Health and Wellbeing
Author:	• Jim McManus • Christopher Orr • Zoe Wallace • Ilona Johnson • Emily van de Venter
Approval/Scrutiny route:	Signed off by National Director of Health and Wellbeing and Directorate Leadership Team Business Executive Team 02/09/2026

Purpose

This paper provides a one-year-on review of the Health and Wellbeing Directorate's programme review and quality improvement activity, summarising the changes, improvements and learning arising from the first cohort of programme reviews, together with the Directorate's developing approach to demonstrating impact, value and contribution.

In 2025 QSIC was told there would be a review programme. A year later, the Directorate can show that the reviews have led to genuine improvement, clearer governance, better alignment, and a more mature contribution-based impact approach. The next phase is implementation tracking, outcome measurement and proportionate rolling review.

The intention is to provide assurance that programme reviews are leading to tangible improvement and stronger outcomes, to highlight key lessons from programmes such as Healthy Working Wales and Tackling Diabetes Together, and to invite the Committee to consider priorities for future deep dives and quality assurance activity.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☒

The Committee is asked to:

(1) receive **assurance** that the 2025 commitment to review and improve major health improvement programmes has translated into material programme and system change;

(2) **note** the emerging contribution-based approach to demonstrating impact and value; and (3) **endorse** the proposed rolling, proportionate review programme and next priorities. (4) **Agree** to have a further report on Tackling Diabetes Together learning.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	1 - Influencing the wider determinants of health
Strategic Priority/Well-being Objective	2 - Promoting mental and social wellbeing
Strategic Priority/Well-being Objective	3 - Promoting healthy behaviours
Strategic Priority/Well-being Objective	5 - Supporting a sustainable health and care system
Summary impact analysis	
Equality and Health Impact Assessment	The review approach explicitly considers equity, reach, population need and inequalities. Programme-level actions include strengthening lived-experience involvement, improving evidence on differential reach and outcomes, and addressing variation in access.
Risk and Assurance	These programmes contribute to Strategic Risk 1
Health and Social Care (Quality and Engagement) (Wales) Act	The review process was designed as a practical mechanism for embedding the Duty of Quality, by using evidence, stakeholder insight and peer challenge to identify improvements in effectiveness, equity, efficiency and person-centredness
Financial implications	There are no immediate additional financial implications arising directly from this paper. The programme review approach is being delivered within existing Directorate resources and is intended to strengthen value for money by ensuring that current investment is focused on areas of greatest population health impact, equity and strategic alignment. Reviews have already identified opportunities to reduce duplication, streamline

	governance and stakeholder engagement, improve programme alignment, and strengthen evidence of impact. Future financial impacts may arise where reviews identify the need to re-prioritise resources, redesign delivery models, secure or align external funding, or stop lower-value activity; these will be considered through normal planning, IMTP, business case and financial governance routes.
People implications	The review programme is being delivered within existing Directorate capacity, but implementation may require reprioritisation of staff time and expertise across evaluation, stakeholder engagement, governance, digital/data support and cross-programme working. Any material workforce implications will be managed through normal Directorate and workforce planning processes.

Executive summary

In November 2025, QSIC received an overview of the Directorate's major population health programmes, their governance and the proposed programme of evidence-informed service reviews, with stakeholder engagement and external peer challenge. This paper reports back a year later on what happened as a result.

The principal finding is that the reviews have delivered improvement rather than assurance alone. Across the first review cohort, they sharpened purpose, strengthened governance and system leadership, improved alignment with partners, increased attention to equity and generated concrete changes in programme delivery.

The five Health Improvement reviews synthesised for this report cover tobacco, vapes and nicotine addiction; physical activity; mental wellbeing; children's nutrition and healthy weight; and educational settings. Healthy Working Wales, reviewed and redesigned earlier, is included as a worked example because its first annual report now shows how a review can lead to a changed model, growing reach and an increasingly mature impact story.

No review recommended stopping a major programme. The consistent message was that value would be increased by stronger collaboration, clearer articulation of Public Health Wales' distinctive contribution, better evaluation and data, stronger stakeholder and lived-experience engagement, and more explicit attention to inequalities.

This report does not attempt a deep dive across every one of the Directorate's 15-plus major programmes. It focuses instead on the quality method, the first reviewed programmes, the changes made and the next stage. This provides more meaningful assurance because it tests whether our quality system identifies improvement opportunities and whether those opportunities are acted on.

The next phase joins programme review to the Directorate's contribution-based impact and value framework. Each programme will describe the pathway from activity and outputs, through system influence and intermediate outcomes, to population outcomes, supported by a tailored basket of indicators and methods such as RE-AIM and contribution analysis. We also ask the Committee to agree to receive a further report on Tackling Diabetes Together Learning (see below)

Table 1. Overall assurance from the programme review process

Overall assurance
The review process is functioning as a practical mechanism for the Duty of Quality: evidence and stakeholder insight are converted into decisions, programme redesign and a clearer account of contribution and value. Assurance is strongest where review recommendations have been translated into specific governance, delivery and measurement changes. The next assurance requirement is systematic tracking of implementation and outcomes.

1. Purpose / situation

The 2025 paper described a broad portfolio of long-term programmes and set out an approach that combined programme governance, performance oversight, stakeholder engagement, peer challenge and sector-led improvement principles. Reviews were designed to ask whether programmes remained aligned to population need and evidence, whether they met the Duty of Quality and the 4Es of economy, efficiency, effectiveness and equity, and whether existing resources could deliver greater population impact.

A year on, the question for QSIC is therefore not simply whether the programmes remain active. It is whether the Directorate's quality approach has generated learning, changed delivery and strengthened the ability to demonstrate impact and public value.

This paper provides the Committee assurance in relation to the design and operation of the review process, the consistency of improvement themes identified, and the evidence that review findings are beginning to translate into programme redesign, stronger governance and clearer impact planning. The review process is also helping ensure that programme redesign and impact planning are aligned with the priorities set out in the Ministerial Remit Letter and Programme for Government, supporting clearer demonstration of Public Health Wales' contribution to outcomes for Wales.

These programmes are aligned to Welsh Government priorities as set out in the Public Health Wales Remit Letter and Annexes, support the delivery of PHW strategic priorities, and are articulated through programme roadmaps, IMTP commitments and annual delivery plans.

Why this is not a deep dive across every major programme

The Directorate manages a large and interconnected portfolio. A programme-by-programme catalogue would be broad but shallow, would repeat routine

performance and governance reporting, and would make it difficult for the Committee to judge whether the quality system is actually working. Many programmes also operate through long causal pathways and partnerships, so a single snapshot of activity would risk confusing delivery volume with impact.

The review work described in this report focuses on specific programmes and how effectively they are designed and operating to deliver their intended population outcomes. It forms part of a wider suite of quality improvement and assurance measures at Divisional and Directorate level, including routine monitoring of programmes of work and programmes of change, progress against plans and deliverables, performance, finance, risks, workforce, delivery dependencies and IMTP commitments. Together, these arrangements support continuous improvement, early identification of emerging issues and appropriate corrective action or escalation.

The proposed focus is deliberately narrower and more useful. It examines the common review method, the first five Health Improvement reviews, the earlier Healthy Working Wales redesign as a worked example, the changes resulting from challenge, and the emerging approach to impact and value. This gives QSIC a traceable assurance chain: review question, evidence and challenge, decision, improvement action, early evidence of change, and next measurement requirement.

- Depth over simply listing: the Committee can examine whether recommendations led to discernible change.
- Triangulation: evidence, stakeholder experience and peer challenge are considered together.
- Transferable learning: common themes can be applied across the remaining portfolio.
- Proportionality: scrutiny is focused where it adds value rather than duplicating existing programme boards, IMTP reporting and executive oversight.
- Maturity: the paper distinguishes activity, system influence, intermediate outcomes and long-term population outcomes, avoiding premature claims of attribution.

2. Review approach and common findings

The review method was intentionally light-touch but disciplined: programme self-assessment, evidence review, stakeholder input and external or peer challenge, followed by conclusions and improvement actions. Across the five Health Improvement reviews, the strategic direction of the programmes was strongly supported. The recurring improvement themes were systems leadership, integration, evaluation, equity, stakeholder engagement, and clearer governance and capacity.

Table 2. Review approach and common findings

Review question	What the reviews found
Strategic relevance	Strong endorsement of the programmes' overall direction and contribution to prevention and Public Health Wales priorities.
Need for fundamental cessation	No review recommended stopping a major programme.
Main opportunity	Improve how programmes work collectively with partners and articulate their distinctive contribution.
Impact evidence	Stronger evaluation, data and outcome measurement are needed, especially for system influence and inequalities.
Quality culture	Peer challenge and stakeholder engagement generated actionable changes rather than a compliance-only assessment.

3. What the reviews have achieved

Table 3. Programme review findings and improvements delivered or in train

Programme	Review finding	Change and improvement delivered / now in train
Tobacco, vapes and nicotine addiction	A credible, evidence-based programme, with opportunities to clarify its distinctive role, strengthen national coordination, inequalities work, data and public involvement.	A stronger Help Me Quit system model; 39 improvement actions; a National Leadership Group; work to improve national data flows; clearer integration of tobacco, vapes and nicotine addiction; updated approaches to digital support, behavioural science and lived-experience involvement.
Physical activity	Strong technical contribution through Daily Active, active travel and policy influence, but the	Refocus towards settings and implementation; Daily Active test-and-learn activity; five stakeholder discovery workshops for the eight-domain resource; Active Mile

Programme	Review finding	Change and improvement delivered / now in train
	review called for a broader whole-systems approach and stronger national convening.	resources; revised CMO messaging; and joint work with Sport Wales on ministerial proposals and uptake.
Mental wellbeing	Hapus was positively assessed, while reach, local-system engagement, work with children and young people, wider determinants and impact measurement needed strengthening.	Hapus refocused as a practical population mental wellbeing offer, with increased uptake and stronger arts and culture partnerships; wider public mental health discussion; a joint statement on children and young people's mental health and a more detailed national needs assessment undertaken to inform priorities for action (by PHW and wider system).
Children's Nutrition and Healthy Weight	Strong evidence and early-years prevention focus, with a need for clearer alignment, governance and engagement across the healthy-weight portfolio.	Strengthened governance and programme alignment across the healthy weight portfolio; work underway to reduce duplication between programmes, strengthen engagement with senior public health and education leaders, and increase involvement of children and young people. In addition, the Children's Nutrition and Healthy Weight programme, as named at the time of the review, has since been merged with the First 1000 Days programme to provide a more holistic approach to supporting health and wellbeing in the early years and childhood, and a more streamlined approach to stakeholder engagement for this life stage.
Healthy Weight and Systems and Pathways	Positively assessed with significant work, reach and engagement across the system, with work needed to strengthen	Strengthened governance and positioning to improve cross working with other programmes for major delivery of system change. Co-development approach has led to successful £8m OPIP award for a

Programme	Review finding	Change and improvement delivered / now in train
	alignment and communication with programmes focussed on more specific populations and audiences.	bilingual digital obesity pathway with all health boards and DHCW. Strengthened connection with other workstreams e.g Early years and physical activity programmes (included within governance and work).
Educational settings	Strong support for the schools and whole-school emotional wellbeing offers, alongside variation in preschool access, overlapping programmes and a need for stronger evaluation and sustainable models.	Very high reach maintained: 99% engagement with the Welsh Network of Health and Well-being Promoting Schools and action plans in all secondary schools for the Whole School Approach; a funded 2026-27 proposal for future ways of working; harmonisation and monitoring priorities; major redesign signalled for the preschool scheme. An in depth review of Just B and Healthy and Sustainable Pre-School Scheme are underway and findings will inform potential changes for 2027/28
Healthy Working Wales: worked example	An earlier market and programme review concluded that a website-only model was insufficient and that employers needed practical engagement and delivery support.	Relaunch with a new website and service model, employer survey, tailored action reports, adviser support, webinars and peer mentoring. The first annual report provides a baseline for reach, engagement, intention to act and future downstream outcome measurement.

Programme Outcomes and Evidence of Achievement

The table below summarises the principal outcomes sought across the programmes which have been reviewed in the Health and Wellbeing Directorate portfolio and the evidence of progress and achievement during 2025/26. It is included in the body of this report to support QSIC scrutiny of the extent to which the Directorate is demonstrating measurable impact, system contribution and progress towards prevention and population health outcomes. The examples are not intended to provide a complete account of all activity, but to show where programme delivery is translating into population reach, behaviour change, strengthened national infrastructure, reduced variation, and improved conditions for health and wellbeing across Wales.

Table 4. Programme outcomes sought and evidence of progress and achievement

Programme	Outcomes Sought	Evidence of Progress and Achievement
Tobacco, Vapes and Nicotine Addiction	Reduced smoking prevalence and smoking-related harm; reduced uptake of smoking and vaping among children and young people; increased successful quitting; reduced inequalities in tobacco-related harm; stronger implementation of tobacco and vaping legislation across Wales.	Strengthened the national tobacco and nicotine addiction system through enhanced Help Me Quit support, digital innovation and targeted campaigns. In 2025/26, the Help Me Quit website recorded 54,126 visits and 10,863 service referrals; 1,347 tobacco Quit Plans and 5,361 vaping Quit Plans were completed. The campaign for 16 to 24-year-olds generated more than 3.9 million impressions and 6,183 click-throughs in its first two weeks. System improvements include the Help Me Quit app, HealthManager expansion towards almost 600 community pharmacies, and a proactive re-engagement pilot expected to contact approximately 2,400 former service users over 10 months. This demonstrates measurable movement from population-level digital engagement into structured cessation support, with completed quit plans providing evidence of behavioural change rather than awareness alone. The expansion into community pharmacy and proactive re-engagement strengthens access for people who may not otherwise sustain contact with cessation services, supporting both reach and equity.
Physical Activity	Increased physical activity across the population; healthier school and community environments; reduced inequalities in	Daily Active has been developed as a national whole-school approach to physical activity in partnership with Sport Wales and Welsh Government. Five stakeholder discovery workshops informed the eight-domain digital resource. Promotional resources and an implementation guide were developed for the Active Mile initiative,

	participation; stronger system capacity to support active lives.	and PHW contributed to revised UK Chief Medical Officers' messaging that emphasises benefits from even small increases in activity. This has created the national infrastructure for a consistent whole-school physical activity offer, moving beyond individual initiatives towards a system-wide model that schools and partners can adopt. The revised CMO messaging also strengthens prevention by giving professionals and the public a clearer, more inclusive message that even small increases in activity have health benefit
Mental and Social Wellbeing	Improved population mental wellbeing; increased adoption of wellbeing-promoting behaviours; stronger community and system capacity to support wellbeing.	Public Health Wales and the Arts Council of Wales signed a national Memorandum of Understanding to strengthen collaboration on arts, health and wellbeing. Nine new wellbeing tools were launched through the Hapus and Arts Council of Wales partnership, alongside an expanded strategic partnership supporting shared wellbeing messaging, policy influence and future funding opportunities. This has translated the strategic relationship between arts, culture and wellbeing into practical tools that individuals, communities and partner organisations can use. The MoU provides a platform for sustained national collaboration, strengthening the use of arts-based approaches as part of Wales' wider population wellbeing infrastructure.
Children and Early Years	Improved health and wellbeing from pregnancy through childhood; improved infant feeding and healthy eating; reduced inequalities in early childhood outcomes; stronger support for children and families.	Continued delivery of national early years priorities, including infant feeding, healthy eating and child development. Children's Nutrition and Healthy Weight work has been brought together with the First 1000 Days programme to provide a more integrated life-course approach, while work with Welsh parents is strengthening understanding of the social, environmental and behavioural factors influencing childhood obesity and healthy development. This integration is improving coherence across early years prevention work by connecting nutrition, healthy weight and child development around the needs of families rather than programme boundaries. Parent insight is being used to ground future action in lived experience, strengthening the likelihood that interventions will be acceptable, practical and responsive to the conditions shaping early childhood healt
Healthy Weight: Systems and Pathways	Healthier food and physical environments; increased system capacity for obesity prevention; improved access to weight management	Secured £7,988,072 through the Obesity Pathway Innovation Programme to develop MyPath Cymru with DHCW and all seven Health Boards. The programme is creating a bilingual, Once-for-Wales digital and community pathway with a national outcomes dataset. Healthy Weight Healthy You has exceeded 300,000 users, with more than

	support; reduced inequalities in healthy weight outcomes.	130,000 healthy weight assessments completed. The Whole Systems Approach to obesity is established across all health boards in Wales with successful impacts on food advertising, and planning for out of home food and workstreams for healthier food in communities. Development of next steps following evaluation of the successfully delivered PIPYN pilots programme. This represents a major shift from fragmented local provision towards a national, bilingual and outcomes-focused pathway, reducing variation and enabling consistent access across Wales. The scale of use of Healthy Weight Healthy You shows significant public reach, while the national outcomes dataset will allow Wales to track impact, variation and improvement in weight management support more systematically
Educational Settings	Improved health and wellbeing in educational settings; healthier learning environments; improved emotional wellbeing, healthy behaviours and physical activity; reduced inequalities in outcomes for children and young people.	The Welsh Network of Health and Well-being Promoting Schools achieved 99% engagement across Wales. The Whole School Approach to Emotional and Mental Wellbeing reported action plans in 98% of schools. A national review of the Healthy and Sustainable Pre-school Scheme included a roundtable with more than 50 early years stakeholders to inform a more integrated, sustainable and outcomes-focused future model. This demonstrates near-universal reach into the education system, creating a national prevention platform for improving children and young people's health and wellbeing. The level of school action planning indicates that wellbeing is being embedded into institutional practice, not treated as a standalone initiative.
Healthy Working Wales	Healthier and safer workplaces; improved employer capability to support workforce wellbeing; prevention of work-related ill health; improved workforce wellbeing and retention.	The redesigned national offer recorded 4,046 website visitors and 7,206 sessions, with 2,228 newsletter subscribers, 101 registered accounts, 66 completed employer surveys and 13 adviser-support requests. Ninety-one per cent of survey users indicated an intention to act on the advice, while 95% of webinar feedback respondents rated sessions four or five stars. Delivery included 41 topic pages, four webinars and 29 engagement events. This provides evidence that the redesigned offer is influencing employer intention and capability, with the majority of surveyed users indicating they intend to act on the advice received. The combination of digital content, adviser support, webinars and engagement events creates a scalable national prevention offer for improving workforce wellbeing and reducing work-related ill health.

Example 1: Healthy Working Wales: from review to impact pathway

Healthy Working Wales demonstrates the sequence the Directorate now wants every programme to follow. Review evidence led to redesign; redesign produced a new offer; the annual report now records reach, demand, user response and the next evaluation questions. The new website launched in March 2025 and the employer-facing survey, adviser and associated services launched in November 2025.

Table 5. Healthy Working Wales impact pathway and next assurance questions

Level	Evidence from 2025-26	Next assurance question
Activities and outputs	41 A-Z topic pages; employer survey tool; workplace adviser support; peer mentoring framework; four webinars; 29 engagement events.	Are the offers being implemented consistently, efficiently and equitably?
Reach and uptake	4,046 website visitors; 7,206 sessions; 2,228 newsletter subscribers; 101 registered accounts; 66 completed employer surveys; 13 adviser-support requests.	Which employers are and are not being reached, and what changes improve adoption?
User response	91% of survey users indicated an intention to act on advice; 95% of webinar feedback respondents rated sessions four or five stars.	Does intention translate into changed organisational practice?
System / organisational influence	Employers are seeking tailored advice, webinars and peer support; intelligence identifies mental wellbeing and sickness absence as priority needs.	How many employers adopt policies or practices, and how durable are those changes?
Intermediate and longer-term outcomes	The first year establishes a baseline but does not yet provide extensive downstream outcome evidence.	What changes are seen in employee wellbeing, sickness absence, retention, productivity and inequalities, and what contribution can credibly be claimed?

Table 6. Key learning from Healthy Working Wales

Key learning
The annual report is strong because it shows the beginning of a pathway to impact and is explicit about where evidence is still developing. It does not over-claim. The next phase is to follow participating employers over time and connect adoption and implementation to organisational and employee outcomes.

Example 2: Tackling Diabetes Together: Learning and System Development

While this paper focuses principally on the outcomes of the Directorate's programme review process, Tackling Diabetes Together (TDT) merits specific mention because it demonstrates many of the same themes emerging from our service review work and has become one of the organisation's most significant test beds for system leadership, prevention and impact measurement.

TDT was established not as a direct service delivery programme but as a vehicle for bringing together partners across Wales to address one of the most pressing population health challenges facing the nation. As the programme has matured, its greatest impact has been in creating a shared national focus on prevention, convening organisations that would not otherwise routinely work together, and helping shift discussion from diabetes as a clinical issue to diabetes as a wider population health and system challenge. The programme has helped strengthen collaboration between health boards, primary care, Public Health Wales, Welsh Government, third sector partners and people with lived experience, whilst also contributing to a stronger national conversation about prevention, inequalities and long-term sustainability

Importantly, the programme has generated learning that extends well beyond diabetes. Work undertaken with The King's Fund concluded that many of the barriers encountered by TDT are in fact manifestations of wider system challenges affecting prevention across Wales. These include fragmented accountability, difficulties shifting resources towards prevention, challenges aligning national leadership with local implementation, and the need to address the social and economic determinants of ill-health rather than focusing solely on healthcare interventions. The report argues that diabetes has acted as a lens through which wider structural issues in prevention have become visible.
For Public Health Wales, one of the most significant lessons has been the importance of demonstrating contribution rather than claiming direct attribution. The programme has reinforced that large-scale population health improvements occur through many organisations acting together over long periods. Public Health Wales' distinctive contribution lies in leadership, convening, evidence, partnership

development, programme stewardship and system influence. These insights have directly informed the Directorate's wider work on impact, value and contribution measurement and the emerging framework now being applied across all major programmes.

The programme is also now entering an important transition point. Change Board has recognised Tackling Diabetes Together as one of the organisation's major strategic programmes and has identified that decisions are required regarding its future direction beyond the current programme period. The programme is due to conclude in March 2027 and a detailed report on future direction has already been presented to Change Board.

Given its scale, complexity, national significance and the breadth of learning generated, a brief summary within this paper cannot do justice to either the programme's achievements or the challenges it has exposed. Accordingly, a separate future deep dive report to QSIC is recommended. Such a report would allow the Committee to consider in detail:

the programme's impact and contribution to system change;
learning emerging from the King's Fund review and wider stakeholder engagement;

- implications for prevention policy and practice across Wales;
- the programme's future direction and sustainability; and
- the broader lessons for how Public Health Wales demonstrates impact and value in complex system-change programmes.

In this respect, Tackling Diabetes Together should be viewed not simply as a diabetes programme, but as a significant source of organisational learning about prevention, system leadership and public value that has implications across the whole Health and Wellbeing portfolio.

4. Demonstrating impact and value

The reviews repeatedly identified evaluation and impact measurement as cross-cutting priorities. The Directorate has therefore developed an interim contribution-based framework, aligned to the emerging corporate measurement framework, to move reporting from activity alone to a credible account of how programmes contribute to system and population change.

The approach recognises that Public Health Wales rarely causes population outcomes alone. Its distinctive value often lies in evidence, convening, policy influence, service and pathway design, workforce capability, partnership alignment and creating the conditions for delivery at scale. The central methodological shift is therefore from unsupported attribution to evidenced contribution.

Table 7. Contribution-based impact and value framework

Impact layer	Core question	Illustrative evidence
1. Inputs and activities	What did we do and at what scale?	Evidence, advice, delivery, campaigns, system leadership and investment.
2. Outputs	What did we produce?	Services, guidance, tools, resources, training and policy products.
3. System influence	What changed beyond PHW?	Policy or legislative change, service redesign, adoption, partner alignment and capability.
4. Intermediate outcomes	What changed for people or organisations?	Access, behaviour, wellbeing, early detection, practice or organisational outcomes.
5. Population outcomes	What long-term improvement did the work contribute to?	Healthy life expectancy, reduced inequalities, prevalence, avoidable harm and wellbeing trends.

Programme leads are now using this framework to describe the pathway from activity to impact for each major programme, supported by a small, proportionate basket of indicators covering baseline, scale, reach, equity, uptake, adoption, implementation quality, partner or user response, and evidence of change. This enables different forms of Directorate contribution — delivery, coordination, grants, standards, policy influence, system design and implementation support — to be reported within a common logic without forcing all programmes into a single metric. An initial cut has been done for programmes and work to develop this further will continue until December 2026.

The assurance value is that future reporting will distinguish clearly between activity delivered, outputs produced, system influence, emerging outcomes and longer-term population outcomes. Each programme should be able to say what changed from the baseline, what evidence supports that claim, what remains uncertain, and what improvement action follows.

5. Alignment with National Priorities

Across programmes, review findings indicate increasing alignment between programme plans, expected outcomes and national priorities set out in the Ministerial Remit Letter, Programme for Government and PHW IMTP. Improvement actions are strengthening the connection between programme activity, prevention outcomes, healthy life expectancy, inequality reduction and wider system priorities for Wales. Review teams have also identified further opportunities to strengthen explicit articulation of these links within programme plans, outcome frameworks and impact reporting.

The programme reviews identified a consistent set of future improvement opportunities. These have been mapped against the 2026/27 Ministerial Remit Letter and PHW IMTP 2026–2029 to demonstrate how programme improvement activity is contributing to organisational priorities and national outcomes. The table below summarises the principal opportunities and their strategic alignment. It should be read as an assurance map rather than a full delivery plan: the alignment column identifies the clearest links in the available remit and IMTP material and does not imply that every improvement action is itself a separately named milestone. This is shown in the table below.

The table shows that the review programme is not generating isolated improvement actions. The actions now in train are increasingly linked to the national remit, the IMTP and the Directorate's contribution to prevention, healthy behaviours, mental and social wellbeing, early years, educational settings, healthy weight and wider determinants. This gives QSIC assurance that the review process is helping to align quality improvement, strategic planning and impact reporting, rather than operating as a separate assurance exercise.

Table 8. Alignment of programme improvement priorities with the Public Health Wales 2026/27 remit and IMTP 2026–2029

Programme	Future focus and opportunities for improvement	Alignment with 2026/27 remit	Alignment with IMTP 2026–2029
Tobacco, Vapes and Nicotine Addiction	Increase cessation reach and successful quitting among priority populations; implement the 39 Help Me Quit improvement actions; improve national data flows and outcome reporting; embed the app, online Quit Plans and pharmacy system integration; strengthen prevention for children and young people; and maximise the public health benefits of the Tobacco and Vapes Act. Maintain explicit focus on inequalities, smoking in pregnancy and lived-experience involvement.	The remit requires support for the Tobacco Control Delivery Plan, evaluation and data development, increased referrals to and impact of Help Me Quit, implementation of the Tobacco and Vapes Act, and action on vaping among children, young people and young adults.	Aligns with Strategic Objective 3: promoting healthy behaviours. Relevant IMTP commitments include FE/HE prevention support for 16 to 24-year-olds, evaluation and improvement of Help Me Quit support for vulnerable groups and smoking in pregnancy, smokefree homes work, and strengthening understanding, measurement and evaluation of healthy-behaviour action.
Physical Activity	Broaden from strong school and active-travel work to a whole-systems approach spanning active environments, active societies, active people and active systems. Clarify the national convening and systems-leadership role; strengthen links with planning, transport, education, regional partnerships, local public health and healthy-weight work; improve surveillance and evaluation; sustain Daily Active; and address the unmet need among inactive adults.	The remit places physical activity within promotion of healthy behaviours and requires support for the National Active School Travel Plan, including participation targets for primary schools and KS2 children and action on cleaner air around schools.	Aligns with Strategic Objective 3. IMTP commitments include launching the Daily Active eight-domain resource, working with others on a whole-school approach, influencing policy to increase activity, and developing and testing evidence-based whole-school approaches. The focus on better data supports the IMTP aim to understand need, measure impact and evaluate action.
Mental and Social Wellbeing	Increase Hapus reach and visibility; strengthen engagement with local systems and communities; develop work with children and young people; incorporate wider determinants more consistently; clarify the respective contribution of Hapus and wider public mental health activity; and strengthen measures of reach, adoption, inequalities and population impact.	The remit requires support for the Mental Health and Wellbeing Strategy and Delivery Plan, ongoing support and evaluation of Hapus, monitoring and evaluation of population mental wellbeing, and development of evidence on reducing incidence of mental ill health.	Aligns with Strategic Objective 2: promoting mental and social wellbeing. IMTP commitments include creating supportive physical and social environments, embedding the Whole School Approach within health-promoting schools, and enabling the system to understand need, measure impact and evaluate population mental wellbeing action.
Children and Early Years	Complete integration of Children's Nutrition and Healthy Weight with First 1000 Days; clarify governance, outcomes and the division of roles across early-years and healthy-weight work; strengthen parent, child and family involvement; use the early-years landscape and assessment reviews to prioritise activity; improve infant-feeding and early-childhood data; and focus resources on populations experiencing deprivation and poorer outcomes.	The remit requires delivery of First 1000 Days, a successor to Bump, Baby and Beyond, support for Flying Start, Families First and ECPLC, review of Healthy Start and early childhood assessment tools, a digital offer for parents, infant-feeding action and behavioural-science work on early childhood obesity risk.	Aligns mainly with Strategic Objective 3 and the wider prevention and early-intervention priority. IMTP activity includes recommendations for supporting health and wellbeing in early-years settings, parent health-information evaluation, understanding food provision in early-years settings, and behavioural-science work with Welsh parents on childhood obesity risk factors.

Programme	Future focus and opportunities for improvement	Alignment with 2026/27 remit	Alignment with IMTP 2026–2029
Healthy Weight: Systems and Pathways	Maintain a balanced portfolio across whole-systems obesity prevention, PIPYN, food environments and pathway transformation. Mobilise MyPath Cymru safely and equitably; integrate digital, community, behavioural and medication-supported pathways; establish a national minimum dataset and benefits framework; evaluate PIPYN and determine scalable approaches; strengthen cross-programme links with early years and physical activity; and secure a sustainable commissioning route beyond the grant period.	The remit requires delivery of Healthy Weight: Healthy Wales 2025-27, improved infant-feeding outcomes in areas of low prevalence and high deprivation, behavioural-science work with parents, development of a new weight-management pathway and testing of Baby Friendly Retail Environments.	Aligns with Strategic Objective 3 and the priority for a sustainable health and care system focused on prevention and early intervention. IMTP commitments include healthier neighbourhood food environments, evaluation of PIPYN pilots, learning from the All Wales Weight Management Pathway and stronger measurement of healthy-behaviour interventions. MyPath Cymru provides the delivery vehicle for the new pathway.
Educational Settings	Implement and evaluate the new Health and Well-being Promoting Schools standards; harmonise the whole-school emotional wellbeing and wider health-promoting schools approaches; strengthen outcome and equity measurement; complete the JustB and Healthy and Sustainable Pre-school Scheme reviews; address variation in preschool access and funding; and agree sustainable national and local delivery models.	The remit includes active school travel, cleaner air around schools, targeted oral-health promotion across schools and early-years settings, and the Cwtch Education Project. The remit does not explicitly name the Welsh Network of Health and Well-being Promoting Schools, so the programme should maintain a clear line of sight to the wider prevention, mental wellbeing and early-years expectations.	Aligns with Strategic Objectives 2 and 3. IMTP commitments include embedding the Whole School Approach within WNHWPS, maintaining emotional and mental wellbeing within the standards, supporting Healthy Eating in Schools implementation, launching Daily Active resources and evaluating WNHWPS.
Healthy Working Wales	Increase reach beyond early adopters, particularly among small and medium-sized employers and groups at greater risk of poor work and health outcomes; convert intention to act into sustained changes in workplace policy and practice; introduce longitudinal follow-up; strengthen equity, adoption and maintenance measures; and connect employer action to employee wellbeing, sickness absence, retention and productivity outcomes.	The remit explicitly requires delivery of Healthy Working Wales through practical guidance and support for employers to create healthy and safe environments and practices and normalise healthy behaviours.	Aligns with PHW priorities on the wider determinants of health, mental and social wellbeing and healthy behaviours. The IMTP links the programme to employer-focused prevention and support, including work on healthier workplaces and support for young people in employment. Future reporting should demonstrate organisational adoption and downstream workforce outcomes.

Interpretive note: The alignment column identifies the clearest links in the available remit and IMTP material. It does not imply that every improvement action is itself a separately named remit or IMTP milestone.

Evidence base: PHW Remit Letter and Annexes 2026/27; PHW IMTP 2026–2029 and Addendum; programme reviews; programme summaries; QSIC deep-dive paper; and relevant Board reporting.

6. Assurance, Risks and Limitations

Table 9. Assurance, risks, limitations and management response

Assurance available	Residual risk / limitation	Management response
Completed reviews used evidence, stakeholder insight and peer challenge.	Implementation may vary and recommendations may not be tracked consistently.	Create a common action tracker reporting to the Health and Wellbeing Directorate Leadership Team with named owners, milestones and evidence of closure.
Programme-specific changes are visible across the reviewed cohort.	Early outputs and system changes do not yet demonstrate population outcomes.	Use the contribution framework and explicitly report maturity of evidence at each layer.
Reviews support strategic direction and did not identify a case to stop major programmes.	There remains a risk of duplication or unclear roles within overlapping programmes.	Act on governance and alignment recommendations, particularly within healthy weight, education and partner-facing work.
Healthy Working Wales provides a transparent first-year baseline.	Downstream employer and employee outcomes are not yet mature.	Introduce longitudinal follow-up and adoption, implementation and maintenance measures.
Common themes provide transferable learning.	A single review wave can become episodic rather than continuous.	Move to a rolling, proportionate review cycle embedded in IMTP and routine quality management.

7. Where we go to next

The available papers explicitly identify the following next priorities. These should be treated as the confirmed forward review set rather than an exhaustive list of every programme that may subsequently enter the rolling cycle.

- Complete impact and value pathways and indicator baskets for major programmes, aligned with the corporate measurement framework and reported through existing governance. An initial cut of impact and value pathways has been produced and is now in iteration, which we expect to complete by December.
- Track the implementation and outcome of review recommendations, not simply review completion.
- Use cross-programme learning to strengthen systems leadership, equity, lived-experience involvement, data and evaluation.
- Embed review and peer challenge as part of routine quality management, with bespoke deep dives reserved for higher-risk, changing or strategically significant areas.
- Bring a concise annual portfolio assurance view to QSIC, supported by detailed programme evidence where material issues or major changes warrant scrutiny.

Table 10. Forward review priorities and proposed focus

Priority	Status / rationale	Proposed focus
National Exercise Referral Scheme (NERS)	A further tranche of reviews, including NERS, is underway. Demand and capacity pressures and attrition between referral and first consultation make this a material quality and effectiveness question.	Pathway attrition, equity of access, local-authority capacity, outcomes, equipment and digital/data support, and the sustainable national/local operating model.
Healthy and Sustainable Pre-school Scheme	The educational settings review recommended major review and redesign because access varies and funding and strategic engagement need consideration. Review outcomes and the plan are currently in discussion.	Equity of access, allocation model, relationship to early years and healthy weight priorities, outcomes and future delivery model.

Priority	Status / rationale	Proposed focus
Just B smoking prevention intervention	The educational settings review records that this element is under review with tobacco colleagues, particularly in the light of new legislation and vaping.	Evidence of effect, reach, equity, relationship to wider tobacco and vaping prevention, and future delivery model.
Educational settings portfolio implementation review	The wider portfolio review is complete, but implementation work remains around harmonisation, evaluation, monitoring and sustainable funding.	Progress against review actions, integration of school standards and whole-school emotional wellbeing, and evidence of outcomes.
Rolling review of remaining programmes	The 2025 commitment was to review the portfolio proportionately; the SLI update supports a rolling approach rather than episodic assurance.	Prioritise by strategic risk, scale of change, uncertainty of impact, resource, stakeholder concern and opportunity for cross-system improvement.
Review of new programmes of work being established	Funding has been secured within the division to establish new programmes of work for Gabling harm prevention and for Weight Management Pathways These programmes are being established, This provides an opportunity to document and review the process for successful large scale programmes of work.	Reviews will be used to strengthen processes for setting up new programmes of work and will be focussed on looking at how work is then moved into BAU.

8. Questions for committee discussion

- Does the evidence provide assurance that the Directorate's review method is leading to improvement rather than assurance activity alone?
- Is the Committee content with the rationale for focusing this deep dive on the quality method and reviewed cohort rather than presenting a shallow overview of all major programmes?

- Does the contribution-based framework provide an appropriate basis for future assurance on impact and value, including transparent treatment of evidence gaps?
- Are the proposed next review priorities proportionate to current risks and opportunities?
- What further evidence would QSIC wish to see in the next annual update, particularly on implementation, equity and downstream outcomes?

9. Recommendation

The Committee is asked to:

(1) receive **assurance** that the 2025 commitment to review and improve major health improvement programmes has translated into material programme and system change;
(2) **note** the emerging contribution-based approach to demonstrating impact and value; and
(3) **endorse** the proposed rolling, proportionate review programme and next priorities.
(4) **Agree** to have a further report on Tackling Diabetes Together learning

Appendix 2: Service Review Guidance

Are we doing what our population needs us do, so they can be healthier?
A rationale and guidance for Health and Wellbeing Directorate Programme Reviews

June 2025, version 2
A more detailed discussion paper on sector led improvement approaches is available from Jim.mcmanus@wales.nhs.uk

1. Background and Rationale: our 4Es Duty and Duty of Quality

1.1 The health of the population of Wales remains challenging and in some cases is worsening. Our citizens have a right to enjoy the best health and quality of lives they can and our ambition as the national Public Health organisation for Wales is to ensure that our Healthy Life Expectancy improves. This is the key outcome for our long term strategy. These ambitions are reflected in our route-maps.
1.2 The recent economic and social challenges facing Wales and globally have meant that the health of our population faces even more challenges. Public Health Wales has advocated for a strategic shift to prevention and in the last year we have worked with key stakeholders to:

- Highlight in a Senedd report the need to move to prevention
- Reviewed the role of the NHS in a healthier population and reshaped programmes in our primary care division or created new ones (primary care 2035) to embed prevention in the NHS
- Worked with the Future Generations Commissioner to embed prevention in his 2025 policy report
- Worked with Welsh Government to support prevention becoming one of the Cabinet Secretary's highest priorities.

1.2 At the same time, there is far more demand for public health delivery and service than there is capacity. The likelihood of significant additional funding in the current climate is slim. Given this, we need to focus on how we use our existing resource in our Directorate to achieve the greatest impact. It is not proposed that we reduce resource (either people or monies) in our Directorate, the aim is to help us focus that resource to greatest population impact.

1.3 With such an increasing – and necessary – focus on a shift to prevention, it is right that we discern

1. whether our existing programmes are focused and designed correctly to deliver the best impact on population health if we are to achieve the 2035 and prevention ambitions.
2. Whether our programmes are doing their best to deliver our value for money duty for Welsh citizens – ***the 4E's duty*** – Economy, Efficiency, Effectiveness and Equity

3. Whether there is more we can do to increase impact on the health of our populations.
4. Whether
5. Whether we are meeting our statutory ***duty of quality*** for our services. Our statutory duty of quality Duty of Quality - Public Health Wales requires that we consider whether our services meet the definition of quality contained in the Act and guidance. This review process is intended to help us embody that duty in what we do.

1.4 Our aim should be to embed our duty of quality into how we do the work daily, so that we take a continuous improvement and continuous challenge approach to what we do, rather than repeat reviews like this. The findings of the review should help us embed this into our practice.

1.5 We have recently had several colleagues within the Directorate review activities. Our social marketing team has conducted a deep dive into several of its activities to consider impact and value for money. From that has arisen valuable lessons about how the use of stocktakes and reviews can help us keep our focus on population outcomes in what we do.

2. What does good look like for our programmes?

2.1 We need to ask, in the current epidemiological and policy context, what a good, high performing and well targeted public health programme would look like and how we would know whether or not it is delivering. That is the question your review should answer:

- ***What does good look like for our public health programmes if we are to improve healthy life expectancy and reduce health inequalities?***
- ***Are our programmes there?***
- ***If yes, what more can we do?***
- ***If not, what do we need to do?***

2.2 With the increasing focus on prevention from Welsh Government the National Director of Health and Wellbeing is requesting that we continue the programme of systematically reviewing all our work programmes against delivery of work programmes within the Directorate.

2.3 Primary Care as stated above has considered its role in this as a result of which the work portfolio and IMTP has shifted. So for the time being the review work in Primary Care is done and Primary Care is focused on continuous improvement and continuous review after reviewing. This means that work should focus on Health Improvement and Wider Determinants leads considering the questions above.

2.4 Any review should seek to be parsimonious with resource and process intensity and focus on getting the level of effort "just what's needed" rather than too heavy.

The key is peer and stakeholder challenge**.** Answering the questions above and the questions set out below in a way that enables you to determine what action should be taken is far more important than process, meetings and paper. This should **not** be a lengthy or onerous process to arrive at a discernment of whether we are doing our best for the people of Wales and – where here are things we could do better - what those are.

2.5 Consultants are requested to lead a light touch, 2 stage review.

1. Consultants are first asked to lead a review of their existing work programmes, considering the questions outlined below. This is a self-assessment. The questions are at Appendix 1 below.

2. Following this self-assessment Consultants should move to a peer-review/peer-challenge stage, which can take a number of forms but should at least involve a discussion with a fellow CPH, to provide constructive challenge and supportive feedback to strengthen the quality and consistency of the review between programmes. More guidance is provided on this below. You should provide your draft conclusions to the peer before meeting so they have time to consider and reflect. You should consider and revise your conclusions in light of the peer feedback.

2.6 Consultants are then asked to feedback to the National Director of Health and Wellbeing with one of the following conclusions in relation to the programmes ability to influence population health outcomes, inequalities and a greater system impact in the shift to prevention:

1. No change required
2. Synergies and benefits from working differently or better with other teams, units and partners
3. Minor change to workstreams required
4. Major change to workstreams required (eg stop doing project X and move resource to another existing or new project instead)
5. Structural or operational change required to enhance the effectiveness of the team (within existing financial resources)

3. The format of the feedback to the Director

3.1 After Peer review/challenge a **brief** report to the National Director (i.e. less than five pages for the main report) summarising the following

1. The process you took (two paragraphs maximum)
2. The findings including the peer review comments
3. The recommendations and intended next steps

And

4. The peer reviewer's comments reproduced in full in an appendix

3.2 We can then be flexible as to how we can discuss this. This can be discussed in detail at either Divisional or Directorate level with the National Director, or a

specific meeting convened with the team, and decisions made about feeding this into the next IMTP. The Peer can be included if they are available and this is felt helpful.

4. The value of Peer Review/ Peer Challenge

4.1 Peer review/challenge is a really important tool in improving quality and discerning how we improve services. It provides the opportunity for a critical friend to look at your service and findings and feed back. At a minimum this peer challenge should be from another consultant in public health, ideally and if possible from outside the directorate.

4.2 The Local Government Association in England has been running these for some time. Their helpful definition is:

> "A peer challenge in programme review is a process where experienced individuals, or "peers," from within or outside an organization provide constructive feedback and challenge on a program's performance and direction. This approach aims to improve the program by identifying strengths, weaknesses, and areas for development through the lens of experienced practitioners. The process is typically collaborative and focused on learning and improvement rather than solely on identifying problems. "

4.3 Consider whether it would be valuable to invite experts or peers both from the system (eg Local DsPH or PH Teams) and if needs be from academia to look at, consider and then offer feedback on the programme and the need going forward. Questions for peer reviewers are provided in an appendix below. Again this should aim to be fit for purpose and not onerous or overdone.

5. Timescale

5.1 The request is to complete this in time to enable the next IMTP cycle to reflect the findings.

6. Future ambitions

6.1 Our ambition should be to embed our duty of quality in such a way that we continue to improve the impact of everything we do in improving and protecting, equitably, the health of the population of Wales, and achieve our 2035 ambitions. Specific reviews should become the exception not the norm, as we embed continuous discernment and challenge into how we work. This set of reviews is intended to be a one-off exercise to help us get there.

Further Reading

Table 11. Further reading for service review guidance

Value for money duty	Achieving Value for Money - NHS Wales Shared Services Partnership
Duty of quality	Duty of Quality - Public Health Wales The Duty of Quality in healthcare | GOV.WALES
Quality reviews in public health	What Good Looks Like | ADPH Although now abrogated this quality in public health work from England is useful background Quality in public health: a shared responsibility - GOV.UK

Appendix 1: Self-assessment questions

1. **Population health impact (effectiveness)**
   a. Is it clear what the programme will contribute to the long term strategy ambitions?
      a. What impact is it having? What impact will it have? Is it clear what the impact will be? Could we get better impact? How?
   b. Is it clear what the programme will contribute to a strategic shift to prevention?
      a. Is it foundational, primary, secondary or tertiary prevention or a mix?
   c. Given the epidemiology of the population, is the programme designed and delivered to provide best population impact?
   d. How does the programme compare with cognate other programmes and activities in other areas?
   e. Is the programme consistent with best available evidence of impact and effectiveness?
   f. To what extent is the programme supporting/enabling the wider system to deliver prevention outcomes?
   g. What levels of performance are being achieved when compared with others?
   h. How could these levels of performance be improved

2. **Equality and Equity**
   a. What do people say about the service?
   b. How equitable is the service in terms of access and outcomes?
   c. Where are the gaps and unmet needs?
   d. How well do we make the programme accessible and equitable?
   e. To what extent is the work able to influence population health and inequalities in access/experience and outcomes

3. **System engagement and leadership**
   a. To what extent is the programme including key system stakeholders such as local Directors of Public Health and their teams, local authorities, third sector agencies and communities etc?
   b. To what extent is stakeholder engagement shaping and informing the programme?
   c. Are there areas where working together could improve efficiency, effectiveness or economy?

4. **Duty of quality**
   a. How is the service embedding the duty of quality in what it does?
   b. Where are the gaps and unmet needs?
5. **Economy and efficiency**

a. Is the programme resource focused on delivering the programme and getting outcomes?
b. Are there any areas of process which could be streamlined to enable greater focus on delivery and outcomes?
c. Are there parts of the programme where people are lost to follow up or the programme? How could this be improved?
d. What are the appropriate levels of service and methods of provision?
e. What objectives and outcomes should be set for the service going forward?
f. To what extent does the current structure enable effective and efficient ways of working?
g. If more resource were available, what would be the highest priority for resource?
h. If only the existing resource is available, what is the highest priority for the programme?

Appendix 2: Tips and Questions for Peer Challengers

1. Being a critical friend

You have been asked to be a critical friend or external peer in reviewing one or more of our programmes. Thank you for doing this.
Being a critical friend in a public health service review involves providing constructive feedback and challenging our assumptions while maintaining a supportive and collaborative relationship.

It's about offering a fresh perspective and helping the service to improve by identifying areas of strength and weakness. A critical friend asks probing questions, offers alternative viewpoints, and helps the service to reflect on its practices and outcomes.

Your key role is to challenge us to ensure our programmes are doing the most they can to deliver:

1. Towards the Public Health Wales Long-Term Strategy ambition of healthier life expectancy for the people of Wales by 2035
2. In a way which meets our duty of quality and embeds the duty of quality domains in all we do in this programme
3. Delivers our Value for Money duty of efficiency, effectiveness, economy and equity.

The consultant in public health leading the review should provide you with this document and their findings of reviewing their programme in enought time for you to reflect. We invite you to ask questions and be proactive in doing so.

2. Key aspects of being a critical friend:

Trust and Openness:

The relationship between the critical friend and the service should be built on trust, enabling open and honest communication.

Constructive Feedback:

The critical friend provides feedback that is both supportive and challenging, helping the service to identify areas for improvement.

Independent Perspective: The critical friend offers an external viewpoint, bringing a fresh perspective and challenging the status quo.

Focus on Improvement: The critical friend's goal is to help the service improve its practices, policies, and outcomes.

Understanding the Context: The critical friend takes the time to understand the specific context of the public health service and its goals.

Challenging Assumptions: The critical friend is not afraid to question assumptions and offer alternative approaches.

Actionable Recommendations: The critical friend provides specific, actionable recommendations for improvement.

3. How to be a critical friend in a public health service review:

Establish a strong relationship: Build rapport and trust with the team or individuals being reviewed.

Understand the service's goals and context: Familiarize yourself with the public health service's mission, objectives, and the challenges it faces.

Actively listen and observe: Pay close attention to the service's presentation of its work and its responses to feedback.

Ask probing questions: Challenge assumptions and explore potential areas for improvement.

Offer constructive feedback: Provide specific, actionable recommendations for improvement, highlighting both strengths and weaknesses.

Be supportive and encouraging: Recognize the challenges faced by the service and offer encouragement for its efforts.

Be mindful of the context: Tailor your feedback to the specific context of the public health service.

Be prepared for pushback: Some feedback may be challenging for the service to hear, and it's important to be prepared to address any resistance or defensiveness.

Focus on learning and improvement: Keep the focus on helping the service to learn and improve its practices.

Document your feedback and recommendations: Provide a brief written record of your feedback and recommendations for future reference.