Item 4.2 – Strategic Risk Register
Strategic Risk 1

<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>
<tr><td>
</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>October Update 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, moving beyond advice and analysis to</td></tr>
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		impact, demonstrable system change and improved health outcomes working in partnership with Directors of Public Health and other partners. 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.

		Following the Accountability meeting with Welsh Government we will be reviewing the risk. This will provide clearer assurance that our controls are translating into delivery, demonstrable system change and improved population health outcomes. This will include strengthening the evidence of impact across our programmes, demonstrating how our system leadership and partnerships are influencing change, clearly identifying risks to delivery and mitigations, and ensuring actions have clear ownership, timescales and governance oversight.

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

[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] **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?**
			• 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 • 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	• Job Planning Process • Registration and revalidation • My Contribution • Training attendance records	• Oversight from OMD • Monitoring of workforce plans by People and OD

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?**
	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	• Developing and maintaining of staff competency framework and staff Training Needs Assessments (TNA)	• 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] 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	• Monthly Communications Report (Publications, Reports and news coverage) • Campaign evaluations • Forward Look (Plan)	• Monitoring through Comms Team via a Programme Board • Monitoring of impact of campaigns run by social marketing team in HWB

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?**
	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	• 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	• 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	• 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.

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?**
	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)		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] **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 Government to influence provision of resources to PHW and health boards aligned to All-Wales strategies.	Route maps are required to inform IMTPs going forward which will be monitored Align resources, programmes and delivery	By developing a longer term and more coordinated approach to development and 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	National Director of Health and Wellbeing Priority leads	31 March 2027 31 March 2027	**October 2026 Update** A rapid refresh of our strategic objectives has been undertaken to ensure they remain relevant, outcome-focused and aligned with the new Welsh Government Programme for Government and emerging national priorities. This has involved reviewing our existing strategic

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
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	Review alignment of resources against agreed route maps	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. Delivery of strategic objectives	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.			priorities and objectives, consolidating areas of overlap, strengthening the focus on prevention, health inequalities and wellbeing, and ensuring that objectives respond to developing priorities including climate and health, One Health, innovation, digital transformation, emergency preparedness and equitable, person-centred public health services. The work is also strengthening the connection between our strategic objectives, IMTP delivery and intended impact, with greater emphasis on what will change as a result of our work and who will benefit. The refreshed

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
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						objectives will therefore provide a clearer framework for prioritising activity and resources and demonstrating the value and population health impact of our work. Further work will be undertaken to refine these as part of the IMTP Planning process for 2027-2030. **August 2026 Update** As part of the Quarter 1 baseline review, 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

Gaps in Assurance / Action Plans for the cause C1 Poor alignment of PHW specialist resources, capabilities and programmes with our long-term strategy						
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						opportunities for optimisation, efficiency and re-prioritisation. This will also support future work to revise and update organisational plans.

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	**October update** Work is ongoing through the DARC Programme, initially with a focus on NERS and Healthy Working Wales. A plan for the remaining areas in Health and Wellbeing Directorate is under development and work is being undertaken in collaboration with

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						RDD Directorate to progress which will be part of the second stage migration plan. **August 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 contribution to Public Health Wales priorities and Welsh Government

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						
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						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.

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	Workforce capability measures; completion of targeted development programmes; partner feedback; evidence of contribution to prevention	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	**October 2026 update** Good progress continues in strengthening prevention capability across PHW and the wider system. The National Standards for Prevention have moved into wider stakeholder engagement,

Gaps in Assurance / Action Plans for the cause C3 Insufficient/Ineffective public health advice, evidence and action within our remit						
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	science and implementation across PHW and key partners. Support Welsh Government, NHS Wales and the CMO's work to strengthen prevention.	standards and pathway implementation.				alongside continued work on Population Health Management, national architecture, indicators and evaluation. The focus is now shifting from development to adoption, implementation and demonstrable impact, strengthening assurance that our prevention work is translating into system change and improved population health outcomes. **August 2026 update** Good progress has been made in strengthening capability for prevention across Public Health Wales and the wider system. Through our Prevention Based

Gaps in Assurance / Action Plans for the cause C3 Insufficient/Ineffective public health advice, evidence and action within our remit						
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						Health and Care Framework and our system leadership for the Community by Design programme, PHW is co-leading the prevention and population health 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

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**
						operating model across the health and care system and strengthening the evidence base for future delivery.

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	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	**October 2026 update** Work has progressed to strengthen engagement and communications approaches, with a particular focus on more systematic stakeholder analysis, clearer and more targeted messaging, and reducing duplication across programmes. Within Wider Determinants,

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**
						work is developing a more consistent approach to communications planning, including identifying priority audiences, appropriate channels and messengers, barriers to engagement and practical improvements that can be tested. This supports the wider organisational focus on strengthening partnerships and system leadership to increase the uptake and use of PHW prevention evidence, advice and **interventions**
	Development of a model for engaging with the public and third sector which enables us to have oversight of all	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	Director of Nursing, Quality and Integrated Governance	Ongoing as part of NQIG workplan	**October 2026 Update** Youth Engagement Advisors (YA's)

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**
	engagement activity, share learning and reduce duplication or disjointed approaches		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			supporting Public Health Conference this month WCVA & PHW lunch and learn scheduled for 20 October. A 'spotlight on' session run jointly between PHW/WCVA was held for staff from both organisations regarding the agreements and what is means going forward. Both organisations have continued to develop the agreement action plan & workstreams. A rolling session of lunch and learn sessions are planned in October to focus on this 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**
						The YA's are now receiving requests to support programmes of work within PHW and a triage process has been developed to support the request management and prioritisation In October the YA's will be supporting workshops at the public health conference in Cardiff. In addition, they have been 'commissioned' by healthy working Wales to run a series of workshops called 'Ready, Set. Thrive' aimed at 18–24-year-olds entering the workplace for the first time and these are scheduled for October. **August 2026 update**

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Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						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 Programme was launched this month,

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**
						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.

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 collaborative action and network development	Delivery of prevention standards and architecture; partner adoption; implementation milestones achieved; reporting through Community by Design governance arrangements. Suite of outcome measures in discussion with Welsh Government through the Strategic	Creates a practical mechanism for embedding prevention across NHS Wales and strengthens system leadership, Health Care Services and Social Care Services will be able to deliver preventive interventions	National Director of Health and Wellbeing Interim Health Improvement Directors and Priority leads	31 March 2028 Ongoing	**October 2026 update** Community by Design continues to progress, with Public Health Wales co-leading the Prevention and Population Health Management pillar. The programme has moved increasingly towards implementation, with the National Standards for Prevention now in wider stakeholder engagement, alongside development of the population health management approach, national architecture, indicators and evaluation. The focus is now on translating this infrastructure into

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**
		Programme for Primary Care Route Map and IMTP delivery	more systematically and effectively			adoption, system change and demonstrable impact across NHS Wales. **August 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 community-by-default approach to service

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**
						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.

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	Outcomes Measurement Framework Integrated Performance Report	Ensures programmes contribute demonstrably to healthier lives, improved outcomes and reduced inequalities, maximising	National Director of Health and Wellbeing	31 March 2028	**October 2026** The Directorate has continued to strengthen its approach to demonstrating programme value and

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**
	pathways with the greatest impact on healthy life expectancy and inequalities.	Evidence of programme reviews informing decisions; outcome measures reported through Board reporting; improvements in reach, uptake, outcomes and reduction in variation.	impact from available resources.			impact, with value and impact accounts now developed across a range of programmes and subject to peer review and challenge. The focus is moving from describing activity to evidencing outcomes, system influence and contribution to population health. The next phase will strengthen identified evidence gaps and use the impact work alongside population need and evidence of effectiveness to inform prioritisation, including decisions on where activity should be continued, changed or stopped, and how resources can be focused on areas

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**
						offering greatest impact in line with Programme for Governemnt. **August 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.