

Public Health Wales Annual Impact Survey of data, analysis and research products

2024

Measuring the impact of our knowledge-based products

- Public Health Wales (PHW) produces a high number of external facing knowledge outputs* with the aim of being impactful, insightful and valuable. This work covers outputs produced by all PHW Directorates
- A bespoke systematic approach was developed by PHW to monitor the impact of its Knowledge and Research outputs and was approved by KRIC in March 2023
- The four tiers of the approach consist of:
 1. Annual Survey of Public Health Wales stakeholders
 2. Continuous pop-up survey of Public Health Wales website users
 3. Targeted survey of anticipated product users
 4. Structured post-project interview with product requesters
- The aims of the work are twofold:
 1. to better understand how impactful PHW knowledge work is by exploring the expectations, engagement, impact and experience of key external stakeholders
 2. to capture further information on how the use and impact of our outputs could be improved

* Knowledge outputs are defined as: any research, evaluation, evidence, or analytical-based outputs produced across the organisation.

Survey methods

- The survey builds on last year's annual survey and feedback received by those who completed it and those using the findings.
- 26 questions, mixed qualitative and quantitative responses (+demographics).
- Dissemination followed the same approach used last year and was designed to replicate the approach often used for PHW product launches:
 - Announcement on the PHW website
 - Inclusion in Forward Look
 - Targeted emailing
 - Social media (Facebook)
- To increase reach, a snowballing approach was adopted to encourage the sharing of the survey
- 287 external respondents initiated the survey (up from 152 in 2023)
- 105 external respondents completed the main survey (37% response rate)
- 72 completed additional demographics
- Analyses were based on responses to individual questions, with missing values removed.
- The dissemination methods may allow us to consider a sample similar to audiences that usually receive our products but may not be representative of our target audience.



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Findings



Who responded?

- Over a third of external responders were from the wider health and care system, with good representation from local Public Health teams, national and local policy and planning, academia and the general public.
- 1% of responders used the Welsh language questionnaire
- The majority of people (84%) accessed our work a few times a month or less
- Frequency with which respondents accessed our information varied by user group, with local Public Health teams being our most frequent users (81% of respondents accessing at least monthly).
- Two thirds of external responders visit our website to find information, with a quarter contacting a named PHW employee directly

"Question 7. How do you typically get data and knowledge from Public Health Wales?¹", distinct count, percentage, all external respondents², Wales, 2024

Response	Distinct Count of Respondents	Percentage of Respondents
I search for it myself on the PHW website	112	64.7
I search for it myself through a search engine	79	45.7
Email, social media, newsletters, etc	53	30.6
Someone else provides it for me	50	28.9
I contact a named PHW employee directly	42	24.3
'Contact Us' section on the PHW website	6	3.5
Grand Total	173	

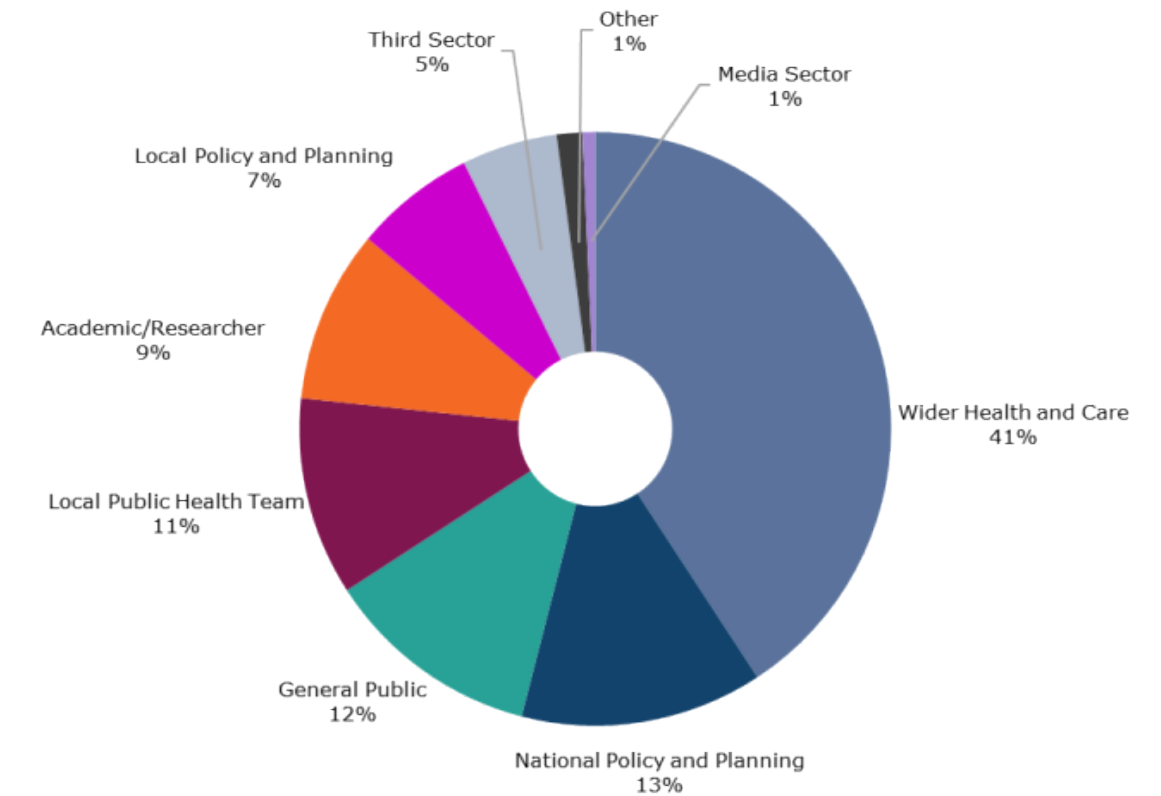
Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024

¹This question allowed respondents to give multiple answers

²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 173

"Question 1. Which of the following best describes you?", observed percentage, all external respondent groups¹, Wales, 2024

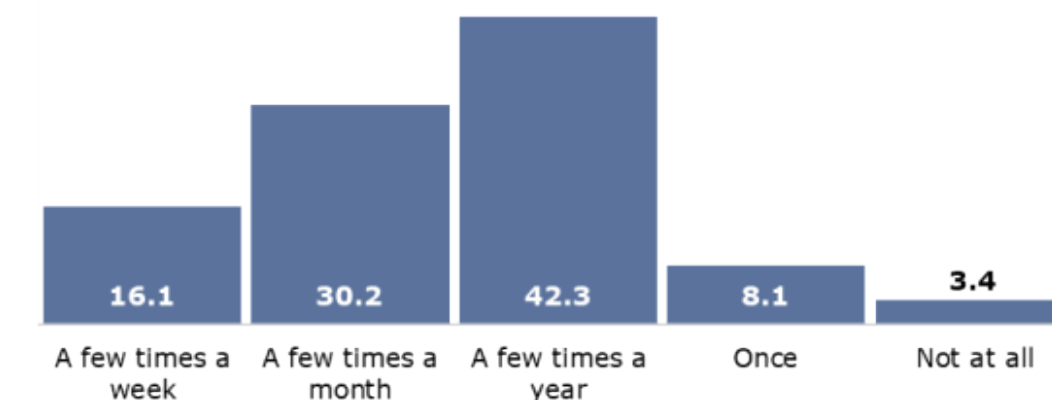
Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹All public health staff response and missing responses removed from this analysis to show only external respondent groups.

"Question 9. In the last 12 months approximately how regularly have you used data or knowledge produced by Public Health Wales?", observed percentage, all external respondents¹, Wales, 2024

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 149

What do they think?

What's going well?

- PHW Staff are seen as **helpful, knowledgeable, supportive and approachable**
- PHW work is **trusted** to be evidence based and thorough
- PHW produce some **good quality**, well presented, interesting, relevant and reliable data
- Data and knowledge resources are viewed as **essential** by many stakeholders
- Some comments on impactful collaboration; us being understanding of our stakeholder's journeys; good communication

What's not going well?

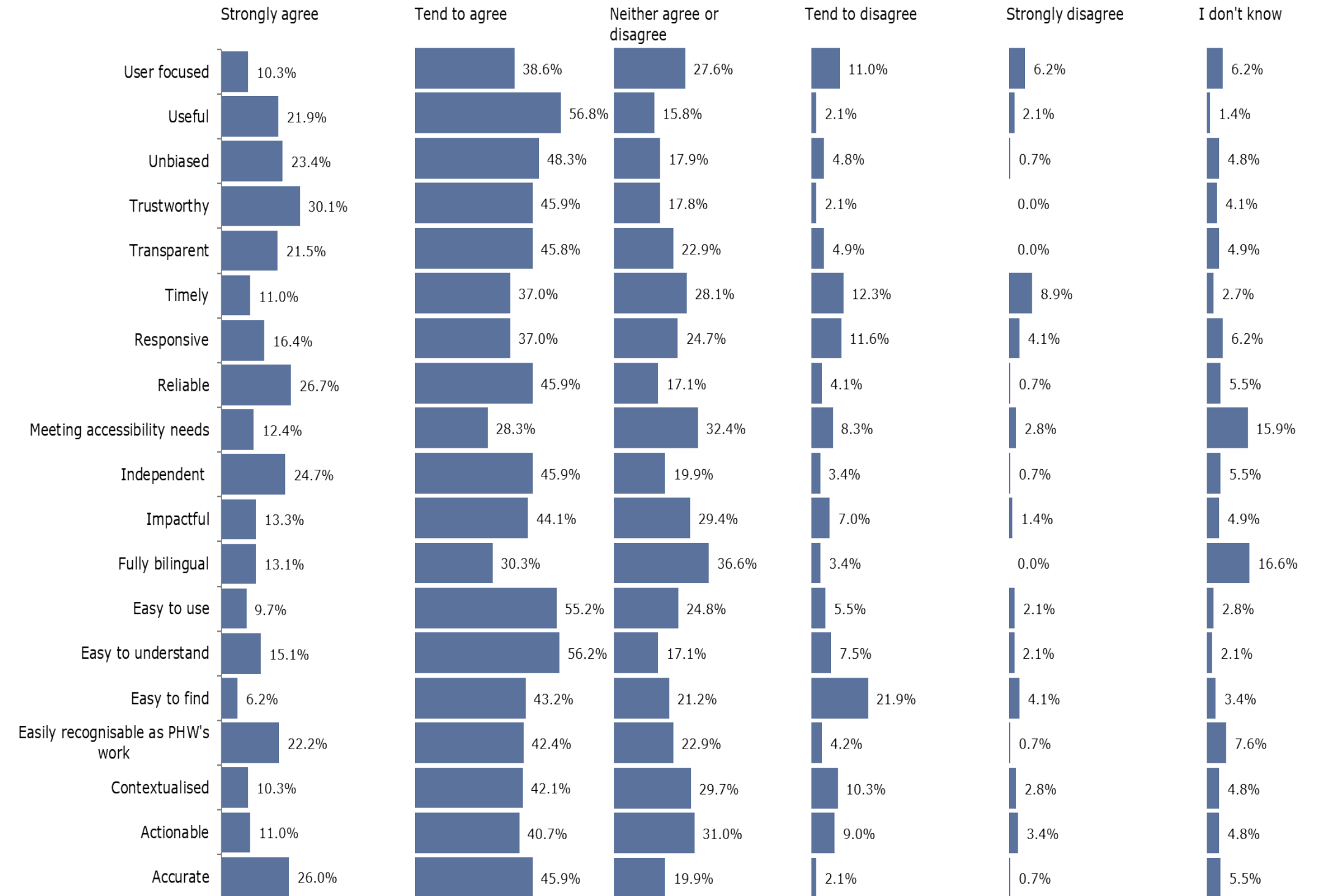
- **Messaging** isn't always clear, actionable and understandable to the end user meaning work, despite being of good quality, often **sits on the shelf** rather than achieving impact
- Staff are often not good at **receiving feedback** and appear to be convinced their way is the right way
- Some stakeholders feel **unsupported** with requests for data / support or left unanswered due to lack of availability
- Need more of a **focus on end users**, both in output design and distribution, to ensure work being done is picked up and used
- Need to be more **timely** and **reactive**, and avoid publishing things for information rather than when they'd have been useful / insightful
- Many stakeholders are **not aware** of what information sources and options are available or how to find them
- Our website is hard to **navigate** and information is not easy to find
- Some comments on working with us benefitting us but being a burden to the stakeholder; our involving others being a check box exercise rather than genuine collaboration; unclear roles / responsibilities when working together

PHW reputation

- 29% of 242 external respondents knew a lot about PHW; 68% knew a little.
- 92% of respondents said they would use PHW data/knowledge again
- 67% of respondent rated their experience with us as 7/10 or above
- At least two thirds of respondents found our data/knowledge to be useful, unbiased, trustworthy, transparent, accurate, reliable, independent, easy to understand and easily recognisable as Public Health Wales.
- Half or fewer found our data/knowledge to be user focused, timely, meeting accessibility needs, fully bilingual, actionable, contextualised, or easy to find.

"Question 8. To what extent do you agree or disagree with the following statement? Public Health Wales data and knowledge is: ", count, observed percentage, all external respondents¹, Wales, 2024

Produced by Public Health Wales Observatory. using Public Health Wales Annual Survey 2024



¹All public health staff response and missing responses removed from this analysis to show only external respondent groups.

PHW reputation – qualitative findings

Quality & Trust

- Outputs are generally perceived as high quality, informative, evidence-based and trustworthy
- Data is usually accurate although some denominators are incorrect, and some outputs have non-maintained links

Visibility

- A lot of comments were received on the need to connect our data outputs with the end user and make sure we communicate with stakeholders on what is needed rather than assume we know what they want
- We need to be clearer about what data and information we have and make it more findable or there is no point producing it
- There seems to be a lack of awareness / clarity of some of our work. Some stated that they weren't sure how informed about PHW work people involved in planning and commissioning health and care are. Others said the list of products the survey asked about had made them consider there may be more information sources within PHW they could use which they didn't know about
- Those receiving newsletters appreciate knowing about work they wouldn't otherwise know about, even if not all is of interest to them
- Guidance and toolkits are good quality, but not sure that they promoted fully to the intended audiences - especially if these audiences are outside of the health sector

User needs

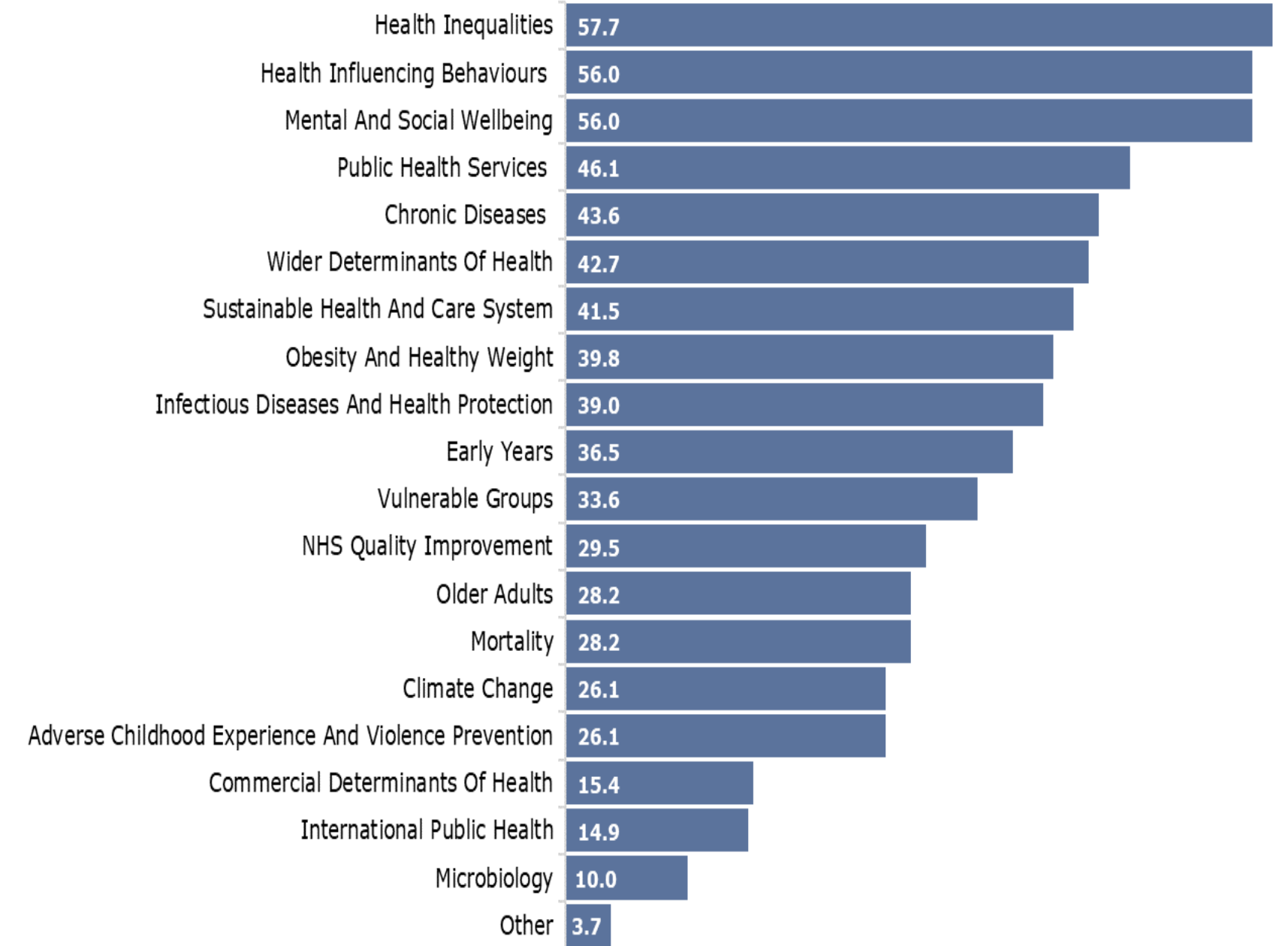
- Informing research, understanding the current situation in Wales and monitoring change were key uses of data/knowledge provided by PHW
- Informing policies, plans and actions were also mentioned but less frequently
- The top 5 health topics of interest were health inequalities, health influencing behaviours, mental and social wellbeing, chronic diseases, and wider determinants of health.
- Half of respondents were interested in information about public health services

"Question 4. What are your primary reasons for using data and knowledge produced by Public Health Wales?¹", percentage of respondents, all external respondents², Wales, 2024
 Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹This question allowed respondents to give multiple answers
²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 220

"Question 2. Which Public health area/s are you interested in?¹", percentage of respondents, all external respondents², Wales, 2024
 Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹This question allowed respondents to give multiple answers
²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 241

User needs

- Analytical, research and evaluation reports were all considered very useful by respondents.
- Summary products, such as infographics, executive summaries or key messages were also useful.
- Dashboards were useful for two thirds of respondents whereas interactive webpages were only reported as useful by a third of respondents.
- The usefulness of different product types varied depending on the respondent's user group

"Question 12. What type of products are useful for your role?¹", percentage of respondents, all external respondents², Wales, 2024

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹This question allowed respondents to give multiple answers

²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 141

"There are too many places to look for data. there should be a type of 'one stop shop'"

"Dashboards are great for frequently updated data (your Covid-19 ones were good) but concerned about shift to using them for other data which just makes it harder to download and use it."

"There are a few places where information is a little out of date, so would be great to update these."

"Improve the searching on the PHW site including allow for filtering of content type and range of dates."

"More timely web/social media content would be helpful - sometimes things feel slow in production/approval."

"It would be helpful if the data was interconnected with health utilisation information or linked with people / patient stories"

"An alert system when new datasets or products are published would be useful"

"Newsletters make me aware of work that I wouldn't otherwise know about"

"It would be great if we could share data for joint analytic products in a more effective and timely manner"

"More infographics would be great"

User needs – qualitative findings

Accessibility & usability

- Improving accessibility of data would improve outcomes. E.g. Data tends to be inserted in reports as pictures and doesn't follow accessibility guidelines for Word docs / PDFs. This makes them harder to reuse
- Dashboards can be slow to load (e.g. when selecting different indicators, it resets the selected geographies, so it takes longer than necessary to pull off information) and some have unmaintained links
- “Evidence maps don't tell me anything I can't find using Google. Focused reviews are more useful.”

Website & finding data

- Data is visually great but often hard to access/ find or utilise. Website needs better content & structure
- Finding data is inconsistent, some through 'Reports & data' in the PHW website, others redirect to dashboards, with no easy way of locating products or topics. Many turn to Google to help
- Need to update links & information which is out of date on webpages, dashboards and other products

Consistency

- The presentation of data and information varies a lot depending on the webpage / product. It would be good to have more consistency. With social media, some accounts used far more often than others
- Some raised the changing guidelines with PHW messages. E.g. changing the measure of "enough physical activity" from 5 x 30 to 150 per week significantly improved the proportion of people meeting the recommended guidelines which could indicate that the people of Wales are now taking more physical activity when actually they were probably all meeting the 150 per week previously but not over 5 days. It's the same with alcohol which makes the trends data, which is what matters for public health, very unhelpful.'

User needs – qualitative findings

Timeliness

- Most requests for support and data are delivered, although this can take some time to be provided. Others complained that they received no response or were told their requests couldn't be supported because of understaffing issues.
- PHW can be slow at publishing information, so people use alternative sources or find their own work-arounds instead. It sometimes gets published at the point at which the findings are obvious or obsolete
- Timeliness of data can be a struggle to determine real-time change
- There needs to be more open access data as it currently takes too long and too bureaucratic.
- Some stakeholders feel unsupported with requests for data / support or left unanswered due to lack of availability

Messaging

- Need more of a focus on end users, both in output design and distribution, to ensure work being done is picked up and used
- Some are quality researchers but have difficulty communicating with the real-life, face to face services and use lots of PH terms or sayings
- Comments were received on how PHW produce high quality but long-winded guidance that never gets utilised rather than a small bit of quick and useful information which is accessible to the intended user. So much information it can be difficult to see the key / actionable messages.
- A lot of comments were received on the need to connect our data outputs with the end user and make sure we communicate with stakeholders on what is needed rather than assume
- Rapid evidence reviews are great - think we need a series of them to tackle things people's prejudices in public health e.g. when was the last time we really looked at the evidence on breastfeeding or are we promoting it because it feels right?
- Stakeholders would like 'lunch & learn' style webinars offering teaching / awareness on products / topics

User needs

- Many responders have suggested that they would like to be able to dig into our data in more detail, exploring smaller geographies and sub-populations
- There were several suggestions for different types and presentations of data that would also better meet user needs

More details / better drill downs for:

- More public health data by planning group, e.g. cluster level, local authority
- More geographical breakdowns, e.g. LSOA, MSOA, coastal communities
- More consistent age breakdowns, especially at upper end. E.g. Important to understand different needs between 60+ and 90+ but often grouped together
- Information by population groups e.g. immunisation update by ethnicity & socio-economic status, people with complex needs, etc.
- Ethnicity data in relation to health
- 4-nations comparisons wherever possible
- Measures reported that are in line with national guidelines e.g. BMI - service intervention levels are BMI 25 -30, 30 - 35, 35-50, over 50, but data is shown as under 25, 25 - 30 and over 30
- Include English data for Welsh residents to avoid misrepresentation of some Welsh regions

Types of data:

- New survey data
- Raw / primary data
- Proactive data for Health Boards, e.g. Atlas of Variation
- Live data rather than quarterly, e.g. immunisation & vaccination
- Maps
- Better data sharing and linking
- Entire datasets rather than just generic indicators

Satisfaction

- The levels of respondents (who have used the product) reporting they were very satisfied was below a quarter for all product types other than infographics and newsletters/updates
- Over half of users were very or somewhat satisfied with all the product types, except peer-review publications; two thirds of users or more were satisfied with analytical and research reports, evaluation reports, infographics and executive summaries/key messages and newsletters/updates
- Over 5% of all respondents reported they would have used but could not find raw data/metadata, peer review publications, infographics, HIAs, slide and toolkits

"Question 13. How satisfied are you with the following product type produced by Public Health Wales?", count, observed percentage, all external respondents¹, Wales, 2024

Products	Very satisfied/satisfied
Analytical reports and Official Statistics	76%
Data dashboards	57%
Evaluation reports	66%
Executive summaries or key messages	67%
Guidance and guidelines	62%
Health Impact Assessments (HIA)	59%
Infographics	70%
Information leaflets about services or programmes	64%
Interactive webpages	57%
Newsletters and updates	66%
Peer review publications	48%
Raw data and metadata	50%
Research reports	71%
Slide decks and presentations	63%
Social media content	59%
Systematic & rapid evidence reviews	61%
Toolkits	60%

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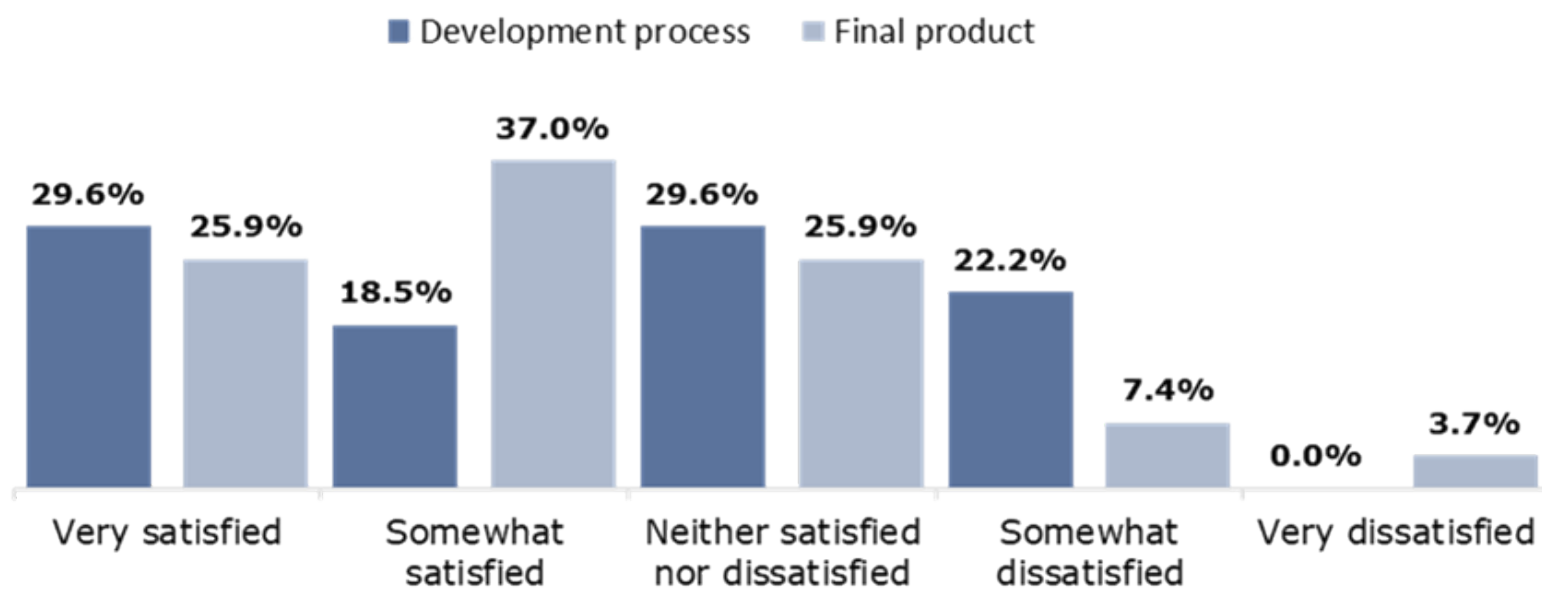
Percentages are calculated using respondents who had used the products

Working with PHW

- 22% of respondents reported that they had worked directly with PHW to develop a knowledge or data product (28/129)
- 96% of respondents who had worked directly with PHW reported that they would work with us again
- Half of respondents who had worked directly with PHW were either very or somewhat satisfied with their experience
- Two thirds of respondents who had worked directly with PHW were very or somewhat satisfied with the end product

"Question 16. If you have been directly involved with Public Health Wales, how satisfied were you with the:", observed percentage, all external respondents¹, Wales, 2024

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 54

"Team involvement and communication often detailed and excellent with processes ensuring every voice is heard and plenty of opportunities for feedback along the way."

People like that PHW are more proactive in co-working than before but need to be more efficient with use of time for meetings, proformas, requests for information which distract from day job

"Lack of clarity of who is responsible for what means work is passed around with no progress."

"Work is often done and then feedback asked for rather than true involvement."
Some co-working is seen as a benefit to PHW but a burden to other parties.

We have to attend frequent meetings with PHW but they are less useful for us

"Their ability to innovate and be flexible enables work to be enjoyable and worthwhile. Ensuring outputs can be used for research as well as service improvement is testimony to their passion for improving patient care."

"PHW are helpful and generous with their data once you know who to ask for what you need"

"We have to work with them although time wise it is a burden. In one week I spent 8 hours in public health guided meetings recently. It is good I think that they are engaging more but there must be better ways"

Working with PHW - Qualitative findings

Staff

- Staff are primarily described as helpful, supportive, responsive, great to work with, approachable, knowledgeable, and proactive
- Direct contact with PHW staff positive with responses described as timely and very helpful
- Staff are often not good at receiving feedback and are convinced their way is the right way

Co-working & engagement

- Engagement is often seen as being 'top down' or 'talking at' other professionals, both of which are demotivating, and the message gets lost.
- Other parties don't always feel heard when working with us or are burdened with proformas and hours of meetings.
- There is need for better clarity of roles in collaborative work with improved expectation management of what is expected of parties
- There is room for improvement in engagement with and provision for Primary Care clusters
- People would like to be more aware of upcoming data and evidence products to facilitate co-working / input early on
- It is often difficult to know what indicator to use and where it can be found. Multiple organisations seem to explore similar but slightly different things that are interrelated. More coordination & integration of effort across sectors might help mitigate this & improve coherence

Our role in the wider system

- PHW serve as main source of data for public health work with its products seen as useful for day to day working life
- Researchers appreciate collaborations with PHW as they deem them to be impactful
- PHW pass information from WG but can also be a barrier where otherwise they could talk directly with Health Boards.
- PHW needs to be more present and accessible to the social care profession. Social care need to know that the resource exists.
- Third sector workers rely on PHW to consider the public in their outputs so they can confidently share key health messages with communities to help reduce health inequalities

Impact

- 60% of respondents had already used PHW data/knowledge to inform plans, projects, service redesigns or public health action; with a further 25% planning to do so.
- Two thirds of respondents had shared the information with others, rising to 85% including those who intended to share it.
- Over 85% of respondents reported that PHW data/knowledge had some, or significant, impact on informing discussions.
- Three quarters of respondents reported a positive impact on informed decision making
- The use of PHW data/knowledge to inform funding allocation was lower with only 42% of respondents reported it had had an impact.
- A very small number report a significant negative impact.

"Question 21. Has the data and knowledge you've obtained from these products impacted your work in any of the following ways?", count, observed percentage, all external respondents¹, Wales, 2024

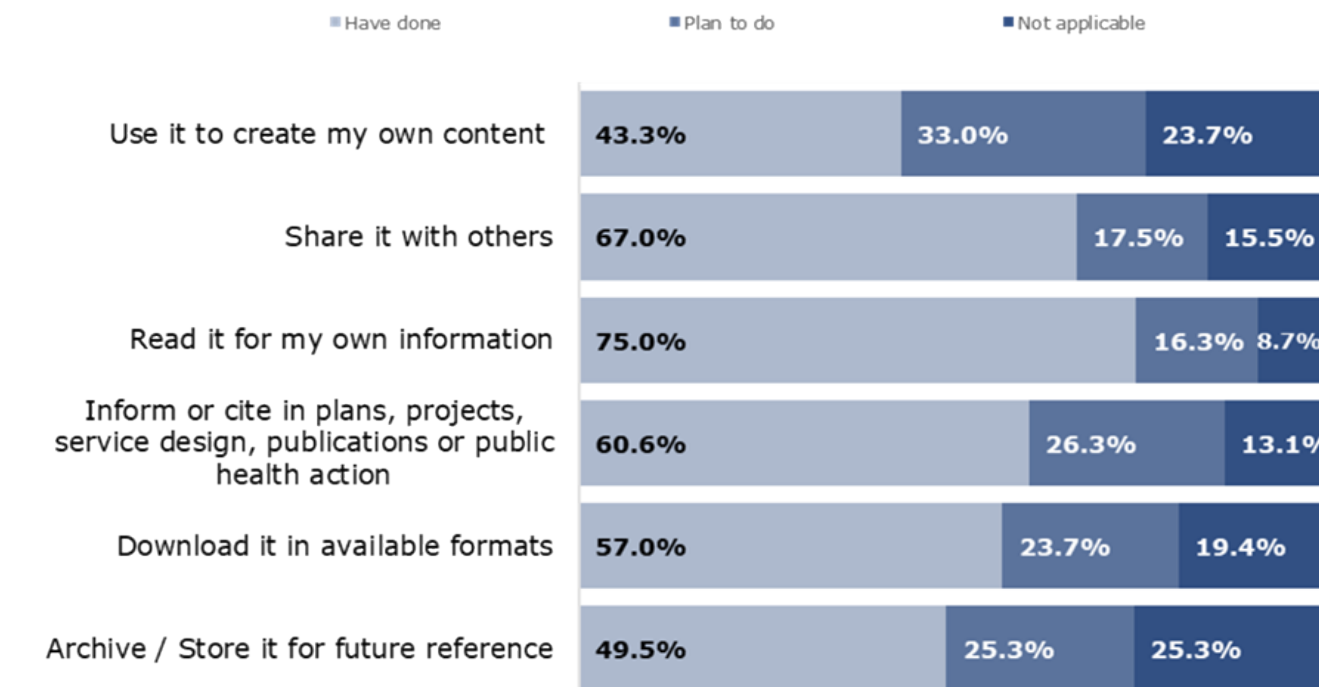
	Has had significant positive impact	Has had some positive impact	Has had significant negative impact	Has had some negative impact	Not yet but is likely	Has had no impact	Total
	Observed %	Observed %	Observed %	Observed %	Observed %	Observed %	Count
Changed behaviour/practice	13.8%	41.5%	0.0%	1.1%	28.7%	14.9%	94
Changed knowledge / awareness / added to scientific base	19.8%	47.9%	0.0%	0.0%	19.8%	12.5%	96
Developed skills / expertise	14.7%	48.4%	0.0%	0.0%	21.1%	15.8%	95
Encouraged me to get more involved in research / evaluation	12.5%	43.8%	0.0%	2.1%	19.8%	21.9%	96
Informed a funding allocation / application	8.7%	33.7%	0.0%	0.0%	34.8%	22.8%	92
Informed changes to plans/policies	18.8%	39.6%	0.0%	2.1%	27.1%	12.5%	96
Informed decision making	19.8%	56.3%	0.0%	0.0%	15.6%	8.3%	96
Informed discussions	31.0%	57.0%	0.0%	0.0%	9.0%	3.0%	100
Informed the improvement / creation of a product or service	15.6%	40.6%	1.0%	0.0%	27.1%	15.6%	96
Resulted in increased / improved collaboration	18.6%	43.3%	0.0%	0.0%	27.8%	10.3%	97
Used to promote good practice / evidence-based practice	20.8%	46.9%	0.0%	0.0%	24.0%	8.3%	96

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024

¹All public health staff response and missing responses removed from this analysis to show only external respondent groups. Percentages are calculated using row total count reflecting the total count of respondents for the row

"Question 20. What have you done, or will you do, with the data and knowledge you obtain from these product/s? ¹", distinct count, percentage, all external respondents², Wales, 2024

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024



¹This question allowed respondents to give multiple answers

²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 102

Impact

Specific examples

- The **Climate Change** work has contributed to discussions as part of the Wales Net Zero 2035 expert group
- The **National Survey for Wales** work Informed 3rd editions of textbook on behavioural change for health practitioners
- Data from the **vaccination surveillance work** has been used to inform interventions/vaccination programme planning
- **Annual Profile for substance misuse, BBV Wales Annual Report, Harm Reduction Database Wales** have lead to improved services, e.g. Naloxone packs in hostels/supported accommodation/outreach services
- **Rare Diseases in Wales** work and support from PHW team is essential to understanding to enhance service improvement and prevention of harm to this population who have a sporadic health and social care support network. This has fed into policy and research
- The **Sexual Health Wales Annual Report** has had a significant impact on the way that the C-Card Scheme is run and training provided
- The **PHOF / SHRN data dashboards** has been used to inform the DPH Annual Report
- **BSU Unit resources** and support, **Primary Care Dashboard** and **PHOF Support with UKPHR Registration** and a behaviour informed approach to Free Bus service trial for HB staff - impact on conversations, negotiations, plans and comms. Presentations given to Healthy travel Charter Stakeholder group
- **A&E violence and knife crime data** helped provide broader understanding of the issues and helped create a more informed problem profile.
- **Child Measurement Programme** work has prompted a lot of discussion and supported raising the profile of obesity with ministers
- **Primary Care Clusters** work has supported Bridgend west Spirometry project
- **WCISU** health board comparisons has identified areas of good practice and areas where improvement is needed so we can plan our own strategy to support these.
- Research into **health inequalities in vulnerable groups** informs our Needs Assessment as part of the planning/commissioning cycle
- PHW reports often inform my thinking and are used to make a case for larger pieces of work
- **PHW data on Cervical Screening** rates was used for a grant application
- The evidence from PHW that I have used has been used in a grant application which will hopefully bring research funding into Wales (results awaited)
- PHW evidence has lead to partner funding for MByRes school based anti-bullying work

Other useful products/topics

In the past 12 months

- Adverse Childhood Experiences
- Alcohol related admissions and mortality
- Antimicrobial resistance and respiratory pathogens Report
- Cancer Toolkit
- CARIS register
- Childhood Vaccinations / School age info
- Cost of living
- Diabetes projections
- Early Years stats
- The First 1000 Programme
- Healthy Life Expectancy Data
- Incidence and general health data
- Life expectancy and causes of death
- Inequalities
- Mental health work
- M&M
- Obesity work
- Outbreaks reports and guidance documents
- Physical Activity Dashboard
- PROMS (Patient Recorded Outcome Measures)
- Screening services and reports
- Smoking related data
- Smoking, vaping and addiction
- SED
- Suicide prevention work
- Social media posts
- Systems thinking / Evaluation of complex methods
- VPU
- Welsh Network of Healthy Schools Scheme



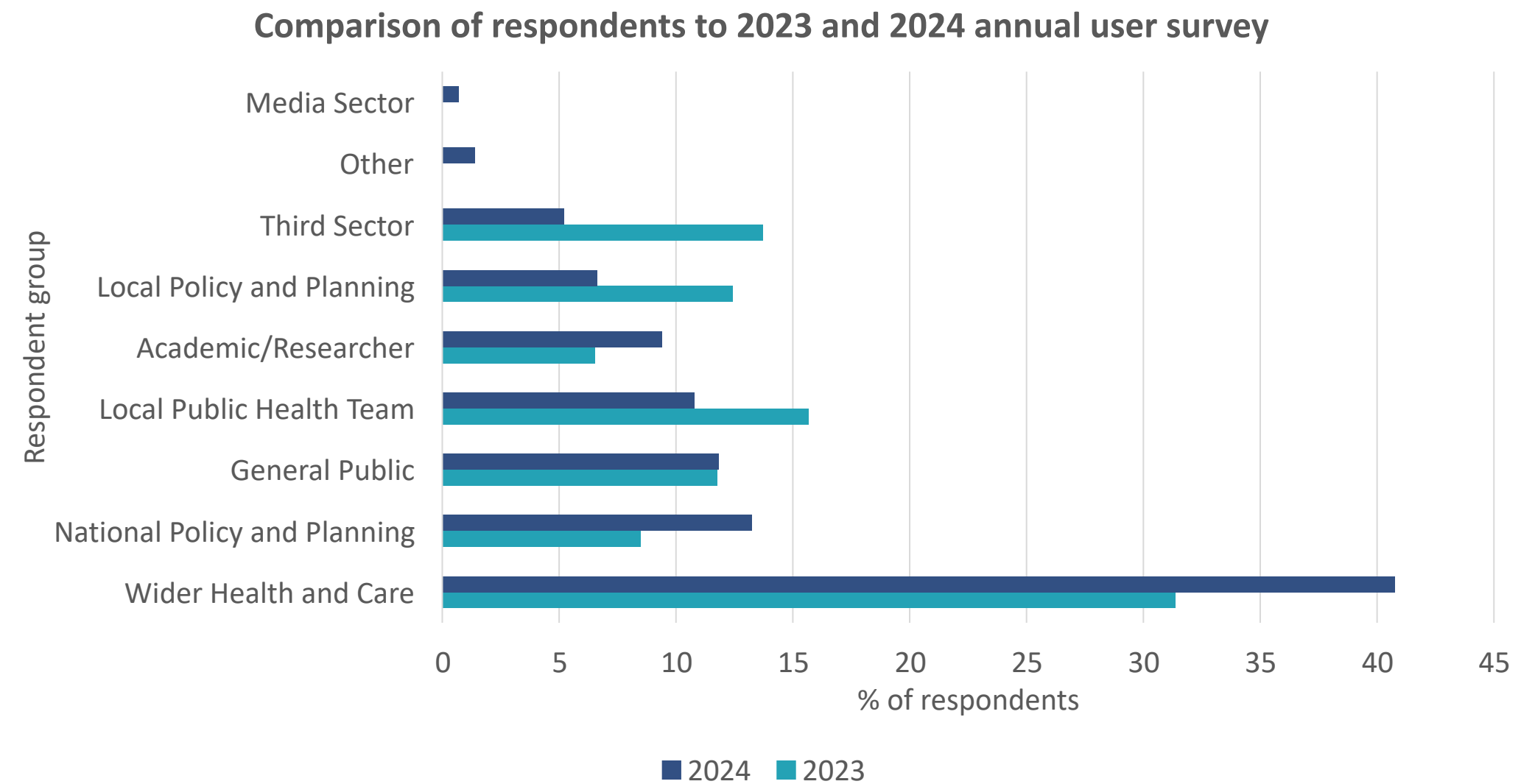
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Building on 2023 Survey

Comparison of 2023 and 2024 respondents

- The 2024 respondents differed slightly from the 2023 respondents in terms of the user groups they represented; the proportion of responses from the national planning and wider health and care sector was higher, and the proportion from the third sector, local policy and planning and local public health teams was lower.
- These differences, combined with the relatively small sample, limit the amount of comparison it is appropriate to make between the surveys.
- However, it is possible to use the 2024 survey to build on the insights gained through the 2023 survey; the following slides examine the three key themes drawn out of the 2023 Annual Impact Report:
 - **Visibility**
 - **Impact**
 - **Engagement**



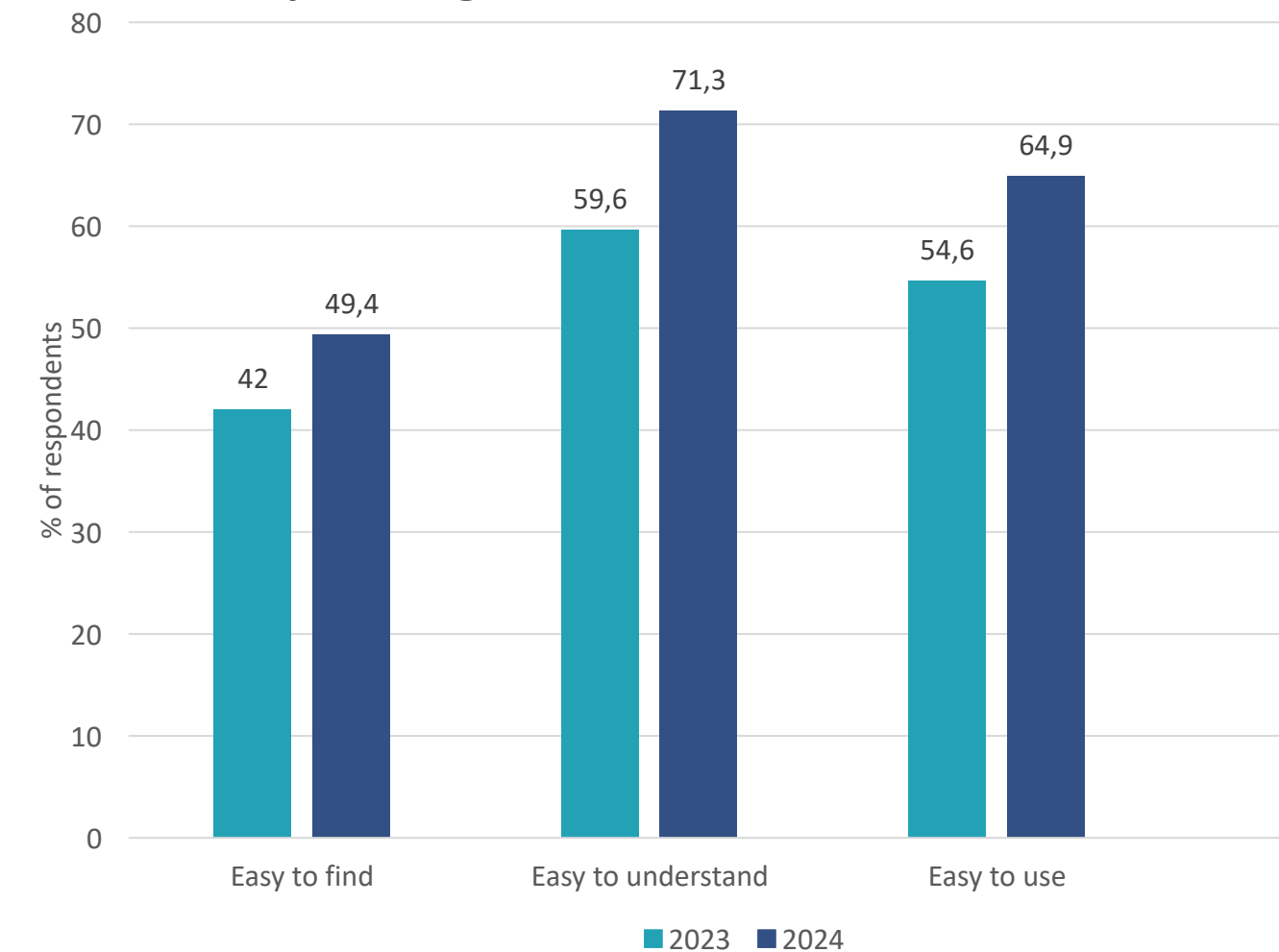
Visibility

Building on 2023 findings:

PHW has a good reputation and in general satisfaction with PHW's data/knowledge outputs was high. However, external users already familiar with PHW's work, have suggested that more could be done to advertise PHW's added value and improve the visibility of its work through increased sharing, improvements to the website, and increased accessibility of products.

- % of respondents who would use PHW data knowledge again has remained high and stable (93% in 2023, 92% in 2024)
- % of respondents who rated their experience with PHW as 7/10 or above also remained stable (66% in 2023, 67% in 2024)
- % of respondents who agreed PHW products were easy to find, easy to understand and easy to use have all risen considerably between 2023 and 2024
- % of respondents who agreed PHW products meet accessibility standards was 41% in 2024 (measurement added for the 2024 survey)
- % of respondents who had shared PH products has declined slightly from 72% in 2023 compared to 67% in the 2024 survey

Question 8. To what extent do you agree or disagree with the following statement? Public Health Wales data and knowledge is: observed percentage



Visibility

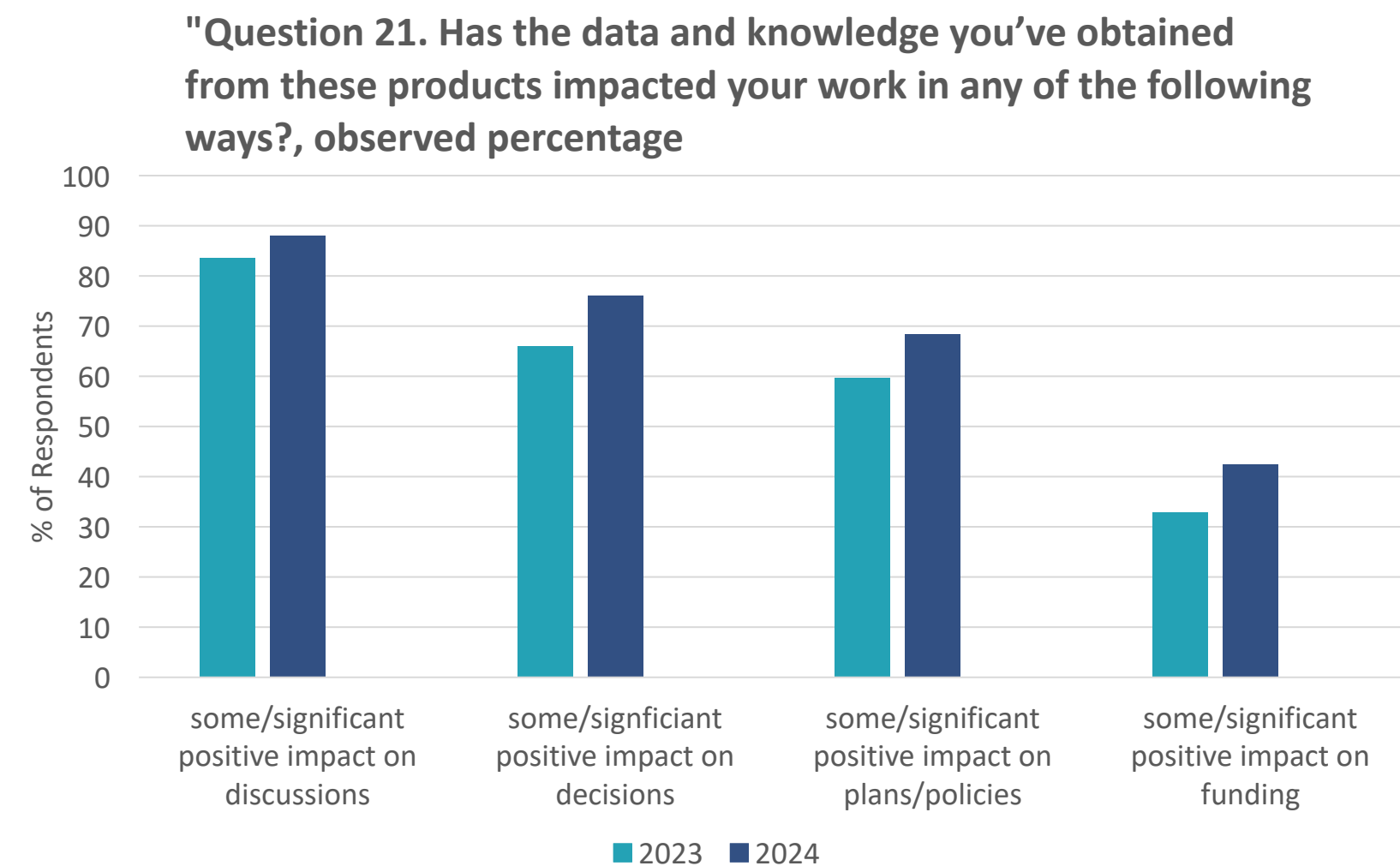
- There seems to be a lack of awareness / clarity of some of our work. Some stated that they weren't sure how informed about PHW work people involved in planning and commissioning health and care are. Others said the list of products they were asked about in the survey had made them consider that there may be more information sources within PHW that I could utilise.
- *"I'm really glad that I am now much more aware of PHW products - as I receive newsletters that are circulated internally. Some of it is outside my sphere of interest but great to have the opportunity to consider these."*
- *"This survey has reminded myself as a social care professional to reach out more to PHW to gain information to support and develop my practice"*
- *"I had never considered that there could be a way to access so much PHW data or to request it."*
- We need to be clearer about what data and information we have, make it more findable, and ensure we're targeting the right people or there is no point producing it
- *"Very useful information and visually great but often hard to access/ find or utilise."*
- *Finding data is inconsistent, some through 'Reports & data' in the PHW website, others redirect to dashboards, with no easy way of locating products or topics. Many turn to Google to help. "*
- Guidance and toolkits are good quality, but not sure that they promoted fully to the intended audiences - especially if these audiences are outside of the health sector.
- *"PHW need to do more to share new dashboards and data with external partners"*
- *"Lunch & learn' style webinars offering teaching / awareness on products / topics would be helpful"*

Impact

Building on 2023 findings:

External users reported some impacts, especially amongst key users, although these focused more on discussions and information sharing rather than action and plans. Users suggest that more tangible impacts could be increased through ensuring products are responsive, understandable, shorter, and shareable, and increasing the focus on how to translate the work into action, policy recommendations or improvements.

- % reporting that had used PHW information to inform discussions, decision, plans and/or funding increased between 2023 and 2024 respondents
- % reporting that PHW data and knowledge is responsive increased from 46% to 53.4% between 2023 and 2024 respondents
- % reporting that PHW products were understandable also increased from 59.6% to 71.3% between 2023 and 2024 respondents.
- % reporting that PHW products were actionable changed from 62.0% to 51.7% between 2023 and 2024 respondents



Impact

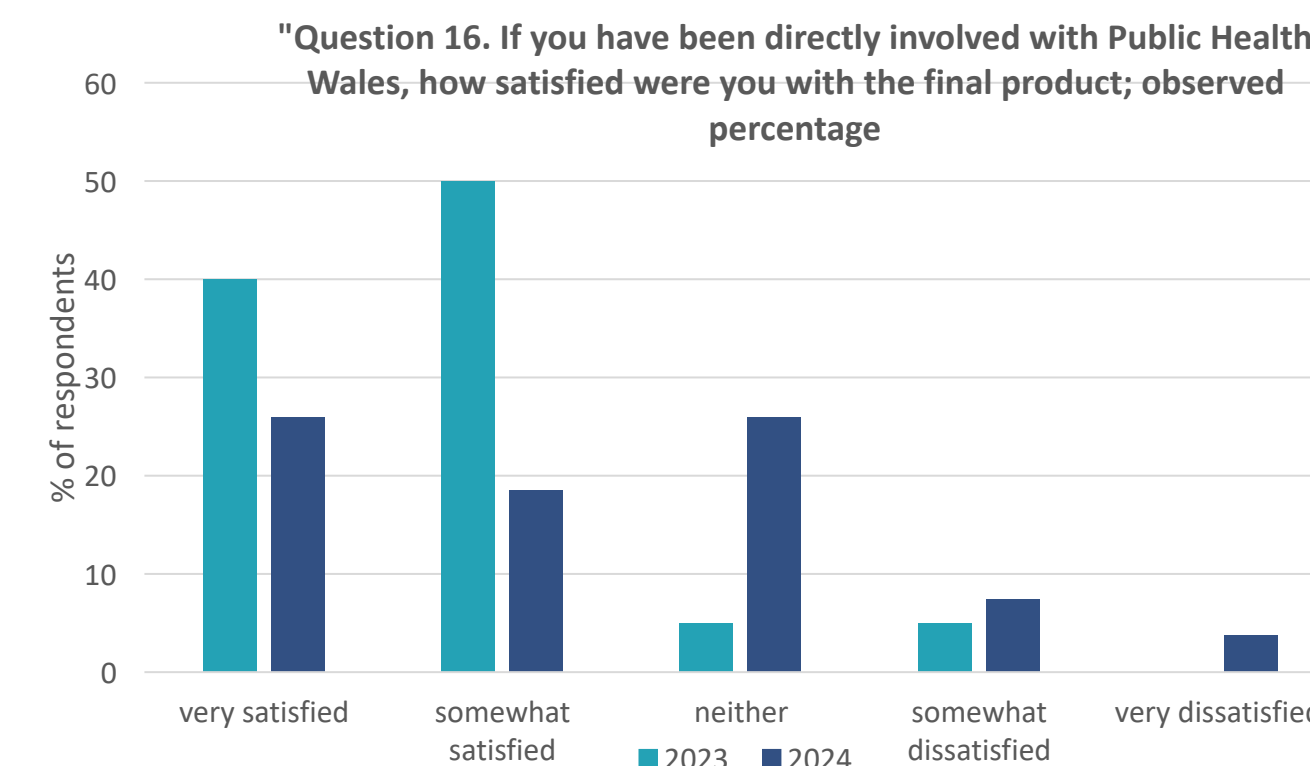
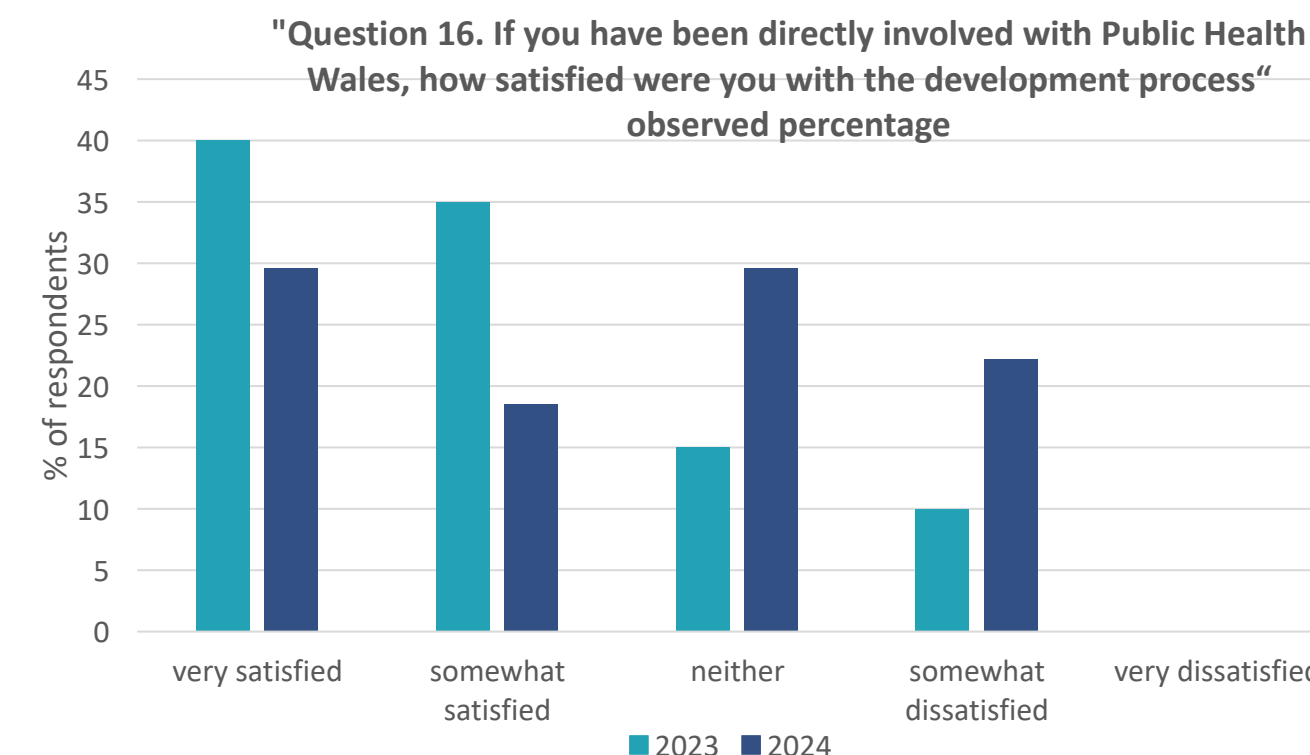
- Messaging isn't always clear, actionable and understandable to the end user meaning work, despite being of good quality, often sits on the shelf rather than achieving impact
- *"They produce long winded guidance rather than a small bit of quick and useful information which is accessible to the intended user."*
- *"Some are quality researchers but have difficulty communicating with the real-life, face to face services and use lots of PH terms or sayings so messages get lost"*
- *"Almost too much information making it difficult to see the key messages."*
- *"The data would have more impact if it was interconnected with health utilisation information"*
- We need to make sure we communicate with stakeholders on what is needed rather than assume we know what they want
- *"The data produced would be more actionable if it contained a greater degree of explanation and interpretation. Using data in practice is very important."*
- *"Being able to have an easy-to-use citation is always useful. "*
- *"Things move quickly and there is often limited time to 1) find the information, 2) ensure it is what you think it is 3) use it in a way that makes sense and be able to describe this to others. It is hard to translate from the technical to the general and so an 'easy read' version could help those less familiar engage in the wealth of information available."*
- We need more of a focus on end users, both in output design and distribution, to ensure the work being done is picked up and used
- *"There are a number of occasions when there isn't sufficient narrative to support or explain data in laymen's terms and PHW presume that everyone has expert knowledge"*
- *"Public facing information needs to be made in Plain English to improve accessibility."*
- *"It's really important to know about actual global public health issues and get an idea on how can we minimise these issues with research."*
- *"Products would be more useful if there was more engagement about what was needed rather than what PHW think is needed. "*

Engagement

Building on 2023 findings:

External users who have been involved in commissioning or developing work with PHW have generally found the process useful; However, improvements have been suggested around the process of user involvement, with a more structured scoping and development process, and additional engagement with the wider public health system.

- 18.7% of 2023 respondents had worked directly with PHW to develop a products compared to 21.7% of 2024 respondents
- % of these respondents who were very or somewhat satisfied with the development process changed from 75% in 2023 to 48.4% in 2024
- % of these respondents who were very or somewhat satisfied with the end product changed from 90% in 2023 to 62.9% of 2024 respondents



Engagement

- *“Staff don’t always receive feedback well”*
- *“Having a named contact in each HB is useful for when things aren’t immediately obvious.”*
- *“More coordination & integration of effort across sectors might help mitigate the use of different indicators and improve coherence”*
- *“From a staff POV, the data is great and PHW are really helpful. To satisfy the public POV, it might be nice to specifically address their queries and concerns, moving away from the corporate response-feel and into the personal care-feel. “*
- *“We’d like more on what is coming up over the next year, e.g. research topics, WHOCC Publication / project plan, online schedule of advanced notices for regular releases, etc”*
- *“It would be useful if there was some form of further synthesis of information points across multiple public bodies in Wales. The focus should be on preventative measures rather than outcomes. E.g. a unified indicator of physical activity that also helps understand the types of activity”*
- *“Having a remote team dealing with strategy in plush offices 'talking at' other professionals is demotivating. People become disengaged when co-working becomes a tick box or people disengage and the message is lost or attendees are listening but not being heard.”*
- *“There's work to be done to work out the relationship between health board public health teams, and PHW knowledge teams to maximise the value of something that has excellent potential.”*
- *“There is room for improvement in engagement and provision for Primary Care clusters”*
- *“PHW do not work enough with partnerships that work in the community and tend to base their findings on data. I think working with the poorest communities would highlight to PHW the true detriments of our society's habits.”*
- *“Having PH staff within services who can liaise and inform on the ground would be useful”*



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Areas for improvement

Areas for Improvement

Actions planned or underway that are further supported by the 2024 findings include:

Visibility

- Further clarify & publicise vision for PHW as part of the Long-Term Strategy will help clarify our role in the public health system. E.g. Consideration of intended audience & subsequent consideration of how to best communicate to these audiences to be built into development of priority route maps & IMTP in general, using the route maps as a communications opportunity.
- The Web Transformation Programme is improving our visibility through incorporating recommendations relating to our web presence and functionality and brand strengthening and rationalisation
- Further strategies to publicise PHW's work to additional audiences, i.e. social care, to be considered once web work is complete

Impact

- Establishment and implementation of both the PHW Publication Standards and Content Design Standards work programmes will tackle several elements around improving impact, guaranteeing quality, improving the usability and accessibility of our products. Working towards consistency of style and language as well.
- An annual cross-organisational forward look for research, evaluation and data outputs planned for that year will provide transparency and an opportunity for early user engagement and planning.

Engagement

- An evaluation of the use and effectiveness of the User Research team and User Engagement toolkit launched in 2023/4 will clarify if the current tools are providing enough support
- Further monitoring will be needed to explore current levels of engagement attempted by PHW staff, issues highlighted by users, and any additional improvements needed. This will be done through other elements of the Impact Approach with additional qualitative

Areas for Improvement

Suggested areas and actions for additional focus based on 2024 findings

Accessibility (grouped under visibility for 2023)

Meeting accessibility standards was raised several times by respondents and has become a more prominent priority in the 2024 survey.

- Accessibility guidance is currently being addressed by the Publication Standards group
- Taking forward a central oversight model, to tackle both accessibility and Welsh language compliance on the PHW website, has recently been given approval to progress to a Beta stage as part of the Web Estate Business Case
- An accessibility audit should be considered

Actionable messages (grouped under impact for 2023)

Translating our work into real-life or providing actionable messages was clearly identified as an area for improvement in both surveys but has increased in prominence in the 2024 survey.

- This is an area that will be addressed through the combined Content Design Standards and Publication Standards workstreams
- Monitoring of whether further work may be needed is recommended once these standards are embedded.

Data Improvements (mentioned in 2023 but more pronounced in 2024)

A focus on meeting user data needs. E.g. inequality monitoring and timely provision, was clearly raised by respondents, particularly in the 2024 survey.

- Specific data improvement findings to be fed into the appropriate channels within PHW.
- A cross organisational data improvement working group will be established to explore and address these needs

Many thanks to:

- All those who participated in the survey
- The PHW Communications team who assisted in the survey dissemination
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