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Iechyd Cyhoeddus
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Public Health
Wales

Name of Meeting

Knowledge, Research
and Information
Committee

Date of Meeting

17 June 2025

Agenda item:

3.5

**Proposal for the system to measure the impact of
delivering our strategic priorities**

Executive lead:

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Approval/Scrutiny route:

Director of Research, Data and Digital
Directorate

Purpose

To update KRIC on our progress in measuring our impact as we deliver our
strategic priorities.

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Committee is asked to:

- **Take assurance** on the measurement system presented.

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 paper proposes a measurement system to monitor and evaluate the delivery of our strategic priorities, and is relevant therefore to all the priorities

Strategic Priority/Well-being Objective

All Strategic Priorities/Well-being Objectives

Summary impact analysis

Equality and Health Impact Assessment

None required – this paper proposes how we could monitor and evaluate the health and equity impact of our strategic priorities routemap delivery.

Risk and Assurance

Risks are being managed in accordance with the Board Assurance Framework.

Health and Care Standards

This report supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act by demonstrating a transparent approach to delivering improvements that address the wider determinants of health, in line with the Duty of Quality.

Financial implications

Not Applicable

People implications

Will require awareness and understanding of new processes for reporting, and some resource from business areas to support. Resource in RDDD and Operations and Finance has already been allocated.

Purpose

The purpose of this paper is to update the committee on the implementation of the recommendations for the approach and delivery plans for a measurement system to monitor and evaluate how we are delivering our strategic priorities.

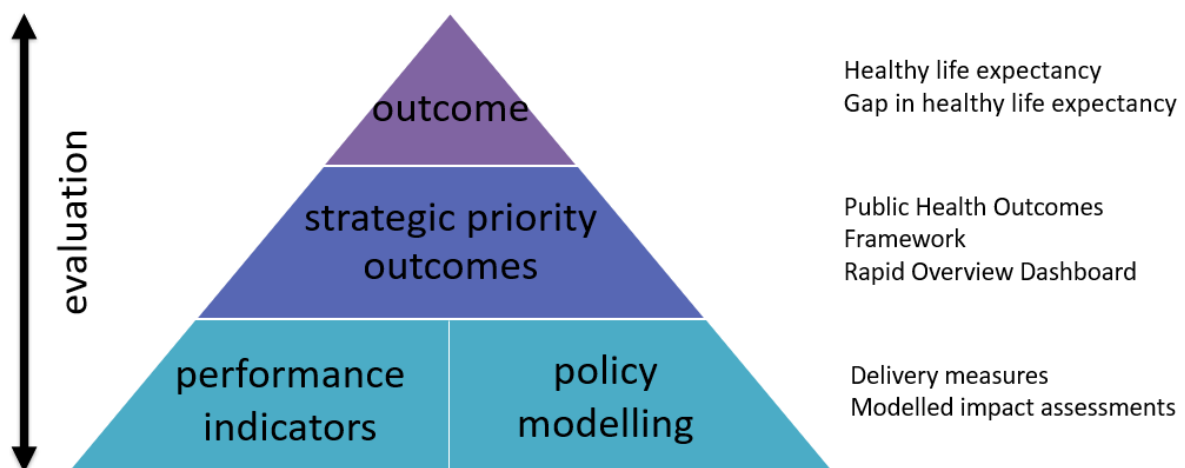
Background

Our measurement system is designed to assess how well we are delivering our strategic ambitions for improving health and well-being and reducing inequalities in the people of Wales in 2035. The system is intended to allow us to:

- Understand, monitor and evaluate our impact
- Drive prioritisation and decision-making
- Focus our resources
- Identify gaps in our delivery, including where we need to work with partners.

The framework for the measurement system is set out in Figure 1.

Figure 1: measurement system framework



There are five components in the measurement system. This ensures we capture our impact and efficiency in delivering that impact at every level.

It is important to understand that not every factor that has an impact on our strategic outcomes is within the remit of Public Health Wales to change. For example, Public Health Wales has little influence over global economic conditions, and we know that these can have an impact on local conditions and hence healthy life expectancy. However, we still need to understand our own impact on these wider outcomes, and to understand the opportunities to work with partners where change is outside our own remit.

1. High-level outcome indicators

At the highest level, agreed when we launched our strategy in 2024, are our organisational outcomes. Our overall vision is to improve the health and well-being of the people of Wales, and reduce health inequalities. Our indicators for this are:

- Healthy life expectancy at birth
- The deprivation gap in health life expectancy at birth

Our ambition for healthy life expectancy is to have halted the decline and begun the return to the level that HLE was at in 2019, pre-covid, by 2035.

The target for the gap in healthy life expectancy will be determined when ONS publish the latest breakdowns, which have been delayed because of quality concerns arising from the low response rate for the Annual Population Survey which is used to produce the healthy life expectancy estimates. ONS have said these will be published in August 2025.

2. Strategic priority outcome indicators

The organisational outcomes are supported by the strategic priority outcome indicators.

A set of indicators for each strategic priority has been agreed (Annex 1). These are focused on measuring the health outcomes which our activities are intended to affect. These outcome indicators form the apex of our measurement system, and will be published in the refreshed [Public Health Outcomes Framework](#), as well as in the Board papers. These will be augmented by an updated [Rapid Overview Dashboard](#), which provides a more timely indication of progress against our outcomes. The Rapid Overview Dashboard has been aligned with our strategic priorities.

3. Performance indicators

Sitting underneath the outcome indicators will be a set of indicators which will monitor our delivery efficiency and effectiveness. This will help us to understand how well our people and finances are focused on the most effective activities. These will include indicators on our own workforce and recruitment diversity, equality and inclusion, and the gender pay gap. This will be an iteration of the Performance Assurance Dashboard and Insights reports currently scrutinized by BET and Board.

4. Policy modelling

Not all our activities can be monitored through indicators. Where we are considering policy or implementation choices, we will use modelling for options analysis and decision-making. The modelling framework can then be used to monitor progress. Our emerging plan is described in Annex 2.

5. Evaluation

We have committed to capturing the impact of our actions (and, where appropriate, the actions of others) against our strategic priorities through an open and transparent, strategically aligned, evaluation programme. We will identify key activities within each strategic priority to evaluate independently of delivery (in development for 2025/26, Annex 3).

Where possible, we will inform the design and delivery of new initiatives to ensure they are rolled out in a way which enables us to understand their impact. This might include, for example, ensuring routinely collected data addresses key evaluation or monitoring questions, and there is due consideration of comparison and control groups; or the use of quasi-experimental approaches to enable us to

understand the counterfactual (what would have happened in the absence of our actions).

We will apply process, outcome and economic evaluations to help us to understand what works, for whom, and why. We will build our central expertise and competence in the application of robust statistical methods, including natural experiments, to strengthen our evidence generation to inform action.

6. Inequalities reporting

To reflect the importance of inequalities, BET and the Board receive a separate report on inequalities in the Board pack, in addition to the measurement system update. This supplement includes activities and analysis, and has a focus on research and analysis over monitoring indicators. It is separate from the measurement system updates, which include monitoring of inequalities for the breakdowns we have available (see Annex 1).

Developing the measurement system

The measurement system has been developed in a collaboration between RDDD, the Operations and Finance teams and:

- strategic priority leads and groups
- the Strategic Executive Team
- at a Board Development Session

Feedback from those discussions was incorporated into the measurement system presented here.

As a result:

- PHW has adopted the measurement system framework as set out in this paper and Figure 1
- The high-level indicators have been agreed and adopted. The update shared with the Board in May is presented in Annex 1. Strategic outcome indicators for Strategic Objective 1 - Influencing the wider determinants of health, and Strategic Priority 6 - Tackling the public health effects of climate change are still under construction, and the timetable for this is discussed in the Next Steps section.
- The policy and implementation modelling plan is being developed, and the initial focus for 2025/26 agreed.
- The evaluation priorities for 2025/26 set out in Annex 3 have been adopted
- The [Public Health Outcomes Framework](#) (PHOF) publication will include any additional strategic outcome indicators included in our measurements system and currently available.
- The [Rapid Overview Dashboard](#) has been re-structured to align with our strategic priorities.
- Reporting to BET and the Board in line with the agreed measurement system has been in place since May 2025.

Next Steps

- Completion of the development of new indicators:
 - Strategic Priority 1 'Influencing the wider determinants of health' – we will develop indicators measuring healthy life expectancy by WIMD domain (income, education, housing, access to services, employment) after the release of WIMD 2025 expected in late 2025, and we will work with the lead to include an additional set of underpinning indicators, to include for example child poverty.
 - Strategic Priority 6 'Tackling the public health effects of climate change' - indicators of temperature-related mortality and morbidity are currently in development, expected to be available in summer 2025 and March 2026 respectively. We are exploring indicators measuring PHW decarbonisation efforts and PHW response to climate-related incidents, expected to be available in summer 2025.
 - We are working to add information on deprivation gaps in indicators across the entire measurement system. Some of these will not begin development until the release of WIMD 2025.
 - We will include the healthy life expectancy by WIMD deprivation for the latest years once the data are available from ONS in August 2025.
- We will deliver the policy and modelling plan set out in Annex 2.
- We will consider how to use the measurement system to drive our planning and prioritisation for financial year 2026/27, which will commence in September.

Recommendations

The Committee is asked to:

- **Take assurance** on the measurement system presented.

Annex 1: strategic priority indicators, latest values and trends

These tables set out the strategic outcome indicators that were presented to the Board in May.

Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Overarching outcomes	Healthy life expectancy – males	60.3 years	2021-2023	↓	Not available	Not available	Not available
	Healthy life expectancy – females	59.6 years	2021-2023	↓	Not available	Not available	Not available
Mental wellbeing	Average mental wellbeing score – adults	48.1	2022/23	Not available	45.7	49.0	Not available
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑
	Feel a sense of community	63.8%	2021/22	Not available	54.1	69.1	Not available
Healthy behaviours	Smoking prevalence – adults	12.8%	2022/23	Not available	21.8%	7.5%	Not available
	Smoking prevalence – adolescents	2.6%	2023	↓	4.0%	2.1%	↓
	Healthy weight – adults	36.1%	2022/23	Not available	33.7%	39.5%	Not available
	Healthy weight – adolescents	65.0%	2021	Not available	Not available	Not available	Not available
	Meeting physical activity guidelines – adults	55.4%	2022/23	Not available	47.7%	61.4%	Not available
	Meeting physical activity guidelines – adolescents	18.3%	2023	↑	15.3%	20.4%	↑
	Alcohol consumption above guidelines – adults	17.2%	2022/23	Not available	14.6%	21.3%	Not available
	Alcohol consumption – adolescents	35.6%	2023	↓	32.4%	37.6%	↓

Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Sustainable health and care system	Avoidable mortality rate	277.3 per 100,000	2023	—	Not available	Not available	Not available
	Prevalence of atrial fibrillation	2,301.9 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of heart failure	1,140.9 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of stroke/transient ischaemic attack	2,005.3 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of hypertension	14,814.5 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of diabetes (ages 17+)	7,694.2 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of asthma	7,090.3 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of chronic obstructive pulmonary disease	2,085.7 per 100,000	2023	Not available	Not available	Not available	Not available

Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Excellent public health services	'6 in 1' vaccination coverage at age 1	94.2%	2023/24	↓	Not available	Not available	Not available
	MMR coverage at age 2	92.9%	2023/24	—	Not available	Not available	Not available
	HPV coverage at age 15	74.1%	2023/24	↓	Not available	Not available	Not available
	All routine immunisations coverage at age 1	93.1%	2023/24	—	89.8%	95.8%	↑
	All routine immunisations coverage at age 2	90.8%	2023/24	—	87.3%	93.6%	↓
	All routine immunisations coverage at age 4	84.6%	2023/24	↓	78.3%	90.2%	↑
	All routine immunisations coverage at age 5	87.8%	2023/24	↓	82.9%	91.3%	↑
	All routine immunisations coverage at age 15	62.2%	2023/24	↓	50.5%	71.8%	↑

Annex 2: policy and implementation modelling

Table A2.1 describes the work underway and planned on policy and implementation modelling to support the measurement system.

Table A2.1: policy and implementation modelling activities

Strategic priority	activity	status
1. Wider determinants	<ul style="list-style-type: none"> • Collaboration discussions with Our Future Health, Niesr and Health Policy Modelling underway, to explore economic decisions, policy and health, focussing on economic activity and health • Workshop on 10 June to refine plan for policy modelling 	Both in development
2. Mental and social well being	tbd	
3. Healthy behaviours	<ul style="list-style-type: none"> • Active collaboration with academia on modelling the impact of smoking policies • PHW data scientist's modelling of obesity drug impact has just begun in SAIL • Further discussions planned around modelling obesity and nutrition 	In progress
4. Sustainable health and care system	<ul style="list-style-type: none"> • Demand and capacity modelling for DESW • <u>Prevalence of diseases trends, projections and risk factors</u> 	Modelling for DESW is completed, prevalence work well progressed
5. Excellent public health services	<ul style="list-style-type: none"> • Follow-up discussion planned to explore potential for modelling impact of lung cancer screening, antimicrobial resistance • Analysis in SAIL linking cancer data to screening data to explore impact 	In development

6. Climate change	tbd	
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Annex 3: PHW Evaluation Programme for 2025/26

Table A3.1 presents the strategically aligned activities identified as potential areas for evaluation in 2025/26 (as of 4 June 2026)

Some programmes are currently being scoped to ascertain whether the programme/initiative is at a stage where it can be evaluated, and the implementation teams are in support of the activity being evaluated.

The timeline will depend on further detailed scoping, and the availability of resources.

Table A3.1: evaluation activities 2025/26

	Strategic priority	Evaluation	Status
1	Wider determinants	none	
2	Mental and social wellbeing	Hapus National Conversation	agreed
		Hapus Strategic Partnership	agreed
3	Healthy behaviours	Healthy Schools Programme	agreed
4	Sustainable health and care system	Tackling Diabetes Together	agreed
		All Wales Diabetes Prevention	agreed
5	Excellent public health services	Vaccine Prevention	agreed
		AMR Stewardship	agreed
		Sexual Health Services	agreed
		Cell free DNA testing	agreed
		Diabetic Eye Screening Wales	agreed
6	Climate change	none	