

Better health through behavioural science:

An enabling plan for Wales



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Better health through behavioural science: an enabling plan for Wales

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Behavioural Science Unit:

The Public Health Wales Behavioural Science Unit provides specialist expertise on behavioural science and supports and enables the routine and systematic application of it, to improve and protect health and wellbeing in Wales, and reduce inequities.. The Unit is part of the World Health Organisation (WHO) Collaborating Centre on Investment in Health and Wellbeing.

For further information, or support around the application of behavioural science to improve and protect health and wellbeing in Wales please get in touch.

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Executive summary

Activity to improve or protect health and reduce health inequity is happening continuously, and almost always relies on *individuals doing something differently*, be they members of the public or professional groups. Similarly, most interventions aiming for better health - such as legislation, policy, services or communications - require changes in behaviour (*observable measurable actions*). Behavioural science is concerned with understanding the determinants of those observable measurable actions, and then deploying approaches or techniques most likely to change or sustain them, depending on the objective. By routinely and systematically deploying behavioural science we can 'get what we aim for, more often' from our policy development and practice endeavours; we can realise a **behavioural dividend** and optimise our impact on health and/or equity.

This plan aims to deliver the behavioural dividend for public health in Wales by serving as a route map for how behavioural science will support delivery of Public Health Wales' Long Term Strategy to 2035 - so more people live longer, healthier lives and all people have fair and equal access to the things that lead to good health and well-being.

At the core of this enabling plan is the vision that, '*Activity to deliver better health and reduce health inequity is optimised through the systematic application of behavioural science, in its development, implementation and evaluation*', with objectives focused on developing and sustaining capability, opportunity and motivation to apply behavioural science, as well as developing and embedding systems, processes and approaches in our 'business as usual'. This vision, and objectives, have wide applicability across all domains of public health and with the potential to optimise extant and new work around each of the six strategic priorities in our Long-Term Strategy [summarised in Figure 5, page 12], and their associated Route Maps. It is a plan for the public health system, and the professionals and policy and decision makers that comprise it.

The development of this plan draws on regional and international approaches to the use of *behavioural science for better health*, including from the World Health Organisation and governments and national public health institutes globally. Lessons have been drawn from work applying behavioural science to projects and programmes in Public Health Wales, and supporting its application by stakeholders in health boards, the transport sector, and local and central government. The plan acknowledges and integrates with the Wales specific operating context, and is aligned with and supports the delivery of the ways of working described in the Well-being of Future Generations Act, and the driver of the Duty of Quality.

In the spirit of using the science to increase the systematic use of the science and recognising that the public health system is dynamic and complex, the aim is to incrementally increase capability, opportunity and motivation to systematically design-in consideration and response to human behaviours. The seven *key enabling action areas* summarised in Figure 1 will be used to realise this ambition, each containing deliverables spanning the short to the longer term:



Figure 1. Enabling action areas

Demand and necessity to deploy behavioural science across the public health system to protect and improve health and reduce inequity is clear and present. This plan outlines action to meet those demands and build sustainable approaches to routinely using behavioural science in support of the delivery of Public Health Wales' Long Term Strategy.

Introduction

Activity to improve and protect health, and reduce inequity happens continuously in the public health system. Needs are assessed, evidence synthesised, innovation and interventions planned and delivered, and impact evaluated. This work sometimes happens at pace and under pressure, and always with good intent. It also almost always relies on individuals doing something differently - be they segments of our population, the whole population, or groups of professionals or other stakeholders - starting, stopping, continuing in a 'new way' with action to improve or protect health, or reduce unfair/avoidable differences in health status. However, our work does not routinely and systematically account for what might determine and/or influence those actions, and then lead to the use of the approaches with the active ingredients most likely to deliver them. By deploying behavioural science we can 'get what we aim for, more often' from our activity – we can realise a **behavioural dividend** that optimises the impact of our policy aspirations and delivery endeavours.

This plan is for the public health system, and the professionals and policy and decision makers that comprise it, and aims to deliver the behavioural dividend for public health in Wales. It will support delivery of Public Health Wales' Long Term Strategy to 2035 - so more people live longer, healthier lives and all people have fair and equal access to the things that lead to good health and well-being.



Vision and objectives

To deliver the behavioural dividend and optimise activity to improve and protect health, and reduce inequality, this enabling plan relies on embedding the application of behavioural science in professional practice, supported by organisational systems and processes. This could be seen as large-scale *behaviour change*, and consequently behavioural science frameworks, evidence and analyses have been used to develop the plan and will be used in its implementation.

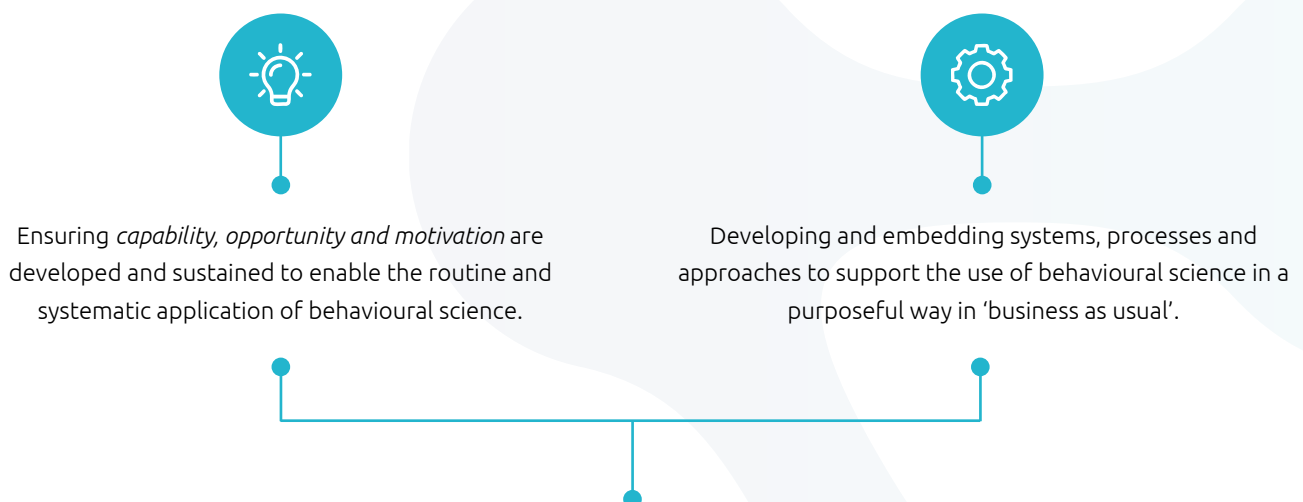
2.1 Vision statement

Activity across Wales' public health system to deliver better health and reduce health inequity is optimised through the systematic application of behavioural science, in its development, implementation and evaluation.

['Activity' includes the range of policies, strategies, services, systems approaches and communications that the public health system deploys]

2.2 Objectives

To achieve the vision there is a need to enable and encourage the use of behavioural science as a lens, across the public health system, built on a clear recognition of the value that can be added in both better understanding the determinants of target behaviours; and in developing and/or optimising activity using behavioural evidence. Actions in the following areas underpin this:



This vision and objectives rely on a range of actors across the organisation and wider system, routinely conceptualising challenges, aspirations, and opportunities and then developing and implementing interventions with purposeful consideration of human behaviour as a key component. The vision will be realised (sometimes referred to 'as what good looks like') when behavioural science application is 'business as usual', more specifically:



2.3 Who is this plan for?

This plan is primarily for Public Health Wales and the public health system in Wales, including health boards, local authorities, Welsh Government, academic institutions and third sector. Staff at multiple levels, across multiple policy areas and the range of professional/role functions, can benefit from and/or contribute to the routine, systematic use of behavioural science to better improve and/or protect health and reduce inequity.

For the purposes of this plan, interested staff can be categorised into three broad groups:

- 1 Those who can use behavioural science to optimise their efforts for better health outcomes. These staff develop or deliver 'interventions' for better health, including: policy; guidance; systems change; 'service' design and improvement; communications professionals; and front-line health and care staff.
- 2 Those who can create the conditions within organisational, professional and system structures and processes that enable others to use behavioural science as a lens, making it attractive, easy, normal and routine – business as usual. This group includes (but is not restricted to): senior leaders and managers; strategic planners; professional and organisational development staff; data, knowledge and research teams; and professional and organisational regulatory bodies' staff.
- 3 The wider behavioural sciences community, including academics, collaborating and co-producing solutions, including: providing specialist behavioural science "services" to the system; connecting research with delivery for innovation and impact; enabling system access to expertise; and planned capability development.

Behavioural science: supportive and connected

3.1 An active contribution

Behavioural science has wide applicability, across all domains of public health and with the potential to optimise extant and new policy, services, communications and systems approaches. Routinely and systematically considering human behaviour and using processes, theories, models and techniques to develop or modify our interventions, can realise the behavioural dividend. The application is broad; from actions to underpin sustainable and climate protective behaviours, increasing the uptake of health protection and screening services, adoption and adherence of health promoting behaviours for physical and mental well-being, to supporting the sustainability of public health services.

Public Health Wales' (PHW) positioning of behavioural science reflects the World Health Organisation's (WHO) view of Behavioural and Cultural Insights - as an enabling function (WHO, 2022). Public Health Wales' Long Term Strategy notes that *"Our Behavioural Science Unit will provide specialist expertise and enable the routine application of behavioural science to improve and protect population health and well-being. Support, guidance and capability building for stakeholders across the public health system, will help deliver a step change around achieving our strategic objectives."*

This endeavour will focus on actions in Figure 2.

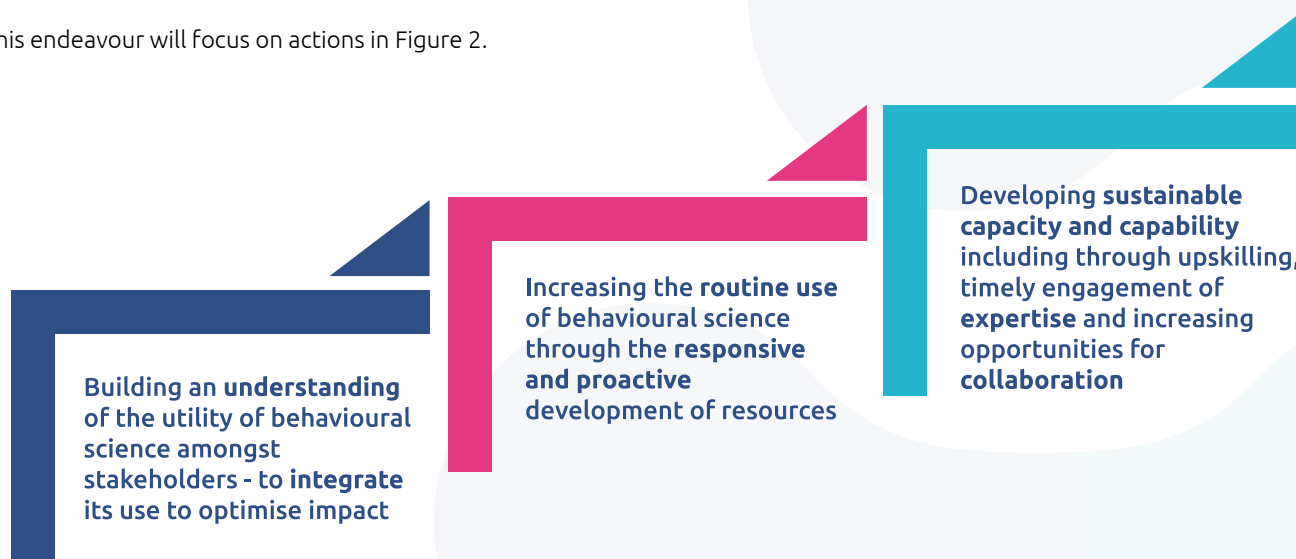


Figure 2. Fundamental actions for PHW Behavioural Science Unit

A description of current operating contexts and readiness to utilise behavioural science across the public health system is offered as Appendix A. Numerous aspects of the legislative, strategic, planning and policy environment that will influence delivery of the Long-Term Strategy require or rely on behaviour change - of professionals or the public. For example, aspirations such as wanting to "support people to achieve their own well-being" (National Assembly Wales, 2014); to have "more health and care services which stop people getting ill by detecting things earlier, and preventing them altogether" (Welsh Government, 2018); requiring Welsh Ministers and NHS bodies to think and act differently in terms of their work's effectiveness, efficiency, equitable nature, safety, timeliness and person-centredness (Welsh Government, 2023a); and, the Strategic Programme for Primary Care (NHS Wales) ambitions to improve mental well-being, and prevent obesity and diabetes, all illustrate the need for new or different behaviours of professionals, elected officials or/and the public.

Similarly, Wales' response to the climate emergency, recognised by the WHO as the most significant current public health threat, will require multiple changes in behaviours, by almost everyone. The PHW strategic priority to tackle the public health effects of climate change includes action to provide technical advice on policy, behavioural change, communication, surveillance and guidance. Ensuring a fair and equitable transition to achieve Net Zero by 2050, will involve the "mobilisation of stakeholders" and the people of Wales "ensuring they... make the right decisions for themselves, their community and the planet" (Welsh Government, 2023b).

The Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015) requires action in "the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals." Cymru Can (Future Generations Commissioner for Wales, 2023), the strategy for the Future Generations Commissioner for Wales 2023-2030, calls for urgent and transformational change, whether we "work for a public body, run a business, are part of the voluntary sector, act as an elected representative or are someone who wants change, we are all part of the solution" – that is, our behaviours are part of the solution. Table 1 shows in more detail how the application of behavioural science can contribute to the Five Ways of Working, required by the Well-being of Future Generations (Wales) Act 2015.

Wellbeing of Future Generations Act 'Way of Working'	Example of where behavioural science can contribute
Long term	- Identifying ways to combat the tendency for people to prioritise immediate perceived benefits over longer-term costs. - Identifying structural changes to social and physical environments that will sustain new behaviour patterns. - Supporting the development of new habits and routines
Prevention	- Identifying how to create a culture in all sectors of society that strongly values health and wellbeing. - Establishing optimum means of educating and empowering all sectors in society to behave in ways that maximise health and wellbeing. - Identifying key components of services that support the population in combating unhealthy behaviours.
Integration	- Supporting the development of 'systems maps' that show how the behaviours of different actors (organisations, individuals and groups) influence each other and important outcomes. - Identifying how behaviour change designed to achieved desired outcomes can have spill over effects, positive and negative, on to other outcomes. - Supporting decision making in complex interacting systems by providing tools and models that aid comprehension.
Collaboration	- Supporting identification and prioritisation of possible partnerships. - Identifying barriers and facilitators to effective collaboration. - Providing resources and evidence based principles to support effective collaboration within and across sectors.
Involvement	- Identifying and helping to engage key stakeholders. - Providing resources and insights to support effective co-production of policies, services and interventions. - Addressing concerns about, and possible counter movements to, beneficial policies and interventions.

Table 1. How behavioural science helps deliver the Well-being of Future Generations (Wales) Act 2015

Central to behavioural science is the early, data and evidence-based identification of the population or group of focus, followed by developing an understanding of their specific social and environmental contexts as determinants of behaviour, as well as the psychological and cognitive drivers. This use of frameworks and models from behavioural science enables decision makers and practitioners to take a more tailored and targeted approach to intervention development or improvement - that is less likely to lead to “intervention generated inequalities” (Marteau et al., 2015), and more likely to address or offset inequities. In these ways behavioural science can support the reduction of health inequality that is central to, and explicit in the Long-Term Strategy.

Integration with these approaches, to realise the behavioural dividend, points toward behavioural science, being used as a routine, default lens – rather than a tool to pick-up, sometimes. This plan adopts the principle of using behavioural science to increase the use of behavioural science – recognising and working with Capability, Opportunity and Motivation of people working in the public health system in Wales.

3.2 Routine, systematic use of behavioural science

Behaviours are the starting point for using behavioural science in efforts to improve healthy life expectancy and/or reduce inequity. For the purposes of this enabling plan a behaviour is defined as: an observable, measurable action, usually in response to an internal or external stimulus.

By definition, behaviour is not (for example): awareness, knowledge, skill, attitude, understanding, or buy-in; starting at these points largely circumvents the application of behavioural science.

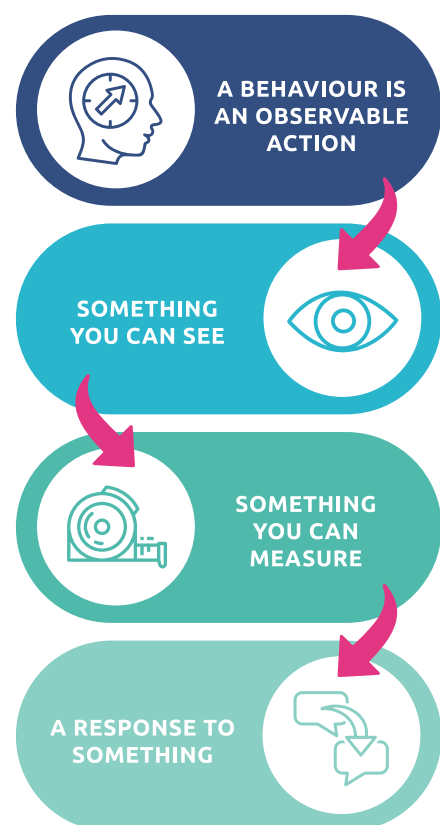


Figure 3. Defining behaviours

Behavioural science is the scientific study of behaviour – what enables it, what prevents it, and how best to elicit and maintain it. It involves collecting and analysing data, synthesising evidence, building models and theories to predict behaviour, and developing/adapting and evaluating interventions to influence it. Behavioural sciences include but are not limited to psychology, sociology, behavioural economics, and anthropology.

Using behavioural science as a lens for our practice means routinely and systematically identifying critical behaviours in populations-of-focus (public or professional groups) that are on the critical path to successful implementation, impact or outcomes from our interventions, or those populations or population segments in greatest need at that point. Using epidemiology and/or participatory methods, carefully selecting the behaviours that will have the biggest impact on the health outcomes being aimed for is an ethical and effective starting point.

A recent guide to using behaviour science, across all aspects of government (National Science and Technology Council, 2024), has highlighted how fundamental social and behavioural sciences are to “...every major national and global challenge we face...”. The comprehensive guide advocates for using behavioural science to inform the conceptualization, development, implementation, dissemination, and evaluation of interventions, programmes, and policies.

3.3 Behavioural science enablement and support

The PHW Behavioural Science Unit (BSU) was established in early 2022, with a mission to enable the routine use of behavioural science for better health within PHW and amongst its key stakeholders. Since the launch, the Unit has been working within PHW and partners, including close association with the WHO Regional Office for Europe, and their Regional Action Framework for Behavioural and Cultural Insights (WHO, 2023), and associated guidance on setting up behavioural insights units for better health (WHO, 2022).

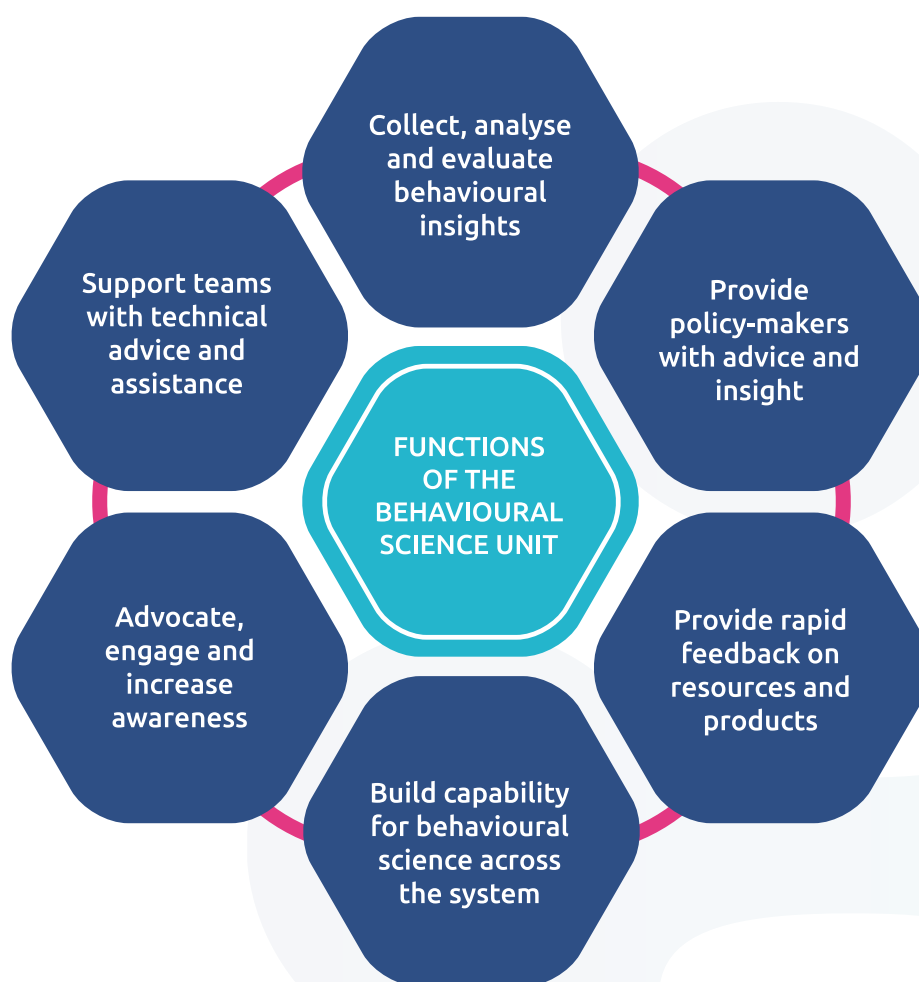


Figure 4. Functions of the PHW Behavioural Science Unit

The Unit has provided these functions across PHW and for a range of key stakeholders on their work for better health. Examples of work thus far, in relation to the above domains, includes:



The Behaviourally Informed Communications Initiative – systematically optimising and testing changes to more than 30 personal communications (letters, texts, webforms), through the use of behavioural science and design.



Undertaking novel behavioural systems mapping with professions providing care for people with diabetes, in a high-prevalence Health Board area, via the Tackling Diabetes Together Programme, ensure a behaviourally informed approach to improvement.



Working closely with Transport for Wales (TfW): creating a TfW-funded, BSU-managed specialist post enabling the embedding of behavioural science for active and sustainable travel. TfW have adopted a co-developed strategy to embed behavioural science across the organisation.



Rapid advice and support around increasing HIV testing uptake; winter respiratory disease prevention campaigns and increasing vaccination uptake; as well as to outbreak control and incident management teams.



Capability building activity has included: bespoke training for Speciality Registrars, Health and Care Research Wales, and in several Health Boards; research in collaboration with University of Bangor, to understand factors influencing the application of behavioural science across the public health system.



Significant advocacy and leadership for the use of behavioural science for better health has been undertaken across the public health system at all levels, including with PHW Board, Welsh Government and via members our Community of Practice for Wales. Guides, tools and methods have been co-produced and feature in a repository of global research and resources on the use of behavioural science.



Technical advice and support have been provided, for example in Health Improvement around Healthy Weight: Healthy Wales, with support to system leads for integration; undertaking behavioural diagnoses; supporting resource production for the Food and Families national pilot; and working with the National Exercise Referral Scheme leads on processes, systems and application.

We have worked with providers including academic institutions across Wales and the University College London Centre for Behaviour Change among others and have attracted funding as co-investigators in the UK Research and Innovation (Economic and Social Research Council) funded Leadership Hub for Behavioural Research (BR-UK). There have also been a number of commissions of behavioural science 'services' from other organisations across the public health system in Wales, including providing training or undertaking behavioural analyses to inform intervention selection and development.

These examples illustrate the range of topics and stakeholders the BSU works with and provides insight around future needs and opportunities. Our strategic operating model reflects the importance of balancing providing rapid advice and support with developing sustainable system-wide capability - so that behavioural science is used at the earliest opportunity in policy and practice. The enabling areas and strategic actions below aim to meet the needs identified in the analysis, and reflect the current application of behavioural science.

Priority enabling areas of focus

4.1 Prioritisation application

Enabling Public Health Wales' Long Term Strategy will involve prioritising areas to support the use of behavioural science, adding maximum value in the route maps to delivering the six strategic priorities:

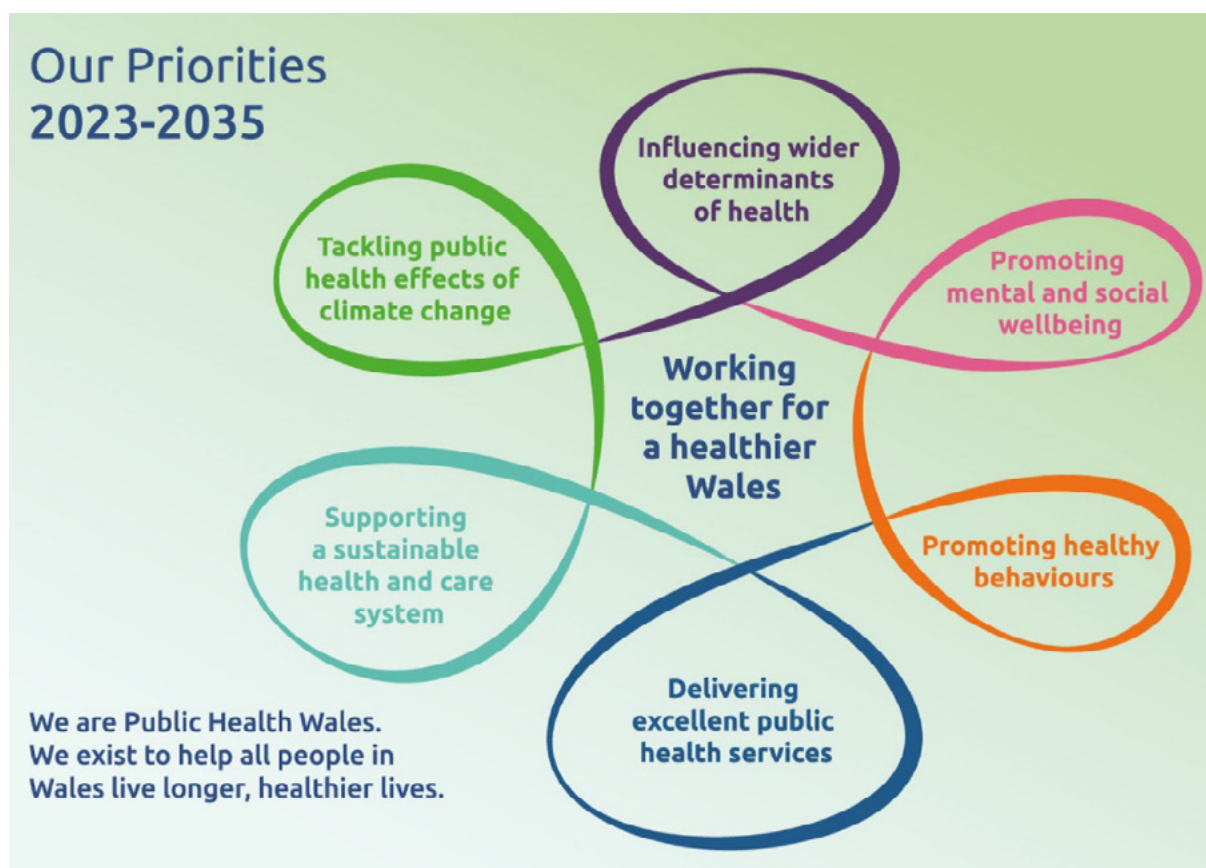


Figure 5: Public Health Wales Long Term Strategic priorities, 2023-2035

Key drivers for the wider public health system where behavioural science could add value, include: enabling the NHS to take action on prevention and early intervention; helping people to stay well and manage their own health; sustainability and the climate emergency, including realising the WBFCA Five Ways of Working and the Duty of Quality; and increasing health equity. Behavioural science can also add value to 'systems working' approaches, health impact assessment, prioritisation, innovation and improvement methods and other approaches in public health practice.

Consideration of priority staff groups, in relation to use of behavioural science and enabling that use, will underpin this work. Prioritisation will include consideration of the level of potential population health impact; the extent to which behavioural science is already deployed; extant knowledge, skills, operating contexts and beliefs; as well as the potential pace and scale that routine, systematic use of behavioural science can be adopted.

4.2 Formulating enabling actions

A Strategic Plan Advisory Group provided challenge and support to the development of this plan, the Group comprised public health system leaders and behavioural science experts from across Wales and wider.

The Behavioural Science and Public Health Network (BSPHN) Community of Practice for Wales, which was established in January 2023 and currently has over 300 members, participated in a workshop to help identify content areas for this plan. Other stakeholder involvement activity was undertaken with: Public Health Wales Board, WHO Europe Behavioural Science Focal Points, the Policy and International Health Directorate, and behavioural science teams in Sweden and Netherlands.

The enabling action areas below were developed through engagement and with reference to primary documents including: Improving People's Health: Applying behavioural and social sciences to improve population health and well-being in England (Public Health England, 2018), the WHO European regional action framework for behavioural and cultural insights for health, 2022-2027 (WHO, 2023), and WHO Europe guide to Setting up behavioural insights units for improved health outcomes: Considerations for national health authorities (2022). Other key publications used to formulate this plan include: Tools and Ethics for Applied Behavioural Insights: The Basic Toolkit (OECD, 2019); A Manifesto for Applying Behavioural Science (The Behavioural Insights Team, 2023); and, Exploring factors influencing the application of behavioural science within public health practice across Wales (Knowles & Gould, 2023).



Figure 6. Enabling action areas

To provide reactive flexibility the following sections include exemplar actions including short term objectives to shape progress, and moving to conditions in the longer term to maximise success, building on what is learned.

4.3 Enabling action areas

1. Building understanding and support for using behavioural science, through advocacy and engaging stakeholders where they are

Stakeholder engagement and research thus far indicates that behavioural science is being applied within public health policy and practice, but only opportunistically and on an ad hoc basis. The potential to enhance current practice and so the impact of activity and interventions is widely acknowledged. Building on existing engagement and readiness assessment work across the public health system and emerging national and international activity, targeted and strategic advocacy and structured and cyclical stakeholder engagement is proposed.

Engagement, advocacy and information to increase capability, opportunity and motivation to deploy behavioural science is needed across the system (horizontally and vertically). Illustrating the utility, in audience tailored ways, through examples, demonstrations, exchange and trainings will be provided in the short term. In the medium to longer term, as the application of behavioural science becomes more routine it is likely that advocacy needs will decrease, but support needs will increase as will the need for continuous improvement.



Exemplar Deliverables

Short term

Long term

Strategic mapping exercise with stakeholders, including through existing Community of Practice.

Descriptor: Prioritisation and assessment of capability and readiness, drivers and approaches, to better understand needs, framing, messenger and channels

A tailored relationship management approach.

Descriptor: Targeted and strategic advocacy effort to help ensure key stakeholders needs are met

Levels of understanding of the utility and applications of behavioural science are reinvigorated and renewed on a cyclical basis

Descriptor: stakeholder groups' unique contributions supported and elicited, with consideration to organisational/system churn

Raise awareness of the utility of the behavioural science as a lens to optimise impact for better health.

Descriptor: Highlighting the explicit theory, evidence and mechanism of action within interventions (for example through, case studies, peer-reviewed publications, unit website, events, conferences,)

Support the expanded use of behavioural science innovations in the public health system.

Descriptor: e.g. Mobilising research and evidence to key decision makers in the public health system

Available, accessible and acceptable knowledge resources confirming impact and outcomes from behavioural science research and evidence.

Descriptor: Knowledge mobilisation resources, platforms and activities

2. Integrating behavioural science into organisational standard processes and professional systems

Reflecting the wider evidence base on changing behaviours, there is a need to resist relying on individual judgment and decision making alone for the routine deployment of behavioural science for better health, in daily work. Changes to systems, processes and operating contexts are needed to support this improvement, and could include prompts and resources that allow expertise to be integrated into business as usual, and as early as possible in the development of policy, services or other interventions. In the medium to longer term this may include standard operating processes, gateways, scrutiny and sign-off approaches to elicit the active consideration and response to human behaviours in policy development, service (re)design, and communications. These system-level changes recognise that sustainable outcomes and impact are difficult to achieve through isolated efforts aimed at increasing capability and motivation.

This integration approach aligns with a culture of evidence-based action – prioritising data-driven, behavioural-informed actions and fostering innovation and continuous improvement. Positioning behavioural science approaches alongside other established and emerging good practices is needed, e.g. using a range of data to identify and prioritise action around unmet needs; using behavioural systems mapping to maximise intervention development; and trans-disciplinary working and knowledge sharing are all development areas. As well as these alignment and integration improvements, to sustain the improvements throughout the system, work with partners will be needed to ensure behavioural science expertise features as an integral part of training and ongoing professional development, and ultimately driving and assuring the positioning of behavioural science in appropriate training curricula.



Exemplar Deliverables

Short term

Long term

Provide dedicated support to pathfinder areas to embed behavioural science in to planning and operations

Descriptor: Assess and develop strategic and operational plans and processes including gateways and reporting, which can drive the use of behavioural science

Develop an understanding of the best ways to embed enabling actions in strategies for better health

Descriptor: Exploring the processes around policy development, service design, scrutiny, assurance and investment decision making

Operating model that more systematically deploys data and behavioural sciences

Descriptor: Approaches that have evolved to deal with volatile, uncertain, complex and ambiguous public health challenges

Identify priority organisational processes which could better enable the systematic use of behavioural science in practice

Descriptor: Exploring the processes around policy development, service design, scrutiny, assurance and investment decision making

Develop opportunities for increased transdisciplinary working between behavioural science academics and practitioners.

Descriptor: fellowships, placements, and internships for behavioural science academics into non-academic organisations

Human behaviours, integrated with other imperative considerations, such as finance, in strategic, tactical and operational activity

Descriptor: Exploring the processes around impact and investment decision making

Explore mechanisms for the active consideration of behavioural science in models/ways of working in public health practice:

Descriptor: e.g. policy development, systems thinking and whole systems approaches, impact assessment

Embed the systematic use of behavioural science into models/ways of working in public health practice:

Descriptor: e.g. policy development, whole systems approaches, impact assessment, quality improvement, and communications

Professional competencies and standards include and reflect behavioural sciences.

Descriptor: Strengthen behavioural and social sciences (knowledge, skills, use) in pre and post-service training, and focus on practice

3. Building capability in behavioural science application, and system-wide sustainable capability

Recognizing and expanding knowledge and skills to develop and commission behavioural science-informed interventions is essential for addressing volatile, uncertain, complex and ambiguous public health challenges. A recent mixed-methods assessment of existing knowledge and readiness across the public health system indicates the need to equip professionals with capabilities, opportunities and beliefs and attitudes around integrating behavioural science into their work effectively. Sustainable approaches are needed to support the translation of best practice and theoretical knowledge into real-world practice. A combination of continuous professional development opportunities proportionate to need and demand, increased trans-disciplinary collaboration and structured knowledge mobilisation are needed. A further-developed community of practice should enable peer learning, sharing of insights, guidance, and foster collaboration, particularly between public health practitioners, leaders and academics.



Exemplar Deliverables

Short term

Long term

Develop a multi-level capability development programme to increase the routine application of behavioural science

Descriptor: e.g. meeting people where they are at; universal and accessible knowledge offer; tailored support for a cadre of behaviour change agents; team development; and leadership to deploy behavioural science

Review needs, develop and promote (further) tools and guidance for the systematic and judicious use of behavioural science

Descriptor: e.g. Intervention design, implementation, and commissioning guidelines; guide to using behavioural science in systems working; quality standards; commissioning templates and frameworks

Staff at all levels across the public health system have the tools and linked resources to support the application of behavioural science

Identify and promote activity that explicitly uses behavioural science

Descriptor: e.g. Develop a behavioural science knowledge mobilisation framework, including exploring needs and utility of a behavioural science repository

Identify and promote integrated behavioural science approaches (e.g. pathway to impact planning; application in complex systems)

Staff across the public health system have easy and timely access to relevant, high quality behavioural science research and resources



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Further develop the Behavioural Science Community of Practice for Wales to create more opportunities for knowledge transfer and expert behavioural science support to practitioners across the public health system

Identify and develop further opportunities/mechanisms to connect the behavioural science research community with policy/decision makers and practitioners to make best use of expert capability by the public health system in Wales

Descriptor: e.g. workshops and scientific meetings; Behavioural Science Link-Tank; better letter -type initiatives

Build on existing capability and readiness assessment work to understand the behavioural barriers and facilitators amongst prioritised segments of the workforce in the public health system, to tailor enabling action.

Descriptor: e.g. Take a robust mixed methods approach to understanding the readiness, barriers and facilitators of identified groups

4. Collecting, analysing, evaluating and deploying behavioural insights and linked data

Data on, and insight into, behaviours and their determinants are critical to changing behaviours. These data could include: numbers or rates relating to the target behaviour; data on sub-behaviours from surveys, social media, or sensor data; and the cognitive and psychological aspects of Attitudes, Emotions, Interests, Opinions (and Understanding). Collecting, assembling and analysing data of this nature provides insight into human behaviour to consider alongside epidemiological or burden of disease data, and so form a foundation for intervention development – for improving and protecting health and optimising action to prevent or reduce health inequity. Data also plays a pivotal role in evaluating interventions, recognising the power of observational data to validate that self-reported and provide an improved ‘enquiry’ into behaviours in context.

To develop the data ‘golden thread’ in behavioural interventions, actions to pool insight gathered from multiple sources would be helpful, alongside developing methods and guides. Actions of this nature can support the integration of behavioural insights and linked data into decision-making processes - enabling the development of high-quality interventions. Quality here reflects the Duty of Quality domains of effective, efficient, equitable, safe, timely and person-centred.



Exemplar Deliverables

Short term

Long term

Map routinely available data and analyses, including on behavioural determinants, to support changing behaviours around key public health outcomes/topics of focus and health inequity

Understand digital options for identifying appropriate Behaviour Change Techniques to influence behavioural mechanisms of action for priority behaviours within important populations

Digital approaches to interrogate the behavioural science literature for effective Behaviour Change Techniques are available and easy to use

Explore opportunities for using novel data sources, platforms, and data collection methods to better understand behavioural determinants (of priority behaviours in priority populations).

Explore how using machine learning/AI can support the ethical application of behavioural science, for targeted behaviour change interventions at large scale

Data from diverse sources is routinely synthesised, and readily available to underpin the development of more effective public health interventions



Map existing system-wide mechanisms for qualitative and quantitative behavioural insight collection

Develop an approach to collect, collate, assess and mobilise data on behavioural determinants from research and robust practice.

Descriptor: e.g. on project-by-project basis; in stand-alone surveys; from other/multiple sources

The range of mechanisms/channels, across the public health system, engaging with groups of staff or the public are available for collecting data on behavioural determinants/for behavioural diagnosis

5. Ensuring technical advice and rapid feedback is available, accessible and acceptable - across teams, functions and policy areas

Moving from ad-hoc to routine application will require, in part, access to technical support in timely ways, and in the shorter-term rapid feedback on interventions. Access to support will need to be via clear and multiple channels, and include facilitating connection to others, through academic partnerships, and fostering collaboration. Providing support at scale should also form part of the specialist offering - connecting behavioural science expertise with practitioners to develop, implement and measure impact from behaviourally informed interventions.

Access to expertise will be important for problem-solving and sustained development across teams, functions, and policy areas – with responses at operational, tactical and strategic levels. Platforms and opportunities are needed to contribute insight and provide guidance and advice to those addressing complex behaviour-based challenges. As noted above the community of practice can support access to expertise in peers and across sectors.

Connecting directly to Behavioural Research UK the UKRI/ESRC Leadership Hub for Behavioural Research, and developing collaboration mechanisms including around the research-implementation bridge, social research, design, delivery, and evaluation of interventions will help build availability and accessibility to support.



Exemplar Deliverables

Short term

Long term

Develop a programme to deploy and test behavioural science-informed direct communication interventions, at scale.

Descriptor: e.g. connecting behavioural science expertise with practitioners to develop, implement and measure impact from behaviourally informed direct communications with the public

Advocate for and provide behavioural science-informed guidance and methods to enable consideration of the wider (behavioural) system in BSU advice and feedback.

Descriptor: e.g. Support systems thinking and whole systems approaches with methods such as behavioural systems mapping

Advice responsive to needs and drawing-on contemporary evidence and practice in the application of behavioural science for better health.

Provide, timely advice and support in response to requests for assistance which is proportionate and prudent.

Descriptor: e.g. Develop and employ a robust criteria for the prioritisation, scoping and delivery of BSU reactive work

Advocate for and support behaviourally informed proportionate evaluation of implementation, impact and outcome of behavioural science interventions.

Descriptor: e.g. employ methods and tools to assess changes in: techniques, mechanisms of action and behaviours are measured appropriately in process and outcome evaluations (Link to Research and Capability enabling areas)

Provide specialist behavioural science support to partners' commissioning of "behavioural science services"

Descriptor: e.g. Use of consultation to invitation to tender content, development of frameworks, bid assessment support

Prioritisation exercise to confirm topics for the proactive application of behavioural science for improving health and well-being.

Descriptor: e.g. understanding the drivers for public health action and the health and health inequity priorities they relate to

Timely brokerage of collaboration between research community and wider public health system for projects with complex/robust behavioural science needs.

Descriptor: e.g. Develop mechanisms to build understanding of the need for specialist behavioural science input

Encourage and support the writing up and publication of behaviourally science-informed projects

Descriptor: e.g. supporting the identification of data/collection methods to measure behaviours and their determinants

6. Conducting and facilitating behavioural science research, including through collaboration with academics, to impact and show impact

Evidence can be built and shared through pro- and re-active development of behavioural experiments/research, particularly through collaboration with academia to bring rigorous methodologies and cutting-edge insights, enriching the research process and ensuring robust findings. Partnering with academia can allow access to a diverse range of research methodologies, support interdisciplinary approaches, bring capacity and investment opportunities to further strengthen to application of behavioural science for better health.

Demonstrating the impact of applying behavioural science requires a multifaceted approach that could involve implementing behaviourally informed policies, designing user-centred products and services, or optimizing processes to align with/ elicit human behaviour change. There is a need to assess the effectiveness of these activities and demonstrate how behavioural science has led to positive changes in behaviour, decision-making, and outcomes. Through a combination of rigorous research, strategic implementation, and outcome measurement behavioural science can increasingly be used to make a meaningful impact on individuals, communities, and society at large.



Exemplar Deliverables

Short term

Long term

Undertake an assessment of behavioural priorities in priority populations for the public health system as a focus for behavioural science research in Wales

Identify funding and support opportunities for behavioural science research prioritising important behaviours and populations.

Strengthen the portfolio of health and well-being research in Wales that explicitly uses behavioural science

Map the behavioural sciences research landscape across Wales and identify collaboration opportunities

Develop mechanisms to enable increased collaboration between behavioural science experts and policy/decision-makers and practitioners in the public health system in Wales

Descriptor: e.g. develop a behavioural science "link-tank", facilitate workshops and scientific meetings

Explore how to maximise impact from involvement in the Leadership Hub for Behavioural Research (BR-UK)

Identify opportunities to employ observational research methods for robust inquiry into behaviours in context for identified behavioural priorities.

7. Ensuring continuous improvement in the systematic application of behavioural science for better health

System leadership will require development of processes to ensure continuous improvement - these will need to be within Public Health Wales (relating to performance and impact) and external (relating to emerging trends and best practices). Routine feedback mechanisms and performance metrics will be needed to monitor progress, assess the effectiveness of improvement and identify areas for enhancement. Through a continuous cycle of innovation, feedback, and evaluation, approaches to the use of behavioural science can adapt to changing circumstances.

In line with the (UK-wide) adopted World Health Organisation Resolution on Behavioural and Cultural Insights, the associated Progress Model will be used to assess improvement relating to: building understanding/support; conducting research; applying behavioural science to policy, services, and communication; ensuring sustainability; and strategic planning and action. Mechanisms for self-scrutiny/reflection and learning and independent evaluation and recommendation will support this assessment.



Exemplar Deliverables

Short term

Long term

A strategic behavioural science advisory group is established to provide support and challenge

Ongoing engagement with stakeholders to monitor and reflect on the use of behavioural science and understand impact/improvement

Review and adapt the continuous improvement approach to outputs and impact



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Behavioural Science Unit

Compile and submit a report as required by the WHO behavioural and cultural insights Action Framework

Undertake a late-stage review of the application of behavioural science for better health, against the WHO Action Framework, and develop recommendations to ensure continuous improvement

Develop monitoring and evaluation framework for the use of behavioural science for better health.

Descriptor: confirm and share a theory of change, and indicator set, with baselines

Build in mechanisms for self-scrutiny/reflection and learning and independent evaluation and recommendation

Conclusion

Much public health action relies on individuals doing something differently - be they segments of our population, the whole population, groups of professionals or other stakeholders. By deploying behavioural science we can 'get what more of what we aim for, more often' – we can realise a **behavioural dividend** that optimises the impact of our efforts.

Demand and necessity to deploy behavioural science across the public health system to protect and improve health and so increase healthy life expectancy, and to reduce inequity, is clear and present. Behavioural science has been used at scale in the commercial sector to drive consumer actions for many decades but its use in the public and statutory sectors has lagged behind. This plan describes a series of enabling actions to help increase and sustain the systematic and routine use of behavioural science in support of the delivery of Public Health Wales' Long Term Strategy - so more people live longer, healthier lives and all people have fair and equal access to the things that lead to good health and well-being.

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Appendices

Appendix A – Context and Readiness

A1 Broader operating context

Wales' current operating context is one of challenging financial pressures, high demand for public services, the legacy of the pandemic and a climate crisis. There is a clear need to protect and improve well-being now, and for future generations, including through provision of more environmentally sustainable activity, improved citizen participation and service quality. These ambitions can be realised through action across the web of influences, from wider determinants, through earlier detection, responsive interventions to acute threats, and action on individuals' health harming behaviours - all of which inevitably rely on someone (citizens, practitioners or policy makers) doing something differently.

There is mounting evidence demonstrating that using frameworks, models, theories and techniques from behavioural sciences, in the planning, design, implementation and evaluation of interventions for better health can improve their impact²³⁴⁵. The World Health Organisation's (WHO) Action Framework for Behavioural and Cultural Insights highlights the global evidence that behavioural science has been used successfully to improve outcomes in areas such as antimicrobial resistance, immunisation, health emergencies, mental health, uptake of preventative services and hospital appointments, health inequities, non-communicable disease risk behaviours, and HIV/AIDS⁶. WHO describe using behavioural science as an enabling approach which goes beyond its traditional application for addressing health harming behaviours, being relevant to:

"ALL areas of health, health services and quality of health care, every setting that determines health behaviours, and everyone whose behaviours influence health outcomes, including the environment, climate and animal health."

The report notes that behavioural science "adds value across the entire health-related policy, service and communication planning cycle, ranging from defining problems and conducting research into root causes, barriers to and drivers of health behaviours, to programme planning and implementation, monitoring and evaluation and scaling up or replicating effective interventions and policies."⁷ (WHO, Action Framework for Behavioural and Cultural Insights, page 4)

Clearly behavioural science is not the panacea nor necessarily a quick fix, but it will be an important element of success to 'get what we aim for, more often'. Wherever there are behaviours on the critical path to successful implementation, impact or outcomes, then the systematic, judicious use of evidence and process from behavioural science, from inception to evaluation of our interventions will add value.

²E Altieri, J Grove, O Lawe-Davies, et al. Harnessing the power of behavioural science to improve health. *Bull World Health Organ* 2021 99:754–754A

³K Glanz and D Bishop. The role of behavioural science theory in development and implementation of public health interventions. *Annual Review of Public Health* 2010 31:1, 399-418

⁴F Pennucci, S DeRosier, A Murante, S. Nuti Behavioural and social sciences to enhance the efficacy of health promotion interventions: redesigning the role of professionals and people. *Behavioural Public Policy* 2022 6:1, 13–33

⁵R Davis, R Campbell, Z Hildon, et al. Theories of behaviour and behaviour change across the social and behavioural sciences: a scoping review. *Health Psychology Review*, 2015 9:3, 323–344

⁶WHO European Regional Committee for Europe. European regional action framework for behavioural and cultural insights for health, 2022–2027. 2022 EUR/RC72/6 Rev. 1

⁷Page 4 - WHO European Regional Committee for Europe. European regional action framework for behavioural and cultural insights for health, 2022–2027. 2022 EUR/RC72/6 Rev. 1

A2 Behavioural science utilisation across the public health system

A number of assessments shape our understanding of the use of behavioural science in the public health system in Wales. Firstly, through reference to the WHO European Regional Action Framework for Behavioural and Cultural Insights⁵ which covers the use of behavioural science and, some of the conditions that might be expected to further enable its use. Secondly, research undertaken by the Behavioural Science Unit⁸, using published methods⁹ and involving over 100 staff from the public health system in Wales, describing their use of behavioural science and the barriers to its use. Finally, the learning from work undertaken by the Behavioural Science Unit since inception, including with the Behavioural Science and Public Health Community of Practice for Wales, also provides insight about the extent of behavioural science use in Wales.

There is a supportive and growing level of awareness and recognition of the utility of behavioural science for better health amongst many key stakeholders across a range of functions, and policy areas, in a number of organisations within the public health system in Wales. There are likely to be a range of factors driving demand, including a lack of knowledge about what applying behavioural science means and a socio-professional desirability to cite behavioural science as at least part of ongoing work or new developments.

Whilst an increasing number of interventions reference the use of behavioural science, and some strategies and plans refer to behavioural science application, the current assessment indicates considerable opportunities for advancing the routine, systematic, and impactful use of behavioural science. Stakeholder research has highlighted limited knowledge and skills around when and how to apply behavioural science, conversely coupled with a lack of awareness of the gaps in practice skills. Description of behavioural barriers, using the well-established and evidence-based categories of capability, opportunity and motivation (COM-B), is increasing but often followed by assumptions around the solutions to those barriers. It is evident that difficulties frequently exist in identifying and prioritising target behaviours and groups-of-focus within complex public health problems.

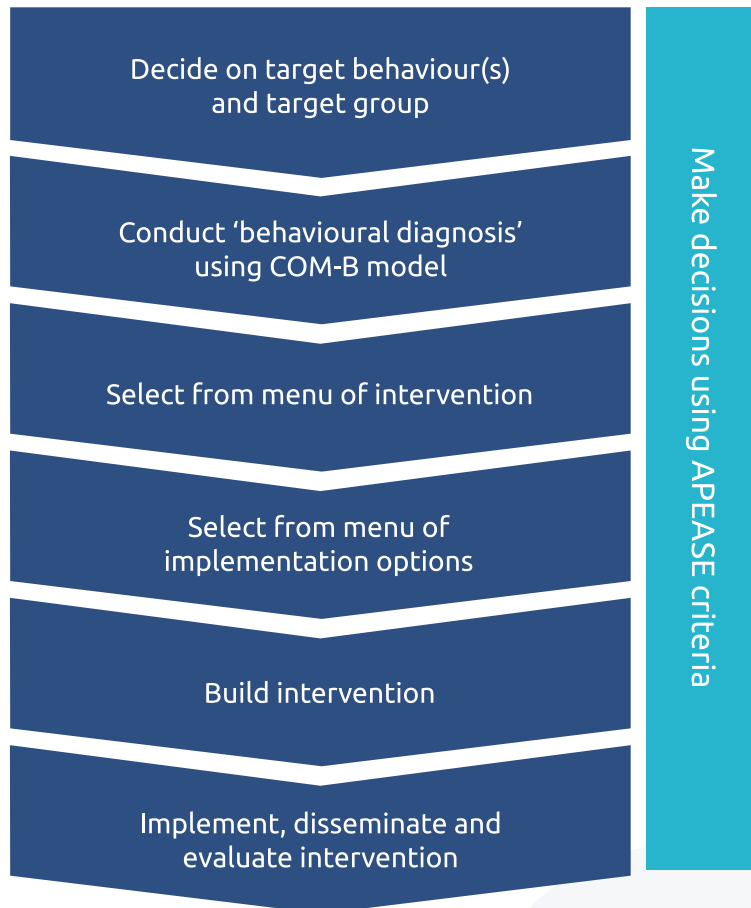
There are some examples of good practice in the application of behavioural science to inform and improve health related policies, services and communications, including the more conscious and widespread use in Health Improvement in PHW, particularly on approaches to weight management, for example. However, a barrier to wider use is the (mis)perception that behavioural science is or can only be focused on individual level change. There are beliefs that colleagues or partners lacked the willingness and/or ability to use, support and promote this way of working, and that the social norms, and habits, were to focus on solutions before fully understanding the problem, or defining it in terms of behaviours (to change). Limited time or capacity and the frequently reactive and fast paced way of working, alongside low levels of confidence in ability to apply behavioural science, are among other issues. A paucity of relatable examples is also frequently cited as a barrier.

The pandemic accelerated the coordination and development of a behavioural science function within PHW, to support our response and that of stakeholders, including Welsh Government. Dedicated work supported the increased understanding of SARS CoV2-preventative behaviours; what elicited them and what was getting in the way of change; resultant guidance was issued, research undertaken and consultation, training and other support provided. Critical strategic relationships developed during the pandemic, including with Welsh academic colleagues and other local, UK and global partners. These connections and collaborations, along with a wealth of inputs from the Behavioural Science and Public Health Network Hub for Wales (our community of practice) have supported the development of this plan.

⁸Behavioural Science Unit Public Health Wales (2023) Exploring factors influencing the application of behavioural science within public health practice across Wales. <https://phwww.hcc.co.uk/wp-content/uploads/2023/06/Capability-and-Readiness-Report-V1c-1.pdf>

⁹Curtis, K., Fulton, E., & Brown, K. (2018). Factors influencing application of behavioural science evidence by public health decision-makers and practitioners, and implications for practice. *Preventative Medicine Reports*, 12, 106-115 <https://doi.org/10.1016/j.pmedr.2018.08.012>

Appendix B – The core process and ethical considerations



Specifying who needs to do what, when and for how long provides a necessary focus and foundation because the relevant factors that enable or prevent behaviours are different for different behaviours in different populations.

Conducting “behavioural diagnoses”, using theories and frameworks from behavioural science uncovers the range of important behavioural determinants that interventions should focus on. With an understanding of the behavioural mechanisms of action **the behaviour change techniques which are most likely to be effective** can be selected and built into a range of interventions that can deliver them effectively. Behavioural science tools can be used effectively in implementation/ adaptation of existing interventions too.

Good quality evaluation on the impact of behaviour change interventions is critical for accountability, to inform decision-making and build knowledge. This approach will always be pragmatic, proportionate and flexible, but essentially it can assist in understanding whether (or not) interventions (or adaptation of/combination

of interventions) has been effective in changing behaviour; for whom (which population groups of focus), and how and why it has worked. It should also help develop an understanding of the intended and unintended consequences of the interventions/ adaptations, particularly in systems working context.

Using behavioural science in intervention design and implementation has **specific ethical considerations** that need to be addressed throughout the process because: 1) it often involves the use of primary data of individual or group behaviours, 2) intervention would involve the leveraging of that psychological or social insight, 3) people may not be aware of the ‘intentional’ nudges designed to shape their behaviours, and 4) it might be necessary to intervene in ways that restrict choice or that would be unpopular with some of the people affected by the interventions. The principles and processes of applying behavioural science should be conducted with sufficient rigour as to assure its ethical use in intervention development and implementation. This should be the case at each phase or step - starting with the prioritisation of behavioural targets based on epidemiology and evidence that significant health need or inequality exists, through to involvement of those affected by the interventions, using frameworks such as APEASE¹⁰ in their design and testing (APEASE assesses Acceptability, Practicability, Effectiveness, Affordability, Spill-over effects, and Equity). There are a number of sources to support the ethical use of behavioural science in intervention design and implementation¹¹¹²¹³, particularly the OECD (2023) ‘Good practice principles for ethical behavioural science in public policy’¹⁴.

¹⁰<https://phwww.hcc.co.uk/bsu/wp-content/uploads/sites/6/2023/03/PHW-BSU-Guide-1.pdf> (p21)

¹¹<https://www.oecd.org/gov/regulatory-policy/tools-and-ethics-for-applied-behavioural-insights-the-basic-toolkit-9ea76a8f-en.htm>

¹²<https://www.unicef-irc.org/publications/pdf/Ethics-Toolkit-for-your-applied-behavioural-science-project.pdf>

¹³https://www.bi.team/wp-content/uploads/2023/04/BIT_Manifesto.pdf

¹⁴<https://oecd-opsi.org/wp-content/uploads/2022/06/BI-Ethics-GPPs.pdf>

Appendix C – Shorter-term enabling actions

Enabling action area	Action
Building understanding and support for using behavioural science, through advocacy and engaging stakeholders where they are	Increase knowledge and enhance beliefs around importance and confidence to use/enable the use of behavioural science for better health, through training, events, conference, publications and other activity.
	Undertake a stakeholder mapping exercise, based on PHW LTS priorities, with stakeholders including the behavioural science and public health community of practice for Wales.
	Mobilising research and evidence on key behavioural science innovations with key decision makers, to support their timely and appropriate application within the public health system.
Integrating behavioural science into public health approaches, organisational standard processes and professional systems	Identify opportunities for the integration of behavioural science to optimise delivery of strategic and operational plans and realise those opportunities via support to pathfinder areas.
	Explore key structures, processes and mechanisms for policy development and service design/improvement that could better enable the routine use of behavioural science.
	Develop opportunities for increased transdisciplinary working between behavioural science academics and practitioners, including fellowships, placements, and internships for behavioural science academics into non-academic organisations.
	Integrate behavioural science in models and approaches of public health practice, starting with systems working and health impact assessment.
Building capability in behavioural science application, and system-wide sustainable capability	Develop a multi-level training and development programme to increase capability and motivation based on staff need, including: an online knowledge offer; tailored learning and support to increase behaviour change agents across organisation; and bespoke leadership support.
	Review needs, develop and promote (further) advice, guidance and tools to enable the use of behavioural science across Public Health Wales.
	Further develop the Behavioural Science Community of Practice for Wales to enable knowledge transfer, social opportunity, and peer and expert support to practitioners across the public health system.
	Work with higher education institutions, understand and connect to the behavioural sciences research landscape, and establish a mechanism for collaboration across the behavioural science research community and policy, services and communications practitioners.
Collecting, analysing, evaluating and deploying behavioural insights and linked data	Map routinely available data and analyses on the behavioural determinants of priority public health behaviours.
	Explore opportunities for using novel data sources, platforms, and data collection methods to better understand behavioural determinants (of priority behaviours in priority populations).
	Map existing mechanisms amongst Public Health Wales and its stakeholders for qualitative and quantitative behavioural insight development.

Enabling action area	Action
Ensuring technical advice and rapid feedback is available, accessible and acceptable - across teams, functions and policy areas	Provide, broker and support the commissioning of behavioural science services (consultation, advice, and other action) to support public health improvement/protection efforts, including but not limited to behavioural specification, diagnosis, intervention development and adaptation.
	Develop and employ criteria for the prioritisation, scoping and delivery of timely advice and support in response to requests for assistance.
	Develop and deliver a programme to develop, implement and test behavioural science-informed direct communication interventions, at scale.
	Provide behavioural science-informed guidance and support to enable consideration of the wider (behavioural) system with methods including 'behavioural systems mapping'.
	Advocate for and support proportionate, behaviourally informed evaluation of implementation, impact and outcome of behaviour change interventions, employing methods and tools to assess changes in behaviours and their mechanisms of action.
	Broker increased collaboration between research community and wider public health system for projects with complex/robust behavioural science needs.
Conducting and facilitating behavioural science research, including through collaboration with academics, to impact and show impact	Identify support opportunities, including funding, for behavioural science research particularly around priority behaviours and populations.
	Work with higher education institutions, understand and connect to the behavioural sciences research landscape, and establish a mechanism for collaboration across the behavioural science research community and policy, services and communications practitioners.
	Develop impact from involvement in national and international behavioural science activity, including Behavioural Research (BR-UK)
Ensuring continuous improvement in the systematic application of behavioural science for better health	Establish an Expert Reference Group to provide support and challenge to behavioural science application and development
	Engage stakeholders to monitor and reflect on the use of behavioural science and understand impact/improvement
	Report as required on the WHO behavioural and cultural insights Action Framework and Progress Model
	Promote and enable the proportionate evaluation of interventions and approaches through use of the case study template.

Better health through behavioural science:

An enabling plan for Wales



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