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Our Strategic Plan

2025 – 2028



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Executive Summary

Our Strategic Plan for 2025-28 sets out how we will deliver the next three years of our strategy, *'Working Together for a Healthier Wales'* (2023-35). We will do this by working in partnership to deliver our six strategic priorities and core public health functions in support of Welsh Government priorities and policy, which is reflected in our Remit Letter for 2025/26. Underpinning all of our actions within this plan is our unwavering commitment to reducing health inequalities. The current picture of healthy life expectancy in Wales is not positive. Healthy life expectancy is falling and the gap between the most and least deprived areas is persistent.

Our plan sets out how we will respond to this and contribute to our overarching organisational outcomes, which are *to increase healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived areas in Wales*. We have identified, as part of the development of this plan, our ambition for healthy life expectancy to recover to the level it was in 2019 for both men and women. This has been informed by the latest data that shows healthy life expectancy has fallen by 1.1 years for men and 2.2 years for women since before the COVID-19 pandemic. (Healthy Life Expectancy in England and Wales: between 2011 to 2013 and 2021 to 2023, Office for National Statistics). We will also set our ambition for narrowing the gap between the least and most deprived during 2025/26 informed by recently published data. We will use our measurement system to monitor our progress against these outcomes and to assess the impact that we are having.

Our plan builds on progress that we have made since we launched our strategy in 2023 aimed at addressing the key public health challenges facing Wales. This reflects the unprecedented recent national and international challenges following the COVID-19 pandemic, the ongoing cost of living crisis and continuing consequences of the climate crisis. These impact upon both our long-term health and well-being, along with causing more immediate and direct consequences, including increasing pressure on the health and social care system. These issues have wider socio-economic consequences that have been felt unequally across our society and disproportionately affect those who already have the greatest health and social needs. In Wales, we continue to see stark and persistent health inequalities. Wider determinants of health, such as income, education, housing, employment opportunities for those communities facing disadvantage, play a significant role in these deep-rooted inequalities.

We have developed strategic route maps that set out how we will deliver our 2035 ambitions for each of our priorities. The route maps set out the actions that we will deliver over the short, medium and long-term. We have used them to shape the development of this plan and they will play a key role in driving our future plans and delivery. We will work in partnership, as part of a system-wide effort, to deliver better outcomes for the people of Wales. We will seek to work across organisational boundaries and with a range of partners, including Welsh Government and partners across the public sector, including local authorities, housing, education, the third sector and wider NHS.

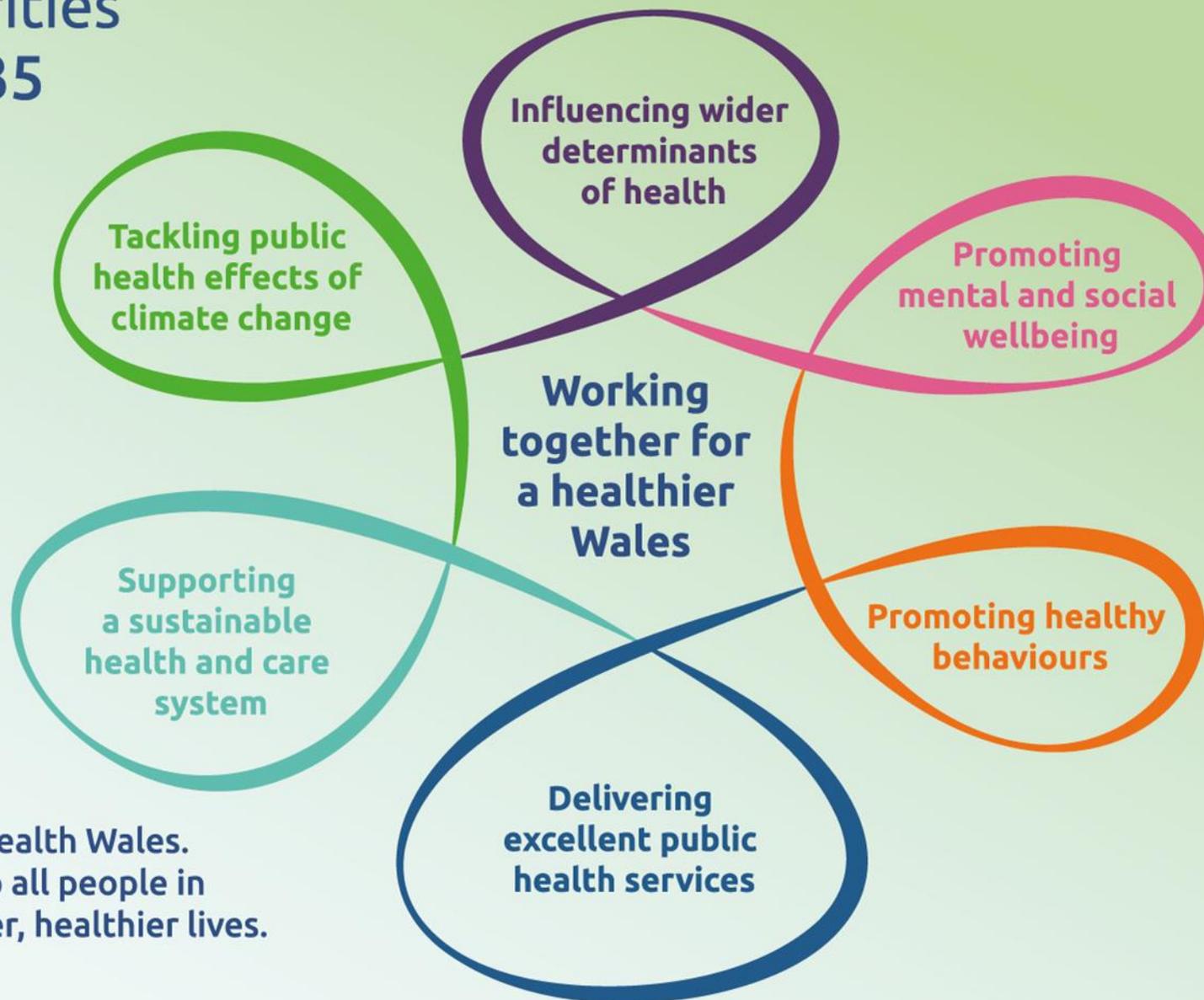
Our specific delivery role varies across our strategic priorities, but will focus on one or more of the following approaches:

- ❖ **Delivering** evidence-informed clinical and public health services to the public.

- ❖ **Informing** partners on the current and emerging threats to health in Wales, the factors that influence health, well-being and inequalities, and the evidence base for action.
- ❖ **Advocating** for action to improve and protect health and reduce inequalities.
- ❖ **Mobilising** partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reducing health inequalities.

Our plan includes an ambitious portfolio of change designed to support the delivery of our strategy and route maps. We have prioritised the programmes that we will delivery over the next three years. They include strategic public health system change (e.g. Tackling Diabetes Together and Lung Cancer Screening), digital, data and artificial intelligence transformation (e.g. Digital Health Protection System) and internal change to ensure that we are operating effectively (e.g. Web Transformation). As we deliver our plan, our change portfolio will be subject to ongoing review and potential re-prioritisation in light of any significant external or internal changes. We will manage the delivery of our portfolio in line with recognised programme delivery and governance standards. This will allow us to dynamically respond and prioritising in-year, if necessary.

Our Priorities 2023-2035



We are Public Health Wales.
We exist to help all people in
Wales live longer, healthier lives.

Our values are **working together**
with **trust and respect** to **make a difference**.



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The background is a vertical gradient from dark blue at the top to purple at the bottom. Two thick white lines are drawn across the page. One line starts at the top left, curves down and right, then loops back to the left, forming a large, open shape. The second line starts at the top right, curves down and left, then loops back to the right, crossing the first line. The text 'Part 1: Introduction' is positioned inside the first loop.

Part 1:
Introduction

1. Introduction

Overview of our plan

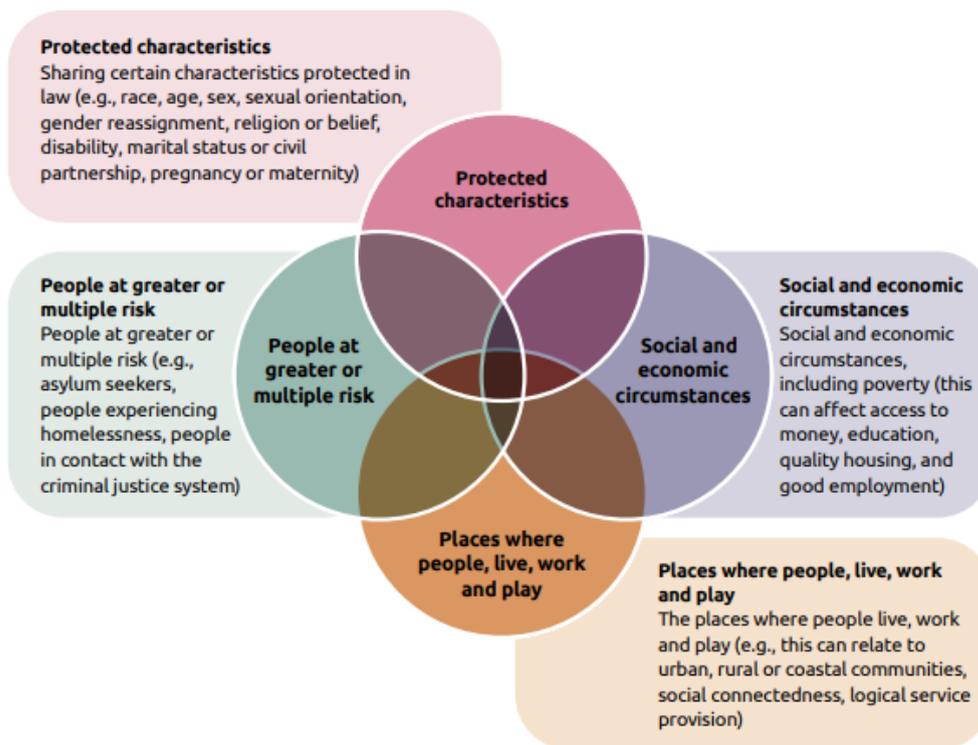
The purpose of our Strategic Plan is to set out the key actions that we will deliver over the next three years for each of our six strategic priorities. We will deliver our four statutory functions and core public health clinical services as part of the delivery of this plan, including discharge our responsibilities as a category 1 responder. This includes the delivery of our national screening programmes, infection service, health protection, data, knowledge, and research. In addition, we will continue to respond to the UK Covid-19 Public Inquiry, including implementing relevant findings.

We cannot deliver our strategy and plan alone. To succeed, we will need to work collaboratively and in partnership with our key stakeholders and the public. This includes Welsh Government and partners across the public sector, including local authorities, housing, education, the third sector and wider NHS. We will need to work collectively to address the significant challenges that we will face in relation health inequalities. These are felt unequally across our society and disproportionately affect those who already have the greatest health and social needs.

The plan also includes our measurement system that will help us to monitor our impact and contribution towards delivering our overarching outcomes and the ambition to recover healthy life expectancy to the level that it was in 2019. We have set this ambition in light of recently published data that shows that healthy life expectancy is falling and the gap between the most and least deprived areas is persistent. This plan is our response to that challenge, and we are committed to working with a range of partners to successfully deliver it over the next three years.

Our approach to inequalities

The key actions set out in this plan have been developed with consideration to our role in reducing health inequalities in Wales. Health inequalities are differences in health between groups of people and communities. We care about the differences in health between groups of people and communities because they are not fair and can be avoided. Often, individuals belong to more than one of these groups. This is known as intersectionality which can make health inequalities worse. Our commitment to reducing health inequalities has underpinned the development of this plan, which includes specific actions focused on our role in addressing them. Specific actions are set out in our priority focused on influencing the wider determinants of health. Health inequalities can be experienced by people grouped by a range of different factors including:



Policy context

The *'Well-being of Future Generations (Wales) Act (2015)'* continues to provide the overarching framework in which we use to shape our strategic plan. Our six strategic priorities, which also serve as our Well-being Goals, have considered the longer-term implications of our decisions. Each priority also recognises the importance of primary, secondary, and tertiary prevention and is underpinned by our focus and commitment to reducing health inequalities and health inequities. The Socio-Economic Duty has provided an opportunity to assess the impact of our decision making on those who experience socio-economic disadvantage, ensuring that the decisions we take do not inadvertently exacerbate inequalities in Wales. The five ways of working will drive the implementation this plan, including working collaboratively with our partners and the people of Wales.

We have also taken due consideration of the following legislative drivers, with specific actions reflected in relevant parts of the plan:

- ❖ The Health and Social Care (Quality and Engagement) (Wales) Act 2020
- ❖ The Duty of Quality
- ❖ Duty of Candour

The development of our Strategic Plan has been informed by the priorities set for NHS Wales by the Cabinet Secretary for Health and Social Care and our Remit Letter for 2025/26. Our role in supporting the delivery of these priorities is embedded within each of our strategic priorities, along with our core business as usual activities. A high-

level summary of our Remit Letter delivery included within Annex A. This shows the key actions set out in our Remit Letter and how we are taking each forward. Our plan has also considered the refreshed actions of '*A Healthier Wales*' and how we, as the national public health organisation for Wales, contribute to its successful implementation. We will also deliver against relevant Cabinet Secretary enabling actions, particularly in relation to digital, workforce and finance. These are reflected in relevant sections of our plan.

We have a key leadership role in population health needs assessment and prevention strategies, with a specific focus on women's health and the opportunity to reduce the risk of diseases, enhancing quality of life, and address intersectional impacts on healthy life expectancy. Existing programmes, including those screening programmes with a specific women's health focus (e.g. Breast Test Wales and Cervical Screening Wales), will support a more systematic preventative approach across the life course for women, improving engagement and equity of access. We will also develop and promote a narrative on solution-based actions on gender equity, intersectionality and health, to support the delivery of the *Women's Health Plan*.

As a trauma-informed organisation, our lens will consider how adversity, trauma and distress affect women's health, advocating for approaches which minimise exposure and impact of trauma; understanding interventions which need to be in place to minimise impact; and promote psychological, mental and physical resilience and wellbeing.

Our plan sets out the actions required from us to support the implementation of the Women's Health Plan. Specifically, we will work collaboratively with partners and the Woman's Health Network with a focus the short-term actions identified in the plan, including:

- ❖ educational materials to support knowledge and learning for everyone including boys and men in terms of Menstrual Health.
- ❖ online availability of reliable information on contraception
- ❖ exploring what preconception health means to people, including health care professionals, and how we influence and improve that.
- ❖ evidence based high quality information supporting an NHS Wales women's health website.
- ❖ expert leadership to support the VAWDASV and sexual violence priorities in the plan

This demonstrates our role and commitment to closing the gender health gap. We will deliver key actions in partnership, including with the Women's Health Network and HEIW.

Partnership working and engagement

Partnership working and engagement with people and communities, along with other partners, in the delivery and design of our commissioned services will ensure we have

accessible person-centred services. We are committed to working with the public and a range of key partners, including the third sector, local authorities and key areas, such as education and housing. How we develop our plans and approaches is fundamental to the way we work if we are to meet the needs of the people and communities of Wales and reduce health inequalities.

Co-production is essential to how we work, and we will use insights gathered from people, communities and our partners to help us deliver our strategic priorities. We understand that we need to have the processes, systems and working patterns in place to ensure we are seeking, listening to, acting on and sharing feedback in a consistent way for improvement. People's lived experience is a powerful tool to improve existing services and to identify new and better ways to meet their needs in line with the Duty of Quality. Excellence in engagement supports the broader dimension and principles of the Duty of Quality. This approach is embedded throughout our priorities, particularly ensuring that we deliver excellent public health services.

Following the end of the three year implementation plan of *'Our Approach to Engagement'*, a review is underway with the findings and recommendations to be considered in the first half of 2025. We are committed to driving forward a consistent approach for equitable, effective and consistent approach to public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it. The review will ensure that our approach adapts to and re-focuses where it needs to change, whilst continuing to build on what has worked well. The review will also provide the platform to grow and strengthen our alliance and relationships with the third sector and other key community partners.

We will utilise the All Wales People's Experience Framework to increase and improve our understanding of service user experience gaining insight from multiple sources to inform improvement activities along with annual quality planning. This will assist us to design and support improvement programmes, enhancing opportunities to gain rich insight through the use of people's stories and lived experiences to deliver effective organisational change.

We understand the powerful and wide-ranging benefits of positive engagement from our previous work with the children and young people of Wales. We are committed to building upon this solid foundation to co-design, with a diverse group of young people from across Wales and our partner organisations, a Young People Engagement Model that values the involvement of children and young people and one that supports the delivery of better public health outcomes in our communities.

Measuring Our Success

Our measurement system connects our strategic ambitions for Wales with the actions that we will take to deliver our strategy by 2035. This system will enable us to:

- ❖ Understand and monitor our impact
- ❖ Drive prioritisation and decision-making
- ❖ Focus our resources

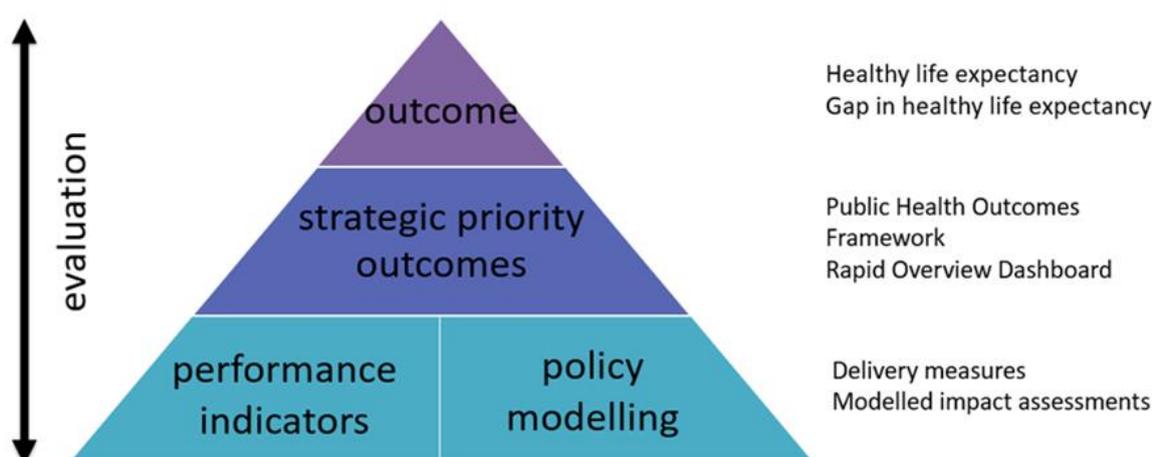
- ❖ Identify gaps, including where we need to work with partners.

The measurement system has five components, to ensure we capture our impact at every level. At the highest level, agreed when we launched our strategy in 2023, are our organisational outcomes. These are to increase healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived areas in Wales. As part of the development of this plan, we have set our ambition for healthy life expectancy to recover to the level it was in 2019 for both men and women. We will set our ambition for narrowing the gap between the least and most deprived during 2025/26 informed by recently published data.

Supporting this will be a set of outcome indicators associated with each strategic priority outcome. These outcome indicators will form the apex of our measurement system, and will be published in the refreshed [Public Health Outcomes Framework](#). These will be augmented by an updated [Rapid Overview Dashboard](#), which provides a more timely indication of progress against our outcomes. 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 therefore healthy life expectancy.

Therefore, our key performance indicators will allow us to monitor our specific service and function delivery efficiency, effectiveness and impact. Evaluation will ensure that our services and functions delivering the outcomes that we require. We will use policy and implementation modelling to allow us to estimate the impact of policies and services, which will enable us to make evidence-informed decisions about prioritisation and implementation.

Figure 1: Measurement system model





Part 2: Health in Wales

2. Health in Wales

We face significant challenges in Wales, particularly in relation to stark and persistent health inequalities. Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because the building blocks needed for good health are weak or absent in our communities. Around 21% of the Welsh population live in relative income poverty, including 29% of children¹. In January 2025, 22% of the population report being unable to afford an unexpected £850 expense and 33% report difficulty affording energy bill payments. Living in poverty is known to have direct impact on health – such as people not being able to buy healthy food for themselves and their families – and indirect impact – where the stress of living without secure foundations impacts on all aspects of everyday lives, weakening our resilience and cutting years from our expectation for healthy living.

Although Wales, along with Scotland, has made the most progress of all UK nations towards eradicating low pay in recent years, 15.8% of workers in Wales still earned less than the Living Wages in 2024². The unemployment rate in Wales grew in 2024 to 5.7%, compared to 4.5% in the UK as a whole. Economic inactivity is also higher in Wales than the UK as a whole, with 26% of the working age population in Wales economically inactive in December 2024³. Housing affordability is a major challenge for many in Wales. House prices have substantially outpaced average earnings for the last two decades, and in January 2025, average rents in Wales were over 8% higher than in the previous year⁴. Overcrowding also presents health risks, particularly affecting those living in rented accommodation, and 70% of families in overcrowded conditions experience health problems, including accidents and respiratory conditions⁵.

Using historic data, we have made projections for non-communicable diseases and cancer incidence up to 2033/34. Our projections show that, if nothing changes, they will continue to increase over the next 10 years (A [summary](#) of trends in risk factors for non-communicable diseases, Public Health Wales, 2025). While some of this can be attributable to Wales' ageing population, several risk factors, some of which are modifiable, also influence the likelihood of developing these diseases.

The data shows that the prevalence of some of the most significant of these conditions has increased over the years. There are notable increases in prevalence occurring in middle and older age groups, although younger age groups are also affected. The graphs below shows the change in the number of people registered as living with a chronic condition, the percentage increase since the earliest data point and 10-year projected trends. All of the chronic conditions presented here are on the increase.

¹ StatsWales, [Department of Work and Pensions Households Below Average Income](#), 2024.

² Living Wage Foundation, [Employee Jobs Paid Below the Real Living Wage 2024 - Living Wage Foundation Research 2025.pdf](#), 2025

³ Public Health Wales, [Wales Public Health Rapid Overview Dashboard](#), 2025

⁴ Office for National Statistics, [Private rent and house prices, UK - Office for National Statistics](#), 2025

⁵ National Housing Federation, [National Housing Federation - Overcrowding in England](#), 2023

Figure 2: Projected change in the number of people on chronic disease registers between 2023/24 and 2033/34⁶

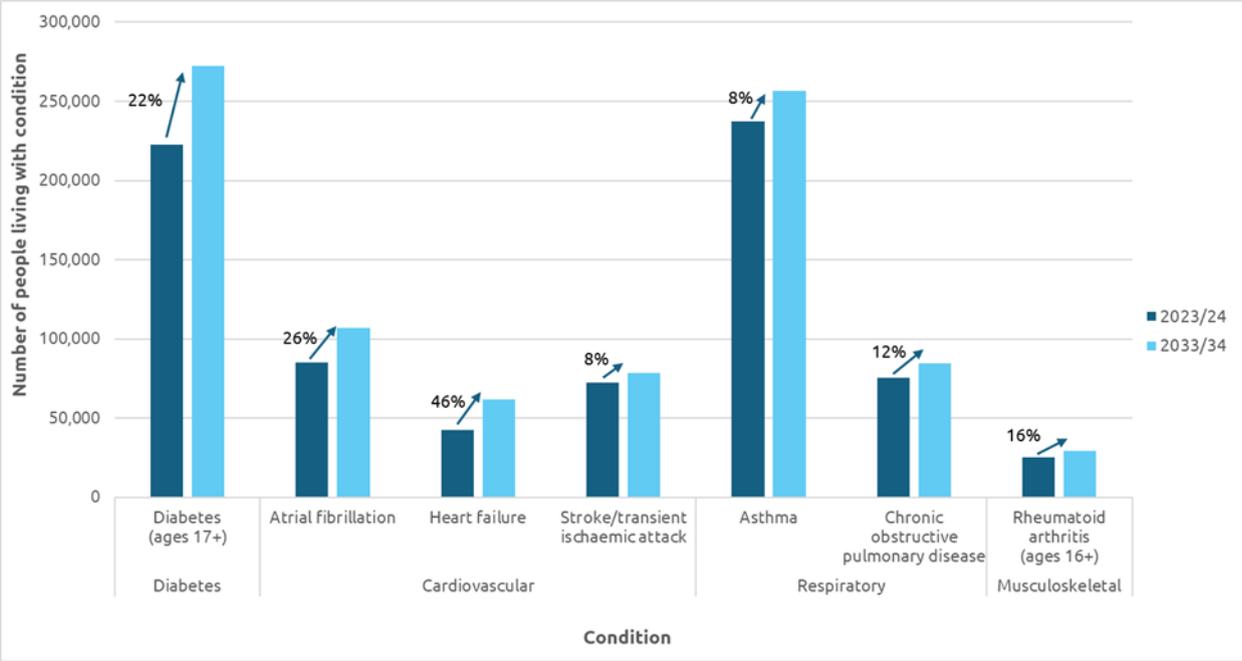
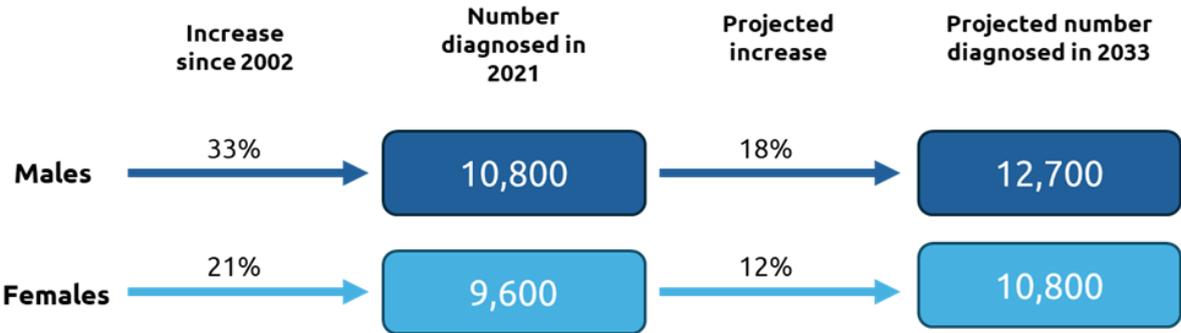


Figure 3: Count and change in the number of cancer cases diagnosed between the earliest data point and 2021, and projected change between 2021 and 2033



Addressing modifiable risk factors and implementing health interventions to mitigate the projected increase in disease incidence is key to addressing and slowing this rise. Modifiable risk factors for the diseases include behaviours, such as smoking, physical inactivity, unhealthy diets and excess alcohol consumption. Additionally, wider societal and environmental factors, such as income, education, employment, and housing, also play a role in the likelihood of developing these diseases.

The health in Wales analysis and projections served as a key driver to the development of our strategy and six strategic priorities. It has shaped the actions that we will deliver through this plan under each of our priorities, which describes our role in addressing these challenges and supporting key partners.

⁶ Public Health Wales, [A summary of prevalence of non-communicable disease and cancer incidence in Wales – trends and 10-year projections - Public Health Wales](#), 2024.



Part 3:
Our Plan

3. Our Plan

3.1 Strategic Priority – Influencing the wider determinants of health

3.1.1 Introduction

Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because of a lack of the essential building blocks needed for good health. These building blocks include our education and skills, a warm safe home, fair work, money and resources, access to affordable and sustainable transport, and healthy physical environments. These conditions affect us from our earliest experiences and throughout our lifetime.

The wider determinants drive health and health inequalities in Wales. Different experiences of these determinants lead to differences in health outcomes, or health inequalities, which in turn are responsible for a substantial proportion of the total early deaths and ill health of the population of Wales. These systematic, and unfair differences, continue across generations. The '*Well-being of Future Generations (Wales) Act 2015*' provides the legislative framework for us to work with a range of partners across the third sector and wider public sector to improve the economic, social, environmental, and cultural well-being of Wales.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.1.2 Measuring our progress

In delivering this priority, we are working towards supporting the system wide outcomes set out below. For each, we have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

- **Reduced gap in healthy life expectancy by deprivation domains**

The Welsh Index of Multiple Deprivation (WIMD) measures relative deprivation for small areas in Wales by combining measures of deprivation across multiple domains. We will work towards reducing the gap in healthy life expectancy between the most deprived and least deprived areas across the income, education, housing, employment, and access to services domains.

We will develop ways to measure healthy life expectancy by deprivation domains so that we can measure our progress towards this goal. We expect to begin measuring this outcome later in 2025.

3.1.3 Delivery progress

We have focused on the impact of poverty, especially child poverty, following on from the cost of living challenges and the publication of Welsh Government's Child Poverty Strategy in 2024. We examined the impact of cold homes on health and well-being with a report and recommendations on the satisfactory heating regime in Wales and we provided evidence at the Equality and Social Justice Committee meeting on fuel poverty in Wales. We are now working with partners to consider the future vision for housing in the context of child poverty.

With our Building a Healthier Wales Coordination Group partners, we are leading an assessment of need to support enabling and empowering collaboration on child poverty. We are incorporating the building blocks of health into our developing the Early Years Framework for Action (see priority 2).

Building on 20 years of the Wales Health Impact Assessment Support Unit, we have continued to develop health impact assessment approaches, including providing expert and practical advice and support to developing the Health Impact Assessment (HIA) Regulations and preparing for implementation. We have also developed our Welsh Health Equity Solutions Platform further to support engagement with the evidence, data, and practical tools for action on health inequalities. We will build on our work to date, framing the building blocks of health, describing a well-being economy approach, engaging policy makers with evidence and supporting health impact assessment, contributing to regulations and guidance.

We have supported Public Services Boards in their work to influence wider determinants of health, including through the launch of the Shaping Places for Well-being in Wales Programme, funded by the Health Foundation. Working across themes of poverty and inequalities, climate and nature emergency, and neighbourhood well-being, this programme focuses on taking a theory and evidence informed systems approach to the implementation of well-being plans, sharing learning across Wales and the UK. We also built on the strong relationships with local government, locally in partnership with local public health teams, regionally making new links with Corporate Joint Committees, and nationally continuing our working with the Welsh Local Government Association (WLGA) on shared priorities where we support local authorities in their work on addressing the wider determinants of health.

We have further developed our digital offer for employers through Healthy Working Wales, helping employers to provide the right support to staff with health conditions to stay in work, scoping out our approach to support employers to reduce inequalities in employment for those living with disability or long-term health condition. We will continue to develop our offer for employers, while also developing our approaches to support participation in fair work, responding to worklessness and economic inactivity of public health concern. As part of our work on commercial determinants of health (see priority 3), we will assess areas of concern where commercial influence affect determinants such as planning.

3.1.6 What we will achieve in the next three years

We will take forward this priority over the next three years through the delivery of the following strategic objectives:

SO1.1 By 2028, we will have worked with partners to support action on child poverty; healthy, safe and fair work; and the education attainment gap

SO1.2 By 2028, we will have worked with partners to strengthen capability and mobilise action for healthier places through planning, transport and housing for those experiencing poverty

SO1.3 By 2028, we will have supported policy makers to strengthen health in all policies through Health Impact Assessments, evidence and advocacy tools and a well-being economy approach

SO1.4 By 2028, we will have developed our evidence base for action, data surveillance and workforce capability to influence the wider determinants of health

Key Deliverables

Objective	Milestones
SO1.1 - By 2028, we will have worked with partners to support action on child poverty; healthy, safe and fair work; and the education attainment gap	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> • Collaboration needs assessment undertaken to support action on child poverty by local and regional partnerships with the Building a Healthier Wales Coordination Group. • Published narrative on our contribution to narrowing the educational achievement gap.
	Quarter 3
	<ul style="list-style-type: none"> • Established cross-organisational workstream which will identify public health action that can be taken on worklessness. • Established Healthy Working Wales (HWW) employer peer mentoring programme
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> • Advised on, and advocated for, actions partners can take to reduce worklessness of public health concern and its impacts.
	Quarter 3
	<ul style="list-style-type: none"> • Plan agreed for enabling and empowering regional collaborative action on child poverty informed by learning and recommendations from needs assessment.
2027-2028	
<ul style="list-style-type: none"> • Published learning and recommendation on how Public Services Boards can use systems thinking approaches to apply the five ways of working from the Shaping Places for Well-being in Wales Programme, including fair work theme. • Launched a train-the-trainer model to empower internal workplace champions 	
SO1.2 By 2028, We will have worked with partners to strengthen capability and mobilise action for healthier places through planning, transport and housing for those experiencing poverty	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> • Identified single points of contact in health boards to act as a conduit between local and national public health teams to support the provision of comprehensive responses to planning and permitting applications.
	2026-27
Quarter 4	
<ul style="list-style-type: none"> • Further develop an understanding of system needs to drive policy change on healthy homes for children in poverty to influence policy and practice through strategic communication, advocacy, and evidence-based solutions. 	

	<ul style="list-style-type: none"> • Explored how we could influence Corporate Joint Committees (CJCs) in relation to public health/well-being economy and consideration of options for delivering this work, including through working in partnership with the Office of the Future Generations Commissioner.
	2027-2028
	<ul style="list-style-type: none"> • Strengthened cross-disciplinary collaborations to embed health and well-being place-based planning, shaping policies and practices that create healthier, more equitable places across Wales.
	<ul style="list-style-type: none"> • Published learning and recommendation on how Public Services Boards can use systems thinking approaches to apply the five ways of working from the Shaping Places for Well-being in Wales Programme, including healthy inclusive transport theme.
<p>SO1.3 - By 2028, we will have supported policy makers to strengthen health in all policies through Health Impact Assessments, evidence and advocacy tools and a well-being economy approach.</p>	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> • Embedded our shared narrative on health inequalities within the organisation and shared externally to increase our coherence and impact on health inequalities to support delivery of the Long Term Strategy.
	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> • Supported the development of healthy public policy and advocated for policy action that prioritises health, well-being, and equity in Wales.
	<ul style="list-style-type: none"> • Public Health and Well-Being Economy approaches developed to support NHS Foundational Economies locally, influencing wider determinants, and investing in prevention in Wales, the UK and globally (See also SO4.3).
	Quarter 3
	<ul style="list-style-type: none"> • Initiated a dialogue with senior decision-makers to assess their needs for supporting the building blocks of health.
	Quarter 4
	<ul style="list-style-type: none"> • Mobilised quality HIA into practice, fulfilling Public Health Wales' statutory duty under the Public Health (Wales) Act 2017 through advice, targeted guidance, training, and innovative tools.
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> • Promoted and developed the narrative and solution-based actions on gender equity, intersectionality and health, to support the delivery of the Women's Health Plan.
Quarter 3	
<ul style="list-style-type: none"> • Conducted an evaluation of the Welsh Health Equity Solutions Platform to inform subsequent development and effectiveness to maximise impact across Wales. 	
Quarter 4	
<ul style="list-style-type: none"> • Enhanced system capacity for quality HIA in Wales through sector-specific guidance, training, tools, and methods to embed HIA into policy and practice. 	

<p>SO1.4 - By 2028, we will have developed our evidence base for action, data surveillance and workforce capability to influence the wider determinants of health.</p>	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Established programme board and working arrangements for influencing wider determinants of health priority (subject to approval by Executive Team).
	Quarter 4
	<ul style="list-style-type: none"> Developed vision for monitoring and surveillance of wider determinants of health.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Developed an evidence-based framework through a cross-organisational approach to address health inequalities, focusing on actionable solutions.
	2027-2028
	<ul style="list-style-type: none"> Evaluated impact of Public Health Network Cymru plan to increase engagement and facilitate connections between members and integration with Community of Interest. Coordinated resources on what we know for building blocks of health, including why they matter for health, what policies are most important for change and what can support system change. Delivered wider determinants of health indicators product, based on outcome of discovery phase, including related to worklessness and participation in fair work.

3.2 Strategic Priority – Promoting mental and social well-being

3.2.1 Introduction

Mental and social well-being are essential components of lifelong health, forming the foundation for healthy individuals and communities. While the wider determinants of health provide the conditions for good health, mental and social well-being are the foundations for healthy people and communities. Mental well-being comprises a range of different elements; how we think, how we understand our emotions and those of others, how we form healthy relationships and our resilience, how we make sense of our experiences. It is significantly influenced by our social environment, including where we live, work, play, and learn. Early childhood interactions with parents or carers and the quality of parental relationships are crucial in developing mental well-being. Inconsistent conditions during childhood can lead to long-term harm due to adverse childhood experiences (ACEs).

Social well-being is strengthened by strong social networks within families and communities, fostering a sense of belonging, community connectedness, and active engagement. Communities that nurture these conditions are less likely to experience loneliness and isolation and are more resilient in the face of adversity and trauma. Mental well-being is fundamental to our ability to handle daily challenges and practice self-care. Good mental well-being can mitigate the impact of wider determinants, while low mental well-being can exacerbate them. Individuals with high mental well-being are better equipped to promote their own health and that of their families and communities, practice self-care, and benefit from healthcare interventions. Conversely, low mental well-being can lead to ‘self-medication’ through the use of alcohol, drugs or food. This in turn increases the risk of health problems and a reduced likelihood of seeking help at an early stage or accessing preventative care.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.2.2 Measuring our progress

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

- **Increased average mental well-being score (2022/23, this was 48.1 out of a possible 70⁷)**

This suggests that, on average, adults have medium mental well-being⁸. In 2022/23, there was also a 3.3 point gap between the average score in the most

⁷ Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) score, National Survey for Wales. Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/

⁸ Welsh Government. Mental health statistics: interactive dashboard. [Online]. 2025. Available at: [Mental health statistics: interactive dashboard | GOV.WALES](#)

and least deprived fifths of the population. This gap has widened from 1.7 points in 2021/22, due to a greater decline in the mental well-being score of those in the most deprived fifth. In 2023, adolescents aged 11-16 scored an average of 23.5 (out of a possible 35)⁹. This score increased slightly between 2021 and 2023. Between adolescents from more and less affluent families, measured on the Family Affluence Scale, there was a 2 point in gap in average score.

- **Increased proportion of adults feeling a sense of community (2021/22, 63.8% of adults reported feeling they belong in their area, that people in their area from different backgrounds get on well together, and that people treat each other with respect and consideration¹⁰.)**

3.2.3 Delivery progress

Our work on this priority touches all ages, from the first 1000 days of life through school and working age to older people. We have established our Hapus National Conversation to help people to prioritise their mental well-being and the actions which can protect and promote it. The website has received over 60,000 page views and we have recruited over 50 community organisations to our Hapus supporter network. We have completed a range of baseline measures and have established an evaluation programme to help us to understand and monitor the impact of our work.

The Hapus Strategic Partnership is continuing to engage with a range of organisations, including the Arts Council for Wales, Sport Wales, Natural Resources Wales, Tempo, National Trust Cymru, Cadw, NHS Confederation, Amgeuddfa Cymru - Museum Wales and the Mental Health Foundation, to support the goal of widening access to and participation in mental well-being promoting activities. We have worked closely with Welsh Government to support the development of the new Mental Health and Well-being Strategy, particularly vision statement two on mental well-being.

Our First 1000 Days programme has continued to advocate for greater system wide action on early child development as a foundation for lifelong well-being. The programme led collaborative work, bringing stakeholders together to develop and agree a shared Early Years Framework for Action. The framework specifically addresses the Ministerial priority on First 1000 Days and the period beyond it up to the child's fifth birthday. The Early Years Framework for Action will be published in May 2025 and a launch event will be held in June 2025 to share the framework more widely and discuss ideas for its implementation.

We have continued to support the implementation of the Framework for a Whole School Approach to Mental and Emotional Well-being, working closely with the Directors of Public Health at a local level. To date, we have reached 74% of all schools action planning and are on course to achieve the target of 80% by the end of March.

⁹ Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) score, School Health Research Network. . Public Health Wales. Secondary School Children's Health and Well-being Dashboard. [Online]. 2024. Available at: [Children's Health & Well-being Dashboard](#)

¹⁰ Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: [publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/](#)

The rise in mental and emotional health problems among children and young people has been a concern for some time both across the UK and many other countries internationally. To date, the focus has been on enabling the system to respond to the need identified but there is also a need to understand what is driving this increase so we can focus our efforts on prevention. We have brought together clinicians, academics and the third sector to start to explore this issue. We have started by working to identify what the data tells us about when this rise started, which aspects of mental and emotional health have shown change over time, and we will then use this work to start to explore possible causes.

The ACE Hub Wales has continued to co-lead the implementation of the Trauma-informed Wales Framework providing knowledge, resource and guidance to over 50 organisations and key sectors such as education and criminal justice in implementing the Trauma and ACE informed Toolkit. The Violence Prevention Unit has been progressing the implementation of the Wales Without Violence Framework and developed an Engaging Men and Boys Toolkit to provide a range of accessible information for understanding, supporting and critically assessing the role that programmes engaging men and boys can play in preventing violence.

3.2.4 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO2.1 By 2028, we will have worked with others to create physical and social environments that are supportive of mental and social well-being.

SO2.2 By 2028, we will have enabled the system to understand need, measure impact and evaluate public health action to promote mental and social well-being

SO2.3 By 2028, We will have advocated for and informed the development and implementation of policy which impacts positively on mental and social well-being

SO2.4 By 2028, we will have supported and led work to normalise the adoption of healthy behaviours which promote mental and social well-being and create positive social norms

SO2.5 By 2028, we will have supported and led action which reduces long term harm arising from trauma, violence, abuse, stigma, and discrimination

SO2.6 By 2028, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting mental and social well-being

SO2.7 By 2028, we will have developed work to increase understanding and action on the commercial and digital determinants of mental and social well-being

Key Deliverables

Objective	Milestones
SO2.1 - By 2028, we will have worked with others to create physical and social environments that are supportive of mental and social well-being	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Working with Welsh Government, Estyn and Directors of Education, agreed shared and respective actions on improving the mental health and well-being of children and young people in school.
	Quarter 4
	<ul style="list-style-type: none"> Delivered Welsh Government ambitions in relation to the phase 1 of the implementation of the Whole School Approach to Mental and Emotional Well-being and agreed proposals for phase 2, building on joint work with Estyn and Directors of Education.
	2026-2027
	<ul style="list-style-type: none"> Supported implementation of a package of support for health pathways for young people in employment with a focus on mental health and well-being.
SO2.2 - By 2028, we will have enabled the system to understand need, measure impact and evaluate public health action to promote mental and social well-being	2027-2028
	<ul style="list-style-type: none"> Developed and shared knowledge on adverse later life experiences and social connections and their impact on health and well-being in Wales, mobilising evidence and making recommendations for action in this area.
	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Synthesised the evidence on what services can do on the relationship between physical health outcomes and mental well-being.
SO2.3 - By 2028, We will have advocated for and informed the development and implementation of policy which impacts positively on mental and social well-being	Quarter 4
	<ul style="list-style-type: none"> Phase 1 evaluation report on Hapus National Conversation will be completed and learning will be fed into refining the programme.
	2027-2028
SO2.4 – By 2028, we will have supported and led work to normalise	<ul style="list-style-type: none"> As part of our First 1000 Days work, completed a review of early years child development assessment tools
	2025-2026
SO2.3 - By 2028, We will have advocated for and informed the development and implementation of policy which impacts positively on mental and social well-being	2025-2026
	Quarter 4
SO2.4 – By 2028, we will have supported and led work to normalise	<ul style="list-style-type: none"> Supported Welsh Government to implement the National Mental Health and Well-being Strategy.
	Quarter 1

the adoption of healthy behaviours which promote mental and social well-being and create positive social norms	<ul style="list-style-type: none"> Produced an action tool on how to create inclusive well-being-promoting community activities.
	Quarter 4
SO2.5 - By 2028, we will have supported and led action which reduces long term harm arising from trauma, violence, abuse, stigma, and discrimination	<ul style="list-style-type: none"> Engaged underrepresented groups in mental well-being promoting activities and identified key actions to improve their inclusion in and access to services.
	2026-2027
SO2.6 - By 2028, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting Mental and Social Well-being	Quarter 1
	<ul style="list-style-type: none"> Evaluated the implementation of the Trauma-informed Wales Framework to show impact on prevention of adversity and trauma in Welsh society and positive support outcomes for those who have experienced it.
	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Described current practice in the use of early child development assessment tools.
	Quarter 3
	<ul style="list-style-type: none"> Launched phase 1 of Every Child digital offer.
	Quarter 4
	<ul style="list-style-type: none"> Published the implementation plan for the Early Years Framework for Action as part of our First 1000 Days work. Produced a key guide for NHS and local authorities on the role of early years services in building a sustainable health and care system.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Produced a brief guide for key agencies in Wales to concrete actions they can take to support community initiatives in promoting mental well-being.
	Quarter 4
<ul style="list-style-type: none"> Described the role of early years services in building a sustainable health and care system. 	
2027-2028	
<ul style="list-style-type: none"> Enabled initial action to integrate assessment of mental well-being into health and care planning. Described the most important outcome measures for understanding whether children in Wales are getting the best start in life. 	
SO2.7 - By 2028, we will have developed work to increase understanding and action on the commercial and digital determinants of mental and social well-being	2026-2027
	Quarter 3
<ul style="list-style-type: none"> Completed work which sets out the primary commercial and digital determinants of mental and social well-being and identifies the actions systems can take to address them from policy to practice level. 	

3.3 Strategic Priority – Promoting healthy behaviours

3.3.1 Introduction

Promoting healthy behaviours encompasses activity to reduce the burden of disease, disability, and early death that results from use of tobacco, our diet, how active we are and whether and how we use alcohol and other substances. The latest estimates from the Global Burden of Disease Study indicate that behavioural risks contribute 25% of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to non-communicable disease in Wales, that includes Cancer, Heart Disease and Respiratory Diseases. Of these behavioural risks tobacco contributes the largest among (10%), followed by diet (8%). In addition, a high BMI is responsible for a further 8%. The growing burden of non-communicable disease is a significant threat to the sustainability of our health and care system.

Our behaviours are closely linked to the social, economic, and environmental factors which have been outlined in earlier priorities. Our approach to promoting healthy behaviours explicitly acknowledges that the opportunities to make healthier choices are influenced by our social and economic circumstances, by where we live, and importantly by the actions of the industries that produce a range of unhealthy commodities. This is why, for the majority of the behaviours, we see a clear socio-economic gradient; they are more common among groups in the population who experience disadvantage. These factors are one of the primary mechanisms through which the wider determinants lead to ill health and health inequalities.

We also acknowledge that our behaviours can be a result of our mental well-being. Many of us will recognise how easy it is to eat less healthy foods, often as a treat when we are feeling low, or how our consumption of alcohol may increase when we feel stressed or anxious. For some people these coping behaviours become long term and habit forming and people may need support to adopt healthier coping strategies. In these situations, people often need help to make changes, even when they are motivated to do so. Behavioural factors also play a part in the conditions which lead to disability such as musculoskeletal diseases and substance use. One of the emerging behavioural risks to health and well-being is gambling which will be an increasing focus over the next three years.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.3.2 Measuring our Progress

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

- ❖ Increased proportion of the population with healthy weight (2022/23, 36.1% of working age adults (16-64) reported a BMI between 18.5 and 25)

In the last 20 years, the proportion of adults living with obesity in Wales has increased by 44% to a little over 1 in 4 people. There is also a large gap in the proportion who have healthy weight, with 33.7% in the most deprived fifth of areas reporting healthy weight compared to 39.5% in the least deprived fifth.

In 2021, 65% of adolescents aged 11-16 had healthy weight. This proportion was higher amongst adolescents in higher affluence families (67.2%) compared to lower affluence families (61.4%).

- ❖ Increased proportion of the population meeting physical activity guidelines (2022/23, 55.4% of adults did 150 minutes of moderate or vigorous physical activity each week.)

In the most deprived areas, only 47.7% met the guideline, compared to 61.4% in the least deprived areas¹¹. 31% of all adults reported doing less than 30 minutes of physical activity in the previous week¹². However, physical activity has improved slightly in recent years, with only 51% of adults meeting the guidelines in 2020/21.

In adolescents in 2023, nearly 4 in 5 children did not meet the recommended guideline for this age group of at least 60 minutes of physical activity daily. Higher levels of physical activity are reported by adolescents from more affluent families. 20% of this group report meeting the guidelines compared to 15% of those in less affluent families.

- ❖ Reduced smoking prevalence (2022/23, 12.8% of adults reported smoking daily or occasionally¹³.)

The percentage of adults smoking in Wales has halved since 2003/04¹⁴. However, despite these improvements, smoking prevalence is not currently projected to meet the Welsh Government target of less than 5% by 2030. Adults living in the most deprived fifth of areas were 50% more likely to smoke than those in the least deprived fifth.

Amongst adolescents aged 11-16, 2.7% reported smoking at least once a week in 2023, dropping from 3.8% in 2017¹⁵. Adolescents from lower affluence families are more likely to smoke than those from higher affluence families, but the gap in prevalence has reduced from 2.7 percentage points in 2017 to 1.9 in 2023.

¹¹ Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/

¹² Public Health Wales. A summary of trends in risk factors for non-communicable diseases - Public Health Wales. [Online]. 2025. Available at: <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/a-summary-of-trends-in-risk-factors-for-non-communicable-diseases/#8.%20Smoking>

¹³ Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/

¹⁴ Public Health Wales. A summary of trends in risk factors for non-communicable diseases - Public Health Wales. [Online]. 2025. Available at: <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/a-summary-of-trends-in-risk-factors-for-non-communicable-diseases/#8.%20Smoking>

¹⁵ Public Health Wales. Secondary School Children's Health and Well-being Dashboard. [Online]. 2024. Available at: https://publichealthwales.shinyapps.io/SHRN_Dashboard/

❖ **Reduced harmful alcohol consumption (2022/23, 17.2% of adults aged 16+ reported drinking above guidelines – more than 14 units per week¹⁶.)**

In recent years, levels of hazardous and harmful drinking have stayed broadly static. People of higher socioeconomic status are more likely to report exceeding recommended drinking guidelines, however research shows that those in lower socioeconomic status groups experience more alcohol-related harm.

In 2023, 35.6% of adolescents aged 11-16 reported drinking alcohol. Amongst adolescents from higher affluence families, 37.6% reported drinking, compared to 32.4% from lower affluence families. Both the overall prevalence of alcohol consumption in adolescents, and the affluence gap in prevalence, have decreased in recent years.

3.3.3 Delivery Progress

Over the last 12 months we have worked closely with Welsh Government and wider system partners to maximise the opportunity presented by legislation on tobacco and vaping in Wales and across the UK which will be a major step forward to realising our ambition of a smoke free Wales by 2030. We have worked with the Directors of Public Health to review the Help Me Quit smoking cessation system and that review will make recommendations on how we maximise the potential of smoking cessation to reduce the burden of disease and ill health from tobacco for individuals and the health and care system as a key component of our shift to prevention.

Self-referrals to the Help Me Quit (HMQ) service are 8% ahead of last year and on track to reach a record high in 2024/25. This growth has been driven by the success of the Feel the Difference campaign, as well as a major update to the website user interface and content in January 2025. We have developed a partnership with Sheffield University academics to increase our capacity to model the potential future impact of a range of policy measures in relation to smoking and to explore the potential impact of price controls on smoking. We have continued our work to reduce the impact of smoking during pregnancy and to optimise contact with healthcare to promote a quit attempt.

In response to the stark figures and future protections of the rise of diabetes in Wales, we have established Tackling Diabetes Together, a programme which brings together key partners from across the system to improve outcomes for people living with Diabetes (types 1 and 2) and halt the rise in prevalence of Type 2 Diabetes by 2028. This work sits across this Strategic Priority and Strategic Priority 4.

During 2024, we undertook an extensive needs assessment on substance use related harm in Wales and are now developing a cross organisational approach to ensure that Public Health Wales is focused on maximising its impact in this area.

We have developed an e-learning package to promote alcohol brief intervention and use of risk assessment tools which have been shown to save money in the NHS. We have worked closely to support Welsh Government to develop proposals for reducing

¹⁶ Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/

gambling related harm in Wales arising from the introduction of the Gambling Levy in 2025.

The implementation of the Healthy Weight Healthy Wales Strategy has continued, facilitating the adoption of a whole system approach including the development of a series of goals and indicators which will help focus action and enable the measurement of impact. We have continued our work to maximise the impact of the All Wales Weight Management Pathway including advising on the role of a growing range of weight less medications.

The Healthy Weight Healthy You website has continued to grow its user base throughout the year reaching a significant milestone of 200,000 users visiting since launch, with 84% of users saying that it was helpful or very helpful. This year, we advanced the development of a goal-setting digital assistant and updated health assessment which once launched will give users greater control over their weight management journey. The Reset Your Mindset campaign in May 2024 attracted 18,000 new users and the highest number of returning visitors since launch. In November, it won Gold for Video of the Year at the CIPR Awards.

We have undertaken process evaluations of both the Whole System Approach to Healthy Weight and the Children and Families Pilots which will enable us to make recommendations on the next steps for both of these programmes of work. We have continued our work to support the implementation of the Breastfeeding Action Plan and to develop options for a new infant feeding action plan in Wales. We have also supported the review of the nutrition and food standards for school meals in Wales.

We continue to recognise opportunities the school day presents to increase physical activity through the next phase of our place-based approach to active school travel. Alongside this, we have supported a whole school approach to health and well-being by developing curriculum toolkits in key areas and proposing a set of minimum standards which are currently being refined through engagement with schools. The JUSTB programme was fully re-established after the pandemic and delivered to schools identified as having the highest need as part of our work to reduce inequalities in smoking outcomes.

The Healthy Working Wales programme has continued implementation of the new digital delivery model with the development of a new website and delivery of a number of e-learning packages and webinars.

To support the NHS to shift to prevention, we re-established the Making Every Contact Count (MECC) programme across Wales and continued to implement our improvement programme to ensure that as many people as possible benefit from the National Exercise Referral Programme. We have also re-established Add to Your Life and continue to work with health boards to explore and optimise the use of this tool as part of work to prevent deconditioning and support people to stay in employment or economically active while waiting for NHS treatment and care.

The benefits of a shift to making greater use of digital solutions and tools to promote healthy behaviours is significant. Over the next three years we will identify opportunities for digital platforms and solutions and pursue these to enable greater uptake and impact on our population.

3.3.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO3.1 By 2028, we will have worked with others to create environments that are supportive of health promoting behaviours and minimise health harming behaviours. As part of this we will have influenced policies to increase physical activity, and continued to support Welsh Government in the implementation of policy to influence the food environment, focused initially on the out of home and public sector.

SO3.2 By 2028, we will have supported and led work to normalise healthy behaviours and create positive social norms

SO3.3 By 2028, we will have developed work to increase understanding and action on the commercial and digital determinants of health

SO3.4 By 2028, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting healthy behaviours

SO3.5 By 2028, we will have motivated and enabled the adoption of behaviours which promote health

SO3.6 By 2028, we will have supported action which reduces harm from unhealthy behaviours, particularly for those groups who are most vulnerable

SO3.7 By 2028, we will have supported the system to understand need, measure impact and evaluate public health action to promote healthy behaviours

SO3.8 By 2028, we will have supported the development and implementation of policy which impacts positively on healthy behaviours

Key Deliverables

Objective	Milestones
<p>SO3.1 - By 2028, we will have worked with others to create environments that are supportive of health promoting behaviours and minimise health harming behaviours. As part of this we will have influenced policies to increase physical activity, and continued to support Welsh Government in the implementation of policy to influence the food environment, focused initially on the out of home and public sector.</p>	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Delivered final proposals for the Daily Active Whole School Approach to Physical Activity.
	<ul style="list-style-type: none"> Delivered our proposals for a new framework that supports schools to embed a whole school approach to health and well-being.
	<ul style="list-style-type: none"> Completed and reported on the phase 1 evaluation of the whole system approach to a Healthy Weight.
	Quarter 3
	<ul style="list-style-type: none"> Published a series of curriculum toolkits to support implementation of the Curriculum for Wales.
	Quarter 4
	<ul style="list-style-type: none"> Completed Phase 2 of the Active School Travel Place Based Approach Programme.
	<ul style="list-style-type: none"> Developed a programme of work to reduce harm from the out of home food sector.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Delivered an assessment tool and guidance to enable schools to evaluate progress in implementing a whole school approach to food.
	Quarter 3
<ul style="list-style-type: none"> Delivered specific guidance produced for the Daily Active Programme. 	
<ul style="list-style-type: none"> Launched an employer toolkit to prevent smoking uptake among 18-24 year olds. 	
<ul style="list-style-type: none"> Identified the key attributes of a healthy by default public sector food offer in Wales to inform policy and practice. 	
Quarter 4	
<ul style="list-style-type: none"> Delivered proposals to government on the wider adoption of the place based approach to active school travel. 	
<ul style="list-style-type: none"> Developed a programme of work to reduce harm from the retail food environment. 	
2027-2028	
<ul style="list-style-type: none"> Published the evaluation of the place based approach to active travel. 	
<p>SO3.2 - By 2028, we will have supported and led work to normalise healthy behaviours and create positive social norms</p>	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Commenced work to understand public knowledge, attitudes and beliefs to gambling.
	2026-2027
	Quarter 1
<ul style="list-style-type: none"> Launched an action plan based on the HMQ in Hospital Evaluation. 	

	<p>Quarter 4</p> <ul style="list-style-type: none"> Completed work on public understanding and beliefs in relation to alcohol health harm and risk and feed these into our next IMTP. Evaluated key elements of the smoking in pregnancy improvement programme and identified actions for the next IMTP.
<p>SO3.3 - By 2028, we will have developed work to increase understanding and action on the commercial and digital determinants of health</p>	<p>2025-2026</p> <p>Quarter 3</p> <ul style="list-style-type: none"> Published our synthesis of the evidence base for the use of licencing as a public health intervention, ready to inform policy on licensing.
	<p>Quarter 4</p> <ul style="list-style-type: none"> Delivered proposals for a strategic cross organisation programme of work on the commercial and digital determinants of health.
	<p>2026-2027</p> <p>Quarter 2</p> <ul style="list-style-type: none"> Delivered our recommendations to reduce baby, infant and children's exposure to unhealthy commodity marketing.
	<p>Quarter 4</p> <ul style="list-style-type: none"> Developed a policy and decision making framework to guide interactions with commercial bodies and respond to the commercial determinants of health.
	<p>2025-2026</p> <p>Quarter 1</p> <ul style="list-style-type: none"> Developed a programme of work and implementation plan to improve infant feeding outcomes. Completed the Daily Active Assessment Tool and accompanying guidance to support a whole school approach to physical activity. Initiated an assessment on how digital solutions can improve uptake and retention of healthy behaviours in our populations.
	<p>Quarter 3</p> <ul style="list-style-type: none"> Developed a work programme to embed use of Audit-C in clinical practice. Delivered proposals for enhancing adherence in the National Exercise Referral Scheme (NERS) Programme.
<p>SO3.4 - By 2028, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting healthy behaviours</p>	<p>Quarter 4</p> <ul style="list-style-type: none"> Developed a process drawing on learning from the Vaping Incident Response Group and the Gambling Related Harm to emerging behaviours and health. Defined and described a new NERS delivery approach based on need not specific conditions. Commenced implementation of a joint plan with HEIW to roll out MECC to the primary care workforce in Wales. Agreed performance management and reporting approach to the MECC e-learning resources.
	<p>2026-2027</p> <p>Quarter 1</p>

	<ul style="list-style-type: none"> Implemented a new delivery model for the Welsh Network of Health and Well-being Promoting Schools. Delivered our programme plan for digital solutions in our programmes.
	Quarter 4
	<ul style="list-style-type: none"> Delivered agreed actions in the Early Years Nutrition Work Programme.
	2027-2028
	<ul style="list-style-type: none"> Implemented a measurement and evaluation system for the whole school approach to health and well-being. Established a model to increase capacity and capability to promote health at work. Completed evaluation of the implementation of core elements of the HMQ in Hospital Programme. Completed evaluation of progress in embedding use of Audit C and brief intervention in clinical practice. Completed evaluation of the implementation of the level 2 generic module for MECC e-learning.
SO3.5 - By 2028, we will have motivated and enabled the adoption of behaviours which promote health	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Agreed a marketing, communication and product development delivery plan for 26-29 for Healthy Weight Healthy Wales Behaviour Change Programme. Launched MECC Level 2 e-learning module.
	Quarter 3
	<ul style="list-style-type: none"> Published Every Child resources for families with children aged 2-7.
	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> Developed and implemented evidence based social marketing behaviours to address key behaviours.
	Quarter 3
	<ul style="list-style-type: none"> Completed our work on behavioural drivers of inactivity ready to inform policy and our programmes.
SO3.6 - By 2028, we will have supported action which reduces harm from unhealthy behaviours, particularly for those groups who are most vulnerable	2027-2028
	<ul style="list-style-type: none"> Developed a behaviourally informed social marketing programme to promote active daily lives.
	2025-26
	Quarter 1
	<ul style="list-style-type: none"> Implemented a national service model to support adult vaping cessation.
	Quarter 3
<ul style="list-style-type: none"> Completed action plan for reducing smoking harms to vulnerable populations. Completed proposals for a cross organisation strategic work programme to address the recommendations of the Substance use Needs Assessment. Published the evidence base for action to reduce harm from smoking among vulnerable population groups. 	
Quarter 4	
<ul style="list-style-type: none"> Delivered the end of programme report on improvement actions to reduce smoking during pregnancy. Delivered guidance and resources for schools and other key stakeholders to engage and support young people in readiness for legislative changes on sale of tobacco. 	

	<ul style="list-style-type: none"> Completed an options appraisal and made proposals for the ongoing hosting and development of the Healthy Weight Healthy You Level 1 Digital Offer Implemented year 1 of the cross organisational work programme on reducing harm from drugs and alcohol. Made recommendations for prioritisation within the All Wales Weight Management Pathway. Implemented year 1 of the gambling related harm reduction programme.
	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> Launched a programme of work for reducing smoking harms to vulnerable populations.
	Quarter 4
	<ul style="list-style-type: none"> Implemented year 2 of the gambling related harm reduction programme. Implemented year 2 of the cross organisational work programme on reducing harm from drugs and alcohol. Completed proposals for digital interventions in the All Wales Weight Management Pathway.
	2027-2028
	<ul style="list-style-type: none"> Reported on the impact to date of the All Wales Weight Management Pathway and be ready to feed lessons into enhancing the programme. Launched a programme of work to address understanding of alcohol related risk to health.
SO3.7 - By 2028, we will have supported the system to understand need, measure impact and evaluate public health action to promote healthy behaviours	2025-26
	Quarter 2
	<ul style="list-style-type: none"> Delivered recommendations for a revised data reporting system for HMQ Services in Wales drawing on findings from the HMQ Service Review. Delivered proposals for the implementation of the monitoring and evaluation framework for Healthy Weight Healthy Wales.
	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> Reviewed and reported on progress in implementing the infant feeding data framework.
	Quarter 3
	<ul style="list-style-type: none"> Completed evaluation of Every Child resources for parents from pregnancy to age 2.
	2027-2028
	<ul style="list-style-type: none"> Completed evaluation of support for only vapers to quit and be ready to implement learning. Completed evaluation of the support provided to vulnerable population groups through HMQ and made recommendations for improvement and development.
SO3.8 - By 2028, we will have supported the development and implementation of policy which impacts positively on healthy behaviours	2025-26
	Quarter 4
	<ul style="list-style-type: none"> Supported government in taking a public health approach to revision of the Healthy Eating in Schools Regulations.
	2026-2027
	Quarter 4

	<ul style="list-style-type: none"> Delivered recommendations for evidence-based approaches to licensing of tobacco and nicotine that reduce harm and advocated for their implementation.
	2027-2028
	<ul style="list-style-type: none"> Completed work on gathering practice-based evidence on what works to improve healthy eating in schools and be ready to feed this into action.
	<ul style="list-style-type: none"> Completed our role in the implementation of tobacco and nicotine licensing including provision of advice.

3.4 Strategic Priority – Supporting the development of a sustainable health and care system focused on prevention and early intervention

3.4.1 Introduction

Any health and care system needs to be focussed on prevention, early intervention, achieving high quality and value and continuously learning to ensure its medium to long term sustainability. A sustainable Primary Care system as part of this is central to achieving these outcomes and making a strategic shift to prevention. Public Health Wales plays a crucial national role in providing evidence-based leadership for public health strategies and collaborating with NHS Wales and communities to coordinate public health activities.

'A Healthier Wales' aims for everyone in Wales to lead long, healthy, and happy lives. It sets the policy direction for the health and social care system to deliver sustainable models of care. Sustainable healthcare means working together across the system to provide high-quality care without harming the environment, being affordable now and in the future, and delivering positive social impacts. This includes shifting services from hospitals to communities where appropriate, enhancing early detection and prevention of illnesses, and helping people manage their health and long-term conditions. It also focuses on making it easier for people to stay active and independent in their homes and communities. All of this emphasises the central role of Primary Care in a prevention-focused sustainable health and care system.

The need for sustainable healthcare is underscored by the increasing demand for health and social care in Wales due to an ageing population, health inequalities, healthy harming behaviours, environmental and social determinants. These factors have created significant pressures on the health and care system, affecting access to timely treatment, causing avoidable harm, and impacting overall outcomes. Despite these immediate pressures, it is essential to focus on prevention, early intervention, and equity to develop sustainable care models that meet current and future population needs, reduce harm, address health inequalities, shift care from hospital to communities and improve outcomes.

As part of our work under this strategic priority, HEIW and Public Health Wales will work together on our shared and respective roles in the preventive importance of the NHS workforce. Our workforce is important not just because of their significant role in better health outcomes for everyone but also because a healthcare workforce which is itself as healthy as possible will bring benefits to them, to the NHS and to everyone who uses NHS services. Working together, we will assess the actions they can take respectively and jointly to embed prevention in our workforce.

This will comprise i) identifying how we improve the health of the NHS workforce, ii) identifying how this will improve NHS system resilience, iii) ensuring we embed a preventive mindset and skills in the education and training of all our workforce iv)

shaping the future of the public health workforce v) exploring opportunities to embed population health and preventive mindset in leadership development, and vi) optimising learning for NHS Wales from global exchanges and network.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.4.2 Measuring our progress

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

- ❖ **Reduced avoidable mortality rate (2022, the avoidable mortality rate was 274 per 100,000 population, or 22.7% of all deaths¹⁷.)**

The proportion of deaths which were avoidable decreased slightly between 2021 and 2022, but is still higher than before the pandemic. Despite a declining cancer mortality rate, cancer remains the main cause of avoidable mortality in Wales, though the mortality rate for alcohol-related and drug-related deaths has also increased.

- ❖ **Monitor prevalence of non-communicable disease**

The rate of non-communicable diseases, like diabetes and heart failure, has been increasing in recent years and is projected to continue increasing (Table 1). We will work to reduce the rates of:

- **Diabetes**
- **Cardiovascular disease** (myocardial infarction, heart failure, stroke/transient ischaemic attack)
- **Respiratory disease** (asthma and chronic obstructive pulmonary disease)
- **Musculoskeletal conditions** (osteoporosis and rheumatoid arthritis)

3.4.3 Delivery Progress

Over the past year, we have built significant momentum to a shift towards a prevention-focused approach across the health and care system in Wales. The Prevention Based Health and Care framework has been launched alongside a steering group to guide this transition. The All Wales Diabetes Prevention Programme (AWDPP) continues to show positive results, with nearly 10,000 people attending consultations. An equity toolkit and a service user experience report were also published to assess the programme's impact. The Primary Care Obesity Prevention Programme developed a postnatal health and well-being programme in partnership with the Women's Health Network. Efforts under the Cardiovascular Disease (CVD) prevention programme included a review of health checks and proposals for a quality improvement project in primary care.

¹⁷ Office for National Statistics. Avoidable mortality in England and Wales: 2021 and 2022. [Online]. 2024. Available at: [Avoidable mortality in England and Wales - Office for National Statistics](#)

In response to the stark figures and future protections of the rise of diabetes in Wales, we have established Tackling Diabetes Together, a programme which brings together key partners from across the system to improve outcomes for people living with Diabetes (types 1 and 2) and halt the rise in prevalence of Type 2 Diabetes by 2028. This work sits across this Strategic Priority and Strategic Priority 3.

A strong focus has been placed on reducing health inequalities through primary care. Key actions included co-producing with professionals a consensus framework for action and collaborating with partners to create a multi-professional education framework on health inequalities and inclusion health, with resources, made available on the Primary Care One website to support embedding these in practice.

The national evaluation of the Primary Care Model for Wales continues, including cluster peer reviews and self-reflection cycles, with the development of key indicators to measure system progress. A cluster planning portal was launched on the Primary Care One website to aid in planning activities.

In dental care, national coordination of programmes like Designed to Smile and child dental health inspections all aim to prevent tooth decay in children. Collaborative work with the Care Inspectorate Wales (CIW) sought to improve the oral health of care home residents. Training and calibration events were held for the Dental Epidemiology Programme, and the Welsh Oral Health Information Unit provided resources and reports to stakeholders.

We have supported the Welsh Government's Dental Reform Programme, advocated for a need-based, preventive dental care system, and worked with Digital Health and Care Wales (DCHW) on an annual Quality Self-Assessment for health boards and dental practices.

We have also worked with a focus on social value methods which has included delivering training on assessing well-being impact and creating a toolkit to help shift NHS budgets towards prevention.

This year, the NHS Safeguarding Service has continued its strategic role in coordinating the NHS Wales Safeguarding Network and publishing its annual report, sharing learning from quality improvements and innovations. A key focus has been on addressing recurrent safeguarding themes through innovative learning approaches. Multi-agency events on Professional Curiosity and Hearing the Voice of Adults at Risk have tackled challenges in protecting individuals from abuse and neglect. By emphasising person-centred practice, applying a behavioural science-based approach, and encouraging constructive challenge, NHS Wales is strengthening safeguarding practices and driving meaningful improvements in decision-making and frontline engagement.

We continue to provide public health leadership and chair the National Decarbonisation Inhaler use and disposal Task and Finish Group. By working closer with the National Strategic Clinical Network on Respiratory Conditions and our colleagues across the four nations, we have provided a coordinated approach, national oversight, input and support to address inhaler use and disposal in Wales and across the UK. This has resulted in a substantial decrease in the use of high global warming potential inhalers and identified areas for improvement in the management

of respiratory conditions. Our efforts in supporting primary care to be more environmentally sustainable and meet the Net Zero ambition have been recognised through winning at the NHS Wales Sustainability Awards 2024 and the Welsh Pharmacy Awards 2024.

Our Greener Primary Care work has continued to grow from strength to strength with over 500 practices participating and over 4,200 climate friendly actions reported since the establishment of the Greener Primary Care Wales Framework and Award Scheme in 2022.

3.4.4 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the strategic objectives below:

SO4.1 By 2028, we will have achieved a coordinated approach to prevention and early intervention in the health and care system.

SO4.2 By 2028, we will have worked with Welsh Government, NHS Wales and system partners, to shape and support implementation of a Primary and Community Care system, that is population health focused, equitable and sustainable, with quality services that are planned and delivered to meet people's needs today and tomorrow.

SO4.3 By 2028, we will have worked with health boards and the wider public health system to slow the rate of increase of the prevalence of type 2 diabetes increasing and to increase the number of people living well with diabetes in Wales.

SO4.4 By 2028, we will have worked with partners to deliver environmentally sustainable health and care to meet the Net Zero Wales ambition.

SO4.5 By 2028, we will have worked closely with Welsh Government, health boards and other system partners to support improvement in delivery of prevention and reduction in inequity in dental access and outcomes

SO4.6 By 2028, we will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.

SO4.7 By 2028, we will have enabled NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.

Key Deliverables

Objective	Milestones
<p>SO4.1 - By 2028, we will have achieved a coordinated approach to prevention and early intervention in the health and care system.</p>	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Mobilised system partners to take action to strengthen implementation of social prescribing in Wales.
	Quarter 3
	<ul style="list-style-type: none"> Mobilised system partners to agree Cardiovascular Disease (CVD) Prevention Delivery Plan with deliverables identified for short, medium and longer term.
	<ul style="list-style-type: none"> Informed the development of a collaborative workstream on postnatal health and well-being, with the NHS Executive and Clinical Networks, aligned to the priorities identified in the Women's Health Plan.
	<ul style="list-style-type: none"> Supported partners to use the whole of the health and care system to positively influence what matters to the health and well-being of people in Wales, ensuring programmes support health and well-being across the life course.
	<ul style="list-style-type: none"> Completed the service needs assessment for Child and Adolescent Mental Health Services working with the Strategic Programme for Mental Health.
	<ul style="list-style-type: none"> Completed joint work with Strategic Programme for Mental Health on reviewing a high value pathway for mental health interventions for children and young people.
	Quarter 4
	<ul style="list-style-type: none"> Mobilised the system to implement Prevention Based Health and Care (PBHC) action plan.
	<p>SO4.2 - By 2028, we will have worked with Welsh Government, NHS Wales and system partners, to shape and support</p>
<ul style="list-style-type: none"> Enabled the implementation of the Prevention Based Health and Care action plan in delivery to embed prevention in the health and care system at scale. 	
<ul style="list-style-type: none"> Enabled action to prevent disease by working with partners in primary and community care and the National Strategic Clinical Networks to focus on secondary and primary prevention to embed person-centred preventative activity in clinical pathways. 	
<ul style="list-style-type: none"> Informed the development of products for the National Framework for Social Prescribing. 	
2025-2026	
	Quarter 1
	<ul style="list-style-type: none"> Produced the Health Inequalities Action Plan for reducing health inequalities through primary care.

implementation of a Primary and Community Care system, that is population health focused, equitable and sustainable, with quality services that are planned and delivered to meet people’s needs today and tomorrow	Quarter 2
	<ul style="list-style-type: none"> Disseminated the data, evidence, planning support tools produced and advocate for their use to enable health board and RPBs to improve their inclusion health services.
	<ul style="list-style-type: none"> Piloted and rolled out the Primary Care Safer Surgeries training and approach for Wales.
	<ul style="list-style-type: none"> Implemented a pilot of the Competency Framework for Prison and Inclusion health.
	<ul style="list-style-type: none"> Provided training and supported the system to adopt a population health approach to planning and evaluation, focussing on two primary disease drivers of inequalities initially - diabetes and respiratory.
	<ul style="list-style-type: none"> Primary Care Model for Wales Evaluation Plan: Cluster Self-Reflection Tool Year 2 report published.
	Quarter 3
	<ul style="list-style-type: none"> Primary Care Model for Wales Evaluation Plan: Cluster national Key Indicators agreed, and data dashboard scoped.
	<ul style="list-style-type: none"> Advocated for the inclusion of health equity in the Welsh Government mandate to health boards in line with Duty of Quality and Social Economic Duty.
	<ul style="list-style-type: none"> Primary Care Model for Wales Evaluation Plan: Cluster Peer Review Year 3 report published.
	<ul style="list-style-type: none"> Worked with HEIW to assess the actions we can take respectively and jointly to embed prevention in our workforce.
	Quarter 4
	<ul style="list-style-type: none"> Progressed implementation of the framework for healthcare public health - 'Population Health and Care in Wales' in collaboration with key stakeholders.
	<ul style="list-style-type: none"> Delivered the 'Public Health Approach to Primary and Community Care in 2035' (Phase 2 work) - Concluding work to articulate what a Sustainable Health and Care System in Wales looks like.
	<ul style="list-style-type: none"> Continued to strengthen the capacity, capability and skill building of the primary and community care workforce across public health priority topics areas, through a range of mechanisms.
	<ul style="list-style-type: none"> Provided strategic leadership, advice and support across primary and community care, to strengthen monitoring and evaluation activities and outputs to measure progress in the delivery of the Primary Care Model for Wales.
	<ul style="list-style-type: none"> Provided evidence for current pressures including waiting lists to be implemented with an equity lens.
	<ul style="list-style-type: none"> Supported the public health system in Wales to work effectively with clusters and the broader primary and community care system to embed public health priorities, including recommendations in the 'best buys' report.
	2026-2027
Quarter 4	
<ul style="list-style-type: none"> Approach for increasing capacity and capability for undertaking monitoring evaluation of cluster and primary and community projects agreed. 	

	<ul style="list-style-type: none"> Influenced clusters and health boards to review the impact of cluster working including opportunity costs of non-mainstreamed projects. Provided public health expertise to influence the primary and community care system to take a population healthcare approach, including needs-based planning. Supported NHS Wales and partners to identify relevant elements of clinical pathways that should be delivered through primary and community care, and in the communities where people live (Community by Design). Advocated for Welsh Government, NHS Wales and partners to embed the findings of the Public Health Approach to Primary and Community Care by 2035 work. Supported Welsh Government to agree and implement the national approach to population health management across Wales by providing evidence and advocacy to support policy development.
	2027-2028
	<ul style="list-style-type: none"> Provided system leadership to influence culture to embed the health inequalities framework across the whole of the NHS. Developed evidence for the economic case funding and resourcing of services to decrease health inequalities which benefits the wider economy - health services and broader. Worked with the Welsh Value in Health Centre, NHS Wales and partners to strengthen value based healthcare in primary and community care. Influenced NHS Wales and the Primary and Community Care system to strengthen the population healthcare approach including needs-based planning, equitable resource allocation and delivery of quality services through primary and community care. Informed and mobilised all clinical pathways to implement evidenced based approaches which reduce health inequity. Evaluated our approach to reducing health inequalities through primary care action plan. Support the development of the case for Welsh Government to consider a review of NHS fiscal framework and resource distribution between primary and secondary care/prevention and treatment, and the funding formula of general practice in Wales.
SO4.3 - By 2028, we will have worked with health boards and the wider public health system to slow the rate of increase of the prevalence of type 2 diabetes increasing and to increase the number of people living well with diabetes in Wales.	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Shared insights and outcomes from the Hackathon patient engagement event to enable improved outcomes for people with diabetes.
	Quarter 2
	<ul style="list-style-type: none"> Shared findings from AWDPP outcome evaluation to support development and ongoing scale up and mainstreaming of the AWDPP to achieve full population coverage across Wales. Delivered a co-produced support pack for Health Care Professionals to use at point of diagnosis.
	Quarter 4

	<ul style="list-style-type: none"> Coordinated the upscaling and mainstreaming of the AWDPP to achieve full population coverage across Wales, with continued development of the programme.
SO4.4 By 2028, we will have worked with partners to deliver environmentally sustainable health and care to meet the Net Zero Wales ambition.	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Reviewed, evaluated and made recommendations to support GMS to adopt and put into practice Quality Improvement methods and techniques.
	Quarter 3
	<ul style="list-style-type: none"> Described, reported, and promoted actions and interventions with the highest carbon impact and identify best value tools to enable carbon calculations.
	Quarter 4
	<ul style="list-style-type: none"> Defined and agreed with system partners on what is meant by Environmentally Sustainable Health and Care and its application to primary care.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Promoted the re-launch of the Greener Primary Care Wales Framework and Award Scheme.
	Quarter 4
	<ul style="list-style-type: none"> Delivered, evaluated, and reported the impact, engagement, scale and spread of the Greener Primary Care Wales Framework and Award Scheme. Continued to provide specials' public health input and lead a coordinated approach and national oversight to reduce the clinical and environmental harms of specific medicines with a high carbon footprint.
2027-2028	
<ul style="list-style-type: none"> Worked with system partners to provide leadership, advocacy, influence, support and develop resources to enable primary care to take action to tackle and adapt practice to mitigate the effects of climate change and practice more sustainably. 	
SO4.5 - By 2028, we will have worked closely with Welsh Government, Health Boards and other system partners to support improvement in delivery of prevention and reduction in inequity in dental access and outcomes	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Provided strategic advice, national leadership and co-ordination for the Designed to Smile programme (including delivery of annual report)
	Quarter 4
<ul style="list-style-type: none"> Provided national leadership and oversight of the Dental Epidemiology Programme in Wales (including Training and Calibration and Report) 	

	<ul style="list-style-type: none"> Continued work with system partners to provide dental public health leadership, expertise, and support to the NHS dental system reform in Wales with a focus on prevention. Analysed and produced appropriate outputs of population oral health indicators as agreed with the stakeholders (dependent on DDA signed off between Public Health Wales and NHSBSA).
SO4.6 - By 2028, we will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Public Health Economics and Value Unit established, and strategic plan agreed to mobilise knowledge, enable capability and embed economics and social value approaches across the organisation, NHS Wales and beyond.
	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> Public Health and Well-Being Economy approaches developed to support NHS Foundational Economies locally, influencing wider determinants, and investing in prevention in Wales, the UK and globally.
SO4.7 - By 2028, we will have enabled NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.	2027-2028
	<ul style="list-style-type: none"> Advanced methodological approaches for including equity in economic evaluations integrating its applications in population health decision-making. A well-being economy - social value - public health roadmap developed demonstrating a 'proof of concept' for population health as a driver of social, economic and planetary well-being.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Reviewed and evaluated the 2024/25 NHS Safeguarding Network Work Plan with the Executive Directors of Nursing and the Office of the Chief Nursing Officer.
	Quarter 2
<ul style="list-style-type: none"> Facilitated the NHS Safeguarding Network Work Plan, presenting learning, quality improvements and innovations captured in the Annual Report 2024/25. 	
Quarter 3	
<ul style="list-style-type: none"> Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Safeguarding Network Work Plan 2026/27. 	
Quarter 4	
<ul style="list-style-type: none"> Worked with the NHS Wales' Executive to continue to mature quality assurance reporting and benchmarking in relation to safeguarding by NHS Wales' organisations. Implemented recommendations from the 2024/25 Strengthening Safeguarding in Health Review commissioned by the Chief Nursing Officer. 	

	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Reviewed and evaluated the 2025/26 NHS Safeguarding Network Work Plan with the Executive Directors of Nursing and the Office of the Chief Nursing Officer.
	Quarter 2
	<ul style="list-style-type: none"> Facilitated the NHS Safeguarding Network Work Plan, presenting learning, quality improvements and innovations captured in the Annual Report 2025/26.
	Quarter 3
	<ul style="list-style-type: none"> Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer to craft the NHS Safeguarding Network Work Plan 2027/28.
	Quarter 4
	<ul style="list-style-type: none"> Worked with the NHS Executive to evaluate the impact of quality assurance reporting and benchmarking in relation to safeguarding by NHS Wales' organisations. Shared the data and service user feedback from the national Looked After Children survey undertaken in 2025/26 with NHS Wales in order to inform improvements in future planning for Looked After Children health services.
	2027-2028
	<ul style="list-style-type: none"> Reviewed and evaluated the 2026/27 NHS Safeguarding Network Work Plan with the Executive Directors of Nursing and the Office of the Chief Nursing Officer. Facilitated the NHS Safeguarding Network Work Plan, presenting learning, quality improvements and innovations captured in the Annual Report 2026/27. Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Safeguarding Network Work Plan 2028/29. Worked with the NHS Wales' Executive to continue to mature quality assurance reporting and benchmarking in relation to Safeguarding by NHS Wales' organisations.

3.5 Strategic Priority – Delivering excellent public health services to protect the public and maximise population health outcomes

3.5.1 Introduction

Protecting the public from the effects of infections and exposure to environmental harms, such as air pollution, and the delivery of our national screening programmes are core responsibilities for Public Health Wales. As a Civil Contingencies Act Category 1 responder, we collaborate with others to safeguard the public from major infectious diseases and environmental risks through robust emergency planning, preparedness, and response actions. This includes addressing inequalities that may arise from health protection threats, existing population health status, and wider determinants influencing health.

We will continue to participate in efforts led by the Chief Medical Officer for Wales to strengthen the health protection system. This includes focused work at both Wales and UK levels to learn lessons from the Covid-19 response, implement recommendations from the Covid-19 Public Inquiry, and enhance planning and preparedness for future pandemics. We will provide system leadership to further strengthen the health protection system, including multi-agency work to implement lessons from the Covid-19 response and Public Inquiry.

We will continue to support the UK Covid-19 Inquiry by producing witness evidence, documentary evidence and oral evidence at Public Hearings against the 10 module areas. As part of this work, our Public Inquiry Response Team with work with our external legal team to meet the evidential requirements of the Inquiry. They will also coordinate and support our staff to produce and give evidence to the Inquiry. Upon the publication of module reports, we will ensure the reports are considered in detail, recommendations are addressed, organisational learning is captured and is implemented within our emergency preparedness planning process. By doing this, we will ensure the Inquiry is able to make appropriate recommendations which drive improvements to our emergency preparedness response where necessary.

Supporting the health system across Wales, we offer national health protection, laboratory, clinical infectious disease, pathogen genomics and infection control services. We deliver, monitor, and evaluate seven population-based screening programmes and coordinate the all-Wales managed clinical network for antenatal screening. These programmes aim to reduce disease incidence or improve early diagnosis to lessen the disease's impact. The screening programmes will explore and adopt evidence-based technological advances to improve service delivery.

Delivering excellent service quality and striving for continuous improvements are vital. This includes developing new programmes or deploying innovative tools and technologies to better understand and respond to threats, ultimately supporting people to live longer and healthier lives. Protecting the health of Wales' population from infections and environmental threats is crucial for achieving a healthier Wales.

The Covid-19 pandemic highlighted the importance of health protection and security, emphasising the role of health inequalities in exposure risks and health outcomes.

Cancer is a leading cause of death in Wales, with many cancers being curable if detected early and treated effectively. We support primary prevention through HPV vaccination and deliver three cancer population-based screening programmes. We deliver, monitor and evaluate seven population-based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. The aims of the programmes are either to reduce incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening). The screening programmes will work to explore and promptly adopt evidence-based advances in technology to improve offer to the population in Wales and delivery of excellent services. Welsh Government has also tasked Public Health Wales with scoping and appraising a targeted lung cancer screening programme for high-risk individuals aged 55 to 74. The implementation of the programme is subject to Welsh Government approval, including funding.

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) underscores the Duty of Quality to provide safe, effective, person-centred, timely, efficient, and equitable healthcare within a learning culture. Public Health Wales aims to deliver the best outcomes for the people of Wales by focusing on equity to reduce health inequalities and support all people in Wales to lead healthier, longer lives. Ensuring equal access to services, including screening, vaccination, diagnostic, and treatment services, is essential for excellent service quality.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.5.2 Measuring our progress

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

❖ Increased childhood immunisation coverage

The percentage of children receiving routine immunisations at different ages has seen little improvement in recent years. In 2023/24, the proportion of children fully up to date with their immunisations by ages 4, 5 and 15 decreased¹⁸, and the gap in coverage between the most and least deprived areas widened¹⁹. We will work towards increasing coverage of:

- '6 in 1' vaccination at age 1 (2023/24, 94.2% of children had received all three doses of the '6 in 1' diphtheria, tetanus, pertussis, polio, Hib and hepatitis B vaccination)

¹⁸ Public Health Wales. Vaccine uptake in children in Wales, COVER Annual Report 2024. [Online]. 2024. Available at: <https://publichealthwales.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/vaccine-uptake-in-children-in-wales-cover-annual-report-2024/>

¹⁹ Public Health Wales. Inequalities in uptake of routine childhood immunisations in Wales 2023-24. [Online]. 2024. publichealthwales.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/annual-inequalities-report-202324/

A slight decrease on the previous year, and below the target of 95%.

- MMR coverage at age 2 (2023/24, 92.9% of children had received at least one dose of MMR vaccination by age 2)

The target is 95%.

- HPV coverage at age 15 (2023/24, coverage of the one-dose course of HPV vaccination was 74.1% in children turning 15.)

HPV coverage has decreased in recent years and is much lower than the 90% target.

- Coverage of all routine immunisations by age 1 (93.1% in 2023/24)
- Coverage of all routine immunisations by age 2 (90.8% in 2023/24)
- Coverage of all routine immunisations by age 4 (84.6% in 2023/24)
- Coverage of all routine immunisations by age 5 (87.8% in 2023/24)
- Coverage of all routine immunisations by age 15 (62.2% in 2023/24)

❖ Increased proportion of cancers detected at an early stage

3.5.3 Delivery Progress

Over the past 12 months, a notable achievement for the Vaccine Preventable Disease Programme (VPDP) has been the launch of the RSV vaccine programme across Wales, targeting individuals aged 75-79 and pregnant women aiming to significantly reduce the burden of RSV each autumn. The development of the National Immunisation Framework has continued, with Public Health Wales leading the creation of new national standards for vaccine patient information and a repository for evidence and good practices.

We have supported Welsh Government with the drafting of the National Health Protection Framework and published key reports on drug-related deaths, blood-borne viruses, sexually transmitted infections, and air quality in Withy hedge. Collaborative efforts with various programmes have enabled the modelling of hospitalisations and mortality due to respiratory infections among care home residents. Our public relations and communications efforts were recognised with two awards at the Public Relations and Communications Association DARE Awards Cymru for HIV campaigns.

Our screening programmes have seen the implementation of new digital functionalities which include cohorting components for breast screening, e-referral for diabetic eye screening, and sharing of screening histories across the England-Wales border for cervical screening. Diabetic Eye Screening Wales has rolled out 40 new cameras for retinal photography that improve image capture quality enabling improved identification of patients with diabetic retinopathy. Our Bowel Screening Wales programme successfully completed optimisation and now offers screening for adults aged 50-75.

We have strengthened our control measures through successful accreditation of ISO 15189 across the entire Public Health Wales diagnostic laboratory network. Infection services have been recognised by UKHSA Porton Down for successful implementation

of a network-wide response to potential viral haemorrhagic fever. Additionally, we developed within four weeks of notification MPOX clade typing across Wales.

Our Public Health Genomics Programme has overseen the formation of a Genomic Epidemiology Unit which has worked to analyse outbreaks and perform genomic surveillance for SARS-CoV-2, TB and HIV. Our Pathogen Genomics Unit has undertaken development for new services covering Mpox, RSV, and AMR bacteria. Lastly, our genomics team have played a key role working with the Defence Science and Technology Laboratory to deliver an initial operating capacity to the UK Microbial Forensics Consortium, outcome 11 of the UK Biological Security Strategy.

Our emergency preparedness, resilience, and response efforts include the establishment of a 24/7 on-call service, coordination of responses to over 60 incidents, and the conduct of major national response exercises. We have also been recognised as part of the CONTEST Cymru governance structure and assessed the UK's preparedness for pandemics.

Finally, we have developed a strategic route map to guide our planning, focusing on coordinated engagement with people in Wales, strengthening partnerships locally, nationally, and internationally, and supporting services to deliver outcomes effectively and efficiently. These achievements underscore our commitment to improving public health services and our strategic vision for the future.

3.5.4 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO5.1 By 2028, working closely with our partners, we will have an agreed service model that includes new diagnostic treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation.

SO5.2 By 2028, we will be providing effective and trusted system leadership on a range of designated risks, including HCAI and AMR and vaccine preventable diseases.

SO5.3 By 2028, we will have continuously improved our service to the public and the wider public health system to reduce the health harms associated with environmental hazards and increase the health gains associated with environmental benefits.

SO5.4 By 2028, we will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations.

SO5.5 By 2028, we will have completed participation in the Covid 19 Public Inquiry, responded to any recommendations made in within Inquiry Module Reports and embedded any learning / improvements to our EPRR process arising from the findings of the Inquiry.

Key Deliverables

Objective	Milestones
<p>SO5.1 - By 2028, working closely with our partners, we will have an agreed service model that includes new diagnostic treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation.</p>	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Introduced Rapid Bone and Joint panel as a routine diagnostic test available to health boards across Wales.
	<ul style="list-style-type: none"> Full 4 yearly network assessment for transition to the new Quality UKAS Standards (ISO15189:22).
	Quarter 3
	<ul style="list-style-type: none"> Implemented LIMS 2 for Infection Services as part of the All Wales Programme.
	<ul style="list-style-type: none"> Harmonised network diagnostic delivery based on identified value-based healthcare for a number of identified workstreams.
	<ul style="list-style-type: none"> Undertaken review of the infection estate and developed recommendations and implementation plan.
	<ul style="list-style-type: none"> Improved patient outcomes through uptake and identification of Herpes, Syphilis, MPOX and LGV through introduction of the ULCER panel as a routine diagnostic test available to health boards across Wales.
	<ul style="list-style-type: none"> Improved patient outcomes through uptake and identification of Mycoplasma Genitalium and Trichomonas Vaginalis by offering molecular testing as a routine diagnostic test available to health boards across Wales.
	Quarter 4
	<ul style="list-style-type: none"> Moved pathogen genomics activity within Wales forward by completing and publishing the Pathogen Genomics Delivery Plan and developing a plan to deliver our Genomic Epidemiology roadmap.
	<ul style="list-style-type: none"> Introduced AI supported diagnostic pathways for faecal parasitology screening of enteric samples.
	<ul style="list-style-type: none"> Implemented and embedded recommendations from the Health Protection Team Service Review to enhance service efficiency, quality and resilience in line with international best practice.
<ul style="list-style-type: none"> Operationally facilitated and enabled business transformation relating to digital solutions for eNOIDS, Tarian, SMS and Out of Hours e-roster and WEDINOS LIMS to deliver improved productivity across the Health Protection Division. 	
<ul style="list-style-type: none"> Embedded systems for routine collection and analysis of patient and stakeholder feedback to drive equitable and effective engagement. 	
<ul style="list-style-type: none"> Food, Water and Environment laboratories implemented Ports and Borders service requirements. 	
<ul style="list-style-type: none"> Regional Structure realigned to include Rapid Hot Labs to support expansion of test repertoire based on population needs. 	
<ul style="list-style-type: none"> Implemented fit-for-purpose structure for the Welsh Specialist Virology Centre to provide Diagnostic and Sexual Health Services. 	

	<ul style="list-style-type: none"> Expanded narrative reporting to include additional specimen types, offering bespoke, patient-specific treatment guidance aimed at reducing inappropriate specimens and improving treatment outcomes.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Established formal arrangements with Cwm Taf University Health Board to support development of options appraisals in line with potential transfer of the health board's microbiology services to Public Health Wales. Established formal discussions with Hywel Dda University Health Board to support internal health board review of potential transfer of Withybush microbiology service to Public Health Wales. Established formal discussions with Aneurin Bevan University Health Board to support options appraisal of potential transfer of the health board's microbiology service to Public Health Wales. Delivery of automated laboratory systems through development of service specifications and Welsh Government Full Business Case.
	2027-2028
	<ul style="list-style-type: none"> Supported our pandemic preparedness and biosecurity through the development of new services (such as single genomic tests that can identify hundreds of possible pathogens) and by supporting other parts of the system, such as Welsh Government, to develop strategic genomics capabilities (such as wastewater). Undertaken research to develop new datasets, tools (e.g. pipelines and processes for accredited services) and approaches (such as evaluating AI for outbreak characterisation) and to support the global public health agenda.
SO5.2 - By 2028, we will be providing effective and trusted system leadership on a range of designated risks, including HCAI and AMR and vaccine preventable diseases.	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Assessed the risk of emergencies occurring and use this to inform contingency planning: Undertaken an analysis of Public Health Wales capability to respond to identified risks detailed within the National Security Risk Assessment. Aligned Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP) programme initiatives with the objectives of the UK National Action Plan (NAP) 2024-2029.
	Quarter 3
	<ul style="list-style-type: none"> Innovated and developed HARP programme support to health and care in Wales to enable them to reduce Clostridioides difficile infections (CDI). Refreshed & put in place emergency plans: Developed, gained approval for and validated (designed and delivered an internal exercise) the Public Health Wales Pandemic Response Arrangements.
	Quarter 4
	<ul style="list-style-type: none"> Conducted a comprehensive assessment of the current Infection Prevention and Control (IPC) workforce and evaluate their resilience across Wales. Reviewed and scoped National Antimicrobial Stewardship Audit Tools. Reviewed and scoped the antimicrobial usage and antimicrobial resistance surveillance data outputs.

	<ul style="list-style-type: none"> Continued development of Sexual Health Testing Services to meet identified population needs and contribute to the target of no new transmission of BBV's in Wales by 2030, through partnership and collaborative working using knowledge, data, evidence and innovation to promote equity in testing provision.
	<ul style="list-style-type: none"> Worked with others to help reduce drug-related morbidity and mortality through enhanced understanding of substance use trends and harms across Wales.
	<ul style="list-style-type: none"> Moved towards the leading-edge level of the International Association of National Public Health Institutes Staged Development Tool framework for surveillance for acute events within the Communicable Disease Surveillance Centre.
	<ul style="list-style-type: none"> Strengthened surveillance capabilities through the integration of respiratory surveillance in line with Mosaic and pandemic preparation work, and inclusion of climate health surveillance and AMR into surveillance models.
	<ul style="list-style-type: none"> Monitored progress in line with Welsh Government disease elimination strategy for Measles, Polio, TB, BBV, HIV, Hep B and Hep C.
	<ul style="list-style-type: none"> Developed a plan for the application of genomics surveillance for One Health in Wales.
	<ul style="list-style-type: none"> Worked with Welsh Government to finalise the All-Wales TB Action Plan.
	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> Established and embedded an 'all hazards' Health Protection Inequalities Programme through developing divisional and directorate capability in identifying and mitigating health inequalities, as well as evaluating our actions.
	Quarter 4
	<ul style="list-style-type: none"> Undertaken analysis of IPC workforce assessment to develop recommendations for optimum workforce profile for IPC across Wales.
	<ul style="list-style-type: none"> Developed, Implemented, and evaluated National Antimicrobial Stewardship Audit Tools.
	<ul style="list-style-type: none"> Developed and implemented new Surveillance Structures Design and deploy new frameworks for antimicrobial usage and resistance data collection and reporting.
	<ul style="list-style-type: none"> Applied learning from innovations to CDI support to other areas of HARP programme work.
	<ul style="list-style-type: none"> Adjusted and re-prioritised HARP programme activities based on the progress and outcomes of Wales' efforts towards the UK National Action Plan (NAP) 2024-2029.
	2027-2028
	<ul style="list-style-type: none"> Generated reports from the audit tools to inform services of prescribing practice for antimicrobials in secondary care.
	<ul style="list-style-type: none"> Evaluated the modified reporting structures for antimicrobial usage and resistance surveillance.
SO5.3 - By 2028, we will have continuously improved our service to	2025-2026
	Quarter 2

the public and the wider public health system to reduce the health harms associated with environmental hazards and increase the health gains associated with environmental benefits.	<ul style="list-style-type: none"> Strengthened cross organisational arrangements for business continuity management: Developed a programme of business continuity training and exercise activity that supported the provision of revised directorate business continuity arrangements.
	Quarter 3
	<ul style="list-style-type: none"> Refreshed and put in place emergency plans: Reviewed, updated (and gained approval) and validated (designed and delivered an internal exercise) the Public Health Wales Emergency Response Plan.
	Quarter 4
	<ul style="list-style-type: none"> Shared information and cooperated with other responders to enhance co-ordination and maintain arrangements for responding to emergencies: Worked with partners from the Local Resilience Fora, Wales Resilience Partnership Team and Wales Resilience Forum and the Four Nations Public Health EPRR Group to review and update multi-agency plans to further develop for consistency in response – including support for Welsh and UK Government in the preparation and delivery of a series of workshops and tabletop exercises around the Tier 01 exercise to assess significant elements of the UK's preparedness, capabilities, and response arrangements in the context of a pandemic arising from a novel infectious disease
	<ul style="list-style-type: none"> Agreed an Environmental Public Health 'service schedule' for Wales to clarify Public Health Wales and UK Health Security Agency (UKHSA) roles, working and governance arrangements, and improve stability, sustainability and resilience in services delivered to protect and promote public health.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Re-aligned and enhanced the Environmental Public Health service to increase capacity for proactive, prevention-focused activities, such as evidence and policy development on air and water hazard exposures, while also strengthening reactive incident management.
	2027-2028
<ul style="list-style-type: none"> Identified learning and made change based on evidence and best practice: At the request of Welsh Government/NHS Executive, led the development and delivery of Emergency Preparedness Resilience and Response Core Standard across NHS Wales, subsequently adopted in Public Health Wales. 	
<ul style="list-style-type: none"> Identified learning and made change based on evidence and best practice: Coordinated the activity required from Public Health Wales to address the recommendations from Module 01 of the Covid-19 Inquiry. 	
<ul style="list-style-type: none"> Adopted a framework to evaluate progress toward achievement of agreed long-term vision for Environmental Public Health. 	
SO5.4 - By 2028, we will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations.	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Evaluated and analysed mortality rates in the over 65 population prior to 2013 and compared with men who have become eligible for abdominal aortic aneurysm (AAA) screening since 2013, in line with evaluation undertaken by all of the UK 4 nations. Put in place a MOU between Public Health Wales and Cardiff University regarding the Screening Research Group. This is a collaboration to undertake research, evidence generation, and training and development around screening and the associated provision of excellent public health services.

	<p>Quarter 2</p> <ul style="list-style-type: none"> Designed a detailed recommendation around the implementation of Newborn Bloodspot Screening for Tyrosinemia Type 1 (Wales Screening Committee approval). Developed the final report providing an options appraisal and recommendation on how a national lung cancer screening programme can be delivered in Wales. Completed the final year of bowel screening optimisation by offering screening to people aged 50 and improved the sensitivity of the screening FIT by reducing the cut off level of the test. <p>Quarter 3</p> <ul style="list-style-type: none"> Implemented LIMS 2 for screening as part of the All Wales Programme. Nominated Learning Disability Champions and developed good practice guides for use in the programmes to improve access for service users with a learning disability. Implemented provision of MRI surveillance for women identified at very high risk of breast cancer across Wales. <p>Quarter 4</p> <ul style="list-style-type: none"> Delivered a refreshed Screening Equity Strategy to reduce inequity in uptake of screening as part of a cross-organisational approach to health inequalities and in collaboration with local health board partners. Continued implementation of the Diabetic Eye Screening Wales (DESW) Transformation Road Map that will innovate the current service delivery model and enable digital transformation of the programme Continued work to scope options for introduction of self-sampling in Cervical Screening Wales, to improve uptake and reduce inequity. Implemented electronic test requests for cervical screening samples. Scoped new Cervical Screening Wales Audit of Cervical Cancer (CSWACC) database to replace existing system, to include streamlining data collation from other sources (e.g. pathology, colposcopy). Replaced DESW fleet of Vans including lower emissions vehicles where practical to contribute towards meeting objectives of Public Health Wales' Decarbonisation and Sustainability Plan 2024/26. - Phase 1 (subject to Welsh Government funding). Worked with DHCW to redevelop or replace the current All Wales Newborn Hearing Screening (AWNBHS) and Newborn Bloodspot Screening Wales (NBSWS) IT systems as a critical enabler to quality improvement and service adaptation. Enhanced formal quality assurance processes in Antenatal Screening Wales to provide assurance of the delivery of consistent high quality screening services to all pregnant women and people. <p>2026-2027</p> <p>Quarter 4</p> <ul style="list-style-type: none"> Implemented service model change in NBHSW to 'one ear clear' model (subject to Wales Screening Committee approval).
SO5.5 - By 2028, we will have completed participation in the Covid	<p>2025-2026</p> <p>Quarter 1</p>

19 Public Inquiry, responded to any recommendations made in within Inquiry Module Reports and embedded any learning / improvements to our EPRR process arising from the findings of the Inquiry.	<ul style="list-style-type: none"> Prepared for and supported the Module 7 Public Hearings on Test, Trace and Isolate.
	Quarter 2
	<ul style="list-style-type: none"> Prepared for and supported the Module 6 Public Hearings on the Care Sector.
	Quarter 3
	<ul style="list-style-type: none"> Received the combined Module 2 Report and put in place a process to respond to the recommendations, to capture learning and improve processes.
	<ul style="list-style-type: none"> Prepared for and supported the Module 8 Public Hearings on Children and Young People.
	<ul style="list-style-type: none"> Prepared for and supported the Module 9 Public Hearings on the Economic Response.
	Quarter 4
	<ul style="list-style-type: none"> Prepared for and supported the Module 10 Public Hearings addressing the Impact on Society.
	<ul style="list-style-type: none"> Received the Module 3 Report and put in place a process to respond to the recommendations, to capture learning and improve processes.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Received Module Reports and put in place a process to respond to the recommendations, to capture learning and improve processes.
	2027-2028
Quarter 4	
<ul style="list-style-type: none"> Received Module Reports and put in place a process to respond to the recommendations, to capture learning and improve processes. 	

3.6 Strategic Priority – Tackling the public health effects of climate change

3.6.1 Introduction

Climate change is recognised as the most significant public health threat of the century, endangering physical health, mental health and well-being. It threatens all areas of life that impact our ability to achieve and maintain good health. In 2019 the Welsh Government declared a climate emergency for Wales and in October 2021 the World Health Organization declared climate change to be the single biggest health threat facing humanity.

The earth has already warmed by 1.1°C above pre-industrial levels as a result of human activity. Urgent action is needed to limit global temperature rise to 1.5°C to prevent devastating harm to health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices, results in improved health – particularly through reduced air pollution.

The impacts of climate change are multifaceted, impacting the social and environmental determinants of health (clean air, food security, safe homes, and access to services). The impacts of climate change are already being felt within Wales, both in terms of physical threats to life through extreme weather events, as well as climate related anxiety. In short, climate change is already adversely impacting the health of people in Wales and will continue to do so well into the future.

We know that some communities in Wales are likely to be more adversely impacted by the effects of climate change than others, and some less likely to be able to take action to respond to these effects. For example, lower income households in areas that are prone to flooding, and those living with disabilities and/or chronic conditions and their carers. As such, the effects of climate change are likely to exacerbate existing health inequalities in Wales. Our focus must be on ensuring that efficient and equitable adaptation policies and interventions are in place that help to reduce health inequalities.

We have identified several elements where we have a role in supporting the climate change and sustainability agenda, including developing, understanding and interpreting the evidence to inform action, provide evidence-based interventions, and to provide integrated technical advice to partners. This includes key functions such as policy advice, behavioural change, communication, surveillance, and guidance.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.6.2 Measuring our Progress

In delivering this priority, we are working towards supporting the system wide outcome set out below:

- **Reduced temperature-related mortality rate**

- **Reduced Public Health Wales carbon footprint**

We are developing ways to measure these outcomes so that we can understand the current state of these indicators in Wales and monitor our progress. We expect to begin measuring this outcome in spring 2025.

3.6.3 Delivery Progress

Over the past 12 months, we have made significant strides in strengthening external partnerships, enhancing surveillance capabilities, advancing research, and building capacity in climate and health. Our collaboration with UKHSA and Public Health Scotland has led to an agreement on aligning surveillance metrics and methods, while the International Association of Public Health Institutes (IANPHI) framework for action has provided a solid foundation for our strategic route map. We have also engaged with key global partners, including WHO, broadening our academic collaborations.

In surveillance, the launch of a dedicated sub-group within the Climate Change Programme Board has been instrumental in developing a climate and health surveillance system for Wales. We have also made significant progress in aligning our surveillance efforts internationally and fostering academic partnerships with Universities in Wales and externally.

Capacity-building efforts have been bolstered through our Greener Primary Care work and Healthy Travel Charters. Additionally, we have contributed to key external publications, including demographic insights on climate change and health and a report on addressing single-use plastics in microbiology labs.

3.6.4 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO6.1 - Protect, promote and educate:

By 2028, we will have become an environmentally sustainable organisation, safeguarding public health by developing capacity within our workforce and advocating for evidence informed climate adaptation and mitigation measures.

SO6.2 - Respond and facilitate action:

By 2028, we will have reduced our carbon footprint and evaluated the impact of our decarbonisation plans, with a clear route to how we will achieve Net Carbon Zero by 2030.

SO6.3 - Monitor and evaluate:

By 2028, we will have a robust climate change surveillance system in place that informs targeted action and policy decisions.

Key Deliverables

Objective	Milestones
SO6.1 - By 2028 we will have become an environmentally sustainable organisation, safeguarding public health by developing capacity within our workforce and advocating for evidence informed climate adaptation and mitigation measures.	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Undertaken a review of approaches measuring the health economic benefits from climate mitigation and adaptation measures to inform future advocacy work.
	Quarter 4
	<ul style="list-style-type: none"> Developed a cohesive climate narrative, supported by a strategic communications plan, to ensure consistent, clear messaging across all internal and external stakeholders and the public. Facilitated and supported the adoption and monitoring of Healthy Travel Charters across Wales (dependent on funding).
	2026-2027
	Quarter 2
<ul style="list-style-type: none"> Supported Public Service Boards and partners to respond to the climate and nature emergency via their local adaptation and/or well-being plans. 	
Quarter 3	
<ul style="list-style-type: none"> Developed a comprehensive, on-going training programme to empower staff at all levels to become climate and sustainability literate within the organisation, ensuring they have the knowledge and skills to integrate sustainability into all areas of our practice and decision making. 	
SO6.2 - By 2028 we will have reduced our carbon footprint and evaluated the impact of our decarbonisation plans, with a clear route to how we will achieve Net Carbon Zero by 2030.	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Developed our next Biodiversity Report in response to enhanced biodiversity and resilience of ecosystems duty, advocating for greater access to biodiverse green space and promotion of the co-benefits of nature restoration, climate resilience and tackling health inequalities. Developed our Decarbonisation and Sustainability Plan 2026-28 to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030.
	2026-2026
	Quarter 4
<ul style="list-style-type: none"> Implemented and embedded our Decarbonisation and Sustainability Plan 2026-28 to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030. 	
SO6.3 - By 2028 we will have a robust climate change surveillance system in place	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Established a climate change surveillance system that aligns with public health priorities, ensuring robust data collection to monitor climate risks and health impacts.

that informs targeted action and policy decisions.	<ul style="list-style-type: none"> Strengthened partnerships with academic institutions to identify research gaps and expand the climate-health knowledge base, with a particular focus on specific areas of interest for Wales.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Enhanced the climate change surveillance system by integrating further products and strengthening partnerships with key stakeholders to inform public health action.
	2027-2028
	<ul style="list-style-type: none"> Evaluated the impact of the climate change surveillance system and its alignment with public health action.

3.7 Enabling the successful delivery of our strategy

We will enable and drive the delivery of our Strategic Plan through embracing more agile digitally and data driven approaches. Our enabling section also reflects, where relevant, Cabinet Secretary enabling activity, particularly in relation to digital, workforce and finance. We will focus on delivering maximum impact by building on innovative approaches that work, placing users at the heart of what we do and through an unwavering focus on quality improvement. Our work to enable the successful delivery of our Strategic Plan falls under the following areas:

- ❖ Using behavioural science and international partnerships to drive quality and collaboration
- ❖ Developing our organisation to be a great place to work
- ❖ Maximise the use of digital, data and evidence to improve public health
- ❖ Creating the conditions and structures to be an organisation that is continuously improving and learning to drive quality, engagement and collaboration
- ❖ Delivering value and improving our performance and delivery

3.7.1 Using behavioural science and international partnerships to drive quality and collaboration

As a World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being, our work focuses on how best to invest in better health, reduce inequalities, build stronger communities and resilient systems in Wales, Europe and worldwide. We advocate for more sustainable policies, embracing the principles of human rights, equity and evidence-based interventions and help address the health and well-being needs of current and future generations.

Working with our partners, we seek to be at the forefront of public health leadership and advocacy, providing evidence for action, as well as direct support for stakeholders to improve the impact and quality of public health activities across Wales and further afield. We aim to ensure that local, national and international learning from policies, research and practices are brought together to support our partners in Wales.

Activity to improve and protect health and reduce health inequity almost always relies on individuals adopting new behaviours – be they members of the public or of professional groups. Behavioural Science is the systematic study of behaviour, what enables it, what prevents it, and how best to elicit it. Understanding how and why people respond to different circumstances and environments, rather than relying on assumptions of how they should act, improves the chances of realising the objective of policies, services and communications – and therefore of improving and protecting health and well-being, and reducing inequity. The Behavioural Science Unit plays a key role in developing the routine and systematic use of behavioural tools, frameworks and theory to drive innovation and impact. Through the provision of technical advice

and assistance; rapid feedback on policy, services and communications; building capability for deploying behavioural science; and advocacy and engagement the Unit enables continuous improvement in quality across the public health system.

Our work is underpinned by our International Health Strategy which supports our national role and strategic priorities, ensuring Wales remains a global leader in public health by fostering partnerships and driving impact across borders. Our international health vision is to be a globally connected and inspiring national public health organisation, working towards a healthier and fairer Wales to address worldwide challenges and shared goals. International health work can range from research partnerships, sharing of mutual knowledge, to joint training and collaboration on projects and other activities. This learning can improve population health and well-being and reduce inequalities for the people of Wales. It can support us to be a globally connected national public health agency, using innovative approaches and our international expertise, helping to prevent disease, promote and protect health and provide system leadership.

SO7.1 By 2028, international health and research partnerships and learning across the organisation and NHS Wales will be strengthened to help improve well-being and health equity nationally and globally.

We will continue to strengthen our international partnerships, collaboration and joint working, contributing to the global health agenda through expertise, evidence and dialogue. We will strive to maximise our contribution to 'A Globally Responsible, Healthier, Prosperous and More Equal Wales', as well as promote the five ways of working, by advocating for international partnership, learning and sharing of best practice, establishing a community of practice to help improve well-being and health equity nationally and globally. We will work across the organisation and with our partners to support the delivery of the Public Health Wales International Health Strategy and maximise the impact of the International Health Coordination Centre (IHCC) across the NHS, developing and sharing opportunities, tools and resources, such as the Global Citizenship modules, toolkits, internships, study visits and others.

SO7.2 By 2028, we will have increased the routine application of behavioural science in policy and practice, to optimise impact on health and well-being.

Recognising the increasing impact that the application of behavioural science can have, our Behavioural Science Unit will continue to build specialist expertise, wider capabilities, and enable activity in this field, to improve health and well-being and tackle health inequalities.

Key Deliverables

Objective	Milestones
SO7.1 - By 2028, international health and research partnerships and learning across the organisation and NHS Wales will be strengthened to help improve well-being and health equity nationally and globally.	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Secured WHOCC redesignation, reinforcing Wales' role as a global influencer and live innovation site for well-being and health equity investment.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Embedded a Futures approach across the organisation, building capability, integrating long-term thinking, and leveraging international horizon scanning to tackle health equity challenges.
	2027-2028
SO7.2 - By 2028, we will have increased the routine application of behavioural science in policy and practice, to optimise impact on health and well-being, protection and improvement of health, to reduce inequity.	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Developed a programme to deploy and test behavioural science and design to optimise service user direct communications.
	Quarter 2
	<ul style="list-style-type: none"> Developed a multi-level capability development programme to increase the routine application of behavioural science. Established approaches to deploying behavioural science in priority areas to optimise quality in health care.
	Quarter 4
	<ul style="list-style-type: none"> Developed and optimised processes to provide responsive behavioural science advice, consultation and implementation support.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Developed and implemented the Behaviourally Informed Impact Programme, providing targeted, intensive support to key organisational initiatives to embed behavioural science effectively.
2027-2028	
<ul style="list-style-type: none"> Developed approaches to enable the increased routine use of data on behavioural determinants, in the design and delivery of public health interventions. 	

3.7.2 Developing our organisation to be a great place to work

SO7.3 By 2028, we will have developed and implemented approaches to attract and recruit a diverse workforce that is representative of the communities of Wales, with the skills and values to achieve the organisation's vision for a healthier Wales.

This will involve:

- ❖ Widening access to careers in Public Health Wales through non-graduate entry routes such as apprenticeships; work experience programmes and career events; and actively promoting job share and part-time roles.
- ❖ Developing and implementing targeted approaches for specific groups, and strengthening relationships with schools and academia to raise awareness of Public Health Wales as an employer of choice.
- ❖ Considering skills and knowledge equivalent to formal qualifications, highlighting organisational values and behaviours and enabling people to work

SO7.4 By 2028, we will have created a sustainable development programme, informed by robust workforce planning, that equips the workforce with the essential skills and knowledge and digital data and technology skills to effectively address the evolving public health landscape .

at times and locations that suit their needs and preferences.

This will involve:

- ❖ Developing plans to address scarce and emerging skills, including internal development schemes, and creating a sustainable skills development programme that supports the strategic priorities.
- ❖ Collaborating with HEIW, academic institutions, and professional bodies to modernise the registration and education system and influence the design, commissioning, and sustainability of relevant education provision.
- ❖ Developing advanced practice across a range of roles.
- ❖ Enabling continuous learning and development that supports lifelong learning and professional growth.

SO7.5 By 2028, we will have embedded a compassionate and inclusive leadership approach, reinforcing our desired organisational culture, evident in everyday behaviours and actions, at all levels of the organisation.

This will involve:

- ❖ Ensuring that all people and OD policies and processes reflect our desired culture and enable compassionate leadership.
- ❖ Developing a sustainable and diverse management and leadership pipeline at all levels, equipping managers and leaders with the skills, knowledge, and confidence to role model desired behaviours and foster an inclusive and psychologically safe environment.

- ❖ Providing timely and actionable information about culture and engagement to managers and leaders so they can take ownership and translate organisational culture and values into behaviours and actions.
- ❖ Creating a psychologically safe and engaging workplace where our values, behaviours and compassionate leadership are fostered at all levels, enabling our people to feel valued and empowered to contribute their best.

SO7.6 By 2028, we will have created a staff experience that prioritises well-being, flexible working, opportunities for career progression, makes Public Health Wales an employer of choice.

This will involve:

- ❖ Understanding and responding to the evolving needs and expectations of our people, particularly regarding flexible working arrangements and career progression.
- ❖ Encouraging open career conversations and promoting diversity and inclusion to ensure that all staff feel valued and supported throughout their careers.
- ❖ Normalising flexible and agile working and equipping managers and staff with the skills and resources to balance the needs of the work, the team, and individuals in line with the Work How It Works Best principles.
- ❖ Prioritising the health and well-being of staff, actively addressing organisational causes of burnout and providing access to mental health resources and well-being support.

SO7.7 By 2028, we will have an organised structure that supports the delivery of our strategic priorities, with consistent roles and responsibilities, optimised workforce planning and the ability to deploy resources where needed, reducing silos and building collaboration and cross boundary working.

This will involve:

- ❖ Embedding our Organisational Design Principles.
- ❖ Optimising our organisational design, ensuring alignment between future workforce demand and strategic priorities.
- ❖ Integrating workforce and financial planning processes to ensure sustainable, prioritised, funding focused on workforce priorities.
- ❖ Embedding the Job Family approach

Key Deliverables

Objective	Milestones
<p>SO7.3 - By 2028, we will have developed and implemented approaches to attract and recruit a diverse workforce that is representative of the communities of Wales, with the skills and values to achieve the organisation's vision for a healthier Wales.</p>	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Developed the People Strategy 2035 implementation plan, mapped delivery to years 2 and 3 of the Strategic Plan, established a baseline for future evaluation.
	Quarter 4
	<ul style="list-style-type: none"> Established a clear vision for succession planning and talent management within Public Health Wales.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Redeveloped and relaunched Public Health Wales employer brand using inputs including our employee value proposition, ideal culture and workforce plans.
	Quarter 4
	<ul style="list-style-type: none"> Implemented the vision for succession planning and talent management within Public Health Wales.
2027-2028	
<ul style="list-style-type: none"> Evaluated progress with the talent attraction and inclusive hiring theme of the 2035 People Strategy. 	
<p>SO7.4 - By 2028, we will have created a sustainable development programme, informed by robust workforce planning, that equips the workforce with the essential skills and knowledge and digital and data technology skills to effectively address the evolving public health landscape.</p>	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Implemented the vision to establish Job Families within Public Health Wales.
	<ul style="list-style-type: none"> Developed and embedded a sustainable multidisciplinary and high quality Training and Guidance function to include the promotion of Behavioural Sciences to offer an equitable framework that is routinely applied across the Health Protection Division.
	2026-2027
	Quarter 3
<ul style="list-style-type: none"> Undertaken a strategic review of Public Health Wales workforce requirements to mainstream genomics in response to the HEIW genomic workforce strategy. 	
<p>SO7.5 - By 2028, we will have embedded a compassionate and inclusive leadership approach, reinforcing our desired organisational culture, evident in everyday behaviours and actions, at all levels of the organisation.</p>	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Developed a performance management approach that focuses on delivery, growth, development, and recognition, a plan for implementation and established a baseline for future evaluation.
	Quarter 4
	<ul style="list-style-type: none"> Developed and established a systemic programme of work which will increase leadership and management skills, capacity and confidence including formal learning.

	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Implemented a performance management approach that focuses on delivery, growth, development, and recognition. Reassessed organisational culture and progressed towards achieving ideal culture using the Organisational Culture Inventory (OCI).
	2027-2028
	<ul style="list-style-type: none"> Evaluated the effectiveness and impact of the new approach to performance management.
SO7.6 - By 2028, we will have created a staff experience that prioritises well-being, flexible working, opportunities for career progression, makes Public Health Wales an employer of choice.	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Developed the road map for how we will create a staff experience that prioritises well-being, flexible working, opportunities for career progression and makes Public Health Wales an employer of choice.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Implemented the employee experience road map.
	2027-2028
	<ul style="list-style-type: none"> Evaluated the effectiveness and impact of the employee experience road map.
SO7.7 - By 2028, will have an organisational structure that supports the delivery of our strategic priorities, with consistent roles and responsibilities, optimised workforce planning, and the ability to deploy resources where needed, reducing silos and building collaboration and cross boundary working.	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Developed a strategic and operational workforce plan as an embedded element of the integrated planning process.
	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> Developed an integrated approach to workforce planning which encompasses the Strategic Priorities and Job Families and underpins a sustainable, multi-year skills development programme.
	Quarter 4
	<ul style="list-style-type: none"> Evaluated the adoption and effectiveness of workforce planning in Public Health Wales.

3.7.3 Maximise the use of digital, data and evidence to improve public health

SO7.8 By 2028, we will provide the data, analysis, research and evaluation evidence to improve the health and well-being of Wales and support inequality challenges.

The NHS in Wales does not systematically collect the necessary data to ensure that services are delivered equitably and improve outcomes in all populations. We cannot effectively monitor health inequalities or service user complaints, and our ability to build on the evidence base on what works to reduce health inequalities is weak. We will determine any gaps in evidence on what works to improve health and reduce inequity through our Evidence Service. Then, in collaboration with our Research and Evaluation Division, develop and implement a research and evaluation programme focused on the priorities for evidence needs of government and users. These include:

- ❖ working with Welsh Government to monitor and evaluate the impact of key public health policy action on health, including, Healthy Weight Healthy Wales, and tobacco control
- ❖ evaluating the All-Wales Diabetes Prevention Programme
- ❖ research and evaluation supporting the refreshed mental health strategy
- ❖ working with Welsh Government and local authorities to improve the evidence base and understanding of the evidence key public health policies

We will continue to monitor the impacts of the pandemic, and other stresses on health such as the cost-of-living crisis, obesity and climate change, across all aspects of population health. We will support the development of research within Public Health Wales aligned to our strengths and continue to influence the wider research landscape and funders to address evidence gaps in priority areas for health in Wales. We will seek to influence the wider research agenda to advise on addressing any requirements outside of our current remit. We will continue the development of a dashboard that enables right-time monitoring of Covid-19, other respiratory and communicable diseases, health-harming behaviours, well-being, the impacts on the burden of disease on other groups e.g. cancer, and equality. This will move us closer to real-time monitoring of public health threats. We will:

- ❖ Ensure that our data is linked with the 2021 Census as soon as possible after the availability of the Census results and systematically analyse all aspects of health and equality covering – protected characteristics, employment, and socio-economic status.
- ❖ Work with DHCW and NHS leaders to put in the systematic processes to ensure data to monitor uptake, outcomes and equality are routinely collected and available for analysis across the NHS in Wales.
- ❖ Systematically review and improve the use of equality and diversity information across all our outputs.
- ❖ Ensure that all our data collections systematically and securely collect equality information, standardised where appropriate on the 2021 Census definitions.

We will increase our focus on evaluation as we seek to apply and develop methodologies which maximise the use of data, qualitative and economic insights to better understand what interventions have the greatest impact on health outcomes, especially for populations at greater risk. We will empower research leaders to deliver research excellence within the organisation and in partnership with others; focused on addressing gaps in knowledge in line with public health priorities and supported by an integrated, efficient, and effective governance model.

SO7.9 By 2028, we will seek to improve our delivery of modern and accessible digital services, centred around user needs to improve the health and well-being of the people of Wales.

To support the system to improve population health and reduce inequalities in Wales, we require an inter-connected system of data, insight and applications that enable right-time information to be accessible and actionable for our users. We will seek to maximise the opportunities available to us by improving our existing data assets, bringing them together to better harness health insights and simultaneously innovate with new technologies harvesting novel data such as from sensors and wearable technology to deliver professional data science to drive frontline delivery. We will explore the use of third-party datasets to enhance our understanding of health-related behaviours.

We will be working collaboratively with DHCW on the National Data Resource (NDR). As part of this, we will look at how the NDR can be used to develop a route map for rationalised data storage, efficient data linking (where safe, secure, legal and ethical to do so) and analysis to provide a more streamlined and efficient data estate supported by a smaller set of strategic analytical tools. We will utilise our data science capabilities, including predictive analytics. This will give us the opportunity to share with public health professionals more real-time and precise high quality actionable information on who to target within a whole-population preventative and a sustainable approach.

Over the past two years we have undertaken a series of discovery projects into our key digital areas covering screening, health protection, registers and our web estate. These discoveries are enabling us to look at how we move away from a single IT system per programme into how we ensure we have the right functionality built from or using common functionality. Through this we will work with:

- ❖ DHCW to establish how their national infrastructure can support Public Health Wales' digital ambitions, through the NHS Wales App and other developments.
- ❖ Welsh Government to establish the appropriate funding to take forward the results of the Health Protection discovery and to ensure we can modernise our screening systems focusing on breast and bowel cancer over the period of this Strategic Plan.

We will increase our impact by improving our understanding of our audiences, focusing on user evaluation and service design. By utilising user personas this will enable us to deliver products and evidence that will be of highest impact. We will monitor our success through the implementation of a systematic approach to monitoring impact.

Key Deliverables

Objective	Milestones
SO7.8 - By 2028, we will provide the data, analysis, research and evaluation evidence to improve the health and well-being of Wales and support inequality challenges.	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Developed and implemented a Health Protection and Screening Services (HPSS) Directorate process to identify key evidence review needs across the directorate to support and prioritise applications to evidence review services, such as the internal Public Health Wales function and Health and Care Research Wales Evidence Centre.
	Quarter 2
	<ul style="list-style-type: none"> Programme of individual linked data research embedded across strategic priorities, developed in partnership with external organisations.
	Quarter 3
	<ul style="list-style-type: none"> Established effective strategic collaborations with academia and other sectors to support development and delivery of public health research, responsive to organisational priorities. Developed a measurement system that supports the delivery of our strategic priorities.
	Quarter 4
	<ul style="list-style-type: none"> Delivered strategically aligned evaluation programme on health and equity, focused on application of robust methods. Undertaken an assessment of impact of HPSS evaluation and research publications (academic and other), including assessing approaches to increase impact of outputs to inform development of a directorate research strategy. Developed academic partnerships for modelling economic policy on health.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> To have developed a strategic platform for analytical data processing and a strategic toolset for use analysing our data and have commenced the training of staff to utilise the strategic toolset.
	Quarter 4
	<ul style="list-style-type: none"> Ensured that we manage successfully the change to new supporting digital systems bringing new cancer data sources and work to improve the efficiency and timeliness of our cancer data. Applied robust methodologies and natural experiment approaches to strengthen evaluation of organisational programmes on health and equity outcomes Enhanced the delivery model of Time to Talk Public Health to strengthen collaboration and ensure survey samples are nationally representative, as a vital data-generating platform for public engagement and a key enabler of our long-term strategy
SO7.9 - By 2028, we will seek to improve our delivery of modern and accessible	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Have a formalised Adult Rare Diseases Register

digital services, centred around user needs to improve the health and well-being of the people of Wales.	<ul style="list-style-type: none"> Have completed the development and moved into business as usual the Primary Care Cluster population health product, linked to primary care public health information and support, as our flagship small area data product, to meet a range of user needs, including informing planning decisions
	Quarter 2
	<ul style="list-style-type: none"> Delivered the automation roadmap
	Quarter 3
	<ul style="list-style-type: none"> Linked data research programme addressing evidence gaps to inform policy and practice action - commitment within the Networked Data Lab Wales.
	Quarter 4
	<ul style="list-style-type: none"> Migration of 12 web sites onto Public Health Wales main web platform Delivered Year 2 of the Public Health Wales digital and data strategy through a prioritised route map Delivered and reviewed Cyber Improvement Plan and determined future requirements Researched & evaluated generating the evidence needed to support digital innovation and health equity for the population of Wales Delivered beta of the HPSS system
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Developed and implemented a roadmap for Public Health Wales to transition to the use of cloud services for genomics, aligning this with the Genomics Partnership Wales digital blueprint and approach of other UK Public Health Agencies Regular reporting of inequalities across Public Health Wales activity.
	Quarter 2
	<ul style="list-style-type: none"> Ensured that all our processes are met and new items across everything we do are documented in line with standards
	Quarter 4
	<ul style="list-style-type: none"> Have enhanced our capability in creating projections for diseases and conditions to: a) Assist with NHS planning. b) Make the case for system and policy interventions to change course where appropriate. All the while ensuring that the limitations of projections are understood by users Have developed and delivered more modelling tools including: scenario modelling, screening demand, modelling impact of interventions Delivered DARC programme Delivered phase 1 of the AI programme Commenced the implementation of Clinical and Digital Safety Standards Robust independent evaluation methods embedded within prioritised programmes to examine health and equity outcomes.
	2027-2028
	<ul style="list-style-type: none"> Established a Digital, Data and Technology Profession Capability Framework Have used integrated data (health, non-health) to develop tools to inform surveillance, analytics, policy evaluation.

3.7.4 Creating the conditions and structures to be an organisation that is continuously improving, innovating and learning to drive quality, engagement and collaboration

SO7.10 By 2028, we will continue to embed the principles of Integrated Governance to bring coherence, consistency and simplicity to how we govern, and provide robust assurance to our Board and its Committees.

We will ensure the principles of Integrated Governance continue to enable the organisation through a focus on quality, decision-making, delegation of authority to ensure that Integrated Governance is positioned as an integral component of our approach to quality management and assurance. Central to this work will be on developing effective risk architecture and the organisational view of risk and risk appetite at all levels. In addition, we will continue the work of the Records Management Programme, embedding policies, procedures, training and implementing an audit plan, together with the creation and publishing of effective tools and techniques to effectively deliver the safe management of records.

SO7.11 By 2028, we will have embedded the Duty of Quality and created the organisational infrastructure and culture for continuously improving, innovating and learning to enable excellent public health services.

The pursuit of an organisation-wide approach to managing for quality enables us to implement the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020). It also enables us to focus more clearly on the needs of the system and purpose of the organisation. Following the introduction of the Duty of Quality and the Duty of Candour, Public Health Wales will continue to work with our staff and key stakeholders to ensure we meet the requirements of both duties, with the ultimate aim of delivering excellent public health services.

The Improvement and Innovation (I&I) Hub will continue to create and support the conditions that promote a culture of continuous improvement. Providing staff with the capability, skills, tools and confidence to deliver measurable and sustainable change and outcomes. The Hub will provide access to information, training and advice, to support staff to spread and scale new ideas and new ways of working. The Hub will promote that quality is everyone's business, along with curiosity and creativity that supports the organisation to develop its improvement and innovation capability through shared learning. We will work closely with NHS, industry, academia and other partners to ensure that we import promising ideas and solutions, as well as celebrate the improvements and innovations across Public Health Wales.

SO7.12 By 2028, we will have raised the profile and professional impact of our Nursing and Midwifery Council registrants, supporting, developing and strengthening the NHS nurse retention workstream

We will implement and deliver restorative clinical supervision for nurses and midwives across Public Health Wales and continue to deliver our work around nursing and midwifery retention in line with the National Retention Programme. This will include actions to support and deliver outcomes and improvements aligned to the Chief Nursing Officer Wales priorities.

Key Deliverables

Objective	Milestones
<p>SO7.10 - By 2028, we will continue to embed the principles of Integrated Governance to bring coherence, consistency and simplicity to how we govern, and provide robust assurance to our Board and its Committees.</p>	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Developed a new Information Governance Plan for Public Health Wales with a renewed focus on continuing to develop a holistic approach with cyber security colleagues leading to improved training and support for staff.
	<ul style="list-style-type: none"> Embedded Integrated Governance Principles into organisational decision-making processes and procedures.
	<ul style="list-style-type: none"> Working in partnership with our managers and staff, we will have implemented Integrated Governance into our ways of working, and provided appropriate resources that aim to streamline how people interact with organisational processes and procedures.
	<ul style="list-style-type: none"> Matured the Public Health Wales risk architecture in line with best practice of ISO31000 COSO framework. Implemented the Risk Management Development Plan including rollout of the Risk Appetite Framework.
	<ul style="list-style-type: none"> Maintained support to the Public Health Wales corporate approach to Records Management to enable 'business as usual'. Delivered assurance that intended benefits continue to be achieved.
	<ul style="list-style-type: none"> Evaluated and enhanced the performance, assurance, and corporate governance framework of the Health Protection Division
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Utilised the Integrated Governance Principles to drive an iterative learning and improvement pathway to operational governance.
	<ul style="list-style-type: none"> Implemented the refreshed Information Governance plan for Public Health Wales with a renewed focus on continuing to develop a holistic approach with cyber security colleagues leading to improved training and support for Public Health Wales staff.
	<ul style="list-style-type: none"> Conducted an audit to monitor and evaluate the continual improvement of our corporate approach to Records Management.
2027-2028	
<ul style="list-style-type: none"> Evaluated the efficiency and effectiveness of the Integrated Governance procedures through the operation of the Governance Hub and recommend improvements where identified. 	
<ul style="list-style-type: none"> Evaluated the effectiveness of the refreshed Information Governance Policies and Procedures and compliance and recommend improvements where identified. 	
<ul style="list-style-type: none"> Maintained business as usual combined with an audit plan for compliance of records management policies and procedures to identify and recommend improvements. 	

<p>SO7.11 - By 2028, we will have embedded the Duty of Quality and created the organisational infrastructure and culture for continuously improving, innovating and learning to enable excellent public health services.</p>	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Developed plans to support the professional development requirements of registered professions (excluding nursing and midwifery), in collaboration, determining supportive activities via network and focus groups (e.g. CPD, supervision, peer support).
	<ul style="list-style-type: none"> Developed and implemented a standardised process for Public Health Wales staff to request support with quality improvement or innovation projects.
	Quarter 2
	<ul style="list-style-type: none"> Completed and collated the findings of the baseline assessment of engagement activity conducted in 2024/25 across Public Health Wales and presented the evidence-based recommendations (currently 'Our Approach to Engagement').
	<ul style="list-style-type: none"> Increased Improvement and innovation capacity and capability through the delivery of the I&I Hub leading on Improvement and Innovation training, Pocket Improvement training, and other training offers.
	<ul style="list-style-type: none"> Strengthened the visibility and profile of the I&I Hub communications strategy to strengthen visibility across the organisation, celebrated improvement and innovation successes, and increased staff engagement in improvement and innovation projects, sharing best practice and learning across the organisation.
	Quarter 3
	<ul style="list-style-type: none"> Embedded and monitored the cross organisational Clinical Governance/Quality Oversight Group and relevant sub groups to support the Duty of Quality and Strategic Priority 5.
	<ul style="list-style-type: none"> Embedded and monitored the quality infrastructure underpinning the Quality Standards to enable all strategic decision-making and reporting arrangements meet the Duty of Quality.
	<ul style="list-style-type: none"> Monitored and evaluated the bespoke offer of enhanced quality training implemented by the Improvement and Innovation Hub in 2024/25.
	<ul style="list-style-type: none"> Using the All Wales People's Experience Framework, developed and implemented a Public Health Wales operational plan to increase the provision of service user experience data and analysis, to inform improvement activities and annual planning.
	<ul style="list-style-type: none"> Co-designed a young people engagement prototype programme with young people and strategic partners/organisations who play a leading role in engagement with children and young people in Wales.
<ul style="list-style-type: none"> Established Post Graduate Education e-Centre to support continuing professional development of consultants, specialist and associate specialist and specialty doctors and junior doctors within Public Health Wales, with the ambition to expand content to include Office of the Medical Director (OMD) responsibility for other regulated professions. 	
<ul style="list-style-type: none"> Implemented agreed plans supporting professional development of registered professions, facilitating supportive events and activities. 	
Quarter 4	
<ul style="list-style-type: none"> Redefined proof of concept and evaluation of the I&I Hub delivery model and structure. 	
<ul style="list-style-type: none"> Monitored and reported against the Duty of Quality Standards and how they have been met across the organisation by the production of an annual report. 	

	<ul style="list-style-type: none"> • Evaluated the proof of concept of the Improvement and Innovation Hub model and structure, to include the I&I Hub training and delivery model.
	<ul style="list-style-type: none"> • Completed an ideas challenge in line with our strategic priorities through the SimplyDo platform and communicated the impact and learning to the rest of the organisation
	<ul style="list-style-type: none"> • Supported organisational improvement projects, chosen through the I&I Hub selection and prioritisation process, using QI methodologies to deliver measurable and sustainable improvements and demonstrable outcomes.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> • Developed an audit programme and reporting mechanism to meet the revised Environment Cleaning Standards
	<ul style="list-style-type: none"> • Evaluated the methodology used in 2025/26 to collate and report against the Duty of Quality Standards within Public Health Wales and identify improvement in line with the ambition to strategic priority 5.
	<ul style="list-style-type: none"> • Developed an Implementation Plan to meet the new NHS Wales' Cleaning Standards ensuring effective mechanisms are in place to provide safe healthcare environments in Public Health Wales clinical premises.
	<ul style="list-style-type: none"> • Developed a plan to deliver an Innovation Management System in Public Health Wales in line with ISO 56001.
	<ul style="list-style-type: none"> • Developed and delivered our revised approach to I&I training and project support across Public Health Wales based on our evaluation from year 1.
	Quarter 2
	<ul style="list-style-type: none"> • Evaluated the implementation and effectiveness of the cross organisational Public Health Wales Quality Oversight Group and relevant subgroups against the Duty of Quality to 'Deliver Excellent Public Health Services' and demonstrated continuous improvement and learning.
	Quarter 3
	<ul style="list-style-type: none"> • Evaluated the revised operating model for 'Our Approach to Engagement'.
	<ul style="list-style-type: none"> • Evaluated and reviewed support to registered professions, determining the impact of activity facilitation identifying any improvements to continuing support.
	<ul style="list-style-type: none"> • Delivered an Innovation Management System in Public Health Wales in line with ISO56001.
	Quarter 4
	<ul style="list-style-type: none"> • Used learning from the evaluation conducted in 2025/26 to improve the efficiency and effectiveness of our Risk Management architecture and application of the Risk Appetite Framework throughout the organisation.
	<ul style="list-style-type: none"> • Evaluated the effectiveness of the quality infrastructure within Public Health Wales to meet the Duty of Quality Standards and support strategic decision-making and reporting arrangements to fulfil the Duty of Quality / Strategic Priority 5.
	<ul style="list-style-type: none"> • Evaluated the Public Health Wales operating model to implement the People's Experience Framework.
	<ul style="list-style-type: none"> • Evaluated our approach to supporting improvement and innovation projects, including our work to support spread, scale and shared learning.
	<ul style="list-style-type: none"> • Improvement and innovation capacity and capability increased through the delivery of our leading on Improvement and Innovation training, pocket Improvement training, and other training offers.
	2027-2028

	<ul style="list-style-type: none"> Developed and piloted a patient safety education programme that includes human factors, restorative just culture, and a systems-based approach to analyse, monitor, or learn from patient safety incidents. Demonstrated an increase in the number of people trained (capacity and capability building) in improvement and innovation methodology . Evaluated impact and reach of the I&I Hub within Public Health Wales.
S07.12 - By 2028, we will have raised the profile and professional impact of our Nursing and Midwifery Council registrants, supporting, developing and strengthening the NHS nurse retention workstream.	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Secured investment for a Head of Nursing Midwifery Workforce Education to implement the key actions arising from the Nursing Retention Plan and to develop Public Health Wales' clinical education offer for this group
	Quarter 3
	<ul style="list-style-type: none"> Continued to embed and monitor the delivery and uptake of Restorative Clinical Supervision for nurses and midwives to support professional development and reflective practice.
	Quarter 4
	<ul style="list-style-type: none"> Delivered the second year of the Public Health Wales nurse retention work within the HEIW programme. Identified the ongoing professional development needs of the nursing and midwifery workforce to develop a training and development plan for Public Health Wales.
	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> Evaluated the impact of clinical supervision on nursing and midwifery professional development and practice.
2027-2028	
<ul style="list-style-type: none"> Based on the training needs analysis conducted in 2025/26 and the Nursing Workforce Retention Plan, developed an equal opportunity offer for nurses and midwives in Public Health Wales to have professional activities (SPAs) included in their individual job plans. Continued to monitor the impact of clinical supervision on nursing professional development and professional practice on the nursing and midwifery workforce within Public Health Wales. 	

3.7.5 Delivering value and improving our performance and delivery

SO7.13 By 2028, we will be effectively implementing our Long Term Strategy, strategically communicating our priorities to our key stakeholders, and ensuring our staff understand their role in the successful delivery of our plans.

We will continue to deliver our strategy and publish a set of route maps for each of our strategic priorities. As part of this work, we will develop our approach to horizon scanning of future opportunities or challenges, to effectively manage change and provide insights on our progress to maximise value and ensure the successful delivery of our strategy. We will proactively tell our story to our staff, making sure staff understand the organisation's strategy and specifically, helps staff to know how they contribute to the organisation's success. By doing this, staff will feel valued, respected and recognised and we will be empowering our staff to do their jobs to the standard of quality expected. We will also focus on our external audiences, helping stakeholders, policy makers, the press and the public to understand the role that we play in achieving a healthier Wales.

SO7.14 By 2028, we will be providing the organisation with environmentally sustainable physical and digital infrastructure to effectively and safely operate.

We will ensure we have an estate that supports the wide variety of services and functions we deliver and supports changes to our culture as we adopt new ways of working, making better use of technological solutions to improve how we operate and to enable the organisation to maximise the use of its estate. We will deliver our Digital and Data Strategy that sets out our ambitions for digital services and data architecture. To support the security and resilience of the organisation, we will deliver our Cyber Action Plan, ensuring that we adhere to the Cyber Assessment Framework actions. In addition, we will scope the delivery of digital services for new programmes and initiatives, as well as support and maintain established systems and infrastructure.

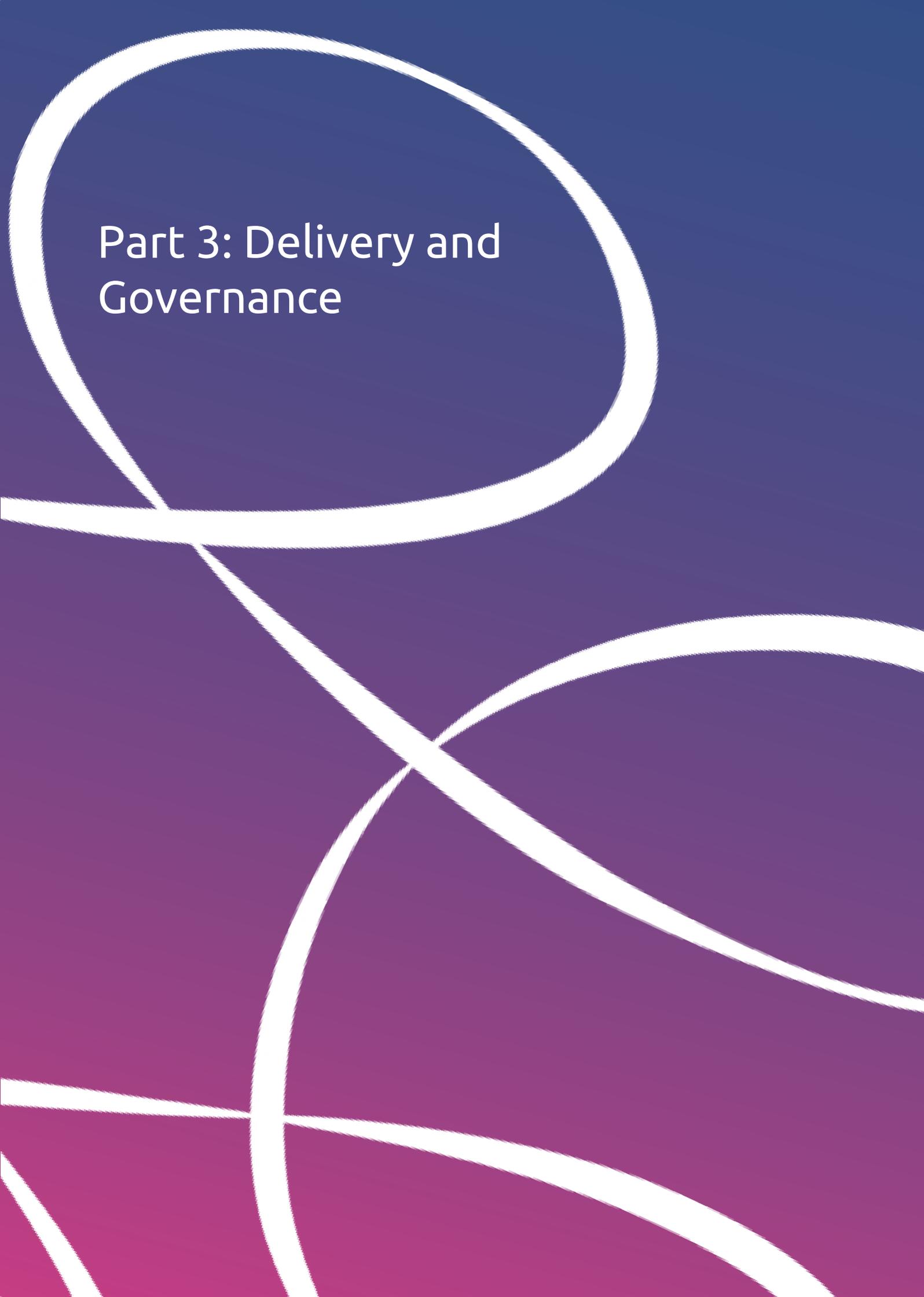
SO7.15 By 2028, we will be able to demonstrate our value and impact with enhanced financial and performance reporting and management across the organisation, in order to deliver our Long Term Strategy.

We will ensure we commence the period with a budget strategy and financial plan that delivers a financial break-even position. Robust monitoring of the in-year position will ensure that risks and opportunities are managed appropriately. We will continue to strengthen our approach to performance management and value. This approach includes a strong focus on value and outcomes in defining, reporting and managing performance across the organisation. The plan builds on progress we have made to date and will ensure we improve existing business intelligence products to meet our stakeholder needs. In addition, we will build on our enabler approach to value and impact working closely with others to embed going forward.

Key Deliverables

Objective	Milestones
<p>SO7.13 - By 2028, we will be effectively implementing our Long Term Strategy, strategically communicating our priorities to our key stakeholders, and ensuring our staff understand their role in the successful delivery of our plans.</p>	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Engaged a wide range of partners through delivery of the Welsh Public Health Conference 2025.
	Quarter 2
	<ul style="list-style-type: none"> Implemented our strategic partnership arrangements to enable delivery of our route maps and agreed areas of strategic collaboration. New leadership forum and line manager cascade mechanism trialled and evaluated.
	Quarter 3
	<ul style="list-style-type: none"> Conducted a strategic look back and look forward exercise to evaluate the progress of strategy delivery and inform the upcoming planning cycle. Implemented integrated planning system that drives delivery of our strategic priority route maps. Implemented consistent standards for planning, delivery, measurement and reporting of social marketing and public campaigns.
	Quarter 4
	<ul style="list-style-type: none"> Improved measurement and analysis of content across all channels, including the impact of the use of AI. Implemented agreed standards and assurance arrangements for our key change programmes to ensure effective delivery in support of our route maps. Enhanced North Wales administrative estate planned. Explored opportunities for enhancements of North Wales screening estate.
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> Undertaken annual review and refresh of the integrated planning system that drives delivery of our strategic priority route maps. Implemented public affairs approach to support stakeholder management and policy influencing. Conducted a formal evaluation of our strategic partnership arrangements to ensure that they are operating effectively.
	Quarter 3
	<ul style="list-style-type: none"> Audited brands to test alignment with brand strategy.
	2026-2027
	Quarter 4

	<ul style="list-style-type: none"> Annual review and refresh of Programme and Project Management (PPM) Standards and assurance arrangements for our key change programmes to ensure effectively delivery in support of our route maps. Planning phase for enhancements of North Wales screening estate.
	2027-2028
	<ul style="list-style-type: none"> Embedded AI into campaign planning processes. Reviewed and evaluated corporate communications plan. Completed appraisal for preferred option for the enhancement of the North Wales screening estate.
SO7.14 - By 2028, we will be providing the organisation with environmentally sustainable physical and digital infrastructure to effectively and safely operate.	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Scoped requirements for surface hub estate end of life.
	Quarter 4
	<ul style="list-style-type: none"> Finalised and implemented occupation arrangements for CQ2 or alternative site. Completed replacement of virtual infrastructure Improved back-up infrastructure.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Implemented network and back-up infrastructure improvements. Replaced virtual infrastructure for screening estate. Implemented plan for the enhancement of North Wales administrative estate.
	2027-2028
	<ul style="list-style-type: none"> Implemented occupation arrangements for CQ2 or alternative site.
SO7.15 - By 2028, we will be able to demonstrate our value and impact with enhanced financial and performance reporting and management across the organisation, in order to deliver our Long Term Strategy.	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Delivered Value Proposition integrated with route maps. Prepared and finalised Public Health Wales Performance Management mechanisms proposition.
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> Implemented Value Proposition integrated with route maps. Implemented Public Health Wales Performance Management mechanisms.
	2027-2028
	<ul style="list-style-type: none"> Reviewed and monitored value proposition integrated with route maps.



Part 3: Delivery and Governance

4 Delivery and Governance

4.1 Our Financial Plan

4.1.1 Underlying Position

In previous years Public Health Wales has brought forward a breakeven underlying position in its financial plan. In 2025/26, Public Health Wales will bring forward an underlying surplus of £1.023m. The reason for the underlying surplus is that inflation and other recurrent cost pressures funded in our 2024/25 plan did not materialise to anticipated levels. Further detail is contained within the Public Health Wales Budget Strategy and Financial Plan 2025-28.

4.1.2 Our revenue plan

NHS Wales faces a challenging financial outlook for 2025/26, which has been reflected in the financial planning principles set by Welsh Government. These include:

- ❖ A minimum of 2% savings requirement across total baseline.
- ❖ 0.5% Inflation and growth funding uplift provided to Public Health Wales by Welsh Government for 2025/26

Our 2025/26 revenue plan has been developed in line with these principles:

	2025/26 £m	2026/27 £m	2027/28 £m	Recurrent £m
Income				
2024/25 Core Income	142.746	142.746	142.746	142.746
Confirmed Core WG Allocation Uplift	2.256	2.256	2.256	2.256
Anticipated WG Allocations	8.631	7.986	9.156	9.156
Non-Core WG Income	10.481	10.481	10.481	10.481
Other Income	33.092	33.092	33.092	33.092
Total Income	197.206	196.561	197.731	197.731
Expenditure				
2024/25 Expenditure	175.380	175.380	175.380	175.380
Expenditure Changes (Funded in Mandate Letter)				
Funding to support IGRA testing of Ukrainian arrivals in Wales	0.065	0.065	0.065	0.065
National AHP Lead for Public Health Prevention	0.070	0.070	0.070	0.070
Healthy Working Wales	0.400	0.400	0.400	0.400
Contract Staff Reform	0.200	0.200	0.200	0.200
FIT Optimisation	0.800	0.800	0.800	0.800
COVID Laboratory Testing (Non Pay)	6.560	6.560	6.560	6.560
Early Years Prevention	1.028	1.028	1.028	1.028

Obesity Plan	1.200	1.200	1.200	1.200
Obesity Strategy :Children and Families Intervention	0.600	0.600	0.600	0.600
Obesity Strategy : Diabetes	0.800	0.800	0.800	0.800
Healthy Weight Behaviour change	0.200	0.200	0.200	0.200
Breastfeeding Action Plan	0.093	0.093	0.093	0.093
Expenditure Changes (Funded in Anticipated Allocations)				
Pay Award Uplift 2025/26	6.754	6.754	6.754	6.754
Healthy Working Wales	0.100	0.100	0.100	0.100
Genomics Allocation	0.132	-	-	-
Whole School Approach to Mental Health	0.745	-	-	-
ACES	0.900	0.000	0.000	0.000
Underlying Surplus Brought Forward	-1.023	-1.023	-1.023	-1.023
New/Unfunded Cost Pressures	1.937	3.596	5.516	5.516
Recurrent Impact of 2024/25 Investments	0.260	-0.720	-1.531	-1.531
Savings	-1.308	-1.308	-1.308	-1.308
Strategic Investment Priorities	1.315	1.768	1.829	1.829

Total Anticipated Expenditure	197.206	196.561	197.731	197.731
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Planned Variance	0.000	0.000	0.000	0.000
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These figures do not include income or expenditure relating to the NHS Executive, which is hosted by Public Health Wales. It is assumed that they will manage within their approved allocations.

Pay award assumptions for 2025/26 have been excluded from this plan as pay awards have not yet been agreed for 2025/26. It is assumed that Welsh Government funding will cover the costs of the agreed award, therefore no impact on the financial plan.

There are a number of anticipated Welsh Government allocations which are yet to be confirmed.

4.1.3 Inflation

In 2024/25 inflation levels across a range of expenditure categories did not materialise as expected. As a result, we have further refined our inflation modelling for 2025/26, capping targeted modelling at the CPI rate and excluding expenditure categories which will not incur any inflation. As a result, our plan includes the following approach:

- ❖ Incorporating the national inflation modelling approach agreed by NHS Wales Directors of Finance
- ❖ Applying the pass through 1.77% to all expenditure SLAs as per Welsh Government's financial planning principles

- ❖ Developing a robust methodology to allocate inflation funding within Public Health Wales based on clear evidence of price increases and utilising procurement opportunities to manage down inflationary pressures wherever possible

4.1.4 Savings Plans and Utilisation of Efficiency Savings

Welsh Government have set a requirement for all NHS Wales organisations to deliver a minimum of 2% savings against total expenditure baseline for 2025/26. Public Health Wales will deliver this through 1% cash releasing savings and 1% efficiency and productivity (non-cash releasing) savings. This equates to £1.308m of cash releasing savings and £1.308m of productivity and efficiency savings across Public Health Wales directorates. In order to deliver this target Directorates have developed plans to deliver savings against their total directorate baseline expenditure budgets. The savings target has been met for 2025/26.

The resource released through efficiency savings will be used to reallocate resources to organisational priorities across three key areas identified as part of our strategic investment approach 1) Digital and data, modelling and artificial intelligence; 2) Strategic change and delivery; 3) Strengthening core areas/BAU.

4.1.5 Our Capital Plan

Our Discretionary Capital allocation has increased by £120k from £1.580m to £1.700m for 2025/26. The main purpose of our discretionary allocation is to fund our replacement programme.

Public Health Wales, following Welsh Government review, has submitted a revised strategic business case for DESW Van replacement which totals £2.045m with funding sought over a 3-year period commencing 2025/26. There may be potential to access slippage funding later in the financial year if strategic schemes across Wales slip. Public Health Wales are working on a number of business cases, which will require All Wales Capital Funding.

Welsh Government have announced new capital funds for 2025/26, namely:

- ❖ Targeted Estates Fund (TEF)
- ❖ Equipment and Diagnostic Replacement Programme
- ❖ Digital Prioritisation Investment Fund

Public Health Wales have submitted 6 bids to the TEF fund which will require a 30% discretionary contribution of £120k should all bids be approved. The bidding process for the Equipment and Diagnostic Replacement Programme and the Digital Prioritisation Investment Fund is yet to commence.

The following table summarises our strategic capital requirements for the three year duration of the plan:

Scheme/Funding Stream	FY 25-26 £000s	FY 26-27 £000s	FY 27-28 £000s	Comments
Surface Hub Video Conferencing Units	200			
Sexual Health Management System				TBC - Business case due 25/26
Digital Health Protection Programme	4,878	4,583	2,552	Values dependent on an early decision by WG
Lung Cancer Screening Programme				TBC - Business case due 25/26
Strategic Approach to Screening Digital				TBC - Business case due 26/27
Digital Health Improvement				TBC - Business case due 26/27
Various laboratory developments/modernisation			6,000	Business case due 25/26. Based on £30m over a 5-year period starting 26/27
Seegene Equipment			1,270	
DESW Vans	672	749	624	Breakdown as per revised paper to WG in March.
Strategic Total	5,750	5,332	10,446	
2 x Qiagen rotor-gene q5-plex hrm	96			
2 x automated DNA extraction	73			
Qiagen rotor-gene q5 5-plex hrm	37			
WAAASP Ultrasound Machine Replacement	456			
Equipment and Diagnostic Replacement Programme Total	662	0	0	
Dell server, switches & storage	250	250	80	
Development of Cloud Services	150			
Back-up systems ink air-gapped BU		370		
Digital Prioritisation Investment Fund Total	400	620	80	
Improvement works to accommodation to the North Wales Admin Estate	59			
New air conditioning units in 18 Cathedral Road and BTW Swansea	8			
Conversion works of the former Help ME Quit Contact Centre to make provision for prayer and new parent's room	13			
Replace lighting at Clwydian House/Magden Park/Llys Castan	50			
E-Bike Shelters	74			
Additional EV charging - 2 sites - Clwydian & Kimberley House	76			All TEF fund bids submitted 31/01/2025.
Targeted Estates Fund Total	279	0	0	
Total Strategic Capital	8,792	7,057	10,766	

The former Minister for Health and Social Services asked Welsh Government to develop a 10-year infrastructure plan in respect of Estates and Digital requirements for 2022/23. We have now reviewed and prioritised the requirements for 2025/26 and included updated values in the above table.

Risks (& Opportunities)

We are currently anticipating a breakeven position, in line with the 2025/26 budget setting process and detailed work of the IMTP. However, there are a number of financial risks as set out below: -

- ❖ Recurrent commitments against Welsh Government time-limited grants;
- ❖ A number of assumed Welsh Government allocations which have not yet been confirmed;
- ❖ COVID-19 testing costs exceed the £6.56m funding provided for 2025/26;
- ❖ Management of COVID-19 testing costs beyond March 2026 are unfunded;
- ❖ Availability of strategic capital funding to support the capital plan.

The financial risks and opportunities will continue to be updated, scrutinised and acted upon as the year progresses. We will work with Welsh Government to resolve the funding issues beyond March 2025.

4.2 Digital and Data

In 2023, we published our Digital and Data Strategy that set out our alignment with our organisational strategy and key external strategies for digital and health, including from NHS Wales and Welsh Government.

In 2024/5, we set our digital and data route map which set out five key workstreams;

- ❖ **Data, Analysis, Registers and Cloud:** which will see our complete migration to the National Data Resource over the next two years for our analytical capability and the development of cloud enabled front-line services.
- ❖ **Digital Systems:** which set out our priorities for modernisation of our service delivery. This has been updated in 2025/26 to reflect the growing demands and the need to move into Digital Health Improvement.
- ❖ **Cyber Security:** to ensure we maintain and develop our cyber posture in line with NIS and our Cyber Resilience Unit Audits.
- ❖ **AI and Automation:** to establish a programme of work to safe and securely use AI where it adds value and is safe to do so and use automation to deliver efficiencies.
- ❖ **People, Infrastructure and Tools:** to develop common tools, ways of working and job families to support our ambitions.

This plan sees an update against these priorities and builds on previous investments. Where wholly revenue funded, we have developed plans to deliver these activities. However, major developments that rely on capital will be subject to Welsh Government funding rounds as they will usually significantly exceed our discretionary capital funding.

We will continue to run Board development sessions on digital and data with the forward plan, including one on cyber security and another on the exploitation of technology to maximise public health in Wales.

4.2.1 Governance and decision-making

We have established a Digital and Data Design Authority that agrees the digital standards and adoption processes for these and monitors delivery of the digital portfolio. This considers established standards and includes the assurance of compliance with Welsh Health Circulars on digital, Welsh Digital Service Standards and others as required.

We have just established an AI Design Authority to sit alongside this having adopted the recommendations from the AI Commission on governance.

We have also appointed a Digital Clinical Safety Officer who we are embedding into the forward work programme. This will integrate into our Information and cyber security governance and will be monitored through our strategic risk register which is scrutinised by Audit and Corporate Governance Committee and Board.

4.2.2 National Systems

We will continue to work closely with the National Data Resource. Our plan is to have migrated all our analytical work to the National Data and Analytics Platform by end of 2026/7 financial year.

We are working closely with the development of the Electronic Health Record to ensure that Public Health Wales' needs are met and that patients and health board users are provided with an integrated and seamless pathway through screening and laboratory result services. We will also be ensuring that any opportunities to improve surveillance are exploited from this.

There is a huge potential opportunity for the NHS Wales App to help improve delivery of public health services and provide public health advice. We will work with DHCW to develop this.

We are now entering the second year of our digital and data route-map. Over the course of the route-map, we have developed considerably both internally through delivery of our Breast Cancer Screening cohort selection tool, Diabetic Eye Screening Automation and by delivering in national programmes – being the first organisation to go live in the new Radiology Informatics System Procurement (RISP) programme.

We have also been preparing for our future needs with completion of the alpha phase of Digital Health Protection Programme and submission of an Outline Business Case to Welsh Government. We have also competed the Sexual Health Case Management

System discovery requested by Welsh Government and are revising the business case in light of this.

We are also now well into our journey to Cloud with us now starting to plan our migration of all our analysis to the National Data Analysis Platform in the National Data Repository (NDR) and having the infrastructure ready for future demands if the business cases for Digital Health Protection are approved. Alongside this, we have continued to strengthen our cyber position throughout the year. This will continue into next year's workplans.

These successes mark the start of a major transformation. If funded, the Digital Health Protection and Sexual Health Case Management System will be a core part of our programme and will also buy or build re-usable functionality for other services.

The other major piece of work is the potential for a new lung cancer screening offer which will need appropriate digital support. A recommendation to Welsh Government on lung cancer screening with appropriate business case is being prepared for submission.

The key deliverables for our digital route map in each year are:

2025/26

- ❖ Begin migration of our analytical data and capability to NDAP/NDR
- ❖ Have our cloud environment enabled for Digital Health Protection and Genomics
- ❖ Have enabled our Anti-Microbial Resistance Surveillance through NDAP
- ❖ If funded, have delivered Beta Phase of Digital Health Protection and began implementation of a sexual health case management system.
- ❖ Have started an overarching view of digital enablement of health improvement

2026/27

- ❖ Delivered the Minimum Viable Product for Digital Health Protection.
- ❖ Have set up appropriate IT systems for lung cancer screening
- ❖ Completed migration of our analytical function to NDAP/NDR
- ❖ Assessed the change required for a complete transformation of our digital support of Screening Services

2027/28

- ❖ Began delivery of a more strategic approach to screening subject to WG funding
- ❖ Be utilising NDR for all our major analyses
- ❖ Began delivery of digital health improvement including weight management subject to WG funding

4.3 People and Organisational Development

4.3.1 Our People

Our people are at the heart of our work to reduce health inequalities and to protect and improve the health and well-being of the people of Wales. Our People Strategy provides our long-term direction and priorities to shape the organisation, our culture and ways of working. Our long-term people ambition is to develop an engaged, flexible, sustainable, diverse and thriving workforce with the capability and capacity to deliver our strategic priorities. As part of this, we are committed to embedding opportunities to bring a fair work approach into our work as outlined in our guide *'Delivering fair work for health-well-being and equity'* (2022).

Our people are vital to the success of our long-term ambitions. Getting our culture right and the way we work to deliver our promises is essential for the successful delivery of the strategy. Work is ongoing to improve our culture, our values and behaviours. Delivering against our people promise goes hand in hand with implementing our strategy.

Every colleague plays a crucial part in delivering our plan from those working on the front lines of infection services to those producing knowledge, research and insights that influence policy. Our people bring skills, energy, expertise, challenge and support to tackle big challenges. We want to attract, retain and develop great people, who we can engage, develop and recognise for their contribution, and who will help empower others with their knowledge, skills and behaviours. An engaged and motivated workforce will enable us to deliver and ultimately to create a positive impact in the communities we serve throughout Wales.

4.3.2 Challenges and opportunities

We continue to face challenges which impact the work we do and impact our people, as well as the wider population of Wales. Factors such as an ageing population, larger numbers of people working to a later age, socio-economic challenges, the impact of the pandemic, and climate change all affect the workforce we require and the workforce that is available to us, now and in the future.

We need to be able to recruit and develop a more diverse workforce that better reflects the communities that we serve and provide insight into the needs and motivations of all our service users. We must harness and utilise advances in technology, support learning agility and investment in continuous development and re-skilling. We are committed to finding, developing and retaining the talent needed to deliver our strategic priorities, including emerging skills around digital, data and technology. We also want to embed ways of working that will attract and inspire a multi-generational workforce to work effectively together, valuing each other's skills and perspectives, and supporting people's changing needs by increasing the opportunities for flexible and agile working.

We support the use of the Welsh language and bilingual careers (as demand for Welsh language services increase) and we are developing and supporting our leaders to lead

with compassion, to manage a diverse workforce and to embed change effectively, building relationships with our partners to deliver our services and strengthen access to capacity and talent.

4.3.3 Key workforce issues

Some roles remain challenging to recruit, and some specific skills are very scarce, such as radiologists and breast clinicians; consultants in microbiology and infectious disease; health protection specialists such as consultants in communicable disease control; some specialist nursing roles; public health practitioner roles; and biomedical scientists. In addition to these key professions, and like many sectors across the UK, the organisation is also experiencing challenges with securing people with specialist skills such as cybersecurity, analysts and bioinformaticians.

Through our approach to workforce planning, we will continue to identify potential solutions to address the challenges. This may include the use of advanced practice; re-profiling of teams; and the introduction of new technology.

4.3.4 Organisational change

Supporting organisational change is critical to our organisational effectiveness and remains one of our key priorities as a function. The People and Organisational Development Directorate have been working in partnership with the Strategy and Planning Division so that we can plan and support our leaders and people managers to lead and manage organisational change effectively.

Working in partnership with our Trade Union colleagues, we have developed resources to enable our managers to lead people through change, and to understand and improve people's experience of change, aligned to our organisational values and the NHS Wales Organisational Change Policy. In addition, our Being our Best Framework will be an integral part of the Leading with Impact workshops, which will further support and reinforce the management of change through desired behaviours and approach.

We have worked with the Executive Team to establish the principles by which we will design our evolving organisation structures that will support our optimal shape of the organisation and contribute to organisational effectiveness. We will apply the agreed criteria to change initiatives, ensuring alignment with our organisational vision and strategic priorities.

4.3.5 Attraction and recruitment

While growing a pool of talented and diverse people and marketing our employer brand to under-represented groups, we are cognisant of the fact that we have teams throughout the organisation where four different generations are working together. It is therefore imperative that we recognise that there are multi-generational considerations which will enable us to attract, retain and support colleagues throughout their careers.

In our pursuit to expand access and cultivate diversity in our workforce, we have employed a multifaceted strategy. Collaboration with Welsh universities broadened our candidate pool, fostering pathways for school leavers, graduates and undergraduates to join us. We have strategically engaged at job fairs, particularly in Microbiology/Infection Services, connecting with potential candidates and showcasing opportunities across our organisation. We have also implemented dashboards for retention insights and are continuing to develop culture-centric recruitment, assessment and selection training.

These collective efforts reflect our commitment to recruitment, diversity, inclusivity, and workforce planning. Each initiative helps us to foster a vibrant, diverse, and inclusive workplace culture which reflects the ambition laid out in our People Strategy.

4.3.6 Equality, diversity and inclusion

We continue to deliver the commitments set out in our Strategic Equality Plan (SEP). Our Staff Diversity Networks continue to grow and play an increasingly significant role in shaping our thinking. In 2024, we achieved gold with distinction – the highest attainment level at Diverse Cymru’s Cultural Competence Certification Scheme 2024, which was a significant achievement and testimony to the great progress and continuous improvements made. We were also placed 31st in the Stonewall Workplace Equality Index, as well as the 4th most LGBTQ+ Inclusive Employer in Wales.

4.3.7 Inspiring culture and compassionate leadership

Developing our culture is a critical component of our People Strategy and as such was translated into our Strategic Plan commitments. To develop our culture, we have undertaken an assessment of current and future state, as identified by our workforce.

Our cultural assessment has helped us understand how our existing culture is experienced and what the ideal culture looks like as we work to deliver our strategy. Efforts are now focused on interventions to close the gap, enabling us to strengthen our position around being a great place to work. We have developed three cohorts of Cultural Advocates in support of our culture change work, and we are working to establish ways of measuring progress.

Utilising the learning from our Leadership and Management Academy pilot we have commissioned a provider to deliver the Leadership and Management Academy Programme to multiple cohorts of leader-learners over the next three years. This investment will be a significant step in evolving our culture by developing our leaders and managers through this formal leadership and management development programme. The Academy aims to empower line managers to create environments where people can thrive. By connecting with engaged, optimistic, and reflective leaders, participants will experience stimulating and thought-provoking activities. The Academy will provide a safe, supportive space to test new ways of working and contribute to positive change across Public Health Wales.

We recognise the need for more than just structured learning though and our desire to support the 70/20/10 learning model has shaped the beginning of our systemic approach to leadership and management. With our Leadership and Management Framework at its heart, this sets out how our leaders and managers work and behave, creating a culture and environment where all our people can thrive and deliver.

Aligned to our plan milestone, our framework will connect the entire development journey for our colleagues, people managers and organisational leaders as they navigate the staff lifecycle, underpinning sustained, ongoing and meaningful development programmes and initiatives that share the same consistent message about how we lead and manage as individuals and as an organisation.

4.3.8 Workforce profile

As of 28 February 2025, our total workforce comprised 2,232 people, equating to 1,974.66 whole time equivalents (WTE). 74% of our workforce are female; 31% of our workforce work part-time and 28% of our workforce are over 50 years of age.

Our workforce is deployed across eight different areas as outlined below:

Directorate	Headcount	FTE
Corporate and Board Directorate	28	24.03
Research, Data and Digital Directorate	154	141.82
Health and Well-being Directorate	175	154.54
Health Protection and Screening Services Directorate	1,553	1,365.15
Operations and Finance Directorate	118	113.88
People and Organisational Development Directorate	54	47.59
Policy and International Health Directorate	90	76.95
Nursing, Quality and Integrated Governance Directorate	60	50.70
Grand Total	2,232	1,974.66

4.4 Risk Management

4.4.1 Strategic risk

As part of the development of our strategic route maps and Strategic Plan for 2025-28, we have reviewed and refreshed our strategic risks. For each, we will set our risk appetite and manage a monitor in line with our internal governance arrangements. The refresh process involved horizon scanning to identify emerging themes and trends. This was informed by our existing strategic risks in Quarter 4 2024-25, emerging priority route maps and key external drivers.

Our strategic risks for 2025/26 are:

Risk Descriptor
SRR1 - There is a risk that: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.

Caused by:

- Poor alignment of Public Health Wales' specialist resources, capabilities and programmes with our long-term strategy
- Failure to generate the quality of evidence and supporting data to shape our influencing and delivery
- Insufficient/Ineffective public health advice, evidence and action *within our remit*
- Ineffective engagement with and communication to partners, the public and policymakers
- Insufficient system leadership and co-ordination with stakeholders and partners
- Programmes which do not support our population in achieving healthier lives

Resulting in:

We fail to have the impact required to reverse the worsening healthy life expectancy of the population of Wales. Wales fails to close widening gaps in health outcomes between our most and least deprived populations.

SRR2 - There is a risk that: We fail to deliver our contribution to excellent public health services for population health screening, infection, health protection and emergency response.

Caused by:

- Weakness in clinical governance, clinical, administrative and digital systems and processes, service planning and operational delivery.
- Inability to maintain capacity and capability of the specialist workforce.
- Absence of innovation and continuous quality improvement.
- Exceedance in unplanned activities arising from unexpected acute threats to health.

Resulting in: Poor quality and unsafe services, sub-optimal population health outcomes for population screening and health threats, and a breach of legal duties on Civil Contingencies and Duty of Quality.

SRR3 - There is a risk that: we fail to effectively mitigate the public health impacts of climate change on the Welsh population

Caused by:

- Failure to identify and monitor climate change threats to health
- Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action
- Failure to effectively engage with our population, partner organisations and policymakers
- Failure to prioritise resources to actions that make a measurable difference to the health of our population

- Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.
- Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health

Resulting in: Failure to prevent harm to the health of our population as a result of climate change, resulting in worse health outcomes and widening of health inequalities.

SRR4 - There is a risk that: The organisation could experience poor organisational health.

Caused by:

- Failure to develop our people
- Ineffective organisational leadership
- Poor governance, lack of strategic workforce planning to achieve the required capability and capacity of our people
- Lack of a clear and consistent vision of our inclusive organisational culture
- Capability and complexity in relation to significant programmes of change to meet IMTP deliverables.

Resulting in: a poor organisational culture with insufficient capability and capacity to perform and deliver.

SRR5 - There is a risk that: we fail to fully exploit digital and data to improve public health in Wales.

Caused by:

- dependencies on other partners for delivery of systems and providing access to the data we need.
- capacity and capability within Public Health Wales and external partners.
- lack of digital and data literacy within Public Health Wales as a whole

Resulting in: poorer public health outcomes for the population of Wales.

SRR6 - There is a risk that: The organisation suffers loss of sensitive information and/or disruption to services.

Caused by:

- Cyber incidents
- other external factors
- weaknesses in systems and processes
- silo working and lack of strategic oversight of data outputs
- failure to follow processes or procedures to maintain the integrity of our data and systems

Resulting in: Poorer Public Health Outcomes, disrupted services and loss of trust in Public Health Wales.

4.4.2 Managing risk

The organisation continues to face risks arising from the cumulative impact of the Covid-19 pandemic, the burden of disease, inequalities and cost of living crisis as well as other risks more specific to the operations of the organisation. It is important that our arrangements for risk management continue to develop and mature and provide the architecture, support and capability to identify and manage risk effectively. The ongoing delivery of the milestones in the approved Risk Management Development Plan will build on the progress made on strategic and operational risk management arrangements, working towards a risk management system that is consistent with the International Standard for Risk Management, ISO 31000.

Strategic and Corporate risks form an important and regular part of the Public Health Wales' Board, Committees, Business Executive Team and Leadership Team agendas. In addition, organisational risk tools and escalation processes have been revised, moving us towards a more robust management of risk across all levels of the organisation. As the risk management environment continues to mature in Public Health Wales, this data will support governance structures and be used as evidence for robust decision-making processes and ensure that the organisation is focussed on the areas that present the most significant risks.

4.5 Board and Committees

In 2024, the Board approved our Board Assurance Framework (BAF), which describes the functions, enablers, assurance framework, integrated governance system, and the operating guidance in place to support good governance within Public Health Wales. It summarises how Public Health Wales delivers and sustains good corporate governance to ensure the delivery of its strategic objectives outlined within our strategy to improve population health and address health inequalities, while delivering safe, effective, and high-quality public health services. Within the BAF, we recognise the importance of ensuring a diverse range of backgrounds, skills, and experiences to add value to the Board discussions and decisions.

In 2024/25, we appointed a new Chair and Vice Chair of Public Health Wales to continue to develop our strategic approach to this agenda and to bring their unique contribution to the vision and implementation of our Strategy.

As our BAF is a living document, it will be regularly reviewed and updated, mapping our assurance processes, highlighting our strategic objectives as well as our Strategic Risks against those objectives. Areas of improvement planned for 2025/26 include:

- ❖ Opportunities for cross Committee working
- ❖ Roll out of the initial Quality, Safety, and Improvement
- ❖ Committee pilot on assurance to develop reporting and assurance across all Committees
- ❖ Peer Review process
- ❖ Annual report on the Board Champion roles

4.6 Emergency preparedness resilience and response

As a Category 1 responder under the Civil Contingencies Act [2004], Public Health Wales is required to maintain and develop plans to ensure that if an emergency occurs or is likely to occur, the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it.

Broadly, Public Health Wales is responsible for providing emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales.

Overseen by the National Director for Health Protection and Screening Services and Executive Medical Director; the Emergency Preparedness Resilience & Response (EPRR) function (which incorporates business continuity) is responsible for the coordination and delivery of organisational resilience activity.

Since June 2022, there has been a significant change in organisational expectation from the EPRR function in addition to the discharge of its statutory functions under the Civil Contingencies Act [2004] (CCA) including:

- ❖ Supporting ongoing organisational preparedness for Covid-19 Inquiry; and for the implementation of EPRR-related recommendations.
- ❖ Responding to significant system pressures from NHS industrial action, energy concerns and the cost-of-living crisis requiring EPRR to lead, coordinate and advise on multiple instances of focussed business continuity and emergency preparedness activity.
- ❖ Supporting the Public Health Wales system leadership for public health risks/emergencies including communicable disease, outbreaks in prison (such as measles), substance misuse; and also, business continuity and mutual aid issues associated with repatriating/resettling of families/individuals who have supported the UK Forces operations abroad.
- ❖ Implementing a new 24/7 EPRR on-call service mitigating changes to partner alerting processes.
- ❖ Exploring income-generation opportunities for training and exercising.
- ❖ Assisting in the Strategic Review of the Public Health Protection and Health Security Common Framework (and programme) with the UK Health Protection Committee.
- ❖ Leading the 4 Nations EPRR workstream as part of the health protection committee work programme.
- ❖ Scoping work on building community resilience in relation to health inequalities.

4.7 Organisational quality and improvement

We aspire to be an exemplar in quality and aim to deliver excellent public health services. Over the last 12 months, we have developed our approach to quality and continuous improvement utilising a Quality Management System to effectively describe organisation design and participate in system transformation and continuous quality improvement.

We are committed to operating this Quality Management System (QMS) which is designed for excellent outcomes and driven by the needs of the population we serve. This in turn enables a quality culture and learning environment which supports our staff and provides a great place to work and thrive. This approach supports the achievement of our strategy and strategic priorities, and our ambition about the culture we want as an organisation.

The pursuit of an organisation-wide approach to managing for quality enables us to implement the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020). It also enables us to focus more clearly on the needs of the system and purpose of the organisation. Following the introduction of the Duty of Quality and the Duty of Candour, Public Health Wales has been working with our staff and key stakeholders to ensure we meet the requirements of both duties, with the ultimate aim of delivering excellent public health services.

4.7.1 Duty of Quality

The Act reframes and broadens the existing Duty of Quality on NHS bodies aiming to ensure that all strategic decisions are made through the lens of improving quality of health services and outcomes for the population.

Organisations are required to exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis and actively monitor and report progress on the improvement of quality services and outcomes and routinely share this information with their population. As an organisation focused on quality, we take every opportunity to ensure a system-wide approach to quality through all our decision making and implementation. This, together with the Improvement and Innovation Hub, supports work on identified improvement and innovation priorities at strategic, directorate and team level.

4.7.2 Duty of Candour

The Duty of Candour is a mechanism which builds on a culture of openness and honesty to service users of healthcare in Wales. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. It is to be applied in conjunction with the professional Duty of Candour which already exists.

The Duty is triggered when the following occurs:

- ❖ A service user to whom healthcare is being or has been provided has suffered an adverse outcome; and
- ❖ The provision of the healthcare was or may have been a factor in the service user suffering that outcome.

A service user is to be treated as having suffered an adverse outcome if the user experienced, or if the circumstances are such that the user could experience, any unexpected or unintended harm that is more than minimal.

We will take every opportunity to listen and learn as well as review each incident which triggers the Duty of Candour, to understand what happened, identifying areas for improvement and learning (taking account of the views of person affected). As a compassionate and caring organisation, we will also consider the support available to those affected including those who received our services and those who deliver them.

To further support the implementation of the Duties of Quality and Candour, a Clinical Governance Framework has been developed and is now being implemented. An operational Quality Oversight Group has been established, and along with the Clinical Governance Framework, will safeguard the quality and safety of our services.

4.8 Performance and Delivery

4.8.1 Measuring our impact

In 2025, we created route maps for each of our strategic priorities. These route maps outline the key steps we will take over the coming years to achieve our 2035 ambitions. We will monitor our progress and the implementation of our Strategic Plan through our measurement system. This system will align the outcomes we have set for each strategic priority with our updated key performance indicators. Additionally, we aim to prioritise the evaluation of key elements of our plan. This clear line of sight from strategic direction to delivery will enable us to measure our impact and value to the people of Wales and the broader public health system.

We will regularly assess and report against our measurement system to help us understand the overall health of the people of Wales and to understand the impact that we are having through the delivery of our plan. Progress against the plan will be reported to the Executive Team and Board monthly through our Performance and Assurance Dashboard and Insights Report. This will include the ratings for each milestone and exception reports for those where issues have been identified. A control process will be used for managing changes, particularly in relation to milestone delivery. Ongoing assurance, including in relation to our core business as usual activities, will also be provided to Welsh Government through our Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings.

Our strategic change portfolio will be managed in line with recognised standards for programme delivery and governance. We will monitor overall portfolio health focused on benefits realisation and responding to any external changes. This will include in-year management of change and prioritisation, where required.

4.9 Concluding Remarks

Our overarching ambition to increase healthy life expectancy and narrow the gap between the most and least deprived will act as our guiding light as we deliver this plan. We have set our ambition to recover healthy life expectancy to the level it was in 2019 for both men and women in light of the recently published data that shows that healthy life expectancy is falling in Wales.

Our strategic priority route maps show us the path that we need to take over the coming years to address these challenges. We have drawn on international learning, innovative solutions and the best examples from across Wales. This has shaped and driven our focus on how we can deliver maximum value to the people of Wales and our partners. We know that to realise these improvements will not be easy and will require us to work differently. We will work across organisational and professional boundaries and will demonstrate a commitment to not only collaborate but to listen – to our staff, stakeholders and the public. We will embrace feedback, learning and identify opportunities to improve.

We recognise that we cannot succeed alone or continue to adopt traditional approaches to the wicked issues that we face. This plan sets out not only what we will do but how we will do it through adopting new and innovative approaches. We will harness the potential of innovations within digital and data, particularly in relation to artificial intelligence, while maintaining appropriate caution and focus on quality and safety. We will seek to create new two-way partnerships and relationships, particularly with areas such as the third sector and with the public. These will take time to develop but we are committed to developing strong and long-lasting partnerships.

Success will be underpinned by our multidisciplinary staff and its through their leadership, commitment and drive that we will build on progress to-date and continue to rise to the challenges, and seize the opportunities, that we will face in the coming years. Our refreshed People Strategy will describe how we will support the development of our staff over the coming years. We will strengthen our skills and professions and develop specialist skills, such as: behaviour science, research and evaluation, digital and data, communications, improvement, finance and planning.

While our plans and strategies set our path, we know that the route will not be linear. We recognise that we are delivering an ambitious strategic plan within a volatile and changing environment. We therefore need to demonstrate an ability to dynamically respond to new and emerging threats and opportunities, including re-prioritising where necessary. Therefore, our plan is subject to change in light of responding to any new or emerging issues. We will utilise our measurement system to understand our impact and on an annual basis strategically review our progress and refresh our plans accordingly.