



 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Knowledge, Research and Information Committee</p> <p>Date of Meeting 09 December 2025</p> <p>Agenda item: 2.3</p>
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Update 2025 – Promoting Healthy Behaviours	
Executive lead:	Jim McManus, National Director of Health and Wellbeing
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Approval/Scrutiny route:	N/A
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<p>Purpose</p> <p>To provide assurance to KRIC, and an update, on Strategic Priority 3, Promoting Healthy Behaviours.</p> <p>Promoting Healthy Behaviours is one of the priority areas within Public Health Wales long term strategy and recognises the importance of health-related behaviours in the prevention of non-communicable disease.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the progress outlined above and to note the planned work in line with the strategy development process. • Receive assurance that research, data, evidence and evaluation activity is continuing to support Strategic Priority 3: Promoting Healthy Behaviours. 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	3 - Promoting healthy behaviours
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Summary impact analysis

Equality and Health Impact Assessment	N/A
Risk and Assurance	N/A
Health and Social Care (Quality and Engagement) (Wales) Act	N/A
Financial implications	N/A
People implications	N/A

There are two appendices to this paper:

1. Statement of our Impact 2024-25 (Appended to this report as Appendix 1)
2. Excel List of Programmes and Projects (Attached separately)

1. How does the work support the Long-term Strategy?

Work outlined in this paper is focused on progressing Strategic Priority 3 of PHW's Long-term Strategy (LTS): *Promoting Healthy Behaviours*. The work develops our understanding of where to focus our efforts in delivering change, either directly or through influencing the work of partner organisations, and the impact of our activities on population health.

The Strategy states that the Healthy Behaviours priority 'will focus mainly on behaviours which have the largest effect on preventable ill health, disability and early death. We are also aware of how these behaviours contribute to the health of the planet as well as the health of individuals.' The strategy then sets out the following outcomes and associated indicators.

Outcome	Indicator and latest measure
Reducing the prevalence of smoking to 5% by 2030	Proportion of the adult population who smoke (10% National Survey for Wales (NSW) 2025)
Increasing the proportion of the population who are a healthy weight	Proportion of adults with a self reported BMI of 20 – 24.9 kg/m ² (37% NSW 2023)
Increasing the proportion of the population who are active	Proportion of adults meeting the CMO guidelines for physical activity (55% NSW 2023)
Increasing the proportion of the population whose use of alcohol is low risk	Proportion of adults drinking less than 14 units of alcohol per week (55% NSW 2023) ¹

This work is done both through addressing key behaviours (eg smoking cessation and healthy weight work) and through settings (eg healthy schools work) to achieve our goals.

The cross-cutting *Tackling Diabetes Together* Programme, which currently runs until 2028, has added two strategic aims of:

- Halting the rise in type 2 diabetes prevalence
- Better care and outcomes for people already living with diabetes

A further outcome for Strategic Priority 3, Promoting Healthy Behaviours has yet to be agreed in relation to the harm from drug use. A cross organisational group, chaired by the National Director of Health and Wellbeing is reviewing our strategic approach to substance use and a comprehensive needs assessment relating to alcohol and drug related harm has been completed and is readying for

¹ This is not strictly a measure of low risk drinking and further work is needed to refine measures in this area



publication. These pieces of work will inform future direction and in turn the data, knowledge and evidence needs. It is anticipated this work will help to identify an outcome measure in relation to drug use.

The work on this Strategic Priority has strong links with work on the following strategic priorities:

- **Strategic Priority 1** – Influencing the wider determinants of health (KRIC Received an assurance update in June 2025)
- **Strategic Priority 2** – Promoting Mental Health and Social Wellbeing (KRIC received an assurance update at its September 2025 Meeting)
- **Strategic Priority 4** – Supporting the development of a sustainable health and care system (KRIC received a Deep Dive on Secondary Prevention in June 2025 and a Deep Dive on the work of the Primary Care Division in September 2025. KRIC will receive an assurance update from the Dental Public Health team in February 2026.)

Our objectives in the LTS Strategic Priority 3 in relation to Knowledge, Research and Information are that by 2035 we will have:

- Synthesised, interpreted and disseminated evidence for effective action to support policy, legislation and system wide action on tobacco, diet, physical inactivity, alcohol and other substances
- Enabled system wide action by developing and testing new approaches and co-ordinating programmes of work
- Established and implemented mechanisms for rapid assessment of new and emerging behaviours for their public health impact
- Reviewed or evaluated policy or programmes for their impact.

2. How does the work align to the Research and Evaluation Strategy?

- **Open by default:** Our research and evaluation activity is developed collaboratively and findings are shared with key partners and the public in formats appropriate to influence relevant action.
- **Inclusive:** Our work involves those with lived experience to inform action that meets their needs and improves experience and outcomes for people in Wales.
- **Multidisciplinary:** Our work is delivered in collaboration with academic and NHS partners, Welsh Government, education and community organisations.
- **Influential:** We work collaboratively with Welsh Government, NHS and academic partners to highlight areas where further research is needed.

- **Joined up:** We work with RDD research and evaluation leads to ensure work developed is of a high standard and develop partnerships to bring together expertise in research, policy and practice.

In addition

- A post has been established within the Research and Evaluation team using gambling funding. The purpose of the post is to support the development of gambling research in Wales.
- Work has been undertaken to align and ensure our approaches to working with partner academic organisations are consistent across the directorates. This has meant the revisiting of arrangements for oversight within our Directorate at Directorate Leadership Team Level

3. How does the work align to the Digital and Data Strategy?

- **User needs first:** We work to understanding the lived experience and needs of the people in Wales whose outcomes we aim to influence is central to all our work.
- **Accessible and equal:** We publish findings from research we've commissioned or carried out in accessible formats to maximise reach.

Open by default: We are open about findings from our research and evaluation activity in order that others can benefit from the insights we've gained.

4. An overview of work on Strategic Priority 3

4.1 Currently the Health and Wellbeing Directorate has the following 21 strategic public health programmes, a number further related programmes of work, as well as governance and reporting arrangements. They are shown below by Strategic Priority:

Strategic Priority 1	1. Wider Determinants of Health 2. Shaping Places for Wellbeing 3. Building a Healthier Wales
Strategic Priority 2	4. Mental and Community Wellbeing
Strategic Priority 3	5. Tobacco Control 6. Drugs, Alcohol and Gambling



	<ul style="list-style-type: none"> 6.1. New major national programme on gambling (part of corporate change portfolio for 2025/26) 6.2. New major needs assessment for 2025 7. Nutrition and Obesity (Pathway and Systems) 8. Nutrition and Obesity (Children and School Food) 9. Physical Activity 10. Healthy Settings 11. Health and Education
Strategic Priority 4	<ul style="list-style-type: none"> 12. Healthcare Public Health 13. Dental Public Health 14. Prevention in Health and Care (<i>Prevention Based Health and Care</i>) 15. Primary Care Transformation 16. Reducing Health Inequalities and Inequity in Primary Care 17. Sustainable Health and Care
Cross-cutting (may sit in one priority but contribute across several)	<ul style="list-style-type: none"> 18. Tackling Diabetes Together 19. First 1000 Days 20. Social Marketing and Public Information 21. Fair work & educational attainment

4.2 The Excel Appendix (Appendix 2) to this paper provides an overview of each of these Strategic Programmes, the related and subsidiary programmes of work, as well as Governance and reporting arrangements. Our Directorate also leads on the national *Tackling Diabetes Together* programme, which is a cross-directorate and cross-system improvement programme of activity on Diabetes. This programme has different reporting and governance arrangements to the other programmes and is not included in detail in this report because a progress report is being prepared for the Board.

4.3 We provide below for the committee a table on the key areas of work underway. Appendix 1 to this paper (below) also highlights our impact over the last year (2024-25.)

Understand and describe the underlying causes of disease		
<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>What do we need to do next? What are the gaps and how are we filling them?</i>



		<i>What are the digital and data deliveries and how are these progressing?</i>
<ul style="list-style-type: none"> • Analytical in addition to descriptive data • Data-driven personas / profiles – adult and child smokers in Wales • 	<ul style="list-style-type: none"> • Research has been completed, commissioned by the Substance Use Prevention Programme to better understand the relationship between cannabis and tobacco use in Wales working with the Universities of Wrexham and Bath. • HID R&E team currently supporting evaluation of Incident Response Group approach across HWB and Health Protection Directorates • The tobacco programme team has finalised insight research with 18-24 years olds and used this to identify the behavioural factors which lead to uptake of and establishment of smoking behaviour in this group • Qualitative research commissioned from Cardiff Met by the TVNAP team on vulnerable CYP perceptions of multiple substance use delivered 	<ul style="list-style-type: none"> • Target is publication in peer-review journal and identification of further research to develop and apply IRG approach <p>Shared with HMQ system at workforce development network day, June 2025;</p>



		<p>currently writing up for submission to peer review journal, presenting in various forums (e.g. PHNC) across 2025-6</p>
<ul style="list-style-type: none"> • Explore feasibility of modelling smaller geographical areas • Alternative data sources eg digital footprint, sales data, nutrition etc • Understanding multiple- health behaviours and complex profiles eg smoking and alcohol - how does a change in one effect the other? 	<ul style="list-style-type: none"> • Sheffield Addictions Research Group (SARG) have provided modelling for prevalence to 2040, including analysis by gender and deprivation commissioned via the SPECTRUM consortium • Scoping possible further work on small area modelling with SARG, in collaboration with data science and health economics team Scenario modelling has been commenced with BCUHB, initially focussed on diabetes. This work will be shred with other HBs as it progresses. • We have 5 years of Kantar data on the 'big 8' nutritional breakdown for food consumed in the home for Wales, split by ABC1 and C2DE socioeconomic groups. • Cross directorate and WG government engagement has been used to identify data sources held and available for OOH and retail food purchasing and consumption 	<ul style="list-style-type: none"> • Reported shared with Welsh Government to support advocacy for public health focused implementation of Tobacco and Vapes Bill in Wales <p>Targeting passing of T&V Bill for publication on PHW website and possible press release Small area modelling would support development of evidence base for licensing of tobacco and vape retail outlets and targeting and monitoring of tobacco and vape control and cessation, including Targeted Lung Cancer Screening cessation services in Wales</p> <p>A data workshop is planned with WG, PHW health</p>



		improvement and PHW research and evaluation teams to support mapping and models for food purchase and consumption behaviours
Understand the evidence base for action on the determinants		
<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>Next Steps, Gaps, Digital</i>
<ul style="list-style-type: none"> Published systematic reviews Bespoke systematic reviews e.g. obesogenic environment reviews to inform HWHW Academic relationships to research groups Established approach to insight gathering 	<ul style="list-style-type: none"> MPH dissertation using multilevel logistic regression to explore impact of deprivation and rurality on quit outcomes in progress, est completion in Dec 25 Evidence base on supporting cessation for vulnerable groups est completed Dec 25 Protocol developed and budget agreed for HID R&E team to undertake qualitative research with smokers aged 55-74 Development of intervention and evaluation plan for project for proactive contact of smokers 55-74 on track The evidence synthesis relating to the obesogenic environment has been updated The Nutrition and Obesity Prevention programme has completed research on the nutritional content of meal deals available at a number of retail 	<ul style="list-style-type: none"> Evidence on impact of social determinants on smoking cessation service access, engagement and quitting to be incorporated into HMQ Service Review implementation plan Evidence to be used to inform development of smoking cessation workstream within Targeted Lung Cancer Screening Programme Proactive contact evaluation to be published, as this is a novel intervention of interest to other smoking cessation systems <p>Papers are in preparation for submission in relation to lunchtime and evening meals.</p>



	<p>outlets in Wales and have used this work to inform the development of the next stages of work to underpin consultations for legislation.</p> <ul style="list-style-type: none"> • The Delphi process to develop consensus on recommendations for meal nutrient content has been published in a peer reviewed journal. • Established RDG on active school travel to support the place based approach pilot development • Academic relationships established with WIN – with a focus on Healthy Weight 	
<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>Next Steps, Gaps, Digital</i>
<ul style="list-style-type: none"> • Methods based reviews rather than topics • Evolution of insight research 	<ul style="list-style-type: none"> • To be informed by the route map 	<ul style="list-style-type: none"> •
Support the development of policy and strategy to address the determinants		
<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>Next Steps, Gaps, Digital</i>
<ul style="list-style-type: none"> • Use of formative evaluation methods to support development e.g. case studies • UX/UI approaches to digital development 	<ul style="list-style-type: none"> • WHOCC Health Economics team commissioned to update cost of smoking to Wales report (last published 2012) and analysis of Rol of cessation services in Wales • WSA to a Healthy Weight is has developed case studies 	<ul style="list-style-type: none"> • Cost of smoking in Wales report close to completion, publication to be aligned around T&V Bill to maximise impact • Rol report analysis underway, delivery in Q4, 25-26

	to illustrate the approach at the initial formative stage <ul style="list-style-type: none"> User led approaches are embedded in intervention development 	
What did we say we were going to do?	What have we achieved so far?	Next Steps, Gaps, Digital
<ul style="list-style-type: none"> Creation of personas (in house) Rigorous approach to piloting interventions 	<ul style="list-style-type: none"> An academic RDG has been established to develop the next phase of the Place Based Approach Pilot 	
What did we say we were going to do?	What have we achieved so far?	Next Steps, Gaps, Digital
<ul style="list-style-type: none"> Scenario modelling for policy / intervention options – what if... 	<ul style="list-style-type: none"> Sheffield Addictions Research Group will provide a report modelling the impact of Minimum Unit Pricing of tobacco in Wales in Nov 2025, including analysis of impact on health inequalities 	<ul style="list-style-type: none"> Review report and consider options for policy advocacy with current / incoming Welsh Government
Mobilise and enable the system to act collaboratively		
What did we say we were going to do?	What have we achieved so far?	Next Steps, Gaps, Digital
<ul style="list-style-type: none"> Improved data and analysis on risk factor inequalities e.g. improved data collection for Help me Quit Range of data sources to track direction of travel Use of logic models to guide focus on 'active ingredients' Develop approaches that widen the reach 	<ul style="list-style-type: none"> The TVNAP team completed a review of the HMQ Service for Welsh Government, including gathering, synthesising and interpreting data on staffing, budgets, outcomes and inequalities with recommendations at all system levels 	<ul style="list-style-type: none"> System level recommendations to be implemented by HMQ National Leadership Group, and HMQ Data and Research subgroup, both chaired by PHW. Continued development of HMQ Client Management System (CMS) to improve useability, data quality and extend to pharmacy Scoping/costing further development of HMQ CMS



<p>of Help Me Quit with interventions at different levels of intensity</p>	<ul style="list-style-type: none"> • Recommendations for data reporting in HMQ delivered • Online QuitPlans for smoking and vaping delivered, ongoing monitoring and development • Procurement completed to licence HMQ smoking cessation app, progressing governance and compliance within HMQ, target launch for March 2026 • We proposed to Welsh Government an approach to monitoring and evaluating the Healthy Weight Healthy Wales Strategy. Welsh Government owns this strategy and has established governance structures to support the recently published Healthy Weight delivery plan. This includes further work on indicators. • We have developed a range of standard indicators to support the system in understanding the impact of weight management services – work is underway to enable the system to develop the data collection and reporting mechanisms. These have been reviewed by data standards and 	<p>to create more frictionless pathway though integration with existing clinical systems and implementing paperless pharmacy interactions</p> <ul style="list-style-type: none"> • National HMQ CMS User Group established to ensure CMS development is user focused • Scoping and costing further developments of app, esp to extend to vaping • Work will continue to support indicators for the healthy weight through the updated WG governance structures. • Work will also continue to establish the standard indicators for healthy weight as part of the weight management pathway, through data standards and implementation approaches. There are significant gaps in data and digital systems for healthy weight, as each Health Board uses different approaches and Wales does not yet have a single weight management offer digital interface at Level2 or above, which will need to be addressed. •
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	<p>have been progressed to the next stage of approvals</p> <ul style="list-style-type: none"> We have developed a revised logic model for the Welsh Network of Health and Wellbeing Promoting Schools which has been used to develop a monitoring and evaluation framework working with SHRN We have developed an application for UK innovation funding, for the healthy weight pathway working across directorates and organisations. 	
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Delivery at Scale: Monitoring and Evaluation

<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>Next Steps, Gaps, Digital</i>
<ul style="list-style-type: none"> Minimum datasets and core reporting for AWWMP and maternity. HIPAS for NERS Dashboard for WSAMEW JUSTB Dashboard Familiarity with methods for measuring system change e.g. social network analysis; ripple effects mapping 	<p>We have developed and implemented a new data system for the National Exercise Referral Scheme which will enable improved access to activity and outcome data</p> <ul style="list-style-type: none"> We have reviewed the data available to monitor the 10 Steps to a Healthy Weight and made recommendations to strengthen the available and quality of data to guide system wide action to increase 	<p>Next steps for AWWMP will include data dashboards.</p> <p>Co-development of the approach to evaluation for Food promotions and placement legislation.</p>



	<p>levels of healthy weight at school entry</p> <ul style="list-style-type: none"> • Dashboards have been developed for the WSAMEW, JUSTB and MECC. • Worked with Welsh Government and PHW research and development team to develop an approach to evaluation for food promotions and placement legislation which includes funding and purchased data for Research use 	
<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>Next Steps, Gaps, Digital</i>
<ul style="list-style-type: none"> • Methods for evaluation of social marketing interventions 	<ul style="list-style-type: none"> • Currently being scoped 	<ul style="list-style-type: none"> •
Diabetes (cross Cutting)		
<i>What did we say we were going to do?</i>	<i>What have we achieved so far?</i>	<i>Next Steps, Gaps, Digital</i>
<ul style="list-style-type: none"> • National coordination of the All Wales Diabetes Prevention Programme 	<ul style="list-style-type: none"> • Publication of design principles, process and outcome evaluation; publication of annual uptake statistics 	<ul style="list-style-type: none"> • Working with the system to develop investment case to scale and spread the intervention across all clusters in Wales

5. Recommendation

The Committee is asked to:

- **Note** the progress outlined above and to note the planned work in line with the strategy development process.
- **Receive assurance** that research, data, evidence and evaluation activity is continuing to support Strategic Priority 3: Promoting Healthy Behaviours.



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Appendix 1



Health and Wellbeing Directorate 2024-25 Policy Impact

What have we done for you lately?

The Health and Wellbeing Directorate's impact on Legislation, Policy and the Welsh System

This document is a brief overview of the system change, policy and legislation our Directorate has influenced / achieved in 2024-25. It tries to encapsulate what we have done for the People of Wales that is about system or policy impact and not solely part of our core service delivery such as Help Me Quit, Hapus, etc.)

This snapshot only reflects work which has had impact and has been completed and not work still ongoing or in development. As such it is necessarily selective.

The breadth of our work

The Directorate works across two of the three key domains of Public Health (Health Improvement, Healthcare Public Health and Health Protection)

- Health improvement (HI) – actions which improve the health of the population eg healthy weight services and healthy public policies
- Healthcare Public Health (HCPH) – actions and tools which seek to ensure healthcare services are consistently effective, safe and accessible for all.

While we have classified our impact on whether it is primarily in one of these domains (HI/HCPH), most of our work cuts across both domains.

In 2024-25 we:

1. Helped Welsh Government draft, prepare and lay before Senedd the following sets of legislation:

- Food environment legislation to restrict unhealthy promotions (HI)
- Two sets of tobacco and vapes legislation (HI)

2. Helped draft and set national standards or requirements

- Completed work with government on national nutritional standards for school meals, vital in ensuring healthy child development (HI)
- Advocated successfully for a prevention requirement and for a requirement to improve diabetes care and prevention in all Health Board IMTPs (HCPH)



- Advocated successfully for a national performance measure on uptake of the bundle of 8 care processes (Both)
- Funded delivery of a digital self-management package for Type 2 diabetes accessible FREE to every person in Wales who needs it. (Both)
- Led the production of an Inclusion Health Tier 2 service to be issued as a Welsh Health Circular (Both)

3. Supported Welsh Government and other bodies in drafting and agreeing national plans

- Helped Welsh Government draft and finalise its Tobacco Delivery Plan (HI)
- Drafted the Prevention section of the Welsh Mental Health Strategy (Both)
- Our Prevention-Based Health and Care Approach has been adopted for the Womens' Health Plan (HCPH)

4. Played our part in ensuring Wales is ready to use the statutory gambling levy monies to prevent and treat gambling-related harm and health issues:

- Advocated successfully with Westminster and Welsh Government for Gambling Levy monies to be devolved to Wales for both prevention and treatment (Both)
- Provided Welsh Government with a plan to be ready to implement the gambling levy funding for prevention and treatment which we will implement with them (Both)

5. Influenced national exercises by Senedd and FGC on prevention

- Worked with the Future Generations Commissioner to ensure Prevention is embedded in his report and recommendations to Government (HI)
- Provided evidence to the Senedd Health and Social Care Committee which directly influenced their recommendations in two reports – Chronic Conditions Management and Obesity (Both)

6. Secured WG agreement for further improvements in school health work

- Cabinet Secretary has agreed to a joint task group of PHW, Directors of Education and Estyn to joint up action to improve mental health across the Whole School Day (HI)



- Cabinet Secretary has approved consultation on bringing together mental health and healthy schools approaches, reducing the administration burden on schools (Both)
- Dental health will form part of the national school entry health assessment under the Healthy Child Wales Phase 2 programme in 2025-26 (Both)

7. Advocated successfully for national improvements in primary and secondary care

- Successfully advocated for continued funding for the All Wales Diabetes Prevention Programme (Both)
- A Hypertension quality improvement project for all GMS practices has been included in the 25/26 GMS contract as a mandatory contract item (HCPH)
- Ensures the continued inclusion of Quality Improvement activity in the GMS Contract Quality Framework. This will help reduce unwarranted variation and inequalities (HCPH)
- The ABCD+ CVD Prevention Programme proposal has been recognised by the Value and Sustainability Board and included as a recommendation for implementation out to CEOs (HCPH)
- The national [Health and social care climate adaptation toolkit](#) includes and recommends the Greener Primary Care Framework Actions (Both)

8. Strengthened system capabilities to make a shift to prevention

- Through joint working with Welsh Government and NHS, and the secondment of a Directorate team member into Welsh Government we
 1. Developed an architecture for ill-health prevention for the health, social care and early years branch of Welsh Government including helping design a national Prevention Advisory Group (HCPH)
 2. Influenced Welsh Government to cost the impact of funding for prevention Influenced WH to agree in principle for prevention grants to move to long term funding (Both)
- Launched the Prevention Based Health and Care Approach with a system wide steering group to support it, and a suite of resources on Primary Care One (HCPH)
- Supported design of a national NHS Health Inequalities Group and will be a core part of delivery and co-ordination (Both)



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