

Chief Executive Board Report January 2025

1 Welcome to our New Chairperson

I would like to start the report by welcoming Pippa Britton as our new Chairperson who joined us on the 1 December 2024 and has already immersed herself in all that is Public Health Wales. Pippa will bring an enormous amount of experience with her passion and experience for sport and physical activity and her experience in a wide range of Boards – croeso Pippa.

I would also like to thank Nick Elliott once more, for his exceptional time as Interim Chairperson last year before Pippa joined us – diolch yn fawr iawn Nick.

2 Mid-Year Joint Executive Team Accountability Meeting with the Welsh Government

On the 10 December 2024 we had our mid-year Joint Executive Team (JET) accountability meeting with Judith Paget, Director General for Health, Social Care and Early Years Group/Chief Executive NHS Wales, and their senior team in the Welsh Government. This was a positive and constructive meeting with the appropriate scrutiny by Welsh Government colleagues and we covered a wide range of areas including performance to mid-year, supporting the delivery of Ministerial priorities and our strategic approach.

The covering letter and summary document that we submitted to the Welsh Government for the purpose of the meeting are attached.

3 Meeting with the Cabinet Secretary for Health and Social Care and the Minister for Mental Health and Wellbeing

On the 17 December 2024, our Chairperson, Professor Jim McManus, our National Director of Health and Wellbeing, Professor Fu-Meng Khaw, our National Director of Health protection and Screening Services/Medical Director and I, had our quarterly meeting with Jeremy Miles, MS, Cabinet Secretary for Health and Social Care, and Sarah Murphy, MS, Minister for Mental Health and Wellbeing.

This was a positive meeting, and we covered a wide range of subjects including an update on infectious diseases, a discussion on shifting to prevention with a focus on diabetes and healthy weight, an update on mental health and wellbeing and international health.

4 Visit by the World Health Organization

On the 16 December 2024, Chris Brown, Head of the World Health Organization's (WHO) European Office for Investment for Health and Development and Yannish

Naik, Technical Officer, Economy of Wellbeing, WHO, visited Public Health Wales and the Welsh Government. The visit was part of the series of meetings in support of the Memorandum of Understanding between WHO Europe and the Welsh Government, Wales as one of the leading nations in the Wellbeing Economy and also to visit members of our WHO Collaborating Centre in Public Health Wales and other colleagues.

This was a very productive visit and, in addition to meeting a number of Executives, Pippa Britton and our WHO Collaborating Centre team in Public Health Wales, we accompanied our WHO colleagues in meetings with:

- Rebecca Evans MS, Cabinet Secretary for Economy, Energy and Planning
- Judith Paget, Director General for Health, Social Care and Early Years Group/Chief Executive NHS Wales
- Sir Frank Atherton, Chief Medical Officer
- Tom Nicholls, Chief Economist
- Officials from Health and Social Services, Economy and International Relations in the Welsh Government
- Marie Brousseau-Navarro, Deputy Future Generations Commissioner.

5 World Health Organization Report: Country Deep Dive on Wales and the Wellbeing Economy

In November 2024, the World Health Organization (WHO) published a report that was co-produced by Public Health Wales "*Country deep dive on the well-being economy: Wales*". This is as part of the delivery of a [Memorandum of Understanding](#) between the WHO and the Welsh Government to strengthen cooperation in the areas of health equity and rights, investing in health and well-being, and achieving health and prosperity for all through building well-being economies in Wales and across the European Region.

The report highlights how Wales has placed sustainable development and well-being at the cornerstone of its economy. It shows Wales' innovative approaches to build a well-being economy not just in budgets and laws, but also in the engagement of communities and in the design of services. One of the key findings of the report is the role of health and public health in the development of the well-being economy agenda. For example, through work on the wider determinants of health and inequalities and the holistic and inclusive view of (public) health care, practice, policy and research. It spotlights work led by us, such as social prescribing and the *Time to Talk Public Health* survey. The deep dive report highlights both the drivers and barriers Wales has encountered on this path and offers inspiration for other countries looking to move towards value-based policy making, as promoted globally by the United Nations Pact for the Future.

The report builds on WHO's work to capture experiences from Finland, Iceland, Scotland and Wales - nations that have committed to becoming well-being economies and are leading this agenda at European and global levels. Public Health Wales and its WHO Collaborating Centre on Investment for Health and Well-being, is working with the WHO European Office for Investment for Health and

Development to establish Wales as a live innovation site for the Wellbeing Economy Initiative.

The report was launched at the inaugural Wellbeing Economy Cymru festival of Ideas on the 18 November 2024 at the main plenary, followed by a “Health in the Well-being Economy” workshop with participation from the Welsh Government, NHS and third sector.

The launch of the report was commended by Eluned Morgan, First Minister of Wales and WHO Well-being Economy Champion.

The direct link to the report can be found here: [Wales’s commitment to becoming a well-being economy spotlighted by WHO report](#)

6 Investing in a Healthier Wales: Prioritising Prevention

Putting in place effective programmes to prevent poor health offers great value for money. Prevention initiatives such as early years education, vaccination programmes, smoking cessation and support for carers can deliver excellent value for money - with an average return of £14 for every £1 invested in them. They also keep people healthier and address inequalities.

With the current population health challenges that we face as a nation, it is more important than ever to prioritise public funding into prevention measures. It could help to reverse the decline in the nation’s health, address the root causes of inequalities and enable the people of Wales to live longer, healthier and happier lives.

People in the poorest areas of Wales live on average, 17 less healthy years of life compared to people in the wealthiest places and, the cost of health inequalities to acute NHS services in Wales is a massive £322 million per year. In addition, the data reveals other alarming statistics around health inequalities:

- In 2022-2023, around a quarter (24.8 per cent) of children aged 4-5 years in Wales were overweight or obese. Children living in the most affluent areas in Wales are more likely to have a healthy weight.
- People living in the most deprived communities are nearly four times more likely to die from avoidable causes (3.7 times for males and 3.8 times for females).

While these statistics are stark, they can be addressed and change can happen. By focusing long-term investment on large-scale prevention programmes that have a high potential for success across the country, significant progress can be made in reversing the inequalities that lie at the heart of ill-health in Wales.

In this context, on the 15 January 2025, we published a report *Investing in a Healthier Wales: Prioritising Prevention*. The report was developed by our Policy and International Health team, with support from other colleagues across the organisation, and looks at the most recent evidence that focuses on the prevention

interventions that provide the greatest impact on health outcomes and the biggest return on investment.

The report looks at successful programmes from three stages of life: *early years and children*, *healthy adults* and *healthy ageing* and identifies specific action that deliver real benefits to communities. These include:

- Breastfeeding support programmes can help save the NHS £50 million a year by improving mental health and reducing hospital admissions.
- Targeted group sport activities aimed at increasing physical activity show returns of between £1.91 and £22.37 per £1 invested.
- Taking a holistic approach to maintaining good health in older age through activities like fall prevention programmes, promotion of independent living and community engagement can generate a return of up to £5.18 for every £1 invested.

The report is in the form of an infographic, an executive summary and the full report and can be found here [Investing in a Healthier Wales: prioritising prevention - World Health Organization Collaborating Centre On Investment for Health and Well-being](#)

7 Evidence to the Equality and Human Justice Senedd Committee's Inquiry on Fuel Poverty in Wales

On the 9 December 2024, Dr Sumina Azam, our National Director of Policy and International Health, and Rebecca Hill, Senior Public Health Specialist, provided oral evidence to the Equality and Social Justice Committee's Inquiry on fuel poverty in Wales. The Committee focused on the understanding of fuel poverty in Wales today, the potential impact of changes to eligibility criteria for the Winter Fuel Payment on fuel poverty and the impact of the new Warm Homes Programme.

The evidence session provided an opportunity to present work undertaken by Public Health Wales on housing and health and fuel poverty. The Committee was presented with evidence regarding the contribution of cold homes to health inequalities; the need for up-to-date fuel poverty statistics to better understand its scale and impacts, particularly given considerations around climate change and rising energy costs; the importance of a joined-up approach to housing and health and the need for monitoring and evaluation of actions to address the broader public health impacts of living in fuel poverty.

8 Exercise ERIS

Cyber-attacks on the health and social care system is detailed the [National Risk Register for 2023](#). In an increasingly digitised health and social care system, technology and data are critical to providing effective care. Cyber security - that is, the protection of devices, services and networks and the information on them from theft or damage, is an essential enabler of that care, assuring the safety of

patients and of people and their families drawing on care in the community (service users).

The health and social care system remains a target for cyber criminals. Recently, there have been numerous instances where cyber-attacks have disrupted the running of services, at times with significant financial consequences.

While it is unlikely that a cyber incident would bring down all the separate systems supporting direct and indirect care, interdependencies between them means that organisations must account for at least some degree of cascading risk.

Public Health Wales is no more or less vulnerable than any of NHS Wales organisation, and therefore the scale of impact - both direct and indirect - from a cyber-attack is potentially huge.

Consequently, Exercise ERIS was an internal organisational exercise held on the 24 October 2024, to explore the response to and recovery from a significant digital disruption at Public Health Wales. The exercise involved a wide range of senior leaders from across the organisation to explore our readiness for, and response to, any such attack. A series of actions arose from the exercise which was found to be extremely helpful across the breadth of our services.

9 The NHS Wales 2024 Award for Team Culture

Public Health Wales, together with partners across health boards, have been charged with the delivering of Hepatitis C elimination. Micro-elimination in high prevalence settings such as prison estates is seen as an effective strategy for meeting the WHO Hepatitis C elimination targets by 2030.

Our Wales Specialist Virology Centre (WSVC) supports the delivery of Hepatitis C elimination through the implementation of rapid point of care testing (POCT) services across Wales. In July 2021, a two-tiered POCT pathway, including mouth swabs for Hepatitis C antibody testing and rapid PCR to identify active infections, was implemented by Louise Davies, our POCT Lead, in order to support the elimination agenda by rapidly testing all new admissions on arrival.

Our WSVC has since worked collaboratively with health care teams in Betsi Cadwaladr University Health Board (BCU) and the *Hepatitis C Trust*, to achieve micro-elimination at HMP, Berwyn, which is the largest prison in England and Wales. The team was awarded the '*NHS Wales 2024 award for team culture*' which recognised our multi-disciplinary team working to achieve this.

This is a fantastic achievement and many congratulations to Louise, our WSVC team and our BCU and Hepatitis C Trust colleagues.

10 Update on the UK COVID-19 Public Inquiry

The following provides an update on the current activities of the organisation in relation to the UK COVID-19 Public Inquiry up to the 8 January 2025.

10.1 Module 1 (Resilience and Preparedness)

The Inquiry published its first report on the 18 July 2024 and work has started internally to progress the recommendations.

10.2 Modules 2 (Core UK Government Decision Making) and 2B (Core Welsh Government Decision Making)

The Public Hearings for Module 2, 2A, 2B and 2C have now concluded.

As advised in my previous update, the Inquiry is considering all evidence provided (documentary and oral) and the closing submissions which were provided by the core participants with a view to preparing its report and recommendations. The Inquiry has started drafting its report, which will likely include findings and recommendations from each of the Module 2 investigations from across the UK. We are not aware of when the re[port will be published.

10.3 Module 3 (Impact on Healthcare Systems)

The Public Hearings for this Module started on the 9 September 2024 and are due to conclude on the 28 November 2024. Professor Fu-Meng Khaw, our National Director of Health Protection and Screening Services/Medical Director, gave evidence for us to the Inquiry on the 5 November 2024, supported by our legal team, and I would like to express my very big thanks to Meng for representing us and for taking the time needed to prepare for the evidence session.

As with previous modules, the public hearing is being monitored internally with daily reports and relevant documents from the Public Inquiry website being circulated, highlighting areas of interest and any references to Public Health Wales. Following the conclusion of the hearings, consideration will be given as to whether any supplemental statements should be provided by Public Health Wales to clarify any issues which may have arisen.

10.4 Module 4 (Vaccines and Therapeutics)

Public Health Wales is a Core Participant for Module 4. To date, Public Health Wales has provided detailed evidence to the Inquiry and will continue to support any requests made.

The Inquiry continues to release evidence onto the evidence platform in relatively large batches, and now at an increased frequency, and the triage process in place for reviewing each batch of evidence is working well. We continue to monitor internal expert/administrative support capacity to review the evidence disclosed, in anticipation of the Inquiry releasing more frequent batches of evidence in the run up to the commencement of the public hearings.

The public hearings for this module are scheduled to commence on the 14 January 2025 and conclude on the 30 January 2024. Public Health Wales may be called to provide oral witness evidence at this hearing.

10.5 Module 5 (Procurement)

Public Health Wales is not a Core Participant for this module. The PI Response Team continue to support the response to requests from the Inquiry Team. Public hearings are due to commence on the 3 March 2025 and will end on the 3 April 2025.

10.6 Module 6 (Care Sector)

Public Health Wales is a Core Participant for Module 6. It is anticipated the Inquiry will require significant input and evidence from Public Health Wales in order to investigate this module and our PI Response team, and key colleagues from across the organisation, continue to populate and collate information and documents in this area.

Disclosure from the Inquiry has now commenced through its Relativity platform. As with Module 4, the PI Response Team has a triage process in place for reviewing each batch as it arrives, with the aim of reviewing relevant evidence identified through the triage process without delay.

Public hearings are scheduled to commence on the 30 June 2025 and conclude on the 31 July 2025. Public Health Wales may be called to provide oral witness evidence at this hearing. Legal support is in place for the public hearing and legal conferences will be arranged in due course.

10.7 Module 7 (Test, Trace and Isolate)

Public Health Wales is a core participant for Module 7. As with Module 6, it is anticipated the Inquiry will require significant input and evidence from Public Health Wales in order to investigate this module. Work continues to collate relevant information and evidence for this Module and Corporate Witnesses have been identified.

Disclosure from the Inquiry has also commenced through its Relativity platform. The Module 7 public hearings are due to commence on the 12 May 2025 and conclude on the 30 May 2025.

10.8 Module 8 (Children and Young People)

Public Health Wales is not a Core Participant in the Module but we continue to monitor this Module's progress and any amendments to its provisional scope, to ensure that the decision not to apply for Core Participant status remains valid. In anticipation that Public Health Wales will be called on to support the Inquiry's investigation in this Module, our PI Response Team has provisionally identified a core group of individuals who may be able assist in the collation of information and evidence. Public hearings for this module are expected to take place in Autumn 2025.

10.9 Module 9 (Economic Response)

Public Health Wales is not a Core Participant in this Module. Noting the focus of this module, we are not anticipating a high level of involvement with the Inquiry. Public hearings for this module are expected to commence in Winter 2025.

10.10 Impact on Society

This Module opened on the 17 September 2024 and is the Public Inquiry's final module. This module will examine the impact of Covid-19 on the population of the UK with a particular focus on key workers, the most vulnerable, the bereaved, mental health and wellbeing and will also seek to identify where societal strengths, resilience and or innovation reduced any adverse impact.

Following careful consideration of the Module's Provisional Scope at our PI Steering Group and the Board's PI Sub-Committee, a decision has been made not to apply for core participant status in this module. The Inquiry has not yet confirmed when the public hearings for this module will take place, although based on the current timetable, we are expecting it to be in early 2026.

Recommendation

The Board is asked to receive this information.

Tracey Cooper

CHIEF EXECUTIVE