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Wales

# Our Strategic Plan

2026 – 2029

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# Executive Summary

## Who we are

We are Public Health Wales, the national public health organisation for Wales. With our partners, we aim to increase healthy life expectancy, improve health and wellbeing, and reduce inequalities for everyone in Wales, now and for future generations.

Together our teams work to prevent disease, protect health, provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation to help everyone in Wales live longer, healthier lives.

Our Strategic Plan 2026-29 outlines how we will deliver a healthier Wales focussing on our six strategic priorities set out in our Strategy *Working Together for a Healthier Wales (2023-35)* and our overarching 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 will do this by delivering a range of core clinical public health services to the public and our partners, working in partnership across the public health system to advise on key public health data and evidence, advocate for evidence based action to improve and protect health and mobilise the translation of evidence into practice. We do this to support the strategic direction set out by Welsh Government and is reflected in our Remit Letter for 2026/27.

This plan also sets out how we will address specific service and quality improvements issues identified within our Breast, Bowel and Diabetic Eye Screening Programmes, and our Sexual Health Test and Post Service. We have set out the specific actions that will address these issues as pace, along with how we will further strengthen our quality assurance arrangements across all services and functions.

## The challenges that we face

We know there are serious public health challenges facing us from a national and global perspective. As we write this, geopolitical tensions are causing huge uncertainty and present big risks to our supply chains and to our economy. In addition, the rise of misinformation and disinformation risks damaging social cohesion and progress made in recent years in relation to core public health improvements, particularly vaccine uptake, which in turn risks exacerbating existing health inequalities.

The latest estimates of healthy life expectancy at birth show that in Wales, healthy life expectancy fell for the fourth period in a row, for both males and females (2022-2024). For females, it was 58.5 years and for males it was 59.2 years. In 2020-2022, the gap in healthy life expectancy between those living in the most and least

deprived areas was 20 years for females, the highest since 2013-2015. In the same period, the gap was 16 years for males, the highest since 2016-2018.

We recognise climate change as a major threat to health in Wales, with impacts that span population, societal, economic and environmental wellbeing. The World Economic Forum ranks extreme weather events as the most severe global risk over the next 10 years ahead of geopolitical and technological risks (Global Risks Report 2025 20<sup>th</sup> Edition).

Our projections for non-communicable diseases and cancer incidence show that if nothing changes, numbers will continue to increase over the next 10 years. For example, the number of adults living with diabetes in Wales has increased by 40%, to over 210,000 people. If this trend continues, by 2035/2036 we estimate that this will increase by a further 48,000 people. This, along with unprecedented challenges following the COVID-19 pandemic, impact on our long-term health and wellbeing, 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 care needs.

We also must ensure that as an organisation we are delivering at pace and demonstrating agility to respond dynamically to emerging challenges and stakeholder needs. This includes ensuring that we have robust quality assurance arrangements in place and that we rapidly address any emerging service performance issues.

## **Delivering for Wales**

These challenges have shaped the actions that we will deliver over the next three years, which are set out in this refreshed plan. We will do this through focused, evidenced-based action across our six strategic priorities and in support of Welsh Government policy, including supporting Wales to become a Marmot nation as part of our collective commitment to tackle health inequalities. This action is guided by where we can contribute most to improving our overarching outcomes to increase healthy life expectancy and narrow the gap between the least and most deprived. Specifically, our ambition is return Health Life Expectancy to pre-Covid levels by 2035 and to reduce the gap in Health Life Expectancy between the most and least deprived communities and increase Healthy Life Expectancy in the most deprived communities to pre-Covid levels by 2035. We will use our measurement system to monitor our progress against these outcomes, to assess the impact that we are having and to ensure that we are delivering to recognised quality standards.

The actions set out within this plan are informed by the public health challenges facing Wales, Welsh Government policy and key internal strategic developments. Following the Senedd elections in May 2026, we will work with partners to support the delivery of the next Programme for Government and adjust our plans, where required, by agreement.

Over the last year we have developed strategic route maps that set out how we will deliver our 2035 ambitions for each of our priorities. The route maps outline the actions that we will deliver over the short, medium and long term to connect the Wales we want to see in 2035 with where we are currently. They are key planning documents that have shaped this plan, ensuring we are doing the right things to make the biggest impact to the health of the people of Wales.

Our plan continues to include an ambitious portfolio of change designed to support the delivery of our strategy and route maps. We have prioritised the programmes that involve strategic public health system change and that is based on the latest public health evidence, such as Tackling Diabetes Together and Lung Cancer Screening. We also focus on digital, data and artificial intelligence transformation to ensure we are utilising technology to deliver our services, such as our Digital Health Protection System. We will manage the delivery of our portfolio in line with recognised programme delivery and governance standards, which will allow us to respond to emerging priorities. Our plan will be subject to ongoing review, and our processes mean we can be agile in our focus following any significant external or internal changes, if necessary.

## Optimising for the future

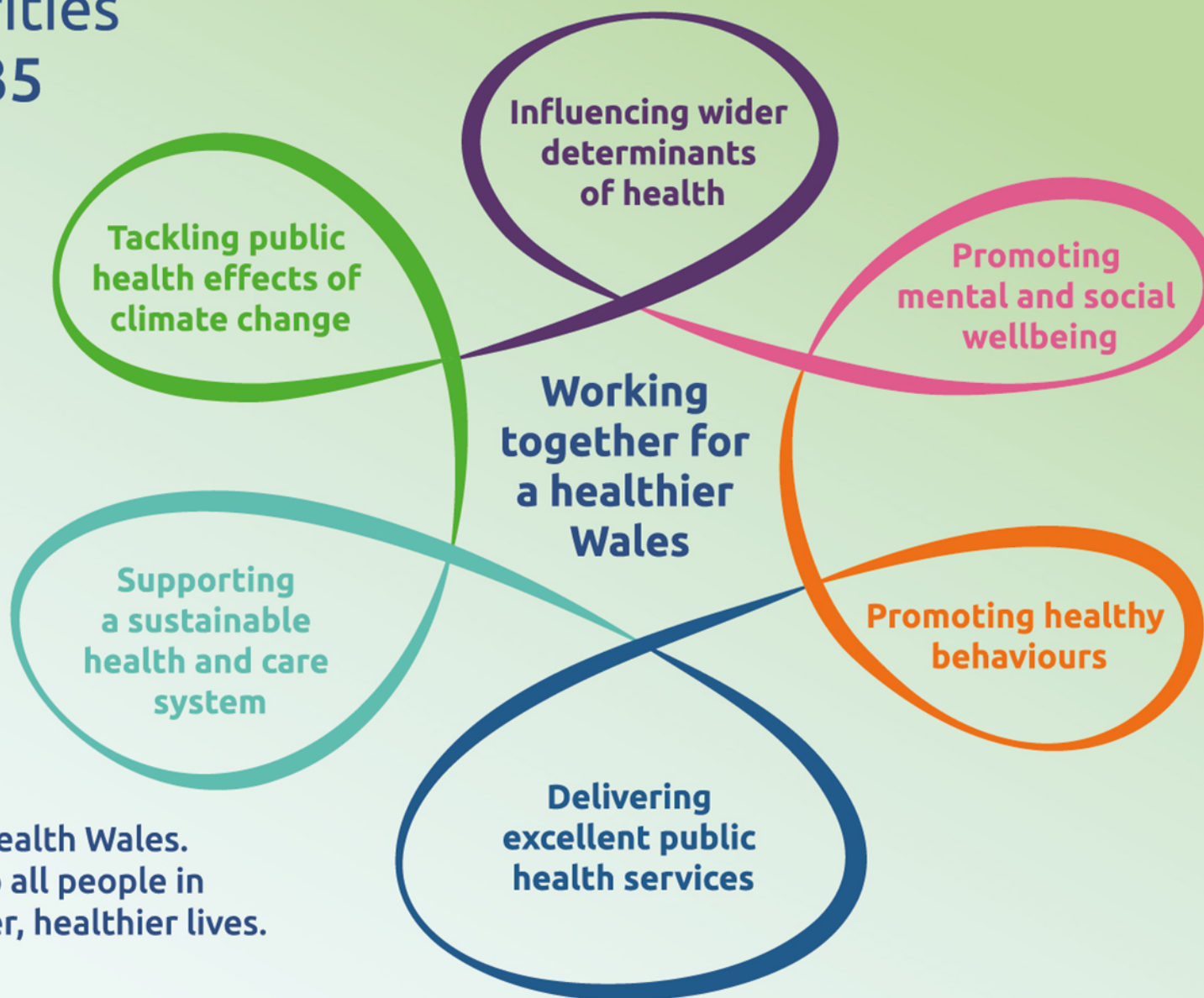
To effectively deliver our ambitious plan, we need to ensure that we are operating effectively, efficiently and sustainably as an organisation. This will allow us to deliver maximum value to the people of Wales and ensure that we are effectively utilising our resources. We will ensure that our governance is underpinned by robust quality and clinical assurance arrangements.

Our focus will be on ensuring that we:

- ❖ further develop and strengthen our quality management and assurance systems;
- ❖ improve efficiency by reducing waste, duplication and unnecessary steps in processes;
- ❖ respond dynamically to emerging challenges and stakeholder needs;
- ❖ drive improvements at pace in our performance and deliver measurable impact;
- ❖ deliver process improvements and automation using digital solutions;
- ❖ carry out horizon scanning to identify emerging risks and opportunities for health and wellbeing in Wales to enable early action;
- ❖ continue our work to strengthen our culture and create a great place to work in, for and with.

During 2026/27, we will establish a programme as part of our Change Portfolio to take this work forward. We will work with staff to help shape the approach and areas of focus recognising that we need to adopt an agile approach to its delivery.

# 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**.

# 1. Introduction

## Overview of our plan

The purpose of our refreshed 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 and in support of Welsh Government policy, including key strategic developments such as the development of a new Digital Health Protection System and establishment of the Lung Cancer Screening Programme. During 2026/27, our specific focus will be on improving performance within our screening programmes, rapidly responding to issues within our Sexual Health Test and Post Service, along with identifying wider learning and further strengthening our quality assurance and management system.

We will deliver our four statutory functions and core clinical public health functions as part of the delivery of this plan, including the discharge of our responsibilities as a category 1 responder. This includes:

- ❖ Delivering seven national screening programmes (and the management of the Antenatal Screening Wales Clinical Network);
- ❖ Delivering our accredited clinical microbiology laboratory network;
- ❖ Health protection services;
- ❖ Health improvement and healthcare public health;
- ❖ Policy and international health;
- ❖ Research, data, digital, evidence and evaluation.

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 which is why we have established a range of cross-sector networks, collaborations and partnerships to support the delivery of key public health priorities. To do this, we will seek to develop new relationships with broader partnerships with the public and third sector.

Following the Senedd election in May 2026, we will support the delivery of the next Programme for Government. In developing this plan, we recognise that it will be subject to change and to ensure that we are supporting key actions as the national public health organisation for Wales. Our focus has been unrelenting on our priority of prevention, and we are pleased to see this universally reflected across the plans of all political parties in Wales.

The plan 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 our ambition based on 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 measurement system focuses on a set of key population-level outcome indicators that help us understand our contribution to delivering each of our priorities. They are underpinned by our internal performance management and monitoring arrangements.

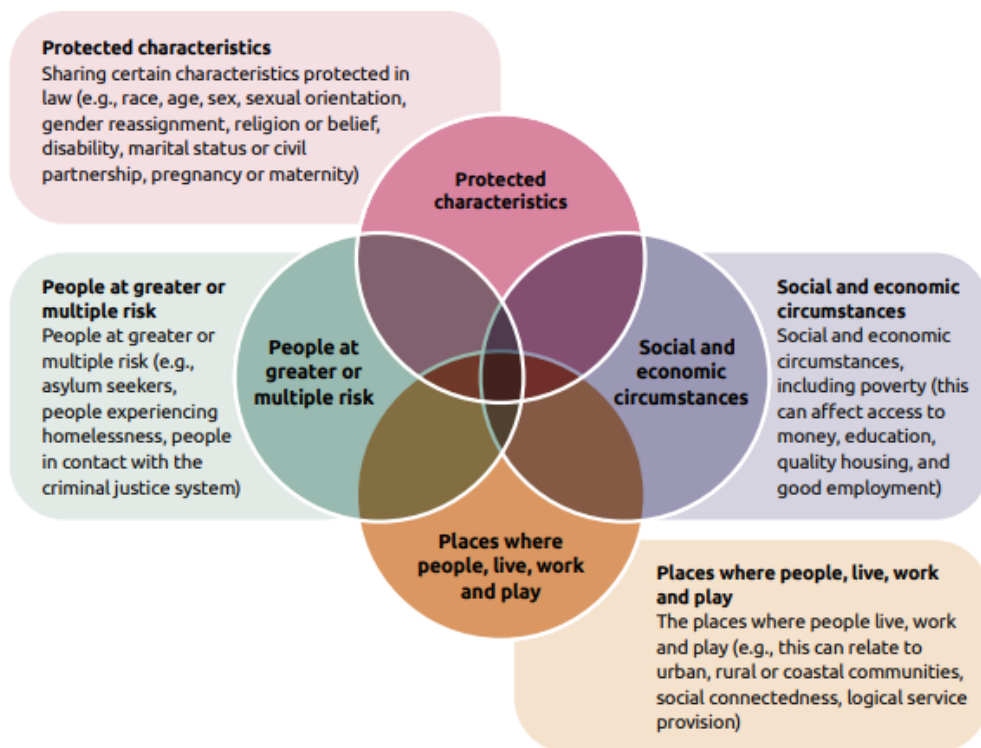
## Our approach to inequalities

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. Tackling health inequalities is embedded in the services we deliver, for example our screening and infection services (see Section 3.5 Strategic Priority – Delivering Excellent Public Health Services) as well as the work we do.

We have a cross organisational group to strengthen and better coordinate our approach to health inequalities; these are set out in Section 3.1 Strategic Priority – Influencing the Wider Determinants of Health. We are also working directly with the primary and community healthcare system through our Teg I Bawb programme to improve the ways in which the primary care system in Wales can tackle health inequalities.

We will continue to advocate for, mobilise and inform action on health inequalities, including providing expert advice, guidance, sharing learning and data to support the Marmot Nation/Health Equity Wales initiative, driving greater equity in health outcomes across Wales and beyond, including supporting evaluation.

Health inequalities can be experienced by people grouped by a range of different factors including:



## Strategic context

The 'Well-being of Future Generations (Wales) Act (2015)' continues to provide the overarching framework which we use to shape our strategic plan. The five ways of working will drive the implementation this plan, including working collaboratively with our partners and the people of Wales. Our six strategic priorities, which also serve as our wellbeing objectives, have considered the longer term implications of our decision through the development of route maps. Each priority also recognises the importance of primary, secondary, and tertiary prevention and is underpinned by our focus and commitment to reducing health inequalities. 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 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 2026/27. 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 is 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, as well as in Annex C. 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. 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.

## Partnership working and engagement

Partnership working and engaging with people and communities, along with other key 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 nationally and internationally, including the third sector and local authorities in key areas such as communication 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 and meaningful engagement with the public and the people who use our services are central to how we work. We will use insights from the people of Wales, communities and our partners to inform decision-making and ensure the delivery of our strategic priorities.

To do this effectively, we recognise the need for clear processes, systems and ways of working that enable us to consistently seek, listen to, act on and share feedback for improvement. People's lived experiences provide powerful evidence to improve existing services and to identify new and better ways to meet needs, in line with the Duty of Quality. Excellence in engagement supports the broader dimensions and principles of the Duty, to ensure quality is driven by what matters to people resulting in the delivery of excellent public health services.

We remain committed to an equitable, effective and consistent approach to public engagement, ensuring that the voices of the people we work with and for are central to what we do and how we do it. 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 in designing and supporting improvement programmes, enhancing opportunities to gain rich insight using people's stories and lived experiences to deliver effective organisational change.

We recognise the powerful and wide-ranging benefits of effective engagement with the children and young people of Wales. Throughout the second half of 2025, we worked with a diverse group of young people from across Wales and our partner organisations, to develop a refreshed Young People's Engagement Model that values the involvement of children and young people, ensuring that our Long Term Strategy remains fit for purpose. We will take this work forward in 2026/27.

## 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:

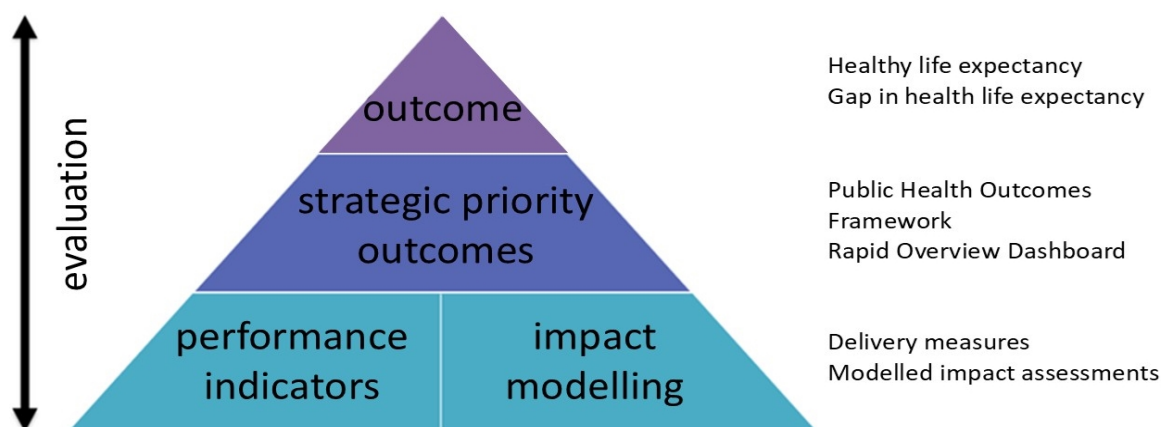
- ❖ Understand and monitor our impact;
- ❖ Drive prioritisation and decision-making;
- ❖ Focus our resources;
- ❖ Identify gaps, including where we need to work with partners.

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.

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 deliver the outcomes that we require.

**Figure 1: Measurement system model**



Our system of measurement has matured considerably over the past year with our top level metrics and aims set. These are:

- 1) To aim to return Health Life Expectancy to pre-Covid levels by 2035/6.
- 2) To reduce the gap in Health Life Expectancy between the most and least deprived communities and increase Healthy Life Expectancy in the most deprived communities to pre-Covid levels by 2035/6.

This is supported by our outcome indicators and reporting of delivery metrics. Both areas continue to iterate and improve to reflect our ambitions.

During the 2026-29 Strategic Plan, we will strengthen this by increasing our focus on:

- ❖ Impact modelling so that we know the actions we are advocating for or implementing will have the size and scale of impact we need. We plan to focus this work on obesity and wider determinants area over 2026-27.
- ❖ Evaluation - Building on our major outcome evaluations such as All Wales Diabetes Prevention Programme, we will develop a programme of evaluation as set out in Appendix 1.

## 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.

Healthy life expectancy has fallen in recent periods, with female healthy life expectancy lower (58.5 years) than male (59.2 years) (ONS 2026). When comparing the most deprived areas with the least deprived, there is a 20-year gap in healthy life expectancy among women (ONS 2025). These differences place unsustainable demand and costs on already overstretched services. However, they are avoidable, which means we can change them and make a difference.

The data on the health in Wales tells us that:

- ❖ Around 22% of the population live in relative income poverty, including 31% of children<sup>1</sup>;
- ❖ 22% of the population report being unable to afford an unexpected £850 expense;
- ❖ 33% report difficulty affording energy bill payments, with 67% of people reported being stressed or anxious about the cost of heating their home ([Public Health Wales 2024](#));
- ❖ 7.2 million days are lost through sickness absence each year, with Wales having higher sickness absence rates than the UK average ([ONS 2025](#));
- ❖ The rates of people with four or more health conditions are expected to almost double by 2035 ([Welsh Government 2023](#)) Twenty per cent of the population reported in 2021-22 experiencing ill-health due to extreme weather ([Public Health Wales 2024](#)).

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.

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 2024<sup>2</sup>.
- ❖ The unemployment rate in Wales grew in 2024 to 5.7%, compared to 4.5% in the UK as a whole.

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<sup>1</sup> StatsWales, [Department of Work and Pensions Households Below Average Income](#), 2025.

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

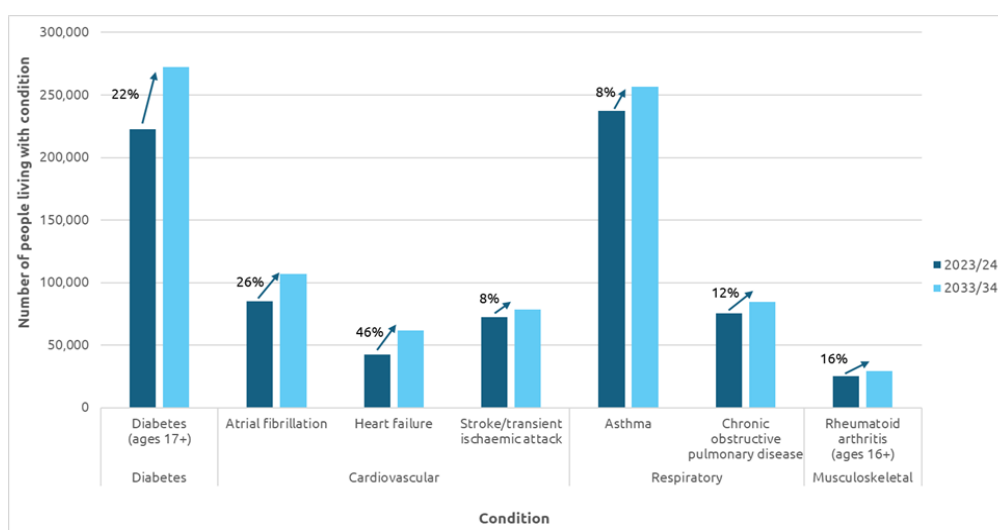
- ❖ Economic inactivity is higher in Wales than the UK as a whole, with 24% of the working age population in Wales being economically inactive<sup>3</sup>.

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 year<sup>4</sup>. 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 conditions<sup>5</sup>.

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 attributed to Wales' ageing population, several risk factors also influence the likelihood of developing these diseases. However, some of these risk factors are modifiable and studies have shown that for every one pound invested in high-quality, upstream prevention can return £14 (Masters et al 2017).

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 show 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.

**Figure 2: Projected change in the number of people on chronic disease registers between 2023/24 and 2033/34<sup>6</sup>**



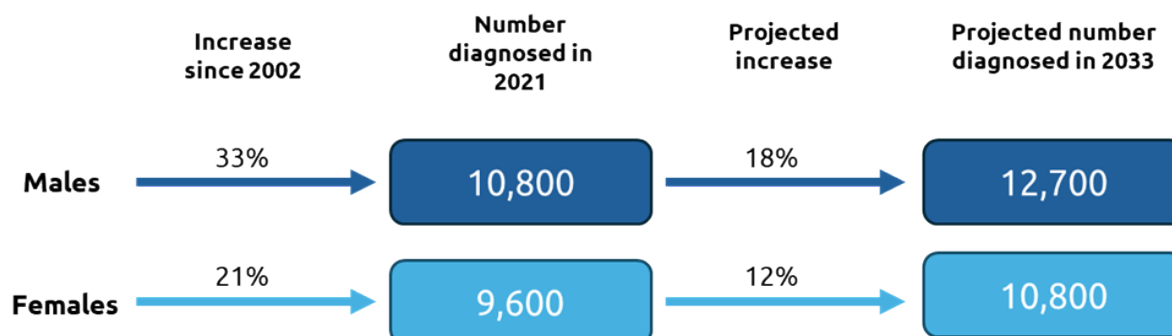
<sup>3</sup> Welsh Government, [Labour market statistics \(Annual Population Survey\): April 2024 to March 2025 \[HTML\] | GOV.WALES](#), 2025

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

<sup>5</sup> National Housing Federation, [National Housing Federation - Overcrowding in England](#), 2023

<sup>6</sup> 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.

**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**



**Table 1 below summarises the current prevalence of major chronic conditions in Wales, illustrating the scale of existing need.**

Condition		Prevalence per 100,000 population		Trend
		2023	2024	
Diabetes		7,694	7,872	↑
Cardiovascular disease	Heart failure	1,141	1,213	↑
	Atrial fibrillation	2,302	2,354	↑
	Hypertension	14,815	15,008	↑
	Stroke/transient ischaemic attack	2,005	2,021	↑
Cancer		3,268	3,349	↑
Respiratory disease	Asthma	7,090	7,010	↓
	Chronic obstructive pulmonary disease	2,086	2,127	↑
Musculoskeletal conditions	Osteoporosis	Not available	519	-
	Rheumatoid arthritis	Not available	874	-

**Table 1: Prevalence of chronic conditions, European age-standardised rates per 100,000 population, Wales, 2023 and 2024<sup>7</sup>**

<sup>7</sup> Public Health Wales. Primary Care Clusters dashboard. [Online]. 2026. Available at: <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/pcc-dashboard/>

Addressing modifiable risk factors and implementing health interventions to mitigate the projected increase in disease incidence is key to addressing and slowing the 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. Addressing modifiable risk factors and implementing health interventions to mitigate the projected increase in disease incidence is key to addressing and slowing this rise. It is important to note that projected increases in cancer incidence are largely attributable to Wales' ageing population. However, in 2015, approximately 4 in 10 cancers in Wales were linked to modifiable risk factors.

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.

## 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. Getting things right from the start for children in Wales creates a solid foundation for the future. We want babies, children and young people and their families to live longer, healthier lives irrespective of background.

The ***Well-being of Future Generations (Wales) Act 2015*** provides the legislative framework for us to work with partners across the third sector and wider public sector to improve the economic, social, environmental, and cultural wellbeing of Wales.

We work to strengthen the building blocks of health so the people of Wales can have a more equal chance of living a fulfilling life, free from preventable ill health. We build support for stronger building blocks of health, create better public policy through informing and advocating for evidence-based change, mobilise joined up action with partners for better system-wide outcomes and build capability and alignment of action and information flows to enable positive change.

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. Our four areas of action (contributing to healthier decisions across major policy areas; making the places where people live healthier; improving people's daily life chances; and strengthening the conditions for long term action) will contribute to these outcomes. For each outcome 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**

Healthy life expectancy is much shorter in more deprived areas compared to the least deprived. Healthy life expectancy captures how long people live, and how long they live in good health, and can highlight how social and economic disadvantage translates into shorter, less healthy lives.

Our ambition is to return Health Life Expectancy to pre-Covid levels by 2035 and to reduce the gap in Health Life Expectancy (HLE) between the most and least deprived communities and increase Healthy Life Expectancy in the most deprived communities to pre-Covid levels by 2035. This year, we have also agreed the following ambitions:

- Decrease in the gap in HLE between the most and least deprived fifth of areas in Wales, for both females and males, compared with 2020-2022 (20 and 16 years respectively);
- HLE for females and males in the most deprived fifth of areas in Wales to return to pre-Covid (2018-2020) levels (51 and 54 years respectively);
- In the latest data (2020-2022) HLE was 47.9 years for females, and 51.6 years for males in the most deprived fifth of areas in Wales.

Our ambition is consistent with the national milestone to narrow the gap in HLE between the least and most deprived areas by at least 15% by 2050. We are also exploring the gap in HLE to better understand how the different factors of deprivation, including housing, income, education and employment are related to the fall in HLE in Wales. This will help us further focus our actions. However, we do not anticipate it will be suitable to monitor change related to determinants over time.

Under the overarching measure of the gap in healthy life expectancy, we will also identify national indicators to track progress on areas relevant to our plan.

#### ❖ **Developing a wider determinants surveillance plan**

We are developing our surveillance approach, integrated with our IMTP measurement system, to allow us to recognise changes in trends and undertake deep dives to inform action. This will be supported by policy impact assessment to inform future actions.

### 3.1.3 Delivery progress

Over the past 12 months (April 2025 – March 2026), we advocated for, informed and mobilised action to strengthen the building blocks of health and wellbeing, especially for children and families, working with local, national and internal partners. Our actions are across our four areas of work so people across Wales have a fairer chance of a long and healthy life.

To contribute to healthier decisions across major policy areas:

- ❖ **Health in all policies:** We are supporting implementation of Health Impact Assessment (HIA) regulations in a consistent, proportionate and evidence-based way. We developed statutory and voluntary guides and are delivering training to upskill those who will need to carry out HIAs.

- ❖ We have described [five policy priorities](#) to make the biggest difference to health and wellbeing in Wales, including best start in life, financial wellbeing and healthier everyday places. We are developing our wellbeing economics function to support a shift towards an economic system that places people and the planet at the centre of policy and investment decisions.

To make the places we live healthier:

- ❖ **Healthy homes:** We engaged third sector, health boards, local and national government, social landlords and people with lived experience on system needs for healthy homes. We are developing practical, cross-policy solutions for health and wellbeing of children and families to inform the forthcoming housing and regeneration strategy.
- ❖ **Healthier places:** We have informed spatial planning to shape healthier places and spaces including through our annual planning and health event. We have published a Planning Healthy Places Guide, requested by health boards and planners. We have advised on local development plan health impact assessment, shaping local development plans.

To improve people's daily life chances:

- ❖ **Child poverty:** We made recommendations for improving collaboration to tackle child poverty under the Child Poverty Strategy for Wales and mapped our contributions against the strategy, so our priorities are informed by lived experience and data-driven insights. Our early years framework for action describes the building blocks of health needed for the best start in life, and who needs to take action.
- ❖ **Healthy, safe and fair work:** We developed our [Healthy Working Wales employer](#) offer including 1:1 Workplace Advisor Support, employer peer-mentoring and website. Research is underway into employer support for 16–24-year-old employees, with a mental health focus. We informed £10m Department of Work and Pensions (DWP) trailblazer sites' actions by identifying evidence-based approaches to improve access to employment for those in poor health. We are working with DWP, Welsh Government and others for evidence informed action across Wales.

To strengthen the conditions for long term action:

- ❖ **Building capability:** We have built capability in Public Services Boards to take integrated action on wider determinants through applying systems thinking approaches as part of the Health Foundation funded Shaping Places for Wellbeing in Wales Programme. Programme findings have mobilised a Strengthening PSB Group and Action Plan with Welsh Government and partners.
- ❖ We have built workforce capability, through the Public Health Network Cymru with 1,560 actively participating through webinars and in-person events.
- ❖ Our work with the World Health Organisation supports knowledge and policy through the Welsh Health Equity Solutions Platform and delivered high-level Policy Dialogue exchanges to support a Wellbeing Economy with international partners.

### 3.1.4 What we will achieve in the next three years

We will continue to advocate for, mobilise and inform action, including providing expert advice, guidance, sharing learning and data to support the Marmot Nation/Health Equity Wales initiative driving greater equity in health outcomes across Wales initiative, including supporting evaluation (see Measuring our Success).

Our work aligns with the Marmot principles by promoting fairness, reducing inequalities and improving the conditions in which people grow, live and work, with a strong focus on the early years and greater support for those who need it most.

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

**SO1.1** – By 2029, we will have supported policy makers to strengthen health in all policies through Health Impact Assessments, evidence, modelling and advocacy tools and wellbeing economy approaches enhancing prosperity for all

**SO1.2** - By 2029, 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 2029, we will have worked with partners to support action on child poverty; healthy, safe and fair work; and the education attainment gap

**SO1.4** - By 2029, 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
<p><b>SO1.1</b> - By 2029, we will have supported policy makers to strengthen health in all policies through Health Impact Assessments, evidence, modelling and advocacy tools and wellbeing economy approaches enhancing prosperity for all.</p>	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Supported public bodies to be prepared ahead of HIA (Wales) Regulations coming in to force in April 2027.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Advocated for policy action that prioritises health, wellbeing and equity and through evaluation of the Public Health Advocacy Programme, identified how to better support the development of healthy public policy.</li> </ul>
	2027-2028
	Quarter 1
	<ul style="list-style-type: none"> <li>Worked to deliver the Memorandum of Understanding between WHO/Europe and Welsh Government, to include (once agreed) oversight of a WHO Special Initiative on Well-being Economy and Health.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Mobilised quality Health Impact Assessment (HIA) in line with Public Health Wales' statutory duty, and built capacity by supporting partners, including government, through advice, guidance and training.</li> </ul>
	2028-2029
	Quarter 1
	<ul style="list-style-type: none"> <li>Strengthened policy advocacy and worked with stakeholders to better support policy makers.</li> </ul>
Quarter 2	
<ul style="list-style-type: none"> <li>Provided advice and support to public bodies as part of the legal HIA requirement via training, eLearning and advised on monitoring of HIA activity.</li> </ul>	
Quarter 3	
<ul style="list-style-type: none"> <li>Progresses a public health informed wellbeing economy approach with partners, modelling specific areas as proof of concept, to improve outcomes for people and society nationally and locally.</li> </ul>	
<p><b>SO1.2</b> - By 2029, We will have worked with partners to strengthen capability and mobilise action for healthier places through planning, transport and housing for those experiencing poverty</p>	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Developed local-national collaboration on local development plans and advocacy for permitting alignment</li> </ul>
	2027-2028
	Quarter 1

	<ul style="list-style-type: none"> <li>• Provided the public health response and input to Welsh Government’s review of Future Wales and enabled health and equity to be considered as part of local planning processes through the use of HIA.</li> </ul>
	Quarter 2
	<ul style="list-style-type: none"> <li>• Supported policy and stakeholder actions on the public health impacts of cold homes and fuel poverty among older adults, informing preventive responses to winter pressures in Wales.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>• Used evidence and insight to advocate for the policy and practice changes needed to improve the health of children in poverty through better housing to inform Welsh government’s new housing and regeneration strategy.</li> <li>• Strengthened and leveraged cross-disciplinary collaborations to embed health and wellbeing in place-based planning, shaping policies and practices that create healthier, more equitable places across Wales.</li> </ul>
<b>SO1.3</b> – By 2029, we will have worked with partners to support action on child poverty; healthy, safe and fair work; and the education attainment gap.	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>• Strengthened our cross-organisational approach to reducing child poverty and its health harms by identifying priority areas for policy action.</li> <li>• Agreed plan for enabling and empowering regional collaborative action on child poverty informed by learning and recommendations from needs assessment.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>• Advised on, advocated for and supported actions to reduce worklessness of public health concern and its impacts, working with partners including through the Pan Wales Employability and Health Forum.</li> </ul>
	2027-2028
	Quarter 4
<ul style="list-style-type: none"> <li>• Launched a train-the-trainer model for employers in Wales to empower internal workplace champions through Healthy Working Wales.</li> </ul>	
	2028-2029
	Quarter 4
	<ul style="list-style-type: none"> <li>• Evaluated and strengthened our programme on worklessness of public health concern, including access and retention in fair work, with a focus on families in poverty, and approaches to measure fair work participation across Wales.</li> <li>• Evaluated progress and impact of the action plan to improve collaboration around child poverty developed because of the needs assessment.</li> </ul>
<b>SO1.4</b> - By 2029, we will have developed our evidence base for action, data surveillance and workforce capability to influence the wider determinants of health.	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> <li>• 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 and developed options for future support.</li> </ul>

	<ul style="list-style-type: none"> <li>Completed discovery phase for wider determinants of health indicators product, including related to participation in fair work, worklessness and child poverty.</li> </ul>
	<ul style="list-style-type: none"> <li>Embedded the Public Health Wales health inequality framework and narrative into an organisational approach.</li> </ul>
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> <li>Supported the delivery of the Women's Health Plan by promoting and developing the narrative and solutions-based action to create a fairer and healthier Wales.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered wider determinants of health indicators product, based on outcome of discovery phase, including related to worklessness and participation in fair work.</li> <li>Collated, amplified, and applied lived-experience voices and qualitative evidence to inform policy, commissioning, and advocacy actions addressing health inequities.</li> <li>Developed evidence-based resources on the wider determinants of health and Solutions for Health Equity in Wales, demonstrating why determinants matter for health and what policies are most important for change to support action locally, nationally and internationally.</li> </ul>
	2028-2029
	Quarter 4
	<ul style="list-style-type: none"> <li>Led an organisation-wide approach to reducing health inequalities working with stakeholders to generate meaningful insight to support action, including supporting a Marmot nation and embed continuous learning and evaluation to drive improved practice and impact.</li> </ul>

## 3.2 Strategic Priority – Promoting Mental and Social Wellbeing

### 3.2.1 Introduction

Mental and social wellbeing form the foundations of lifelong health, shaping people's ability to thrive, maintain healthy relationships, participate in their communities, and manage life's challenges. Decades of evidence show that positive mental wellbeing is strongly linked to improved physical health outcomes, lower engagement in health-harming behaviours, and better resilience in the face of adversity.

Wellbeing is not created by services alone; it arises from the conditions in which people live, including supportive relationships, cohesive communities, and environments that nurture belonging, safety and trust. Early experiences – especially nurturing relationships in infancy and childhood – have profound effects on mental development, emotional regulation and later life outcomes. Conversely, adversity without counterbalancing protective experiences significantly increases the risk of poor mental health across the life course. Adverse childhood experiences (ACEs) can have lasting impacts into adulthood, particularly where wider positive experiences and social support are lacking.

Over the next three years we will work with communities and partners across Wales to create social and physical environments that actively support mental and social wellbeing. This includes embedding trauma-informed approaches, boosting protective community assets, and increasing engagement with activities and spaces that promote connection, creativity, physical activity and cultural participation. Community-centred and co-produced approaches are crucial to ensure people's lived experience directly shapes solutions.

Strengthening the conditions that support mental and social wellbeing will contribute to reducing the burden of preventable emotional distress, narrowing inequalities in wellbeing, and improving population resilience – particularly for children, young people and those living in the most disadvantaged communities.

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

### 3.2.2 Measuring our progress

To understand how our actions contribute to improved mental and social wellbeing, we will monitor population-level outcomes supplemented by local insights. Key indicators include the average Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) score for adults and adolescents, as well as measures of sense of community, belonging and social cohesion. These reflect overall mental wellbeing, emotional functioning and the social fabric that sustains it. Recent evidence shows only modest improvement in adult WEMWBS scores and persistent inequalities in both wellbeing and sense of community between the most and least deprived areas, highlighting a continued need for targeted and preventative action.

By improving environments, strengthening protective networks and embedding a whole-system approach to wellbeing, we expect to see:

- increased average mental wellbeing scores,
- reduced inequalities in wellbeing between population groups, and
- Increased proportion of adults feeling a sense of community

These indicators provide a clear, shared understanding of what “good” looks like and how our programmes are contributing to long-term population health:

#### ❖ **Increased average mental wellbeing score**

In adults aged 16+, the average score increased slightly from 48.2 in 2022/23 to 48.4 in 2024/25. A higher score (58 to 70) suggests high mental wellbeing, while scoring 44 or lower suggests having low mental wellbeing. Scoring between 45 and 57 suggests the person has medium mental wellbeing<sup>8</sup>.

In 2024/25, there was also a 3.6 point gap between the average score in the most and least deprived fifths of areas. This gap has narrowed from 3.9 points in 2022/23.

In 2023, adolescents aged 11-16 scored an average of 23.5 (from a possible range of 7 to 35)<sup>9</sup>. A score of approximately 27.5 or higher indicates high wellbeing, and a score of 19.5 or lower indicates low wellbeing<sup>10</sup>. 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**

Feeling a sense of community, belonging and social cohesion in the area where you live is a crucial factor in ensuring mental wellbeing. This measure captures three aspects of a sense of community – whether people feel 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 consideration<sup>12</sup>.

The proportion of adults aged 16+ feeling a sense of community decreased by 6.7 percentage points from 63.8% in 2021/22 to 57.8% in 2024/25.

There is also a large gap between the proportion feeling a sense of community in the most and least deprived fifths, with only 47.5% of adults in the most deprived areas reporting this in 2024/25 compared to 63.9% in the least deprived areas.

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

<sup>9</sup> 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](#)

<sup>10</sup> University of Warwick. WEMWBS: How it works. [Online]. 2026. Available at: [WEMWBS | How it works | Warwick Innovations](#)

Although this gap has reduced in size in recent years, this has been driven by a larger drop in the least deprived areas than in the most deprived.

### 3.2.3 Delivery progress

Over the past year, we have delivered a broad programme of work aligned with the new Mental Health and Wellbeing Strategy Delivery Plan. We strengthened early years wellbeing by co-producing a national Best Start in Life: An Early Years Framework for Action, reviewed the Healthy Start scheme to maximise its reach, and improved our understanding of the mental health needs of babies, children and young people.

We supported schools across Wales to embed a Whole-School Approach to Emotional and Mental Wellbeing, ensuring that wellbeing is treated as a prerequisite for educational attainment and healthy development. We also expanded support for employers to enhance workforce wellbeing and progressed work with partners on violence prevention, adversity and trauma-informed approaches, recognising the profound impact these have on mental and social wellbeing.

Community connection remained a central theme, with work to understand and strengthen social connectedness, increase engagement in arts, culture, nature, movement and volunteering through the Hapus programme, and improve links between public services and community assets.

This collective action is building the enabling conditions for stronger mental and social wellbeing, and highlights where deeper community-centred approaches are required.

### 3.2.4 What we will achieve in the next three years

Over the next three years, we will accelerate delivery across seven strategic objectives – from creating wellbeing-supportive environments to addressing the commercial and digital determinants of wellbeing. We will work with partners to deliver the following Strategic Objectives:

**SO2.1** - By 2029, we will have worked with others to create physical and social environments that are supportive of mental and social wellbeing.

**SO2.2** - By 2029, we will have enabled the system to understand need, measure impact and evaluate public health action to promote mental and social wellbeing

**SO2.3** - By 2029, We will have advocated for and informed the development and implementation of policy which impacts positively on mental and social wellbeing

**SO2.4** - By 2029, we will have supported and led work to normalise the adoption of healthy behaviours which promote mental and social wellbeing and create positive social norms

**SO2.5** - By 2029, we will have supported and led action which reduces long term harm arising from trauma, violence, abuse, stigma, and discrimination

**SO2.6** - By 2029, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting mental and social wellbeing

**SO2.7** - By 2029, we will have developed work to increase understanding and action on the commercial and digital determinants of mental and social wellbeing

## Key Deliverables

Objective	Milestones
<b>SO2.1</b> - By 2029, we will have worked with others to create physical and social environments that are supportive of mental and social wellbeing	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>The Whole School Approach to Emotional and Mental and Well-being is embedded within delivery of the Welsh Network of Health and Wellbeing Promoting Schools programme (WNHWPS).</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Supported the implementation of a package of support for health pathways for young people in employment with a focus on mental health and wellbeing.</li> </ul>
	2027-2028
	Quarter 3
	<ul style="list-style-type: none"> <li>Schools are supported to ensure emotional and mental wellbeing is maintained as a priority area within the Health and Wellbeing Promoting Schools Standards.</li> </ul>
	2028-2029
<b>SO2.2</b> - By 2029, we will have enabled the system to understand need, measure impact and evaluate public health action to promote mental and social wellbeing	Quarter 3
	<ul style="list-style-type: none"> <li>Developed a resource package on health pathways for veterans in employment, with a focus on mental health and the armed forces covenant.</li> </ul>
	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>Shared learning from the Babies, Children and Young Peoples Mental Health and Wellbeing Needs Assessment with system partners.</li> </ul>
	Quarter 2
	<ul style="list-style-type: none"> <li>Supported voluntary and community sector organisations to strengthen measurement of wellbeing outcomes.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Worked with partners to support adolescent mental wellbeing and respond to findings from the Children and Young Peoples Mental Health Needs Assessment</li> </ul>
<b>SO2.3</b> - By 2029, We will have advocated for and informed the	2027-2028
	<ul style="list-style-type: none"> <li>Completed a review of early years child development assessment tools and made recommendations for policy and practice as part of the First 1000 Days work.</li> </ul>
<b>SO2.3</b> - By 2029, We will have advocated for and informed the	2026-2027
	Quarter 1

development and implementation of policy which impacts positively on mental and social wellbeing	<ul style="list-style-type: none"> <li>Initiated 'Cynefin: A Creative Health Review for Wales' with partners from Arts Council Wales, Wales Arts Health and Wellbeing Network and the Wellbeing of Future Generations Office.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Developed policy recommendations to strengthen arts and health approaches in Wales based on learning from 'Cynefin: A Creative Health Review for Wales'.</li> </ul>
	2027-2028
<b>SO2.4</b> – By 2029, we will have supported and led work to normalise the adoption of healthy behaviours which promote mental and social wellbeing and create positive social norms	Quarter 4
	<ul style="list-style-type: none"> <li>Worked with Welsh Government and stakeholders to develop opportunities for social prescribing to support young people's mental health and wellbeing.</li> </ul>
	2026-2027
	Quarter 4
<b>SO2.5</b> - By 2029, 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"> <li>Implemented a behaviour change campaign to promote mental wellbeing protecting and promoting behaviours and the Hapus brand.</li> </ul>
	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> <li>Developed and shared knowledge on the extent, impact and prevention of violence and adverse childhood experiences to support effective action and evaluation.</li> </ul>
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> <li>Developed and implemented a sustainable, Wales-wide governance and delivery model for the Wales without Violence Framework, ensuring violence and trauma prevention is data-informed, system-led and embedded within a public health approach.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>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.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Implemented the Trauma-informed Wales Framework as a key deliverable of the mental health and wellbeing strategy delivery plan.</li> <li>Synthesized and shared evidence linking violence, trauma and social connection.</li> </ul>
	2028-2029
Quarter 4	
<ul style="list-style-type: none"> <li>Strengthened the evidence base on violence and trauma, proactively identifying emerging priorities and opportunities to enhance prevention and response.</li> </ul>	

	<ul style="list-style-type: none"> <li>Instilled a culture of reflective practice, using the evaluation of the Trauma-informed Wales Framework creating a positive shift towards trauma-informed services across Wales.</li> </ul>
<b>SO2.6</b> - By 2029, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting Mental and Social Wellbeing	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Collated and promoted a suite of tools and resources which enables people to reflect on and regulate emotions and take action to protect and promote good mental health and wellbeing.</li> <li>Collaborated cross system to scope options and developed a proposal for a once for Wales mental health self-help information and peer support offer.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Published national and local profiles of early years outcomes data for Wales informed by the Early Years Outcome Framework measures.</li> <li>Developed a phased plan or the future digital offer of the health information for Parents.</li> <li>Delivered Year 1 Implementation plan for the Early Years Framework for Action as part of our First 1000 Days work.</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered quality improvement activities to enhance the delivery of early years child development assessment tools.</li> <li>Developed Health Information for Parents Digital Offer.</li> <li>Progressed development of once for Wales mental health self-help information and peer support offer (subject to funding).</li> <li>Co-ordinated cross-organisational action to implement Public Health Wales year 3 actions in the delivery plan for the National Mental Health and Wellbeing Strategy.</li> </ul>
	2028-2029
	Quarter 1
	<ul style="list-style-type: none"> <li>Influenced healthcare partners to embed action on mental wellbeing in the delivery of care.</li> <li>Supported Welsh Government to review progress against the initial 3-year delivery plan and to develop actions for the next phase of implementation.</li> </ul>
	Quarter 4
<ul style="list-style-type: none"> <li>Evaluated impact of Early Years Framework for Action as part of our First 1000 Days work.</li> </ul>	
<b>SO2.7</b> - By 2029, we will have developed work to increase understanding and action on the commercial and digital determinants of mental and social wellbeing	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>Established working group to review evidence on impact of screentime and digital use on babies, children and young people development</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Engaged with 4 nations to understand opportunities to align key messages on screentime and digital use</li> </ul>

## 3.3 Strategic Priority – Promoting Healthy Behaviours

### 3.3.1 Introduction

Health-related behaviours – such as smoking, physical activity, diet, alcohol use and substance use – are among the most significant contributors to preventable illness, disability and early mortality in Wales. Behavioural risks account for a quarter of the overall disease burden, driving conditions such as cancer, cardiovascular disease and respiratory illness. However, these behaviours do not occur in isolation: they are shaped by people’s social and economic circumstances, their mental wellbeing, and the commercial environments that promote unhealthy commodities.

Our approach recognises the strong socio-economic gradient in health behaviours, with higher levels of smoking, inactivity and unhealthy weight concentrated in communities facing financial pressure, insecure housing and limited access to supportive environments. Promoting healthy behaviours therefore requires action across systems and communities – not only supporting individuals but shaping environments, reducing commercial influences, addressing inequalities and strengthening mental wellbeing.

We will work with partners to create conditions in which healthy choices are easy, supported and socially reinforced. Community-centred approaches are a core part of this work – mobilising local assets, reducing barriers to participation, and tailoring interventions to cultural, linguistic and social contexts.

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

### 3.3.2 Measuring our Progress

To assess progress, we track population outcomes that reflect underlying behavioural risks and the environments influencing them, including:

- ❖ **Increased proportion of the population with healthy weight across the life course**, highlighting diet and physical activity patterns. The proportion of working age adults (16-64) reporting a BMI between 18.5 and 25 has decreased by just under 1 percentage point from 37.0% in 2022/23 to 36.1% in 2024/25. 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.
- ❖ **Increased proportion of adults meeting physical activity guidelines**, a key indicator of overall wellbeing. The proportion of adults aged 16+ doing at least 150 minutes of moderate or vigorous physical activity each week has **increased** by 4.1 percentage points from 55.1% in 2022/23 to 59.2% in 2024/25.

In 2023/24, in the most deprived areas, only 47.7% met the guideline, compared to 61.4% in the least deprived areas<sup>11</sup>. More recent deprivation data is not yet available.

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<sup>12</sup>.

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.

The proportion of adults aged 16+ doing at least 150 minutes of moderate or vigorous physical activity each week has increased by 4.1 percentage points from 55.1% in 2022/23 to 59.2% in 2024/25. In 2023/24, in the most deprived areas, only 47.7% met the guideline, compared to 61.4% in the least deprived areas<sup>13</sup>. More recent deprivation data is not yet available.

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<sup>14</sup>.

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**, including progress toward the Welsh Government target of <5% by 2030.
  - The proportion of adults aged 16+ smoking daily or occasionally has decreased by 2.8 percentage points from 12.8% in 2022/23 to 10.0% in 2024/25<sup>15</sup>. The percentage of adults smoking in Wales has halved since 2003/04<sup>16</sup>. However, despite these improvements, smoking prevalence is not currently projected to meet the Welsh Government target of less than 5% by 2030.
- ❖ **Reduced harmful alcohol consumption**, reflecting risks of long-term illness and injury.

These measures show persistent inequalities, with poorer outcomes in more deprived communities and concerning trends among young people, especially regarding vaping

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<sup>11</sup> Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: [publichealthwales.shinyapps.io/PHOF\\_Dashboard\\_Eng/](https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/)

<sup>12</sup> <sup>12</sup> Public Health Wales. Secondary School Children's Health and Well-being Dashboard. [Online]. 2024. Available at: [https://publichealthwales.shinyapps.io/SHRN\\_Dashboard/](https://publichealthwales.shinyapps.io/SHRN_Dashboard/)

<sup>13</sup> Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: [publichealthwales.shinyapps.io/PHOF\\_Dashboard\\_Eng/](https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/)

<sup>14</sup> <sup>14</sup> Public Health Wales. Secondary School Children's Health and Well-being Dashboard. [Online]. 2024. Available at: [https://publichealthwales.shinyapps.io/SHRN\\_Dashboard/](https://publichealthwales.shinyapps.io/SHRN_Dashboard/)

<sup>15</sup> Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: [publichealthwales.shinyapps.io/PHOF\\_Dashboard\\_Eng/](https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/)

<sup>16</sup> 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>

and physical inactivity. By working across systems to reshape environments, influence policy and support behaviour change, our ambition is to see improved population-level outcomes alongside a narrowing of these inequalities.

### 3.3.3 Delivery Progress

In the last year, we strengthened national tobacco control efforts, increasing referrals to cessation services, improving hospital-based programmes and launching new campaigns to support smokers and vapers to quit. We advanced Healthy Weight, Healthy Wales delivery through food environment improvements, breastfeeding promotion, early years nutrition and local restrictions on unhealthy food advertising.

We also expanded work to promote physical activity through school-based interventions, national movement campaigns and place-based models that integrate local infrastructure changes. Our national gambling harm prevention programme made substantial progress, with dedicated resources for schools, population-level insights and digital support tools. Oral health improvements continued through the Designed to Smile programme, supporting long-term reductions in dental disease among children. Together, these developments reflect a system increasingly aligned around prevention, evidence-based interventions and community-centred delivery.

### 3.3.4 What we will achieve in the next three years

We will deliver a comprehensive programme across nine strategic objectives aimed at reshaping environments, supporting behaviour change and reducing harm. Over the next three years we will:

**SO3.1 By 2029**, 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 2029**, we will have supported and led work to normalise healthy behaviours and create positive social norms

**SO3.3 By 2029**, we will have developed work to increase understanding and action on the commercial and digital determinants of health

**SO3.4 By 2029**, 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 2029**, we will have motivated and enabled the adoption of behaviours which promote health

**SO3.6 By 2029**, we will have supported action which reduces harm from unhealthy behaviours, particularly for those groups who are most vulnerable

**SO3.7 By 2029**, we will have supported the system to understand need, measure impact and evaluate public health action to promote healthy behaviours

**SO3.8 By 2029**, we will have supported the development and implementation of policy which impacts positively on healthy behaviours

**SO3.9 By 2028**, we will have contributed to the development and delivery of policy and system changes that prevent gambling-related harm and improve population wellbeing.

## Key Deliverables

Objective	Milestones
<p><b>SO3.1</b> - By 2029, 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>	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Supported government with implementation of the Healthy Eating in (Primary) Schools Regulations including development of a deep dive toolkit on healthy eating to support the Welsh Network of Health and Well-being Promoting Schools programme (WNHWPS) Standards.</li> </ul>
	<ul style="list-style-type: none"> <li>Developed a framework for a healthy by default public sector food offer in Wales to inform policy and practice.</li> </ul>
	<ul style="list-style-type: none"> <li>Launched Daily Active 8 Domain Resource.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Made recommendations for supporting health and wellbeing in early years settings.</li> </ul>
	2027-2028
	Quarter 1
	<ul style="list-style-type: none"> <li>Developed a programme of work to reduce harm from the retail food environment.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Worked with others to develop a whole school approach to physical activity across Wales.</li> </ul>
Quarter 4	
<ul style="list-style-type: none"> <li>Developed tools for local action to increase healthier neighbourhood food environments.</li> </ul>	
2028-2029	
Quarter 4	
<ul style="list-style-type: none"> <li>Developed and tested evidence-based approaches to embed a whole school approach to physical activity in schools.</li> </ul>	
<p><b>SO3.2</b> - By 2029, we will have supported and led work to normalise healthy behaviours and create positive social norms</p>	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Launched a toolkit to support role of Further Education/Higher Education institutions in preventing smoking uptake among 16- to 24-year-olds.</li> </ul>
	2027-2028
Quarter 3	
<ul style="list-style-type: none"> <li>Launched an employer toolkit to prevent smoking uptake among 16 to 24-year-olds.</li> </ul>	
	2026-2027

<b>SO3.3</b> - By 2029, we will have developed work to increase understanding and action on the commercial and digital determinants of health	Quarter 3
	<ul style="list-style-type: none"> <li>Developed a decision-making framework to guide interactions with commercial bodies, preventing conflicts of interest and mitigating risks of engagement with commercial bodies.</li> <li>Delivered our recommendations to reduce baby, infant and children's exposure to unhealthy commodity marketing.</li> <li>Developed a strategic influencing programme to increase and maintain public support for government action to protect public health from harm arising from unhealthy commodities.</li> </ul>
	2027-2028
	Quarter 1
<b>SO3.4</b> - By 2029, we will have increased system level capacity and capability to shift to prevention and to optimise population approaches to promoting healthy behaviours	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Developed evidence-based guidance and tools to support schools to embed new Standards for Health and Wellbeing Promoting Schools in Wales.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Supported the application of economic evaluation to health improvement programmes, focusing on tobacco control.</li> <li>Developed new reporting mechanism to disseminate NERS data to partners and stakeholders.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Developed a resource package for health pathways for older people in employment (50+), with a focus on musculoskeletal (MSK) problems, as a means of reducing economic inactivity amongst this group.</li> <li>Conducted a study into physical activity behaviour post NERS 16-week programme.</li> <li>Implemented priorities from the HMQ in Hospital programme evaluation and implementation plan.</li> </ul>
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> <li>Established processes for validation and recognition of excellence for the Welsh Network of Health and Wellbeing Promoting Schools.</li> </ul>
Quarter 4	
<ul style="list-style-type: none"> <li>Completed evaluation of progress in embedding use of Audit C and brief intervention in clinical practice.</li> <li>Completed evaluation of the implementation of the level 2 generic module for Making Every Contact Count (MECC) e-learning.</li> <li>Collaborated with parents and stakeholders to design practical, feasible, and acceptable interventions suited to both local and national implementation.</li> <li>Supported the implementation of a package of support for health pathways for older people in employment (50+), with a focus on MSK problems</li> </ul>	

	<ul style="list-style-type: none"> <li>Scoped inequalities in the uptake of NERS.</li> </ul>
	2028-2029
	Quarter 2
	<ul style="list-style-type: none"> <li>Completed evaluation of the implementation of core elements of the HMQ in Hospital Programme.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Reviewed the impact of the new framework to embed a whole school approach to health and wellbeing</li> </ul>
<b>SO3.5</b> - By 2029, we will have motivated and enabled the adoption of behaviours which promote health	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Explored the behavioural drivers of inactivity.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered behaviour change campaigns in support of the Healthy Weight Healthy Wales Strategy and level one digital offer.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered the integrated smoking cessation campaign 'Break Its Hold' to support smokers in Wales to access the Help Me Quit service.</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>Launched a nationwide campaign promoting active living as an inclusive, accessible, and achievable daily choice.</li> </ul>
	<ul style="list-style-type: none"> <li>Schools supported across Wales to take evidenced based action to reduce tobacco and nicotine use amongst young people.</li> </ul>
2028-2029	
Quarter 3	
<ul style="list-style-type: none"> <li>Worked with key partners to ensure the updated CMO physical activity guidelines reflect best available evidence and maximise the likelihood of adoption by the public and professionals in Wales.</li> </ul>	
<b>SO3.6</b> - By 2029, we will have supported action which reduces harm from unhealthy behaviours, particularly for those groups who are most vulnerable	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Updated and published licensing guidance for local authorities and public health teams for gambling and alcohol.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented a national service model to support adults and children and young people to quit vaping (roll over from 25/26).</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered the phase 1 programme report on improvement actions to reduce smoking in pregnancy.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Developed an implementation plan for the national/system level recommendations of the HMQ Service Review with a focus on meeting the needs of vulnerable and marginalised smokers</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Implemented year 2 of the gambling related harm reduction programme.</li> </ul>
	<ul style="list-style-type: none"> <li>Led work to develop a Wales wide plan to reduce drug related deaths.</li> </ul>

	<ul style="list-style-type: none"> <li>Established an all-Wales workstream to co-develop and test a new approach to the national weight management pathway across Wales.</li> </ul>
	<ul style="list-style-type: none"> <li>To comprehensively review and recommend improvements to the digital offer and integrations for Help Me Quit to deliver effective and efficient digital support for all pathways including Lung Screening.</li> </ul>
	<ul style="list-style-type: none"> <li>Scoped content for a programme of work focused on promoting smokefree households</li> </ul>
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> <li>Reported on the impact to date of the All Wales Weight Management Pathway and be ready to feed lessons into enhancing the programme</li> </ul>
	<ul style="list-style-type: none"> <li>Evaluated key elements of the reducing smoking in pregnancy programme and identified improvement actions.</li> </ul>
	<ul style="list-style-type: none"> <li>Completed evaluation of the support provided to vulnerable population groups through HMQ and made recommendations for improvement and development.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Launched a programme of work to address understanding of alcohol related risk to health.</li> </ul>
	<ul style="list-style-type: none"> <li>Launched a social marketing campaign to promote smokefree households, to protect babies and children and other vulnerable groups.</li> </ul>
	<ul style="list-style-type: none"> <li>Published a briefing paper on the role of tobacco and vapes in child poverty.</li> </ul>
	2028-2029
	Quarter 4
	<ul style="list-style-type: none"> <li>Completed our role in the strategic implementation of tobacco and nicotine licensing including provision of advice.</li> </ul>
<b>SO3.7</b> - By 2029, we will have supported the system to understand need, measure impact and evaluate public health action to promote healthy behaviours	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Published recommendations for the system informed by the evaluation of Health Information for Parents (pregnancy to age 2)</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Increased the systems collective understanding of food provision in Early Years Settings and collaboratively agreed on future actions.</li> </ul>
	<ul style="list-style-type: none"> <li>Worked with Welsh parents to apply behavioural science in identifying the social, environmental, and psychological factors that shape early risk factors for childhood obesity.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered a consultation response to the licensing elements of the Tobacco and Vapes Bill, following engagement with the wider tobacco control system, ensuring it is robust, evidence-based, and designed to maximise the public health impact of its implementation.</li> </ul>
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> <li>Completed evaluation of support for only vapers to quit and be ready to implement learning.</li> </ul>
	2028-2029

	Quarter 3
	<ul style="list-style-type: none"> <li>Published report on the impact of the first year of implementation of the Tobacco &amp; Vapes Bill in Wales</li> </ul>
<b>SO3.8</b> - By 2029, we will have supported the development and implementation of policy which impacts positively on healthy behaviours	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Updated rapid evidence review on smokefree spaces and extended it to encompass vape-free spaces</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered recommendations for evidence-based approaches to licensing of tobacco and nicotine that reduce harm and advocated for their implementation</li> </ul>
	2027-2028
	Quarter 4
<ul style="list-style-type: none"> <li>Completed work on gathering practice-based evidence on what works to improve healthy eating in schools and be ready to feed this into action.</li> <li>Taken forward actions to strengthen healthy food provision in Early Year settings.</li> </ul>	
2028-2029	
Quarter 4	
<ul style="list-style-type: none"> <li>Ensured the developed interventions are positioned to deliver meaningful and sustained improvements in early childhood obesity outcomes across Wales.</li> </ul>	
<b>SO3.9</b> – By 2028 we will have contributed to the development and delivery of policy and system changes that prevent gambling related harm and improve population wellbeing.	2026-27
	Quarter 4
	<ul style="list-style-type: none"> <li>Established the systems, processes and capacity required for a robust, evidence based gambling harm prevention programme in Wales, ensuring they are reviewed, updated and aligned with best practice</li> </ul>
2027-28	
Quarter 4	
<ul style="list-style-type: none"> <li>Developed a plan for the future development of the gambling-harm prevention programme in Wales based on evaluation.</li> </ul>	

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

### 3.4.1 Introduction

A sustainable health and care system is one that prevents illness wherever possible, identifies risk early, intervenes quickly, and supports people to live well with long-term conditions. Prevention and early intervention are therefore essential not only to population health but also to system sustainability, reducing avoidable demand and ensuring the NHS can meet current and future needs. Primary care sits at the centre of this ambition, providing the first point of contact for most people and the greatest opportunity to prevent disease and reduce inequalities.

Wales faces increasing pressure from an ageing population, rising levels of chronic disease, persistent health inequalities and the long-term effects of the pandemic. These challenges require a coordinated system shift, embedding prevention into clinical pathways, strengthening community-based models of care, and supporting multidisciplinary teams to deliver equitable, person-centred services.

Public Health Wales plays a national role in shaping this transformation – providing evidence, tools, frameworks, data, evaluation and leadership to ensure prevention is systematically embedded across the NHS and aligned with community-centred approaches. Our aim is to create a health and care system that is proactive, equitable, environmentally sustainable and rooted in the needs and strengths of communities.

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

### 3.4.2 Measuring our progress

We measure progress through indicators that reflect preventable harm and the impact of early intervention. These include:

- ❖ **Avoidable mortality, capturing deaths preventable through public health action and timely healthcare:** While avoidable mortality has declined slightly, it remains above pre-pandemic levels driven largely by preventable causes such as cardiovascular disease, cancer, alcohol-related harm and drug-related deaths. Addressing these requires sustained system-wide action on prevention, risk identification and equitable access to care.

The avoidable mortality rate decreased slightly from 287 per 100,000 2020-2022 to 283 per 100,000 in 2021-2023.

- ❖ **Prevalence of major chronic conditions, indicating long-term trends in the drivers of service demand.**

The conditions listed in Table 1 of this Plan (see Health in Wales section) are largely preventable, because they are mainly attributable to the wider determinants of health

and health-harming behaviours. Monitoring the prevalence of these conditions can help us understand the effectiveness of preventative public health activity, and levels of need for health services.

Over time we expect to see:

- ❖ reduced avoidable mortality,
- ❖ stabilisation or reduction in the prevalence of modifiable conditions such as type 2 diabetes,
- ❖ improved early detection and management of risk, and
- ❖ narrowing of inequalities in access and outcomes.

### 3.4.3 Delivery Progress

This year we made significant progress in embedding prevention and strengthening system capability. We published the Prevention-Based Health and Care Framework, providing a national model for risk identification, early intervention and person-centred prevention. Evaluation of the All Wales Diabetes Prevention Programme confirmed its effectiveness in reducing progression to type 2 diabetes by nearly a quarter, and we launched the national Cardiovascular Disease (CVD) Prevention Plan, demonstrating the potential to prevent over 1,000 heart attacks and strokes through improved risk management.

We have both supported and helped lay foundations for the Community by Design Programme. Over the past year, we have already laid strong foundations by publishing national prevention frameworks and driving population health management approaches, informing the Community by Design programme's prevention workstream, and supporting clusters and health boards to use evidence and data to redesign pathways and tackle inequalities.

We led the national evaluation of the Primary Care Model for Wales (PCMW) which includes Cluster Self-reflection, Cluster Peer Review, Focus Groups and system leadership to develop PCMW Key Indicators. The findings of which have been incorporated into a PCMW Evaluation Triangulation report which is now being used by the system to strengthen cluster working and implementation of the PCMW and to inform the Community by Design Transformation Programme.

We advanced work on women's health, musculoskeletal health, social prescribing, financial wellbeing and health inequalities, and supported primary care through new training programmes, population health tools, and integrated data systems. We also contributed to dental system reform, environmental sustainability and greener primary care initiatives and the development of wellbeing-economics approaches to guide investment decisions.

This combined work has strengthened the foundations for a prevention-led, equitable and sustainable health and care system.

### 3.4.4 What we will achieve in the next three years

As an anchor organisation for Community by Design, we will work with partners to turn communities into the organising principle for service design, delivery and prevention.

We will co-lead the Prevention and Population Health Management pillar by embedding evidence-based prevention, population-level risk identification and equitable pathway redesign across the system, enabling clusters and health boards to act earlier and reduce avoidable demand.

Across the Integrated Community Care pillar, we will support partners to apply population health intelligence, inclusion-health approaches and community-centred models so that services are shaped around local needs and assets. Through the Locality Delivery and Operational Excellence pillar, we will provide behavioural science, data, evaluation and quality-improvement tools that help frontline teams strengthen delivery and reduce unwarranted variation.

**SO4.1** - By 2029, we will have achieved a coordinated approach to prevention and early intervention in the health and care system.

**SO4.2** - By 2029, 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 2029, 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 2029, we will have worked with partners to deliver environmentally sustainable health and care to meet the Net Zero Wales ambition.

**SO4.5** - By 2029, 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 2029, 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 2029, 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><b>SO4.1</b> - By 2029, we will have achieved a coordinated approach to prevention and early intervention in the health and care system.</p>	<p>2026-2027</p>
	<p>Quarter 1</p>
	<ul style="list-style-type: none"> <li>Enabled collaboration and coordinated action between partners across Wales to embed an upstream and equitable, prevention-based health and care approach to prevent disease and promote wellbeing in clinical and care pathways and the wider system.</li> </ul>
	<p>Quarter 2</p>
	<ul style="list-style-type: none"> <li>Advanced prevention in health and care by developing life-course approaches (e.g. health &amp; wellbeing after pregnancy, musculoskeletal (MSK) health), which improve outcomes through evidence-based, person-centred interventions, appropriate to different stages of life.</li> </ul>
	<p>Quarter 3</p>
	<ul style="list-style-type: none"> <li>Scoped an evidenced based programme of support to enable a resilient and healthy health and care workforce to make prevention a routine part of care, through training, resources, and system-wide support, building on existing approaches e.g. MECC and social prescribing.</li> </ul>
	<p>Quarter 4</p>
	<ul style="list-style-type: none"> <li>Provided national leadership across Wales to support partners to deliver person-centred and evidence-based cardiovascular disease and diabetes prevention approaches, including the All Wales Diabetes Prevention Programme and optimisation of blood pressure.</li> </ul>
	<ul style="list-style-type: none"> <li>Co-led the prevention and population health management pillar of the Community by Design Programme, to systematically embed a prevention based health and care approach to secure better population health outcomes and reduce health inequalities and completed work to develop the Model and Standards for Prevention (Healthcare).</li> </ul>
<p>2027-2028</p>	
<p>Quarter 4</p>	
<ul style="list-style-type: none"> <li>Assessed progress of Cardiovascular Disease (CVD) Prevention Plan for Wales, including the All Wales Diabetes Prevention Programme.</li> </ul>	
<ul style="list-style-type: none"> <li>Assessed workforce systems, structures and readiness for embedding prevention into routine care.</li> </ul>	
<p>2028-2029</p>	
<p>Quarter 4</p>	
<ul style="list-style-type: none"> <li>Engaged within Public Health Wales and across Genomics Partnership Wales to identify opportunities for mainstreaming genomics into public health prevention initiatives, priorities and policies. As part of this, establish a standing capability to identify public health service improvements and potential new services that genomics makes possible, to support planning and the development of our genomics capabilities.</li> </ul>	

	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Embedded life course approaches (e.g. health and wellbeing after pregnancy, musculoskeletal health) into prevention approaches in health and care.</li> </ul>	
<p><b>SO4.2</b> - By 2029, 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</p>	<p>2026-2027</p> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>Led and supported monitoring and evaluation activities within primary and community care including evaluation of the Continuity of Care GMS QI project, the Directed Supplementary Service for Complex Multi-morbidity and Frailty and the Primary Care Model for Wales</li> </ul>	
	<p>Quarter 3</p> <ul style="list-style-type: none"> <li>Established robust monitoring of the implementation of the NHS and Primary Care Health Inequalities Action Plan.</li> </ul>	
	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>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.</li> <li>Advocated, Informed and mobilised Inclusion Health in health boards, GMS and other key stakeholders in line with contracts and planning frameworks.</li> </ul>	
	<p>2027-2028</p> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Agreed the approach for increasing capacity and capability for undertaking monitoring evaluation, including impact evaluations, within primary and community settings</li> </ul>	
	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Provided system leadership to influence culture to embed the health inequalities framework across the whole of the NHS.</li> <li>Informed and mobilised all clinical pathways to implement evidenced based approaches which reduce health inequity.</li> <li>Evaluated our approach to reducing health inequalities through primary care action plan.</li> <li>Advocated for the better use of data: systematic data collection, more effective information sharing; improved interoperability of data systems the development of integrated care records and use of primary and secondary care data in planning, monitoring and evaluation activities.</li> </ul>	
	<p>2028/2029</p> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Developed evidence for the economic case for funding and resourcing of services to decrease health inequalities which benefits the wider economy - health services and broader</li> </ul>	
	<p><b>SO4.3</b> - By 2029, 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</p>	<p>2026-2027</p> <p>Quarter 1</p> <ul style="list-style-type: none"> <li>Published the Tackling Diabetes Together (TDT) educational material to be used at the Point of Diagnosis alongside a new innovative Digital hub for Diabetes.</li> </ul>

to increase the number of people living well with diabetes in Wales.	<ul style="list-style-type: none"> <li>• Rolled out TDT educational materials across Wales via our corporate partnerships with health boards and NHS Performance &amp; Improvement.</li> <li>• Published TDT early evaluation on the impact of our behaviourally informed collaboration with Cwm Taff Morgannwg UHB.</li> <li>• Hosted TDT first national targeted education event/campaign aimed at Primary Care to promote and improve tertiary prevention (8 care processes)</li> <li>• Published TDT plan to reinstate peer support models for Diabetics nationally including an evaluation plan.</li> <li>• Commenced two collaborative workforces at Betsi Cadwaladr UHB (Psychology and Oral Health).</li> </ul>	
	Quarter 2	
	<ul style="list-style-type: none"> <li>• Evaluated national event from Q1 26/27 including efficiency of Standard Operation Procedures (SOPs) for the 8 care processes.</li> <li>• Reported on system accountability within diabetes following an initial assessment by our specialist partners (King's Fund).</li> </ul>	
	Quarter 3	
	<ul style="list-style-type: none"> <li>• Published specification and the pathway for foot checks standardised nationally in in collaboration with primary care.</li> <li>• Hosted TDT second national targeted education event/campaign aimed at primary care to promote and improve tertiary prevention (8 care processes).</li> <li>• Commenced targeted system accountability work by the Kings Fund based on a thorough assessment of need.</li> <li>• Trialled TDT peer support model in South Wales.</li> </ul>	
	Quarter 4	
	<ul style="list-style-type: none"> <li>• Evaluated National event from Q3 26/27 including efficacy of Standard Operation Procedures (SOPs) for the 8 care processes.</li> <li>• Published TDT Programme Evaluation including local pilots and explore and embed scalability.</li> <li>• Completed system accountability work by the Kings Fund, including a plan to maintain long term impact.</li> </ul>	
	<b>SO4.4</b> - By 2029, we will have worked with partners to deliver environmentally sustainable health and care to meet the Net Zero Wales ambition.	2026-2027
		Quarter 1
		<ul style="list-style-type: none"> <li>• Promoted the re-launch of the Greener Primary Care Wales Framework and Award Scheme.</li> </ul>
		Quarter 4
		<ul style="list-style-type: none"> <li>• Continued to provide specialist public health input to reduce the clinical and environmental harms of medicines.</li> <li>• Reviewed and updated the Greener Primary Care Wales Framework and Award Scheme to align with NHS Wales' decarbonisation and adaptation strategies.</li> </ul>
		2027-2028
	Quarter 4	

	<ul style="list-style-type: none"> <li>Scoped and secured resources to evaluate and report the impact and engagement of the Greener Primary Care Framework and Award Scheme.</li> </ul>
	2028/2029
	Quarter 4
	<ul style="list-style-type: none"> <li>Worked with system partners to provide public health input to enable primary care to take action to tackle and adapt practice to mitigate the effects of climate change and practice more sustainably.</li> </ul>
<b>SO4.5</b> - By 2029, 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	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Provided strategic advice, national leadership and co-ordination for the Designed to Smile programme and other oral health improvement (including delivery of annual report).</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered national dental public health functions, integrating oral health into wider public health and social care policy; and provision of dental public health specialist advice and support to NHS organisations and others oral health stakeholder in Wales and support on implementation and monitoring of impact of new General Dental Service (GDS) dental contract.</li> </ul>
	<ul style="list-style-type: none"> <li>Provided national leadership and oversight of oral health surveillance in Wales through the Dental Epidemiology Programme providing data to inform national and local strategies (including Training and Calibration and Report)</li> <li>Support health needs assessment and service planning to ensure dental services meet population needs, especially for vulnerable groups.</li> </ul>
	<ul style="list-style-type: none"> <li>Continued to work with system partners to provide dental public health leadership, expertise, and support to the NHS dental system reform in Wales, including advice and support on implementation and monitoring of impact of new General Dental Service (GDS) dental contract.</li> </ul>
	<ul style="list-style-type: none"> <li>Provided dental public health expert advice to guide safe, effective, and equitable service commissioning.</li> </ul>
	2027-2028
	Quarter 4
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>SO4.6</b> - By 2029, 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.	2027-2028
	Quarter 3
<ul style="list-style-type: none"> <li>Provided economic and value evidence, expertise and modelling to enable prevention spending and impact investment, working closely with partners as part of the shift to a Well-being Economy and stronger NHS Foundational Economy.</li> </ul>	
	2026-2027

<p><b>SO4.7</b> - By 2029, we will have enabled NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.</p>	<p>Quarter 3</p> <ul style="list-style-type: none"> <li>Worked with NHS Wales Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Wales Safeguarding Network Work Plan 2027/28.</li> </ul>
	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Worked with NHS Performance and Improvement to continue to analyse the impact of the Strengthening Safeguarding in Health Review in relation to governance, assurance, learning, improvement and digital management in NHS Wales' Safeguarding.</li> <li>Produced a report using the Looked After Children survey undertaken in 2025/26 with NHS Wales to inform national improvements in future planning for Looked After Children health services.</li> <li>Delivered the NHS Wales Safeguarding Network Work Plan for 2026/27, including: <ul style="list-style-type: none"> <li>Reviewed and evaluated the 2025/26 Network Plan</li> <li>Produced an annual report covering 2025/26</li> </ul> </li> </ul>
	<p>2027-2028</p>
	<p>Quarter 3</p> <ul style="list-style-type: none"> <li>Worked with NHS Wales Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Wales Safeguarding Network Work Plan 2028/29.</li> <li>Advanced know-how, capacity and tools for including wellbeing, social value and equity in economic evaluations integrating application in population health decision-making and quality improvement.</li> </ul>
	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Worked with NHS Wales Performance and Improvement to continue to mature quality, governance, assurance, learning, improvement and digital management reporting, in relation to Safeguarding and with specific reference to the Strengthening Safeguarding in Health Review undertaken in 2024.</li> <li>Delivered the NHS Wales Safeguarding Network Work Plan for 2027/28, including: <ul style="list-style-type: none"> <li>Reviewed and evaluated the 2026/27 Network Plan</li> <li>Produced an annual report covering 2026/27</li> </ul> </li> </ul>
	<p>2028-2029</p>
	<p>Quarter 3</p> <ul style="list-style-type: none"> <li>Worked with NHS Wales Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Wales Safeguarding Network Work Plan 2029/30.</li> </ul>
	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Delivered the NHS Wales Safeguarding Network Work Plan for 2028/29, including: <ul style="list-style-type: none"> <li>Reviewed and evaluated the 2027/28 Network Plan</li> <li>Produced an annual report covering 2027/28</li> </ul> </li> </ul>

## 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.

To do this, we provide a range of core public health functions and clinical services to the public and our partners, including NHS Wales. We deliver, monitor and evaluate seven population-based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. This means nearly 175,000 women were invited to be screened by Breast Wales in 2025, 105,000 cervical samples were processed, approximately 112,000 screening appointments offered by Diabetic Eye Screening Wales and more than half a million people invited to take part in our Bowel Screening Programme.

We deliver our accredited clinical microbiology laboratory network by managing 15 laboratories across Wales to deliver a full range of standard infection diagnostics, with additional speciality testing in many areas. Through our network approximately 2.1 million samples a year are tested by our diagnostic service and almost 15,000 samples sequenced by our Genomics Programme.

We provide health protection and clinical services that enable specialist proactive and reactive response, handling over 12,800 notifications of communicable disease in 2025.

The delivery of these clinical services is core to our operational work. While the full breadth of this sits outside the scope of this Strategic Plan, we recognise that significant performance pressures have emerged over the past year, particularly in our Breast, Bowel and Diabetic Eye Screening programmes and our Sexual Health Services. In response, we are prioritising a targeted programme of performance improvement. This includes establishing clear strategic milestones to drive measurable gains in service delivery, strengthening our quality and assurance functions and enhancing our Clinical Governance and Board oversight arrangements. These actions are designed to accelerate recovery, improve consistency, and sustain high-quality outcomes for the population we serve.

Alongside these focused improvements, we will continue to embed excellence across all services, enabling us to support the wider NHS system and deliver on Welsh Government policy priorities.

We 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 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. 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.

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.

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.

### 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**

Monitoring immunisation coverage helps to identify gaps in uptake, assess equity, and identify risks from vaccine-preventable diseases. Keeping immunisation coverage high also protects those who cannot be vaccinated. Monitoring also allows us to assess progress against the national targets which exist for coverage of some key immunisations.

The percentage of children receiving routine immunisations at different ages has seen little improvement in recent years. We will work towards increasing coverage of:

- ❖ **‘6 in 1’ vaccination at age 1 (2024/25, 94.1% of children had received all three doses of the ‘6 in 1’ diphtheria, tetanus, pertussis, polio, Hib and hepatitis B vaccination)<sup>17</sup>**  
The target is 95%.
- ❖ **MMR coverage at age 2 (2024/25, 93.0% of children had received at least one dose of MMR vaccination by age 2)**  
The target is 95%.
- ❖ **HPV coverage at age 15 (2024/25, coverage of the one-dose course of HPV vaccination was 73.1% 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 (93.3% in 2024/25)**
- ❖ **Coverage of all routine immunisations by age 2 (91.2% in 2024/25)**
- ❖ **Coverage of all routine immunisations by age 4 (85.3% in 2024/25)**
- ❖ **Coverage of all routine immunisations by age 5 (87.6% in 2024/25)**
- ❖ **Coverage of all routine immunisations by age 15 (60.7% in 2024/25)**

We will also work towards reducing the gap in immunisation coverage between the most and least deprived areas. Compared to 2023/24, in 2024/25 the percentage point gap in uptake of routine immunisations in the most and least deprived fifth of areas in Wales has<sup>18</sup>:

- Decreased in 1 year olds from 6.1 points to 4.3 points
- Increased in 2 year olds from 6.3 points to 7.0 points
- Decreased in 4 year olds from 11.9 points to 11.0 points
- Increased in 5 year olds from 8.4 points to 9.7 points
- Increased in 15 year olds from 21.3 points to 23.2 points

### **Increased proportion of cancers detected at an early stage**

Detecting cancer early improves treatment options and changes of survival, with later-stage diagnosis leading to lower survival and more complex, costly care. Monitoring early-stage detection also helps us understand the effectiveness, efficiency, and equity of cancer screening programmes, and highlight inequalities in access to timely diagnosis.

We have now added indicators of the proportion of cancers diagnosed at an early stage to our measurement system and the Welsh Cancer Intelligence and Surveillance Unit (WCISU) Cancer Reporting Tool.

- ❖ In 2022, 46.0% of all cancers were diagnosed at an early stage. This has increased over the past decade. In the most deprived areas, 42.9% of cancers were diagnosed early, compared to 49.0% in the least deprived areas.

<sup>17</sup> Public Health Wales. Vaccine uptake in children in Wales, COVER Annual Report 2025. [Online]. 2025. Available at: <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/annual-cover-report-202425/>

<sup>18</sup> Public Health Wales. Inequalities in uptake of routine childhood immunisations in Wales 2024-25. [Online]. 2025. Available at: [phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/annual-inequalities-report-202425/](https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/annual-inequalities-report-202425/)

- ❖ 71.9% of female breast cancers were diagnosed early in 2022. This has not changed much in recent years. There is a gap of 0.6% percentage points between the proportion diagnosed early in the most and least deprived fifths of areas.
- ❖ 41.3% of colorectal cancers were diagnosed early in 2022, a reduction in recent years. In the most deprived areas, 39.9% of colorectal cancers were diagnosed early, compared to 44.0% in the least deprived areas.
- ❖ 57.1% of cervical cancers were diagnosed early in 2022. This proportion has increased in recent years. In the most deprived areas, 59.0% of cervical cancers were diagnosed early, compared to 66.7% in the least deprived areas.
- ❖ In general, the gap in the proportion of cancers diagnosed early between the most and least deprived areas has not changed substantially in recent years.

### 3.5.3 Delivery Progress

Over the last twelve months, Public Health Wales has delivered a coordinated, system-wide programme of improvement that has significantly strengthened the national health protection function. This progress reflects the Digital, Quality, Workforce, Evidence and Innovation, and Delivery themes within our approved strategic route maps, ensuring our achievements are not isolated actions but sequenced steps towards our long term 2035 goals.

Key figures illustrate our service delivery in 2025:

- ❖ Approximately 2.1 million samples a year tested by our diagnostic service.
- ❖ Almost 15,000 samples sequenced by our Genomics Programme.
- ❖ 12,800 notifications managed for notifiable communicable diseases
- ❖ More than 500,000 people invite to take part in our Bowel Screening Programme with 332,000 tests returned (62% uptake).
- ❖ 100% of screening FIT samples were tested within terche BSW 7-day standard.
- ❖ 174,360 women invited to screening by Breast Test Wales with 133,330 women screened (76% uptake).
- ❖ 105,000 cervical screening samples processed.
- ❖ 111,935 screening appointments offered by Diabetic Eye Screening Wales with 91,161 participants attending (82% uptake)

We have made substantial progress in developing Wales' first national lung cancer screening programme, due to launch in 2027. Following Welsh Government's decision to introduce targeted screening for high-risk individuals, we rapidly advanced programme design, secured approval of the full business case, and established the foundations for a high-quality, safe, and equitable screening service. This demonstrates our ability to translate strategic commitments into deliverable, population-impacting services.

Public Health Wales played a central role in Exercise Pegasus, the UK's largest pandemic simulation in nearly a decade. As a Category 1 responder, we coordinated across partners to test readiness, strengthen response protocols, and ensure that

learning is systematically embedded into revised emergency preparedness plans. This work strengthens resilience and aligns with our Delivery and Quality themes.

All 19 laboratories in Infection Services achieved network-wide accreditation under ISO 15189:2022, demonstrating high standards of quality management, clinical governance, and evidence-based practice. This achievement followed extensive preparation, including the submission of over 300 quality documents and an 18-day UKAS assessment. The accreditation strengthens the reliability, safety, and national consistency of Wales' diagnostic services.

Innovation has further advanced clinical microbiology and infection diagnostics:

- ❖ Rapid molecular testing now enables diagnoses within hours rather than days.
- ❖ Multiplex assays for Mpox and other pathogens ensure equitable access to timely diagnostics across Wales.
- ❖ Robotics and multi-professional workforce models have enhanced efficiency and resilience.
- ❖ Advanced molecular tools, such as MLVA typing for *Cryptosporidium parvum* and assays for invasive aspergillosis, improve outbreak management and clinical outcomes.

These developments reflect the Evidence and Innovation, Quality, and Workforce themes of our route maps.

Screening Division Laboratory successfully renewed ISO 15189:2022 accreditation across its full scope, underpinning safe and high-quality diagnostic support for Bowel Screening Wales, Cervical Screening Wales, and the national symptomatic FIT pathway. Workforce and digital improvements continue to support sustainable delivery.

The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP) team developed a national prescribing indicator for respiratory tract infection antibiotics, aligned with national clinical standards. With a 75% target agreed until March 2028, this work improves prescribing quality, reduces antimicrobial resistance risk, and provides a clear roadmap for improvement across Wales.

Cross-directorate engagement approaches have been developed to strengthen co-production and ensure more consistent, community-centred design of public information and service support. The transition to digital-first information materials enhances accessibility, sustainability, and user experience.

Our genomics team has been at the forefront of innovative pathogen detection and outbreak investigation. The implementation of metagenomic sequencing enabled the first rapid identification of Clade 1b Mpox in Wales, demonstrating real-world application of novel diagnostics.

The Vaccine Preventable Disease Programme (VPDP) successfully supported the introduction of a targeted gonorrhoea vaccination programme for GBMSM at highest risk. Through co-designed information materials, clinical training, community insight gathering, and the development of surveillance tools, VPDP ensured a safe, person-

centred, and effective launch. This work reflects our Quality, Delivery, and User-centred Coproduction themes.

Across surveillance, digital transformation, laboratory capability, incident management and clinical pathways, Public Health Wales has advanced a single, connected programme of modernisation. These developments improve our ability to detect, respond to, and mitigate infectious diseases and environmental hazards. While delivered through distinct projects, they collectively strengthen Wales' resilience and readiness and are aligned to our long-term strategic route map.

### 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 2029, 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 2029, we will be providing effective and trusted system leadership on a range of designated risks, including Healthcare Associated Infections (HCAI) and Antimicrobial Resistance (AMR) and vaccine preventable diseases.

**SO5.3** - By 2029, 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 2029, 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 progressed and assured national planning for the introduction of a targeted lung cancer screening programme in Wales, in line with UK NSC recommendations, ensuring the system is ready to commence screening from 2028 and deliver earlier diagnosis, improved outcomes and reduced inequalities in lung cancer.

**SO5.6** – By 2027 we will deliver a safe, resilient and high performing Sexual Health Service by implementing the findings of the independent external review and best practice advice, strengthening our governance and assurance systems and ensuring that safeguarding, data management and quality processes consistently meet national standards.

**SO5.7** – By 2027 we will have strengthened operation delivery and performance management across Bowel Screening Wales (BSW), Diabetic Eye Screening Wales (DESW) and Breast Test Wales (BTW), ensuring each service meets agreed national trajectories and contributes to improved population health outcomes through targeted improvement plans, enhanced capacity and demand modelling, and a strengthened governance framework that enables clear oversight, early escalation and rapid mitigation of performance risks.

**SO5.8** By 2029, 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 Emergency Preparedness Resilience and Response (EPRR) process arising from the findings of the Inquiry.

## Key Deliverables

Objective	Milestones
<p><b>SO5.1</b> - By 2029, 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>	<p>2026-2027</p>
	<p>Quarter 3</p>
	<ul style="list-style-type: none"> <li>Completed the redesign and implementation of an integrated structural and operational model across Health Protection Division programmes—including Communicable Diseases, Inclusion Health, Environmental Public Health Sexual Health (Test and Post), and Vaccine Programmes.</li> </ul>
	<p>Quarter 4</p>
	<ul style="list-style-type: none"> <li>Formalised structured, evidence based partnership arrangements with Cwm Taf UHB, Hywel Dda UHB and Aneurin Bevan UHB to support options appraisals and transition planning for potential microbiology service transfers to Public Health Wales.</li> </ul>
	<ul style="list-style-type: none"> <li>Completed the transition of Shiga toxinproducing E. coli (STEC) O145 testing capability from UKHSA into Public Health Wales, reducing turnaround times, improving cost effectiveness for health boards, and strengthening national infectious disease surveillance capacity.</li> </ul>
	<ul style="list-style-type: none"> <li>Completed systematic reviews of the sepsis identification pathway and the network-wide approach to the diagnosis and isolation of Neisseria gonorrhoeae, ensuring alignment with national best practice, improved diagnostic consistency, and enhanced patient outcomes.</li> </ul>
	<ul style="list-style-type: none"> <li>Undertook a structured options appraisal to understand the implications and feasibility of extending the current provision of C.parvum MLVA clustering to the rest of the UK, beyond Wales and North West England</li> </ul>
	<ul style="list-style-type: none"> <li>Reviewed and options appraised the potential to test additional gastrointestinal pathogens on existing platforms to improve diagnostics that directly relate to patient care</li> </ul>
	<ul style="list-style-type: none"> <li>Utilised Alpha phase outputs of the national Sexual Health Case Management System to develop a robust business case for progression to Beta.</li> </ul>
<p>2027-2028</p>	
<p>Quarter 1</p>	
<ul style="list-style-type: none"> <li>Completed the development and early implementation of pathogen agnostic genomic testing services - including single metagenomic assays - to strengthen Wales' pandemic preparedness and biosecurity. This work will also support Welsh Government in developing system wide genomics capabilities such as wastewater surveillance.</li> </ul>	
<ul style="list-style-type: none"> <li>Undertook a structured options appraisal to assess feasibility, clinical value, operational requirements and cost effectiveness for an all Wales Faecal Microbiota Transplant (FMT) service.</li> </ul>	

	<ul style="list-style-type: none"> <li>Established a single Public Health Wales Pathogen Genomics Technical Group to harmonise national standards, coordinate four nation alignment, and oversaw the identification and evaluation of new genomics services.</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Delivered new datasets and validated analytical pipelines to support accredited services and completed evaluation of AI approaches for outbreak characterisation. Outputs include published methods, validation summaries and recommendations for scale up.</li> <li>Lead a national programme to optimise QA testing frameworks, strengthening consistency, reducing unwarranted variation and delivering measurable reductions in Quality Premium expenditure.</li> <li>Initiated the Beta phase of the national Sexual Health Case Management System, enhancing interoperability, reporting capability, and user centred service design.</li> <li>Completed a business case proposal to WG for financial support to replace the Kiestra automation in North Wales and Proceed to procurement and implementation.</li> <li>Produced a scoping document to understand the requirements for automation in South and Mid and west Wales.</li> </ul> <p>2028-2029</p> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Introduced routine genomic evaluation of antimicrobial resistance and strain typing for priority sentinel organisms, with accredited methods, defined reporting standards and integration into national surveillance dashboards.</li> <li>Collaborated to finalise a Minimum Viable Product (MVP) platform for the national Sexual Health Case Management System, establishing a validated, scalable and sustainable digital service for Wales with a defined roadmap to full release and benefits realisation.</li> </ul>
<p><b>SO5.2</b> - By 2029, we will be providing effective and trusted system leadership on a range of designated risks, including HCAI and AMR and vaccine preventable diseases.</p>	<p>2026-2027</p> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>Completed a targeted scoping exercise and implement agreed transformational changes across HPSS functional areas to improve resource utilisation and effectiveness, with recommended cross directorate models and a transition plan underpinned by robust governance.</li> <li>Assessed Public Health Wales' capability to respond to risks identified in the National Security Risk Assessment and used this to strengthen contingency planning and escalation pathways.</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Coordinated Public Health Wales' support for the wider system response to winter pressures, ensuring evidence driven prioritisation and timely public health advice.</li> <li>Evaluated the national review of Antimicrobial Stewardship (AMS) audit tools and developed recommendations for a standardised, Wales wide approach that enables comparable reporting and targeted improvement.</li> <li>Evaluated the national review of antimicrobial usage/resistance outputs and recommended a future direction that improves comparability, timeliness and actionability.</li> </ul>

<p><b>SO5.3</b> - By 2029, 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.</p>	2027-2028
	Quarter 1
	<ul style="list-style-type: none"> <li>Completed a systematic review of report dissemination against publication standards and implement an enterprise protocol with SOPs, training and a compliance baseline to improve timeliness, accessibility and transparency.</li> </ul>
	Quarter 2
	<ul style="list-style-type: none"> <li>Strengthened Wales' and the global immunisation and health protection agenda through the application of social value methods and tools.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Implemented the recommendations of the evaluation of the national AMS audit tools that generate consistent, comparable insights into prescribing practice, with feedback to prescribers and health boards to reduce unwarranted variation.</li> </ul>
	<ul style="list-style-type: none"> <li>Designed and embedded an all hazards Health Protection Inequalities Programme, enabling systematic identification, mitigation and evaluation of inequalities across programmes.</li> </ul>
	2028-2029
	Quarter 1
	<ul style="list-style-type: none"> <li>Transformed and aligned data collection and visualisation for HCAI/AMR &amp; AMU surveillance (in step with CDSC developments), improving analytical pipelines and interoperability to support operational and strategic decisions.</li> </ul>
	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Supporting delivery of Phase 1 and collaborating on the development of Phase 2 of the Digital Health Protection Programme (DHPP), contributing to the establishment of a validated platform for implementation across Wales</li> </ul>
Quarter 4	
<ul style="list-style-type: none"> <li>Reviewed, approved and validated Public Health Wales' Pandemic Response Arrangements and Emergency Response Plan, embedding learning from Exercise PEGASUS to strengthen all-hazards preparedness.</li> </ul>	
2027-2028	
Quarter 1	
<ul style="list-style-type: none"> <li>Realigned Environmental Public Health functions with communicable disease and all hazards response to improve operational performance and strengthen proactive and reactive capacity, consistent with the Environmental Public Health route map.</li> </ul>	
Quarter 2	
<ul style="list-style-type: none"> <li>Deliver an Integrated operating model for enhanced proactive and reactive communicable disease and all hazards encompassing Health Protection and Environmental Public Health services that offers a sustainable long term model that drives excellence</li> </ul>	

	<ul style="list-style-type: none"> <li>Supporting delivery of Phase 2 of the Digital Health Protection System (DHPP) as a key step in modernising digital infrastructure and strengthening health protection</li> </ul>
	Quarter 3
	Quarter 4
	<ul style="list-style-type: none"> <li>Lead the development and adoption of the NHS Wales EPRR Core Standard and coordinate Public Health Wales' actions in response to Covid-19 Inquiry Module 01 findings, supported by compliance assessment and a structured action-tracking framework.</li> <li>Implemented a performance and evaluation framework to measure progress against the long term Environmental Public Health vision, including agreed metrics, baselines and an annual reporting cycle.</li> </ul>
	2028-2029
	Quarter 1
	<ul style="list-style-type: none"> <li>Delivered a coordinated programme of business continuity capability building, including training and exercise activity, resulting in strengthened and assured directorate level business continuity arrangements.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Led multiagency (population health) preparedness activity across LRFs, WRPT, WR Forum and the Four Nations EPRR Group, including joint CBRN workshops and tabletop exercises, to strengthen national and UK wide response consistency and capability.</li> </ul>
<b>SO5.4</b> - By 2029, 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.	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>Delivered a workforce transformation plan that optimises resource allocation and improves participant pathway efficiency across screening programmes.</li> <li>Delivered the strategic action plan arising from the BTW review, implementing sequenced improvements.</li> </ul>
	Quarter 2
	<ul style="list-style-type: none"> <li>Delivered agreed actions from the Screening Equity Strategy in collaboration with partners to reduce uptake inequities.</li> <li>Completed a 12-month evaluation of the telephone intervention for WAAASP non-responders and used findings to inform programme improvements.</li> <li>Scoped digital first, accessible information pathways across all adult screening programmes, strengthening equity, reach and user experience.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Completed an in-service- evaluation of the safety, effectiveness and acceptability of adopting a staged mydriatic approach for retinal screening.</li> <li>Introduced HPV self-sampling for under screened- populations to improve equity and coverage in line with the WHO Cervical Cancer Elimination Initiative.</li> <li>Scoped options for replacement or future development of the National Breast Screening System (NBSS) to enable a unified all Wales- digital infrastructure with interoperability and AI ready- capability.</li> </ul>

	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Implemented the 'one ear clear' model (subject to Wales Screening Committee approval) with assured pathway safety and benefits tracking.</li> <li>Working with health boards, we implemented Wales Reporting Standards (2026) for Antenatal Screening to enable uptake by protected characteristics.</li> <li>Implemented Newborn Bloodspot Screening for Hereditary Tyrosinaemia Type 1 (subject to Wales Screening Committee approval and digital system phase-2 completion), with quality assurance and benefit monitoring.</li> <li>Progressed DESW modernisation, advancing digital innovation and environmental sustainability with clear benefits realisation.</li> </ul> <p>2027-2028</p> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Collaborated with NHS England on an in-service evaluation of cervical self-sampling following the Wales pilot, focusing on equity of uptake, pathway safety and operational feasibility; protocol and data sharing agreed.</li> </ul>
<p><b>SO5.5</b> By 2028, we will have progressed and assured national planning for the introduction of a targeted lung cancer screening programme in Wales, in line with UK NSC recommendations, ensuring the system is ready to commence screening from 2028 and deliver earlier diagnosis, improved outcomes and reduced inequalities in lung cancer.</p>	<p>2026-2027</p> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Established the Lung Cancer Screening Implementation Programme, with governance structures and procurement initiation confirmed to prepare for phased roll-out.</li> </ul>
	<p>2027-2028</p> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Consolidated the Lung Cancer Screening Implementation Programme by confirming governance arrangements, initiating procurement, and finalising the benefits framework, ensuring organisational readiness for phased roll-out from 2028–29.</li> </ul>
	<p>2028-29</p> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Implemented the Phase 1 roll out of the Lung Cancer Screening Programme across Wales in line with the approved plan, with benefits realisation and equity monitoring in place.</li> </ul>
	<p>2026-27</p> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>Completed a full validation of all outstanding safeguarding related Test &amp; Post cases and deliver a time bound and tracked backlog clearance plan in line with Public Health Wales governance</li> <li>Commissioned and initiated the independent external review of the Sexual Health Test &amp; Post service with agreed scope, methodology, and timeline approved via Public Health Wales governance.</li> </ul>
	<p>Quarter 4</p> <ul style="list-style-type: none"> <li>Implemented all priority ("early action) recommendations generated during the external review and incident response, focused on safeguarding, data handling and quality governance</li> </ul>
	<p>2026-27</p>

<p><b>SO5.7</b> By 2027 we will have strengthened operational delivery and performance management across Bowel Screening Wales (BSW), Diabetic Eye Screening Wales (DESW) and Breast Test Wales (BTW), ensuring each service meets agreed national trajectories and contributes to improved population health outcomes through targeted improvement plans, enhanced capacity and demand modelling and a strengthened governance framework that enables clear oversight, early escalation and rapid mitigation of performance risks</p>	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered year one improvement actions for BTW with a focus on restoring timely assessment invitations within three weeks of screening, underpinned by increase reading capacity, resilient assessment and surgical pathways, sustainable workforce planning, equitable access and strengthened governance and assurance.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered year one of improvement actions for BSW, in collaboration with health boards through Bowel Screening Colonoscopy Improvement Project, increasing the proportion of participants receiving an index colonoscopy within four weeks of booking, enabled by strengthened screening endoscopy capacity, sustainable workforce development, enhanced regional collaboration, consistent quality assurance and improved performance management.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered year one improvement actions for DESW with a focus on improving proportion of participants offered screening within the standard by improving service capacity and resilience, pathway innovation, workforce resilience, improved participant experience and sustainable service performance.</li> </ul>
<p><b>SO5.8</b> - By 2029, 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.</p>	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> <li>Module 4 improvement actions delivered with recommendations implemented and learning captured.</li> </ul>
	<ul style="list-style-type: none"> <li>Module 5 recommendations completed with resulting process improvements embedded and learning documented.</li> </ul>
	<ul style="list-style-type: none"> <li>Module 6 improvement actions implemented, leading to updated processes and recorded organisational learning.</li> </ul>
	<ul style="list-style-type: none"> <li>Module 7 recommendations delivered, with improvements made and learning shared across teams.</li> </ul>
	<ul style="list-style-type: none"> <li>Module 8 improvement actions completed with strengthened processes and captured learning informing future work.</li> </ul>
	2027-2028
Quarter 4	
<ul style="list-style-type: none"> <li>Module 9 Report recommendations documented and associated improvements and learning integrated into continuous improvement approaches.</li> </ul>	
<ul style="list-style-type: none"> <li>Recommendations to respond to Module 10 Report implemented and evidence of strengthen systems captured.</li> </ul>	

## 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 wellbeing. 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.

Much of our work in this area is set out in this strategic priority but climate change affects many areas of public health and therefore work to tackle the public health effects of climate change is also documented in other Strategic Priorities – particularly Delivering Excellent Public Health Services and Supporting a Sustainable Health and Care System.

## 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**

It is predicted that climate change will lead to more extreme heat events, which increase the risk of deaths from certain conditions, and in vulnerable populations like older adults and those with respiratory and circulatory conditions. Monitoring heat-related deaths helps highlight the health impacts of weather events induced by climate change.

We have published estimates of heat-associated deaths from all causes occurring in 2024<sup>19</sup>. During heat events in 2024 there were 557 deaths. On average, there were 9 additional daily deaths during heat episodes compared to non-heat period days in 2024, a statistically significant increase. Across all the summer months, there were 10,310 deaths, which is higher than the average of 9,839 deaths in the summer months between 2016 and 2023 (excluding 2020-2022).

### ❖ **Measurement of Public Health Wales carbon footprint**

Public Health Wales is committed to both the NHS Wales target of net zero by 2030 and our own objective to be carbon negative by 2035. Monitoring our carbon footprint enables us to assess progress against these goals, and identify which parts of our operations are influencing our carbon outputs.

We started measuring our carbon footprint in 2021/22 in order to understand our baseline measurement.

- In 2024/25, Public Health Wales' direct carbon emissions (emissions from operations that are owned or controlled by Public Health Wales) were estimated to be 245,021kgCO<sub>2</sub>e. This is roughly equivalent to the annual carbon footprint of 9-10 average UK households<sup>20</sup>.
- Indirect emissions from energy (emissions from the generation of purchased or acquired electricity, steam, heating, or cooling generated by a third party and consumed by Public Health Wales) were estimated to be 288,009kgCO<sub>2</sub>e in 2024/25, an **increase** compared to 2023/24. This is roughly equivalent to the annual carbon footprint of 11 average UK households.
- Indirect emissions (all indirect emissions other than from energy, that occur in the value chain of Public Health Wales, including upstream and downstream emissions) were estimated to be 11,909,698kgCO<sub>2</sub>e in 2024/25, an **increase** compared to 2023/24. This is roughly equivalent to the annual carbon footprint of 458 average UK households.

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<sup>19</sup> Public Health Wales. Heat Mortality Monitoring in Wales: Annual Surveillance Report 2024. [Online]. 2025. Available at: <https://phw.nhs.wales/publications/publications1/heat-mortality-monitoring-in-wales/>

<sup>20</sup> Energy Guide. Average carbon footprint per house in the UK. [Online]. 2025. Available at: <https://energyguide.org.uk/average-carbon-footprint-uk/>

## Evaluation

In 2025 we completed an evaluation of our 2024-2026 Decarbonisation and Sustainability Action plan. The evaluation aimed to:

### Assess

- the effectiveness of implementing actions in the 2024-2026 Decarbonisation and Sustainability Action Plan;
- the impact of the plan on reducing the Public Health Wales carbon emissions towards the target of meeting net zero within the required timescales.

### Understand

- The impact of the plan on organisational culture

### Identify

- key areas for improvement or action in the coming years

The evaluation utilised a mixed methods approach, engaging with colleagues from across the organisation. At the time Public Health Wales had completed 58% of the actions within the plan, 4% were behind schedule and 38% were on track for delivery. The evaluation concluded that even if 100% of actions were completed, we would not be on track for net zero emissions by 2030. The evaluation made seven recommendations for future work, which have shaped the actions outlined in our Climate Response Plan, and our IMTP milestones.

## 3.6.3 Delivery Progress

Over the last 12 months we have continued to strengthen our position as an environmentally sustainable organisation. We evaluated our Decarbonisation and Sustainability Action Plan (2024–26) and worked across the organisation to identify areas for improvement, including enhancing the quality and consistency of our data to provide a clearer picture of progress. New carbon-emissions dashboards have been developed to support real-time monitoring throughout the year, and the insights generated have informed targeted areas of focus for our forthcoming Plan (2026–28). As part of our commitment to promoting healthier and more sustainable working practices, we also launched a new Business Travel Policy to support colleagues to consider healthy, low-carbon modes when travelling for work.

Throughout the year, we have published important reports to strengthen our understanding of climate-related health risks. These include the *Heat Morbidity Annual Report 2024* and our *Biodiversity and Resilience of Ecosystems Duty Report*. We have also developed our climate risk register, enabling a clearer understanding of the climate related threats affecting our organisation and our ability to deliver excellent public health services. In parallel, we have collaborated with local and regional partners on climate risk assessments to ensure that the specific risks facing Wales are recognised and addressed.

We have made significant progress through our Healthy Travel programme with Healthy Travel Charters now established across the whole of Wales. Alongside these regional commitments, we have expanded the programme by developing a Business Charter and a Level 2 Charter, enabling organisations to deepen their commitments to active and sustainable travel.

We have worked closely with the wider public health system to support methodological alignment of key metrics related to climate and health, ensuring greater consistency in monitoring and reporting across Wales and the UK. In addition, we have launched our Climate and Health Research Network for Wales to co-ordinate research partnerships, share evidence, and support joint-funding bids to help drive our ambition to tackle the public health effects of climate change.

### 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. This will enable us to focus holistically on the actions we can take as an organisation to reduce our carbon footprint, support the wider partnership landscape to monitor threats to health, and advocate for evidence-based climate adaptation and mitigation measures.

**SO6.1 (Protect, promote and educate)** - By 2029, 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 2029, 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 2029, 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 2029 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.	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Reviewed current adverse weather response model and developed associated action plan.</li> <li>Developed Climate and Health Research Network Wales, led by Public Health Wales, to co-ordinate research partnerships, share evidence and support joint funding bids focused on priority climate-health risks for Welsh populations.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Led the National Steering Group on sustainable travel support to employers and support the successful launch and implementation of the new Healthy Travel Charter standards, providing implementation support across organisations</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Developed and embedded an ongoing programme that helped staff at all levels understand how their day-to-day decisions and actions can reduce the impact of adverse weather and climate-related risks, ensuring these considerations are integrated into planning, service delivery, and organisational resilience.</li> </ul>
	2027-2028
	Quarter 2
	<ul style="list-style-type: none"> <li>Expanded uptake of the Healthy Travel Charters across public, private and third sector organisations and support progression to higher achievement levels</li> <li>Developed an ongoing programme for priority decarbonisation actions through the delivery of infection and screening services.</li> </ul>
2028-2029	
Quarter 4	
<ul style="list-style-type: none"> <li>Consolidated national implementation through continued leadership of the National Steering Group for sustainable travel support for employers and strengthened system wide partnerships.</li> </ul>	
SO6.2 - By 2029 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.	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>Completed review of existing Decarbonisation resource and proposal for future resource requirements developed.</li> </ul>
	Quarter 2
	<ul style="list-style-type: none"> <li>Produced our Climate Response plan covering next 10 years detailing how Public Health Wales will implement the Climate Change Strategic Priority Route Map and achieve and maintain net zero</li> </ul>
Quarter 3	
<ul style="list-style-type: none"> <li>Plan approved to address gaps in decarbonisation data reporting following submission of quantitative data as part of public sector reporting process.</li> </ul>	

	Quarter 4
	<ul style="list-style-type: none"> <li>Completed year one actions from Climate Response Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Baseline established for Public Health Wales supply chain spend covered by a carbon reduction plan, in line with the new KPI as set out in the revised NHS Wales Strategic Delivery Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Explored opportunities with partners to evaluate the impact of the Healthy Travel Charters</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>Evaluated progress against 2026-28 Climate Response Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Developed Climate Response Plan for 2028-30</li> </ul>
	2026-2027
	Quarter 3
<ul style="list-style-type: none"> <li>Enhanced the climate change surveillance system by integrating further products and strengthening partnerships with key stakeholders to inform public health action.</li> </ul>	
Quarter 4	
<ul style="list-style-type: none"> <li>Monitored the implementation and further developed the Climate Risk assessment and identified adaptation actions to ensure Public Health Wales is more climate resilient.</li> </ul>	
2027-2028	
Quarter 2	
<ul style="list-style-type: none"> <li>Evaluated the impact of the climate change surveillance system and its alignment with public health action.</li> </ul>	

SO6.3 - By 2029 we will have a robust climate change surveillance system in place that informs targeted action and policy decisions.

## 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, economics and social value, 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, economics and social value, 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 policy and investment decisions, embracing the principles of human rights, equity and evidence-based interventions and help address the health and wellbeing 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, supports the effectiveness and efficiency of policies, services, communications, innovation and improvement and systems working aiming to improve or protect health and wellbeing, and reduce 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. The Unit has produced an enabling plan for Wales which describes a route map of actions that can secure the conditions to enable the more routine and systematic use of behavioural science in activities aiming for better health and wellbeing. Developed with a technical and strategic advisory group, and input from the Behavioural Science Community for Wales, the plan draws on regional and international evidence and approaches to increasing behavioural science application. The plan sets out seven enabling action areas with associated short-, medium- and longer-term actions that the Unit will use to inform strategic planning and delivery in collaboration with stakeholders up to 2035.

Public bodies increasingly need to move beyond traditional value-for-money assessments and demonstrate their wider social value. This includes evidencing the economic, social, and environmental benefits created through day-to-day operations such as gains in population health, reductions in inequalities, support for individuals, communities, and the planet. By combining health economics and social value approaches, the newly established Wellbeing Economics and Value (WEAVE) team generates and shares evidence to guide investment towards interventions with the greatest impact on preventing ill health, disability and premature mortality. This evidence supports the strategic prioritisation of resources and budgets and accelerates a shift to a system focused on prevention and early intervention, improving population outcomes and strengthening long-term health system resilience.

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 best practices and mutual learning, to global health training, insights and collaboration on key public health priorities. This learning can improve population health and wellbeing and reduce inequalities for the people of Wales. It can support us to be a globally connected national public health agency, using innovative approaches, cross-border insights and our international expertise, helping to prevent disease, promote and protect health, provide system leadership and generate additional resources for supporting prevention.

**SO7.1** - By 2029, international health and research partnerships and learning across the organisation and NHS Wales will be strengthened to help improve wellbeing 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 health partnership, learning and sharing of

best practice, establishing a community of practice to help improve wellbeing 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, cross-border insights and horizon scanning, tools and resources, such as the Global Citizenship modules, toolkits, internships, study visits and others.

**SO7.2** - By 2029, we will have increased the routine application of behavioural science, economic and social value approaches in policy and practice, to support their efficiency and effectiveness towards optimised impact on health, wellbeing and equity.

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 support the efficiency and effectiveness of policy, services and communications in achieving their outcomes for better health and wellbeing and reducing health inequalities. This work will continue to be guided by the Unit's enabling plan for Wales, which sets out the long-term actions required to embed behavioural science more routinely and systematically across the system.

We will also continue to strengthen the case for prevention spending and impact investment, working closely with partners as part of the global and national shift to a Wellbeing Economy and reinforcing the role of the NHS as a Foundational Economy. We will synthesise knowledge and evidence, support the application of economic and social value methods and evaluations to health improvement and protection programmes, and build capacity across the organisation and wider system in Wales to shape policy and investment decisions, while also considering wider wellbeing and equity impacts.

## Key Deliverables

Objective	Milestones
<b>SO7.1</b> - By 2029, international health and research partnerships and learning across the organisation and NHS Wales will be strengthened to help improve wellbeing and health equity nationally and globally.	2028-2029
	Quarter 1
	<ul style="list-style-type: none"> <li>Applied innovative approaches to international health insights and horizon scanning to inform strategic priorities, strengthen partnerships and support income generation.</li> </ul>
	Quarter 4
<b>SO7.2</b> - By 2029, we will have increased the routine application of behavioural science, economic and social value approaches in policy and practice, to support their efficiency and effectiveness towards optimised impact on health and wellbeing.	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Developed an organisation-level programme to scale-up the Behaviourally Informed Communications Initiative (to increase effectiveness of service user direct communications).</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Produced a suite of responsive tools and guidance to enable the high-quality application of behavioural science to optimise outcomes for better health.</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>Implemented new capability development programme, including a Behaviourally Informed Impact Programme supporting key Organisational initiatives, and co-produced tailored leadership offer.</li> </ul>
	2028-2029
	Quarter 3
<ul style="list-style-type: none"> <li>Advanced know-how, capacity and tools for including wellbeing, social value and equity in economic evaluations integrating application in population health decision-making and quality improvement.</li> <li>Developed approaches to increase the availability of data on behavioural determinants, to enable the routine use of behavioural science in design and delivery of public health interventions.</li> </ul>	
Quarter 4	
<ul style="list-style-type: none"> <li>Built understanding and capacity across the organisation and wider NHS in embedding economic and social value approaches and methodologies, including through consideration of equity.</li> </ul>	

### 3.7.2 Developing our organisation to be a great place to work

We face an unpredictable external environment, demanding a focused approach to developing our people and ensuring we are designed to deliver. Our People Strategy 2025–2035 provides the essential direction, focusing on five critical areas: Designed to Deliver, Talent Attraction and Inclusive Hiring, Cultivating Future-Ready Skills, Leading with Compassion, and Exceptional Staff Experience.

For the medium-term planning period (2026–2029), we are prioritising foundational stability and performance capability to focus on immediate structural and cultural requirements. We will focus on embedding a compassionate and inclusive leadership approach across all levels and we will prioritise learning and development for managers and leaders by establishing a systemic programme to increase their skills, capacity, and confidence. This will equip them to role model desired behaviours, manage change effectively, and lead in an inclusive and psychologically safe environment.

**SO7.3** - By 2029, we 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.

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.

**SO7.4** - By 2029, 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 at times and locations that suit their needs and preferences.

**SO7.5** - By 2029, 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.

This will involve:

- ❖ Development of leadership and management capability, from fundamentals for people managers to strategic leadership development.
- ❖ Creating a sustainable skills development programme that supports the delivery of our strategic priorities and ensures our people have the skills we need for the future.
- ❖ Enabling continuous learning and development that supports lifelong learning and professional growth.

**SO7.6** - By 2029, 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.
- ❖ 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.

**SO7.7** - By 2029, we will have created a staff experience that prioritises wellbeing, flexible working, opportunities for career progression, and 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, and prioritising the health and wellbeing of staff.
- ❖ 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.

## Key Deliverables

Objective	Milestones
<p><b>SO7.3</b> - By 2029, 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.</p>	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Established the plan and commenced preparatory work in readiness for implementation of the new NHS Wales workforce information system (ESR transformation).</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>Implemented the new NHS Wales workforce information system (ESR transformation).</li> </ul>
<p><b>SO7.4</b> - By 2029, 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>	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Established a fully integrated planning approach including long-term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme.</li> </ul>
	<ul style="list-style-type: none"> <li>Identified options for a more comprehensive understanding of workforce capability and capacity that goes beyond basic headcount data, to include information on skills, expertise, and experience (linked to ESR replacement).</li> <li>Commenced engagement with key stakeholders to enable a review of the 10-year People Strategy in 2030.</li> </ul>
<p><b>SO7.5</b> - By 2029, 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</p>	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Developed and commenced the delivery of foundational leadership and management learning and development to increase leadership and management skills, capacity, and confidence.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Undertook a strategic review of Public Health Wales workforce requirements to mainstream genomics in response to the HEIW genomic workforce strategy.</li> </ul>
Quarter 4	

<p>address the evolving public health landscape.</p>	<ul style="list-style-type: none"> <li>Established Public Health Wales as a Local Education Provider with a robust infrastructure and governance arrangements for the Public Health and Microbiology/ Infectious Disease Training Programmes.</li> <li>Used organisational learning from the enhanced response and workforce planning outputs, to inform a sustained, organisation-wide approach to core skills and mobilisation capability for incident response.</li> </ul>
<p><b>SO7.6</b> - By 2029, 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>	<p>2027-2028</p> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Reassess organisational culture and progress towards achieving ideal culture.</li> </ul>
<p><b>SO7.7</b> - By 2029, we will have created a staff experience that prioritises wellbeing, flexible working, opportunities for career progression and makes Public Health Wales an employer of choice.</p>	<p>2026-2027</p> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Refreshed the high-level integrated engagement plan - using insights from the 2025 NHS Wales Staff Survey and Culture Pulse – to identify cultural priorities, strengthen flexible, equitable ways of working and foster a psychologically safe workplace where every colleague can thrive.</li> </ul>

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

**SO7.8 - By 2029**, we will provide the data, analysis, research and evaluation evidence to improve the health and wellbeing of Wales and support inequality challenges.

Insights from population data are essential to improve the health and wellbeing of Wales and to reduce inequalities. We draw on data from across multiple sources to improve health. These data sources include the services we provide, the NHS, public sector (e.g. schools), government, research data and national surveys. However, the NHS in Wales does not systematically collect the necessary data to ensure that services are delivered equitably and improve outcomes in all populations. Nor it is proficient in using data and analysis from other sources to support this function. We cannot effectively monitor health outcomes, progress reducing inequalities, or service user complaints, and our ability to build on the evidence base on what works to reduce health inequalities is weak.

Our Research and Evaluation Strategy will continue to support as we strengthen the generation, use and sharing of public health research across Wales. It will help us to produce evidence to contribute to a national, system-wide effort to improve decision-making, tackle inequalities and deliver better outcomes.

We will continue to strengthen our approach internally and with the organisations we work with to ensuring we have the data, analysis and insights needed to inform action to improve health, wellbeing and equity in Wales. 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 across the health system. These include:

- ❖ Working with Welsh Government to monitor and evaluate the impact of key public health policy action on health and equity. This includes Healthy Weight Healthy Wales, and tobacco control.
- ❖ Developing our digital and data systems aligned to user needs, enabling us to work safely, effectively and efficiently, and providing the insights needed to improve outcomes and equity.
- ❖ Share our approaches and learn from others through our WHO Collaborating Centre for Digital Health Equity.
- ❖ Research development and delivery, with our partners, support across the organisational strategic priorities.
- ❖ 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 understand and monitor the impacts of stresses on health such as the cost-of-living crisis, gambling harms, obesity and climate change, across all aspects of population health. We will undertake new analysis of healthy life expectancy, to understand the drivers for the fall in healthy life expectancy and inform

activity to reverse the trend. 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 to publish our rapid overview dashboard, which provides real-time monitoring across the organisations' six strategic priorities. This will move us closer to real-time monitoring of public health threats. We will:

- ❖ Using the 2021 Census linked to other data, including within SAIL Databank, to systematically analyse all aspects of health and equality covering – protected characteristics, employment, and socio-economic status.
- ❖ Work with Digital Health and Care Wales (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 build our programme of evaluation, applying methodologies which maximise the use of data, qualitative and economic insights to better understand what interventions have the greatest impact on health outcomes and equity. We will support the development of research leaders empowering them 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 2029**, we will seek to improve our delivery of modern and accessible digital services, centred around user needs to improve the health and wellbeing 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 be working collaboratively with DHCW on the National Data Resource (NDR). We will move our analytical capability into the National Data and Analysis Platform, which will enable better and safer use of our data. We will automate time-consuming manual processes, to free up our talented staff to do more value-added activities.

Our digital transformation of existing systems continues alongside the development of new digital systems, across key areas including screening, health protection, registers and our web estate. 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, the interplay with equity across digital transformation, continued focus 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
<p><b>SO7.8</b> - By 2029, we will provide the data, analysis, research and evaluation evidence to improve the health and wellbeing of Wales and support inequality challenges.</p>	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>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.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Phase 1 - Ensured that we successfully managed the change to new supporting digital systems to significantly improve the efficiency and timeliness of our population-based cancer registry data and implement/test a Beta system for rapid yet definitive population-based cancer registration.</li> </ul>
	<ul style="list-style-type: none"> <li>Applied robust methodologies and natural experiment approaches to strengthen evaluation of organisational programmes on health and equity outcomes.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented year 3 of the organisational Research &amp; Evaluation Strategy</li> </ul>
	<ul style="list-style-type: none"> <li>Through research &amp; evaluation, and in collaborating across the WHO European Region, generate the evidence needed to ensure equity in digital health transformation for the population of Wales.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered and grew externally funded linked data research programmes, responsive to strategic priority needs.</li> </ul>
	<ul style="list-style-type: none"> <li>Provided strategic leadership and influence at UK and international levels, shaping research and academic partnerships to advance health and equity in Wales.</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>Positioned Time to Talk Public Health as a platform for developing population insights, strengthening collaborations, helping to shape the priorities of the organisation and stakeholders and supporting policy developments.</li> </ul>
<ul style="list-style-type: none"> <li>Applied robust methodologies and natural experiment approaches to strengthen evaluation of organisational programmes on health and equity outcomes.</li> </ul>	
<ul style="list-style-type: none"> <li>Refreshed the organisational Research &amp; Evaluation Strategy.</li> </ul>	
<ul style="list-style-type: none"> <li>Through research &amp; evaluation, and in collaborating across the WHO European Region, generate the evidence needed to ensure equity in digital health transformation for the population of Wales.</li> </ul>	
<ul style="list-style-type: none"> <li>Delivered and grew externally funded linked data research programmes, responsive to strategic priority needs.</li> </ul>	
2028-2029	
Quarter 4	
<ul style="list-style-type: none"> <li>Embedded into BAU/statutory functions the MVP with CRO and Cancer Analysis Team training change to new supporting digital systems having brought in new cancer data sources and improved the efficiency and timeliness of our cancer data.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Through research &amp; evaluation, and in collaboration across the WHO European Region, generate the evidence needed to ensure equity in digital health transformation for the population of Wales.</li> <li>• Implemented year 1 of the organisational Research &amp; Evaluation Strategy.</li> <li>• Applied robust methodologies and natural experiment approaches to strengthen evaluation of organisational programmes on health and equity outcomes.</li> </ul>
<p><b>SO7.9</b> - By 2029, we will seek to improve our delivery of modern and accessible digital services, centred around user needs to improve the health and wellbeing of the people of Wales.</p>	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	Quarter 2
	<ul style="list-style-type: none"> <li>• Delivered Phase 1 of Digital Health Protection Programme (DHPP)</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>• Delivered Phase 2 of DHPP</li> </ul>
	<ul style="list-style-type: none"> <li>• Further developed our approach to modelling impact and evaluation across the organisation</li> </ul>
	<ul style="list-style-type: none"> <li>• Delivered Data, Analysis, Registers, and Cloud (DARC) programme.</li> </ul>
	<ul style="list-style-type: none"> <li>• Developed a forward look of AI activities and deliver those that are viable.</li> </ul>
	<ul style="list-style-type: none"> <li>• Implemented Network infrastructure improvements</li> </ul>
	<ul style="list-style-type: none"> <li>• Replaced virtual infrastructure for screening estate.</li> </ul>
	2027-2028
	Quarter 1
	<ul style="list-style-type: none"> <li>• Established a Digital, Data and Technology Profession Capability Framework.</li> </ul>
Quarter 3	
<ul style="list-style-type: none"> <li>• Delivered Phase 3 of DHPP</li> </ul>	
Quarter 4	
<ul style="list-style-type: none"> <li>• Delivered Phase 4 of DHPP</li> </ul>	
<ul style="list-style-type: none"> <li>• Maintained ongoing BAU operational ownership of the DHP system by Public Health Wales</li> </ul>	

### 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 2029, we will have continued 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 have continued to ensure the principles of Integrated Governance enable the organisation through a focus on quality, decision-making and delegation of authority. This will ensure that Integrated Governance is positioned as an integral component of our approach to quality management and assurance. Central to this work, we will have continued to mature our risk architecture, records management, and information governance effectiveness based on ongoing evaluation and improvement.

**SO7.11** - By 2029, we will have matured the organisational approach to the Duty of Quality and embedded the organisational infrastructure and culture for continuously improving, innovating and learning to enable excellent public health services.

The Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020) enable us to focus on the needs of the system and purpose of the organisation, ultimately enhancing quality and pursuing excellence for all those who access and use our services.

Through the Improvement and Innovation Hub we will continue to create and support the conditions that promote a culture of continuous improvement. The Hub seeks to enhance Public Health Wales' outcomes by developing and implementing effective improvement strategies and innovative solutions across the organisation through driving improvement and inspiring innovation. Providing our 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 so that quality is everyone's business. We will work closely with NHS, industry, academia and other partners to ensure that we import promising ideas and solutions and support operational improvements. We will continue to champion and celebrate improvements and innovations across Public Health Wales.

**SO7.12** - By 2029, we will have raised the profile and professional impact the Nursing and Midwifery registrants have on our delivery. We will have improved the sustainability of this workforce in terms of recruitment, retention, ongoing development and effectiveness.

We will have embedded clinical supervision for nurses and midwives across Public Health Wales and evaluated the impact. We will have implemented the Public Health Wales' professional nursing and midwifery plan in line with the Chief Nursing Officer

for Wales' Strategic Vision for Nursing and Midwifery, focusing on priority four, Population-Focused and Preventative Care.

**SO7.13** – By 2029 we will have implemented a Quality Management System (QMS) to deliver consistently safe, effective, and person-centred services and programmes by embedding a culture of continuous improvement, strengthening governance structures and ensuring data driven decision-making across all services.

This will include:

- ❖ **A more reliable system:** Reduce unwarranted variation quality across programmes and services
- ❖ **Agile Quality Improvement capacity:** To support any new work and respond to areas of need or concern, aligned to strategy
- ❖ **Evidence of embedded learning:** A mature learning system to ensure that incidents, audits, and service user feedback translate into rapid, visible improvements, and drive quality planning
- ❖ **Empowered staff:** Teams will be better equipped with the skills, tools, and leadership support needed to drive quality improvement at every level
- ❖ **Stronger governance:** Improved oversight, accountability, and transparency in quality performance which is more visible to our Boards and committees.

## Key Deliverables

Objective	Milestones
<p><b>SO7.10</b> - By 2029, we will have continued 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>	2026-2027
	Quarter 1
	<ul style="list-style-type: none"> <li>Undertaken the annual refresh of the Information Governance Plan for Public Health Wales with a renewed focus on continuing to embed a holistic approach with cyber security colleagues, leading to improved training and support for Public Health Wales staff.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Embedded the audit process to continue to monitor and evaluate the ongoing improvement of our corporate approach to Records Management, using benefits realisation measures.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented the outcomes of the refreshed Information Governance Plan undertaken in Q1, 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.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented a Public Health Wales Integrated Governance approach to rationalise our systems and processes and clarify decision-making to improve the efficiency and effectiveness of our operations.</li> </ul>
	2027-2028
	Quarter 1
	<ul style="list-style-type: none"> <li>Produced an updated Records Management Audit Plan for 2027-28 to identify and recommend system improvements.</li> </ul>
Quarter 2	
<ul style="list-style-type: none"> <li>Evaluated the efficiency and effectiveness of the Integrated Governance procedures through the operationalisation of the Integrated Governance approach, and recommend improvements where identified.</li> </ul>	
Quarter 4	
<ul style="list-style-type: none"> <li>Evaluated the effectiveness of the refreshed Information Governance policies, procedures and compliance and recommend improvements where identified.</li> </ul>	
2028-2029	
Quarter 3	
<ul style="list-style-type: none"> <li>Developed and further established a Public Health Ethics function and the existing Caldicott Guardian functions within the Office of the Medical Director (OMD).</li> </ul>	
<p><b>SO7.11</b> - By 2029, we will have matured the organisational approach to the Duty of Quality and embedded the organisational infrastructure and culture for</p>	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Evaluated the methodology used by Public Health Wales in 2025/26 to collate and report against the Duty of Quality Standards and identify and improvements in line with the ambition of Public Health Wales' Strategic Priority 5.</li> <li>Assessed the effectiveness of the quality infrastructure within Public Health Wales to comply with the Duty of Quality and identify improvements.</li> </ul>

continuously improving, innovating and learning to enable excellent public health services.	<ul style="list-style-type: none"> <li>Assessed the effectiveness of the Public Health Wales Quality Oversight Group and identify improvements.</li> </ul>
	<ul style="list-style-type: none"> <li>Completed a review of the status of the organisation in relation to each of the quality attributes described in the Infection Prevention Control (IPC) Quality Statement.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented the new Listening to People Regulations and associated training package.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Evaluated and reviewed support towards registered professions, determining the impact of activity facilitation identifying any improvements to continuing support.</li> </ul>
	<ul style="list-style-type: none"> <li>Developed and embedded a cross organisational approach to Clinical Governance working in collaboration with NQIG colleagues supporting the Duty of Quality and delivering excellent public health services.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<ul style="list-style-type: none"> <li>Initiated an implementation plan to meet the revised National Standards for Cleaning in NHS Wales, ensuring effective mechanisms are in place to provide safe healthcare environments in all Public Health Wales' clinical premises.</li> </ul>
	<ul style="list-style-type: none"> <li>Initiated an audit programme and reporting and review mechanism to meet the revised National Standards for Cleaning in NHS Wales.</li> </ul>
	<ul style="list-style-type: none"> <li>Evaluated the Public Health Wales SMS feedback model as part of the People's Experience Framework.</li> </ul>
	<ul style="list-style-type: none"> <li>Evaluated and reported upon the effectiveness of the improvement and innovation Hub approach to improvement and innovation, making recommendations to support spread, scale and learning.</li> </ul>
	<ul style="list-style-type: none"> <li>Scoped and designed a joint working partnership model with Wales Council for Voluntary Action (WCVA).</li> </ul>
	<ul style="list-style-type: none"> <li>Provided leadership and oversight to deliver Year One of the People's Experience Framework implementation plan for Public Health Wales</li> </ul>
	<ul style="list-style-type: none"> <li>Collated evidence and developed a plan for the Improvement and Innovation Hub to deliver an Innovation Management System in Public Health Wales in line with ISO56001.</li> </ul>
	<ul style="list-style-type: none"> <li>Provided continued leadership and oversight to enable delivery of Year Two of the People's Experience Framework implementation plan for Public Health Wales.</li> </ul>
	<ul style="list-style-type: none"> <li>Used learning from the Public Health Wales 'Gloves Off' improvement project pilot to further reduce the use of non-sterile single use gloves across wider Public Health Wales services.</li> </ul>
	2027-2028
	Quarter 1
<ul style="list-style-type: none"> <li>Developed and initiated an action plan setting out actions required to meet the standards outlined in the Infection Prevention Control (IPC) Quality Statement.</li> </ul>	
Quarter 2	
<ul style="list-style-type: none"> <li>Monitored and evaluated the implementation of the National Cleaning Standards for Cleaning in NHS Wales.</li> </ul>	
<ul style="list-style-type: none"> <li>Evaluated the impact of the new Listening to People Regulations within Public Health Wales.</li> </ul>	

	<ul style="list-style-type: none"> <li>Implemented a modern, fit-for-purpose risk management system across Public Health Wales and NHS Wales' Performance and Improvement, replacing Datix Web before it's decommission in November 2027 to enhance organisational risk maturity and reporting capability.</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Monitored and evaluated the implementation of the audit programme and reporting of compliance against the National Standards for Cleaning.</li> <li>Delivered an Innovation Management System in Public Health Wales in line with ISO56001.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Developed and piloted a patient safety education programme in line with the Listening to People Regulations.</li> </ul>
	2028-2029
	Quarter 2
	<ul style="list-style-type: none"> <li>Evaluated the implementation of the Innovation Management System ISO56001 within Public Health Wales delivered by the Improvement and Innovation Hub in 2027-28.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Evaluated the patient safety education programme piloted in 2027-28.</li> <li>Evaluated the joint working partnership model with Wales Council for Voluntary Action (WCVA).</li> </ul>
<b>SO7.12</b> - By 2029, we will have raised the profile and professional impact the Nursing and Midwifery registrants, have on our delivery. We will have improved the sustainability of this workforce in terms of recruitment, retention, ongoing development and effectiveness.	2026-2027
	Quarter 3
	<ul style="list-style-type: none"> <li>Evaluated and reviewed the support mechanisms offered to registered Nurses and Midwives, determining the impact of this activity and identifying any improvements for ongoing support.</li> </ul>
	2027-2028
	Quarter 3
	<ul style="list-style-type: none"> <li>Implemented the joint working partnership model with Wales Council for Voluntary Action (WCVA) designed in 2026-27.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Developed an equal opportunity offer for nurses and midwives in Public Health Wales to have Supporting Professional Activities time (SPAs) included in their individual job plans, based on the training needs analysis conducted in 2025/26 and the findings from the Nursing Workforce Retention Plan,</li> </ul>
<b>SO7.13</b> – By 2029 we will have implemented a Quality Management System (QMS) to deliver consistently safe, effective and person centred services and programmes by embedding a culture of continuous improvement, strengthening governance	2026-27
	Quarter 4
	<ul style="list-style-type: none"> <li>Scoped, developed and implemented a pilot QMS within a service programme/area utilising best evidence and a collaborative approach.</li> </ul>
	2027-28
	Quarter 2
	<ul style="list-style-type: none"> <li>Evaluated the pilot QMS rolled out in 2026-27, to identify improvements and ensure the model will deliver consistent, safe, effective and person-centred services and programmes.</li> </ul>

structures and ensuring data-driven decision-making across all services.	Quarter 4
	<ul style="list-style-type: none"> <li>Used evidence and learning from the evaluation of the pilot QMS to scope, develop and implement spread and scale of our QMS across Public Health Wales.</li> </ul>
	2028-29
	Quarter 4
	<ul style="list-style-type: none"> <li>Embedded QMS across Public Health Wales to continuously, reliably and sustainably meet the needs of the population we service.</li> </ul>

### 3.7.5 Delivering value and improving our performance and delivery

**SO7.14 By 2029**, 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 route maps for each of our strategic priorities. As part of this work, we will strengthen 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 staff our story, 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.

We will work across our enablers to support the delivery of our Optimisation Programme focused on ensuring that that we are operating effectively, efficiently and sustainably as an organisation. We will establish a formal programme in 2026/27, as part of our Change Portfolio.

**SO7.15 By 2029**, we will be providing the organisation with environmentally sustainable 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 enables changes to our culture as we adopt new ways of working.

With an increased imperative on the need to address decarbonisation and sustainability and ensure the effective utilisation of our built and mobile estate, a fresh approach is required to ensure that the organisation is planning, developing and operating its estate in the best way possible. The development of a re-focused Estates Spatial Strategy will support these key drivers and ensure that our workplaces, service delivery sites and environments are functional and meet both current and future needs.

Working with the Welsh Government Energy Advisory Service we will identify and adopt initiatives and approaches that can be introduced to enhance the management of our estate.

We will, as we change to a more environmentally friendly vehicle fleet, look to reduce our carbon footprint and seek opportunities to further increase our EV infrastructure. Opportunities for improved fleet management will be pursued to ensure the operation of the fleet is safe and be the best that it can be.

**SO7.16 By 2029**, 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><b>SO7.14</b> - By 2029, we will be effectively implementing our Long-Term Strategy, strategically communicating and engaging on our priorities to our key stakeholders, and ensuring our staff understand their role in the successful delivery of our plans.</p>	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>Delivered improved leadership visibility programme to include refreshed Leadership Forum and delivery of staff conferences.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered strategic look back and look forward to assess strategy delivery against key external and internal changes and opportunities.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented agreed business case model for all new tier 1 and 2 change programmes.</li> </ul>
	<ul style="list-style-type: none"> <li>Developed a Benefits Management Framework for change programmes.</li> </ul>
	<ul style="list-style-type: none"> <li>Formally established our Optimisation Programme as part of our Change Portfolio</li> </ul>
	Quarter 3
	<ul style="list-style-type: none"> <li>Audited brands to test alignment with brand strategy.</li> </ul>
	<ul style="list-style-type: none"> <li>Delivered Welsh Public Health Conference as a key stakeholder communication and engagement opportunity, creating a platform for our staff to share their expertise and build relationships across the public health system.</li> </ul>
	Quarter 4
	<ul style="list-style-type: none"> <li>Delivered a schedule of programme assurance reviews for Tier 1 and 2 programmes as agreed by Change Board.</li> </ul>
	<ul style="list-style-type: none"> <li>Implemented public affairs approach to support stakeholder management and policy influencing.</li> </ul>
	2027-2028
	Quarter 1
	<ul style="list-style-type: none"> <li>Evaluated the impact of the effectiveness of communications and engagement activity for 2026-27, with recommendations for optimisation</li> </ul>
	Quarter 3
<ul style="list-style-type: none"> <li>Developed additional business case capability and capacity across the organisation to embed the business case model.</li> </ul>	
Quarter 4	
<ul style="list-style-type: none"> <li>Implemented action plan to act on insights from strategic look back look forward to ensure Public Health Wales' Strategy is delivering measurable impact.</li> </ul>	
<ul style="list-style-type: none"> <li>Provided value-based portfolio analysis to the organisation.</li> </ul>	
2028-2029	
Quarter 2	
<ul style="list-style-type: none"> <li>Evaluated impact of action plan to determine if Strategy is delivering measurable impact.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Evaluated and optimised business case model for continuous improvement and alignment with organisational priorities.</li> </ul>
<b>S07.15</b> - By 2029, we will be providing the organisation with environmentally sustainable physical infrastructure to effectively and safely operate.	2026-2027
	Quarter 4
	<ul style="list-style-type: none"> <li>• Developed an organisational estates spatial strategy.</li> </ul>
	2027-2028
	Quarter 4
	<ul style="list-style-type: none"> <li>• Commencement of Estates Spatial Strategy Implementation.</li> </ul>
<b>S07.16</b> - By 2029, 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.	2028-2029
	Quarter 4
	<ul style="list-style-type: none"> <li>• Continued implementation of Estates spatial strategy.</li> </ul>
	2026-2027
	Quarter 2
	<ul style="list-style-type: none"> <li>• Established and embedded operational and governance arrangements for Public Health Wales's web estate to ensure standards, quality and user inclusion.</li> <li>• Developed value proposition following strategic direction decision in early 2026.</li> </ul>
Quarter 4	
<ul style="list-style-type: none"> <li>• Implemented Public Health Wales Performance Management mechanisms.</li> </ul>	
2027-2028	
Quarter 4	
<ul style="list-style-type: none"> <li>• Reviewed and monitored value proposition integrated with route maps.</li> </ul>	

# 4 Delivery and Governance

## 4.1 Our Financial Plan

### 4.1.1 Underlying Position

Public Health Wales three-year financial plan delivers an underlying breakeven position. Further detail is contained within the Public Health Wales Budget Strategy and Financial Plan 2026-29.

### 4.1.2 Our revenue plan

NHS Wales face a challenging financial outlook for 2026/27. This has been reflected in the financial planning principles set by Welsh Government which include:

- ❖ Zero Inflation and growth funding uplift provided to Public Health Wales by Welsh Government for 2026/27
- ❖ Organisations to generate sufficient recurrent financial savings to deliver a balanced financial plan.

Our 2026/27 revenue plan has been developed in line with these principles:

	2026/27	2027/28	2028/29	Recurrent
	£m	£m	£m	£m
<b>Income</b>				
2025/26 Core Income	145.002	145.002	145.002	145.002
WG Core Allocations	12.717	12.717	12.717	12.717
Non-Core WG Income	11.108	11.108	11.108	11.108
Anticipated WG Allocations	7.200	11.039	16.872	16.872
Other Income	38.307	38.307	38.307	38.307
Savings - Income Generation	0.115	0.115	0.115	0.115
Welsh Risk Pool Contribution	-1.044	-1.044	-1.044	-1.044
<b>Total Income</b>	<b>213.405</b>	<b>217.244</b>	<b>223.077</b>	<b>223.077</b>
<b>Expenditure</b>				
2026/27 Expenditure	181.990	181.990	181.990	181.990
<b>Expenditure Changes (Funded in Mandate Letter)</b>				
M365 licence budget associated with QSI staff. Transfer to NHS Performance and Improvement	-0.041	-0.041	-0.041	-0.041
2024/25 Pay Award Funding A4C & M&D	6.604	6.604	6.604	6.604
Pay Award Uplift 2025/26	3.957	3.957	3.957	3.957
National Insurance Uplift 2025/26	1.973	1.973	1.973	1.973

Medical and Dental Training Posts	0.224	0.224	0.224	0.224
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	0.600	0.600	0.600	0.600
AMR Awareness Campaign	0.020	0.020	0.020	0.020
Healthy Weight Behaviour change	0.200	0.200	0.200	0.200
ACE Hub Wales	0.900	0.900	0.900	0.900
COVID Laboratory Testing (Non Pay)	6.560	6.560	6.560	6.560
<b>Expenditure Changes (Funded in Anticipated Allocations)</b>				
Whole School Approach to Mental Health	0.745	0.745	0.745	0.745
Healthy Working Wales	0.100	0.100	0.100	0.100
Pay Award Uplift VSM 2025/26	0.044	0.044	0.044	0.044
Pay Award Uplift 2026/27	3.426	3.426	3.426	3.426
Lung Cancer Screening Business Case	2.745	5.515	10.116	10.116
Smoking Cessation	0.140	0.000	0.000	0.000
Genomics Allocation	TBC	TBC	TBC	TBC
Women's Health Hub	TBC	TBC	TBC	TBC
Gambling	TBC	TBC	TBC	TBC
Recurrent Impact of Investments	-0.493	-1.309	-1.486	-1.486
New/Unfunded Cost Pressures	3.964	5.989	7.398	7.398
Savings	-3.081	-3.081	-3.081	-3.081
<b>Total Anticipated Expenditure</b>	<b>213.405</b>	<b>217.244</b>	<b>223.077</b>	<b>223.077</b>
<b>Planned Variance</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

These figures do not include income or expenditure relating to the NHS Wales Performance and Improvement (NHSW P&I), which is hosted by Public Health Wales. It is assumed that the NHSW P&I will manage within their approved allocations.

The estimated impact of the 2026/27 Agenda for Change pay award of 3.3% has been included in the plan, along with an equivalent anticipated funding allocation from Welsh Government. 2026/27 Pay awards for all other staff have not yet been agreed but are expected to be fully funded by Welsh Government.

Public Health Wales retains a directorate based financial governance structure and budgets have been set on a directorate structure basis for 2026/27. However, a resource mapping exercise has been undertaken to provide an indicative resource apportionment across our strategic priorities:

Strategic Priority	2026/27 £m
Influencing the Wider Determinants of Health	5.310
Promoting Mental and Social Wellbeing	9.351
Promoting Healthy Behaviours	9.923
Supporting the development of a sustainable health and care system focused on prevention and early intervention	17.576
Delivering excellent public health services to protect the public and maximise population health outcomes	168.085
Tackling the public health effects of climate change	3.160
<b>Total</b>	<b>213.405</b>

### 4.1.3 Inflation

Our plan includes the following approach to modelling inflationary and growth pressures for 2026/27 and beyond:

- ❖ Incorporating the national inflation modelling approach agreed by NHS Wales Directors of Finance.
- ❖ Uplifting NHS expenditure SLAs by 1.11% despite not receiving this funding uplift from Welsh Government.
- ❖ Developing a robust methodology to allocate inflation funding internally within Public Health.

### 4.1.4 Savings Plans and Utilisation of Efficiency Savings

Welsh Government has set a requirement for all NHS Wales organisations to identify sufficient recurrent financial savings to deliver a breakeven financial plan. The Public Health Wales plan requires £3.195m savings to deliver a breakeven position. This equates to 2.03% of our £157.719m core allocation included in our Remit Letter. To deliver this target Directorates have developed plans to deliver savings against their total directorate baseline expenditure budgets. The savings target has been met from a range of savings initiatives and efficiencies identified for 2026/27.

The resource released through these efficiency savings will be used to cover the range of cost pressures identified in the plan to ensure delivery of an overall breakeven financial position.

### 4.1.5 Our capital plan

Our Discretionary Capital allocation has increased by £109k from £1.700m to £1.809m for 2026/27. The main purpose of our discretionary allocation is to fund our replacement programme.

Public Health Wales has received a strategic allocation of up to £7.502m in respect of the Lung Screening Programme 2026-29. The funding will be used to deliver this service using mobile CT scanning units operating across the whole of Wales.

Public Health Wales has submitted three strategic business cases into Welsh Government, Phase 2 of DESW van replacement, Replacement of Temperature monitoring system and Digital Health Protection Programme, the values of which are set out in the table below. 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 few additional business cases, which will require All Wales Capital Funding.

Welsh Government continue to provide additional capital funds for 2026/27, namely:

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

Public Health Wales have not submitted any bids against these funds for 2026/27.

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

Scheme/Funding Stream	FY 26-27 £000s	FY 27-28 £000s	FY 28-29 £000s	Comments
Lung Cancer Screening Programme	91	3,906	3,506	Funding letter received
<b>Approved Strategic Capital</b>	<b>91</b>	<b>3,906</b>	<b>3,506</b>	
DESW Van replacement - phase 2	734	624	0	Business Case Submitted
Digital Health Protection Programme	3,579	2,297	0	Business Case Submitted
<b>Anticipated Strategic Capital</b>	<b>4,313</b>	<b>2,921</b>	<b>0</b>	
Automation Workstream		3,000		Business Case to be drafted
Temperature monitoring system for microbiology laboratories across network	350			Business Case Submitted
Various laboratory developments/modernisation:		3,000	3,000	Business Case to be drafted
Replacement of Immutable Storage (Cybervault)	300			Business Case to be drafted
Replacement of Screening Virtual Infrastructure Platform	200			Business Case to be drafted
Replacement of Virtual Infrastructure Platform at main Disaster Recovery & DESW Sites	350	80		Business Case to be drafted
Seegene Equipment	0	1,270	0	Business Case to be drafted

Sexual Health Management System	0	0	0	TBC
Digital Health Improvement	0	0	0	TBC
Strategic Approach to Screening Digital	0	0	0	TBC
<b>Total Unapproved Strategic Capital</b>	<b>1,200</b>	<b>7,350</b>	<b>3,000</b>	
<b>Total Strategic Capital</b>	<b>5,603</b>	<b>14,176</b>	<b>6,506</b>	

In 2022/23 the Minister for Health and Social Services asked Welsh Government to develop a 10-year infrastructure plan in respect of Estates and Digital requirements. We have now reviewed and prioritised the requirements for 2026/27 and included updated values in the above table.

#### 4.1.6 Risks (& Opportunities)

We are currently anticipating a breakeven position, in line with the 2026/27 budget setting process and detailed work of the strategic plan. However, there are several financial risks as set out below: -

- ❖ Zero Welsh Government funding uplift for inflation and growth in 2026/27 continues for 2027/28 and beyond. Current assumption is that inflation and growth will be funded from 2027/28 onwards.
- ❖ Impact on inflation of conflict in the Middle East.
- ❖ The Supreme Court ruling in February 2026 in relation to children injured by medical negligence is likely to result in increased NHS cost for clinical negligence liabilities. This impact has not yet been quantified and will likely increase future years Welsh Risk Pool Contributions.
- ❖ Recurrent commitments against Welsh Government time-limited grants;
- ❖ A few assumed Welsh Government allocations which have not yet been confirmed;
- ❖ COVID-19 testing costs exceed the £6.560m funding provided for 2026/27;
- ❖ Management of COVID-19 testing costs beyond March 2027;
- ❖ 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.

## 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 2025/6, we have progressed the five key workstreams set our digital and data route map:

- ❖ **Data, Analysis, Registers and Cloud (DARC) Programme:** this programme will deliver migration of our analytical capability into the National Data Resource's National Data and Analysis Platform (NDAP) over the next two years. It also supports the development of cloud enabled front-line services, initially for the Digital Health Protection Programme. The DARC Programme is also responsible for managing the changes to systems that will be required as DHCW replace the audit + (primary care data) software.
- ❖ **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:** in April 2025, we established the AI Design Authority, whose purpose is to assure the use of AI in Public Health Wales, to develop guidance and good practice to support the safe, effective and legal use of AI, 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 development sessions with our Board 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

Our Digital and Data Design Authority agrees the digital standards and adoption processes 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.

In April 2025 we established an AI Design Authority to sit alongside this having adopted the recommendations from the AI Commission for Health and Social Care in Wales 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. Programme Boards have been set up for our Tier 1 Programmes, the DARC Programme and DHPP.

#### 4.2.2 National Systems

We continue to work closely with the National Data Resource who are supporting our migration of 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 and to monitor the impact on health outcomes and equity.

We are now entering the third 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 submission of an Outline Business Case to Welsh Government for a new lung cancer screening service. We have also completed the Sexual Health Case Management System discovery requested by Welsh Government and are revising the business case in light of this.

The first stages of migration of our analysis to the National Data Analysis Platform in the National Data Resource (NDR) are nearing completion. The first areas to migrate will commence that migration in January 2026. With the Digital Health Protection business case approved, the cloud infrastructure has been prepared, and the contractors have been successfully onboarded. 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 key deliverables for our digital route map looking ahead are:

#### 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, dependent on continued funding and resources from DHCW / Welsh Government.
- ❖ Assessed the change required for a complete transformation of our digital support of Screening Services.
- ❖ Subject to funding, begun the discovery phase of the new lung cancer screening platform.

- ❖ Embed the replacement for Audit+ primary care data, subject to DHCW building the replacement.

### 2027/28

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

## 4.3 People and Organisational Development

### 4.3.1 Our People

We face a future of increasing demands and evolving public health challenges. To deliver our Long-Term Strategy, we must develop an engaged and high-performing workforce. The fast-moving external environment and evolving expectations of individuals demand a workplace that prioritises wellbeing, flexibility, inclusion and growth. We need to adapt to attract and retain top talent. In 2025, we published our People Strategy for 2025–2035, which provides long-term direction to our ambition to ensure that we are optimally designed and organised, and attract, develop, and retain a diverse, flexible, sustainable, and thriving workforce.

In response to the current and emerging external context, our immediate focus is centred on strengthening organisational foundations critical for stability and performance: our desired organisational culture, organisational design, and learning and development for our organisational leaders and people managers. By investing strategically in these areas, we will be well-positioned to meet future challenges, deliver our Long-Term Strategy, and achieve our vision of a healthier Wales for all.

### 4.3.2 People Strategy - Key Focus Areas

Our People strategy sets out five key focus areas:

- ❖ Designed to Deliver
- ❖ Talent Attraction and Inclusive Hiring
- ❖ Cultivating Future-Ready Skills
- ❖ Leading with Compassion
- ❖ Exceptional Staff Experience

The implementation of the People Strategy, delegated to People and OD, informs our IMTP commitments. Our short-term workstreams prioritise achieving structural clarity (*Designed to Deliver*), embedding compassionate leadership and cultural maturity (*Leading with Compassion and Exceptional Staff Experience*), and equipping our managers (*Cultivating Future-Ready Skills*).

### 4.3.3 Our Culture

Our ongoing work on organisational culture and team climate will help to ensure all our people feel valued and respected and can contribute their best to delivering our Long Term Strategy.

Our Strategic Equality Plan (SEP) is closely aligned to our People Strategy and our work to create an inclusive workplace where everyone can be their authentic self and give of their best. In 2023, we assessed our organisational culture using the empirically validated Organisational Culture Inventory®, owned by Human Synergistics. We can now describe our ideal culture, which will encourage people to maximise their contributions and commitment to the organisation; enhance the quality of what we do; and enable consistency with our values and purpose.

Our people managers and organisational leaders will ensure that our ideal culture and organisational values are apparent in everyone's lived experience; they will lead with compassion, creating an environment in which people can thrive. To achieve this, we prioritise work to increase leadership and management skills, capacity, and confidence, enabling our leaders to role model desired behaviours and effectively navigate change. This leadership development is essential to fostering an inclusive and psychologically safe environment.

#### 4.3.4 Inclusion and Diversity

We want an increasingly diverse workforce which more closely reflects the population of Wales. We are committed to creating an inclusive workplace where all our people feel valued and respected. As outlined in our Strategic Equality Plan 2024-28, diversity and inclusion are integral to our organisational culture. We know that diverse teams and organisations outperform their less diverse counterparts, and inclusive environments, where people feel they belong, lead to higher morale and increased productivity.

Embracing diversity also allows us to tap into a wider talent pool, helping us to attract the best candidates. We are committed to creating an inclusive environment that supports the needs and perspectives of individuals from all backgrounds, including for example, neurodivergent and disabled people. We will seek to foster innovation, creativity, and problem-solving, enriching the workforce and strengthening our ability to deliver our Long-Term Strategy.

We are committed to supporting people's changing needs by increasing opportunities for flexible and agile working and making tailored adjustments that help people work at their best, stay well and in work. We will make necessary adaptations to working patterns or the physical environment as needed to enable everyone to contribute fully.

As part of our commitment to the Anti-Racist Wales Action Plan, and in line with our Strategic Equality Plan (SEP), we are committed to becoming an anti-racist organisation, able to draw on a diverse spectrum of voices to inform how we lead, manage, and work with others to deliver our services. We are also committed to widening access to careers in Public Health, to attract people from a more diverse range of socio-economic backgrounds and enable social mobility, through innovative recruitment processes and monitoring the socio-economic backgrounds of job candidates, so that we can ensure we are reaching people from all backgrounds.

We will strengthen our Welsh language services and promote and facilitate use between our people and with our service users. Welsh speakers are scarcer in the pool of the working-age population. Ensuring that we have sufficient numbers of Welsh speakers is important and will continue to be a challenge.

We provide regular update on our progress against the SEP and with the Welsh Language standards and More Than Just Words through our Executive Team and People and OD Committee to Welsh Government.

### 4.3.5 Challenges and Opportunities

Wales is facing challenging times which will impact on the work we do and the skills we require. To address these issues, we need to leverage the diverse talents and expertise within the organisation. Offering a great staff experience with relevant, attractive, and developmental career paths is essential to attracting, retaining and enabling our people to achieve our long-term goals.

In response to current and emerging constraints, immediate resources have been re-allocated to ensure a focus on optimising design and delivery. This work, coupled with the planning and preparatory work for the new NHS Wales workforce information system (ESR transformation), will establish the necessary technological and structural foundations for a more agile organisational design, aligned to deliver our Strategic Priorities.

We continue to face persistent long-term shortages in a number of specialist roles, emphasising the importance of our long-term and sustainable approach to Strategic Workforce Planning to address skill gaps, particularly in emerging areas like digital, data, climate change and sustainability.

### 4.3.6 Workforce profile

As of 28 February 2026, our total workforce comprised 2,254 people, equating to 2,010.93 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	23.4
Research, Data and Digital Directorate	194	180.47
Health and Wellbeing Directorate	178	156.75
Health Protection and Screening Services Directorate	1539	1,369.42
Operations and Finance Directorate	106	102.24
People and Organisational Development Directorate	51	45.71
Policy and International Health Directorate	97	75.12
Nursing, Quality and Integrated Governance Directorate	61	57.81
<b>Grand Total</b>	<b>2,254</b>	<b>2,010.93</b>

## 4.4 Risk Management

### 4.4.1 Strategic risk

As part of the development of our strategic route maps and Strategic Plan for 2026/29, we have reviewed and refreshed our strategic risks. For each, we will set our risk appetite and manage and monitor in line with our internal governance arrangements. The refresh process involved horizon scanning to identify emerging themes and trends and was informed by our existing strategic risks in Quarter 4 of 2024/25 and key external drivers.

Our strategic risks for 2026/27 are:

Risk Descriptor
<p><b>SRR1 - There is a risk that:</b> We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"><li>1. Poor alignment of Public Health Wales specialist resources, capabilities and programmes with our long-term strategy.</li><li>2. Failure to generate the quality of evidence and supporting data to shape our influencing and delivery.</li><li>3. Insufficient/Ineffective public health advice, evidence and action <i>within our remit</i>.</li><li>4. Ineffective engagement with and communication to partners, the public and policymakers.</li><li>5. Insufficient system leadership and co-ordination with stakeholders and partners.</li><li>6. Programmes which do not support our population in achieving healthier lives</li></ol> <p><b>Resulting in:</b> 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.</p>
<p><b>SRR2 - There is a risk that:</b> The organisation could experience poor organisational health.</p> <p><b>Caused by:</b></p> <ol style="list-style-type: none"><li>1. Ineffective organisational leadership and governance.</li><li>2. Lack of progress towards our ideal organisational culture.</li><li>3. Inability to appropriately engage, develop and enable our people to deliver our Long-Term Strategy.</li><li>4. Lack of adequate capacity or capability to deliver BAU/IMTP/SP route maps and flexibility/ adaptability/ readiness for change. This includes capacity and capability for change management and benefits realisation in light of the significant change agenda particularly in the digital and data space.</li><li>5. Lack of integrated and strategic workforce planning.</li></ol> <p><b>Resulting in:</b> Diminished ability to deliver strategic priorities, reduced adaptability and innovation, poor attraction, engagement and retention, and erosion of stakeholder confidence.</p>

**SRR3 - There is a risk that:** We fail to deliver our contribution to excellent public health services in population health screening, infection, health protection and emergency response.

**Caused by:**

1. Weakness in clinical governance, clinical and administrative systems and digital processes, service planning and operational delivery.
2. Inability to maintain capacity and capability of the specialist workforce.
3. Absence of innovation and continuous quality improvement.
4. 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.

**SRR4 - There is a risk that:** We fail to effectively mitigate the public health impacts of climate change on the Welsh population

**Caused by:**

1. Failure to identify and monitor climate change threats to health.
2. Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action.
3. Failure to effectively engage with our population, partner organisations and policymakers.
4. Failure to prioritise resources to actions that make a measurable difference to the health of our population.
5. Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change.
6. 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.

**SRR5 - There is a risk that:** We fail to modernise and transform how we provide and deliver our services.

**Caused by:**

1. Lack of capability and capacity in leading, managing and delivering transformational change
2. Failure to fully exploit digital and data
3. Lack of maturity in benefits realisation from change delivery
4. Lack of ability to deliver improvement at pace

**Resulting in:** poorer quality services, lower value for money and negatively impacting the health and wellbeing of the people of Wales

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

**Caused by:**

1. Cyber incidents.
2. Other external factors.
3. Weaknesses in digital resilience.
4. Silo working and lack of strategic oversight of digital and data outputs.

**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. This approach enables us to work in an agile way and continually identify new risks. As a result, we are developing a strategic risk relating to current cost pressures in the wider public sector. 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 remains focused 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.

As our BAF is a living document, we review and refresh it each year, ensuring our mapping of our assurance processes remains current, highlighting our strategic objectives as well as our Strategic Risks against those objectives.

This year we have made the following improvements to the Assurance Framework:

- ❖ Reviewed the Audit Procedure, following review by Audit and Corporate Governance Committee (ACGC) and the Cross Committee Chairs working Group. This document sets out and clarifies the approach to Audit within the

organisation and strengthens the process and improve quality assurance of the management actions.

- ❖ Further build and embed the approach to cross committee working.
- ❖ Strengthened the work planning development arrangements for the Board Committees including a review workshop held for each Committee to agree the priorities for the year.
- ❖ Peer Review process.
- ❖ Embedded the Quality, Safety and Improvement Committee (QSIC) pilot by developing comprehensive briefs for our Committee Chairs and by rationalising the reporting and assurance process.
- ❖ Fully integrated the insurance process for NHS Wales Performance and Improvement Unit into our own committee processes.

Areas of improvement planned for 26/27 include:

- ❖ Development of guides and support for report writers
- ❖ Annual report on the Board Champion roles
- ❖ Review the Policy, Procedure and other written controls Policy and Procedure.
- ❖ Review the Joint Working Framework and strengthen the reporting to ACGC.

## 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 September 2023, there has been a significant enhancement of the EPRR function, enabling the provision of service to extend beyond the discharge of the organisations statutory functions under the Civil Contingencies Act [2004] (CCA), including:

- ❖ Supporting ongoing organisational preparedness for the COVID-19 Inquiry and 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 activity.
- ❖ Providing system leadership and operational delivery for Public Health Wales' preparedness and response to public health risks and emergencies through a comprehensive series of internal and external training and exercising opportunities including full-organisation exercises such as CYHYREATH, MPOX, and Eris; and multi-agency exercises including PRISON MEASLES, CYD, Nitazene, and SOLARIS, supporting system-wide preparedness, digital resilience, and pandemic readiness across Wales.
- ❖ Coordinated development of a comprehensive set of arrangements for pandemic response describing the organisation's preparedness, response, and recovery during a pandemic, outlining the strategic, tactical, and operational structures to ensure a coordinated, equitable, and an evidence-based approach that protects public health and maintains organisational resilience.
- ❖ Successfully implemented new 24/7 EPRR on-call service which has been notified of, and coordinated the Public Health Wales response to over 150 calls since April 2024
- ❖ Continued leadership of the 4 Nations EPRR workstream as part of the health protection committee work programme.
- ❖ Coordination of the significant Public Health Wales engagement with Exercise PEGASUS – the Tier One National exercise assessing UK readiness for a pandemic.
- ❖ Leadership and coordination of IANPHI project "Building Bridges to Resilience: Identifying International Good Practice Principles in Applying Health Promotion to Emergency Preparedness and Response".

## 4.7 Organisational quality and improvement

We aspire to be an exemplar in quality and aim to deliver excellent public health services. We have continued to develop our approach to quality and continuous improvement utilising a Quality Management System (QMS) to effectively describe organisation design and participate in system transformation and continuous quality improvement.

We have strengthened our infrastructure and governance across Quality Planning, Quality Control, Quality Improvement and Quality Assurance. We are committed to growing our 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 to deliver the best services and provides a great place to work. This approach supports the achievement of our Long-Term Strategy and strategic priorities, and our cultural ambition as an organisation. Our approach will also continue to ensure we are continuously, reliably, and sustainably meeting the needs of the population that we serve and fulfil the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020).

### 4.7.1 Duty of Quality

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

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, routinely sharing 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. Our commitment to decision-making through a quality lens is evidenced in our Annual Quality Report. This, together with the Improvement and Innovation Hub, supports identified areas for 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 with service users of healthcare in Wales. It is a lever for improving and protecting the health, care and wellbeing of the current and future population of Wales. It is applied in conjunction with the professional Duty of Quality.

The Duty of Candour 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 implemented. An operational Quality Oversight Group has been established, and in conjunction 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 October 2025, we approved 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.

## 4.8.2 Our change portfolio

Our change portfolio helps us focus on the most significant programmes required to deliver our strategic priorities. We have undertaken significant work as part of the development of this plan to refresh our change portfolio, including assessing its feasibility. The programmes included the portfolio have a public health, digital or organisational focus and represent our key strategic developments. It is underpinned by a more detailed Digital Portfolio.

Our existing portfolio includes the following programmes for 2026/27:

- ❖ Digital Health Protection
- ❖ Tackling Diabetes Together
- ❖ Lung Cancer Screening
- ❖ Data, Analytics, Registers, Cloud
- ❖ Gambling Related Harm Reduction

As part of the development of our plan, we have also identified a pipeline of future change activity. This includes key programmes that we will deliver over the next three years, including Screening Transformation, Optimisation and the implementation of new people and risks management systems. These programmes will be formally initiated through our Change Board and included a robust assessment of scope, risks and resources. The Portfolio will be actively monitored and the Change Board will prioritise in-year, if required.

Linked to the overall change portfolio is the Digital Portfolio, which is overseen by our Data and Digital Design Authority (DDDA). 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. We will continue to work and engage with the Local Partnership Forum in relation to the delivery of relevant specific programmes within our portfolio.

We recognise that we are operating in a complex environment and need to maintain an ability to dynamically respond with agility to emerging opportunities and challenges. Therefore, our portfolio, along with our wider plan, will be subject to in-year management and prioritisation, including adjusting timelines.

## 5 Concluding Remarks

Our refreshed Strategic Plan sets out our focus for the next three years to support the delivery of our Strategic Priorities and Welsh Government policy. We have used the learning that we have identified during 2025/26 to ensure that we are focused on addressing areas of service improvement, particularly within screening and sexual health, and ensuring that the learning identified is applied to other areas. We will also undertake rapid work to further strengthen our quality and clinical assurance and management arrangements.

We will continue to support the development and delivery of Welsh Government strategy and policy. This plan sets out how we will deliver key actions set out within our Remit Letter for 2026/27, with further information provided in the supporting annexes. We will also support the delivery of the next Programme for Government following Senedd elections in May 2026.

We will continue to work with partners across the public health system, particularly Welsh Government, health boards and local authorities. We will continue to build and strengthen strong partnerships and ensure that we are responding dynamically and flexibly to feedback and stakeholder needs. We will work with partners on key public health issues, particularly our collective commitments to address health inequalities as part of our work to become a Marmot nation.

During 2026/27, we will also ensure that we are operating as effectively as an organisation. Through our optimisation work we will focus on ensuring that we operate as a modern digitally and data enabled national public health organisation that is able to support our partners and deliver excellent public health services to, and for, the public. As part of this work, we will strengthen our quality assurance and clinical governance arrangements drawing on learning that we have identified. We will demonstrate a focus on delivering performance improvements at pace and by ensuring we are able to evidence the value and impact of our services and functions.

## Annex 1

The table below reflects our programme of evaluation for 2026/27:

\*requested by Welsh Government

Dates	Key programmes for evaluation
2026/27 Committed	<ol style="list-style-type: none"><li>1. Hapus – outcomes and strategic partnerships</li><li>2. Tackling Diabetes Together</li><li>3. Welsh Network of Health Promoting Schools</li><li>4. Every Child health information leaflet for parents</li><li>5. High fat, sat and sugar legislation*</li></ol>
2026/27 Scoping	<ol style="list-style-type: none"><li>6. Lung cancer screening</li><li>7. Prevention of gambling harms digital offer</li><li>8. Climate change surveillance programme</li><li>9. Marmot nation*</li></ol>