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Judith Paget  
Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group

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Dear Judith,

### **Public Health Wales Mid-Year Joint Executive Team Meeting**

Thank you for your recent letter inviting us to our mid-year Joint Executive Team (JET) meeting on the 10 December 2024. We are looking forward to the opportunity to provide a summary of the mid-year position, reflecting on our achievements and our areas of risk, and looking ahead to the remainder of the year. We will also provide an overview of our progress against the 2024-2027 Integrated Medium-Term Plan (IMTP) and our accountability conditions. As requested in the invite letter, within our presentation and supporting information we have included updates on how we are supporting the delivery of Ministerial priorities; our approach to Quality, Equality, Diversity, and Inclusion; our clinical services plan and our workforce and recruitment challenges.

After seven years, our Chair, Jan Williams, left us to start her new role as Chair of Swansea Bay University Health Board, in June 2024. Jan was amazing over her time with us, supporting the Board, the Executives, and the whole organisation in the most challenging of circumstances. Her stewardship enabled the ongoing development and maturity in Board business, and she has championed our people right across the organisation, particularly as a champion, ally and advocate of equality, diversity, and inclusion. I would also like to express my enormous gratitude to Nick Elliot, our Interim Chairperson since April 2024. Nick has been excellent in the role and has provided very strong continuity over the last six months in addition to providing invaluable support to me.

## 1 Significant Achievements during 2024/2025 to date

Within the first six months of 2024/2025 we have delivered across the breadth of our public health functions with an increased focus on delivery and impact. We have continued to focus on delivering excellent public health services with 72% of the organisation specifically geared to frontline service delivery. Including screening 385,000 participants in total, 750,000 microbiology tests undertaken, 9,400 genomes sequenced, and significant health protection activity (160 incidents, 6,725 cases and over 5,000 total calls, 14 training events).

We have also led, delivered on, and engaged with partners across all our strategic priorities in the delivery of our Integrated Medium-Term Plan for 2024/2025. This has included the ministerial priorities that relate to us. Details of our achievements and progress are included within the supporting pack and I have provided some highlights of these below:

### 1.1 Screening Programmes

In April 2024, we marked the tenth anniversary of the Newborn Bloodspot Screening Wales Programme (NBSW) being delivered as a national programme. During the ten years of the programme, it has screened over 322,500 babies. Over 600 babies with suspected rare conditions have been identified and referred for specialist diagnosis and treatment to prevent serious illness, permanent disability and, in some cases, death.

From the 9 October 2024, we commenced our next phase of optimisation of the bowel screening programme and began to invite participants aged 50 years for screening for the first time. The programme will be rolled out to the new eligible age group gradually over the next 10 months. In addition to this, we have lowered the positive threshold level of the test which will increase the sensitivity of the test to better detect bowel cancer in those who are at risk.

It is pleasing to report that all screening programmes have now recovered the participant backlog from the impact of the pandemic, with Breast Screening Programme completing the recovery in July 2024. However, we do continue to have challenges in the overall pathway in a number of screening programmes including Breast Test Wales and Bowel Screening Wales. This is due to a number of reasons including workforce challenges and commissioning services from health boards.

### 1.2 Vaping Incident Response Group

In April we published the final report of the *Vaping in Young People Incident Response Group (IRG)*. The Group was established in the summer of 2023, in response to concerns raised across the system about the rise in vaping by young people and particularly problematic vape use which was impacting on wellbeing and learning.

The approach taken was a novel one in utilising methods normally applied to communicable disease or environmental incidents to a non-communicable disease issue. The advantage of this way of working is that a more rapid response can be achieved in situations where there is limited published evidence. In this case, the IRG brought together representatives from across the public sector to conduct a series of investigations which was able to confirm that vaping was a significant problem. A series of recommendations were made which have fed into proposed legislation on vaping.

### **1.3 Prevention Based Health and Care (PBHC)**

On the 20 May, as part of the work to support a sustainable health and care system, we launched the *Prevention-Based Health and Care (PBHC) Framework* with system partners. This work is designed to create a shared understanding of the components required to embed prevention in the health and care system. The framework aims to help those working in the health and care system to identify:

- What action is required from their own and other parts of the system, to achieve the common goal.
- Interdependencies that need to be navigated and opportunities for alignment within the health and care system.
- Who they need to collaborate with to take a systematic and coordinated approach, to optimise their collective impact.

### **1.4 Building a Public Health Value and Economics Unit**

To bring greater focus on delivering value and help to progress the Wellbeing Economy in Wales, we brought together our health economics and social value work. This supports the work of the renewed Welsh Government and World Health Organization (WHO) Memorandum of Understanding. We created a new post, Head of Health Economics and Value, and were delighted to welcome Dr Jo Charles to this role.

We delivered a Value in Public Health masterclasses, with more than 80 in attendance, which focused on building skills in measuring social value and wellbeing impact. The interactive webinar enhanced understanding of the wider social, economic, and environmental value of public health through the application of Social Value and related return on investment.

### **1.5 Directory of Education and Training in Inclusion Health and Health Professionals**

Collaborating with the National Inclusion Health Nurses Network, the Inequalities team in our Primary Care Division, developed an education and training directory in Inclusion Health for health professionals. This is designed to help healthcare professionals identify currently available education and training opportunities to help them meet the knowledge base of inclusion in health and health inequalities.

## **1.6 The 21<sup>st</sup> Welsh Immunisation Conference**

World Immunisation Week 2024, was marked in Wales by the 21<sup>st</sup> Welsh Immunisation Conference. This conference, with over 150 delegates from across vaccination and public health teams in Wales, was held for the first time at our Head Office at Capital Quarter 2, Cardiff. The conference was opened in the morning by Eluned Morgan, in her role at the time as Cabinet Secretary for Health and Social Services, and the afternoon session by Sir Frank Atherton, Chief Medical Officer. Their attendance was very much appreciated by colleagues at the conference.

It was great to be able to recognise the dedication and hard work of vaccination teams that supported the pandemic and helped return to a state of normality, but also look forward positively to new advances which will ensure that vaccination goes on to save many millions more lives in Wales and across the world. Presentations included Professor Sir Andrew Pollard, Chair of the Joint Committee on Vaccinations, and immunisation, giving a keynote talk on respiratory syncytial virus and Professor Adam Finn describing the harms of varicella infection. Dr Siddhartha Datta, from WHO Europe provided an insight into WHO thinking on vaccine equity.

The conference also saw the 2<sup>nd</sup> annual Vaccination Saves Lives Awards. The efforts of individuals and teams from across Wales were recognised, and the ceremony culminated in a lifetime achievement award to Nicola Meredith, former Lead Nurse of Influenza within the Vaccine Preventable Disease Programme.

## **1.7 Workplace Equality Index, Stonewall**

This year, we were delighted to have been ranked 31<sup>st</sup> most inclusive LGBTQ+ employer in the UK, by the charity Stonewall in its annual Workplace Equality Index (WEI). Stonewall's annual WEI ranks the top 100 most inclusive employers across the UK as part of the charity's commitment to supporting employers to create workplaces for LGBTQ+ people. As well as being named as a Gold Award Employer, we are in the Top five LGBTQ+ inclusive employers in Wales and the only Welsh NHS employer in the Top 100. We have made progress from being ranked 64<sup>th</sup> in 2022, which demonstrates the advances we have made.

We have an excellent staff network, Enfys, which has a significant impact supporting us in our journey to be an inclusive organisation, and I would like to say thank you to our People and Organisational Development Team and our Enfys network for helping to achieve the progress made over the last year.

## **1.8 Greener Primary Care Wales**

Our Primary Care Team were successful in winning the Healthier Wales award at the NHS Wales Sustainability Conference and Awards held on the 13 June, out of approximately 90 entries, and separately have had a case study Award Scheme to Engage Primary Care Workers on low carbon sustainable practice in Wales published by the Alliance for Transformative Action on Climate Change and Health.

## 1.9 Mpox Clade 1 Outbreak and Preparedness

On the 14 August, the Director General of the World Health Organization declared the increase in mpox cases in the Democratic Republic of the Congo (DRC), and its expansion to neighbouring countries, constituted a Public Health Emergency of International Concern (PHEIC). This outbreak was being driven by MPXV Clade1 and classified as a High Consequence Infectious Disease in the UK.

We agreed with Welsh Government colleagues the need for co-ordinated action within Wales and across the four UK nations, to prepare the system in Wales to respond. We established an internal response mechanism in the organisation and collaborated with partners, including the NHS, local authorities, Welsh Government and the NHS Executive, on the following activities:

- 27 August: system-wide briefing led by us for health boards, including updates from us and Welsh Government on the known epidemiology, diagnostics, preparedness activity and guidance.
- 28 August: our own internal mpox exercise
- 5 September: all-Wales mpox exercise to test clinical and Health Protections response pathways (nearly 200 attendees)
- 9 September: testing in Wales went live with Clade testing in Cardiff. Mpox testing began roll out to the network.

There is particular focus on developing four nations ways of working to coordinate the response, particularly with the UK Health Security Agency and other public health organisations, including work at a UK level to procure vaccine for potential outbreak response and for routine immunisation of those at risk.

Mirroring the incident response structures outlined in the All-Wales Communicable Disease Plan, the Welsh Government, in consultation with us, has established a High Consequence Infectious Disease Preparedness Group to plan and prepare NHS Wales and the wider health and social care system for the management of any confirmed case(s). This is jointly chaired between us and the NHS Executive.

## 2 Additional Areas of Focus

### 2.1 UK COVID-19 Public Inquiry

I would like to thank everyone across the organisation who has been involved in our response to the UK COVID-19 Public Inquiry. It has taken a substantial amount of time for the organisation and for specific individuals who continue to give of their time to respond to the Inquiry's requests. We are very aware that for some of our staff, the process of going back through evidence of what took place during the intense phases of the pandemic, can be re-traumatising and we are therefore continuing to support the wellbeing and welfare for our people who are more directly involved. The following is a summary of our current activities in relation to the UK COVID-19 Public Inquiry:

- **Module 1 Resilience and Preparedness** – the Inquiry published its first report on the 18 July and work has started internally to progress recommendations.
- **Modules 2 Core UK Government Decision Making and 2B Core Welsh Government Decision Making** – The Public Hearing for Module 2, 2A, 2B and 2C have now concluded. It is not yet known when we can expect to receive the published report.
- **Module 3 Impact on Healthcare Systems** – The Public Hearings for this Module started on the 9 September and concluded on the 28 November. Professor Fu-Meng Khaw, our National Director of Health Protection and Screening Services/Medical Director, gave evidence for us to the Inquiry on the 5 November 2024.
- **Module 4 Vaccines and Therapeutics** – we are a core participant for this module and have provided detailed evidence to the Inquiry. The public hearings for this module are scheduled to commence on the 14 January 2025 and conclude on the 30 January 2025. We may be called to provide oral witness evidence at this hearing.
- **Module 5 Procurement**- we are not a Core Participant for this module. Public hearings are due to commence on the 3 March 2025 and will end on the 3 April 2025.
- **Module 6 Care Sector** – we are a core participant for this module and working alongside the Inquiry legal team in preparation for a request for evidence as it is anticipated that the Inquiry will require significant input and evidence from us. Public hearings are scheduled to commence on the 30 June 2025 and conclude on the 31 July 2025.
- **Module 7 Test Trace and Isolate** – we are a core participant for this module, and it is anticipated that Inquiry will require significant input and evidence from us to investigate this module. Public hearings are due to commence on the 12 May 2025 and conclude on the 30 May 2025.
- **Module 8 Children and Young People** – we are not a core participant in this module, but we will monitor the Module’s progress. Public hearings are expected to take place Autumn 2025.
- **Module 9 Economic Response** – we are not a core participant in this module and not anticipating a high level of involvement with the Public Inquiry
- **Module 10 Impact on Society** – this module opened on the 17 September 2024 and is the Public Inquiry’s final module. We have not applied for core participant status in this module.

We continue to ensure that we are ready to respond to, and provide, any information the Inquiry requests in an open and transparent manner including the multiple statements that we are responding to at any given time.

## 2.2 NHS Executive

The establishment of the NHS Executive has been a key programme of work. It continues to receive substantial support from colleagues from Public Health Wales in our Finance, People and Organisational Development, Board Business Unit, Information Governance and Risk, IT/Digital, Improvement Cymru and Communications Teams.

We are continuing to work with colleagues in the NHS Executive, and the Welsh Government, in the ongoing development and bedding in of a number of areas including organisational development and assurance.

### 2.3 Our Long-Term Strategy

We continue to deliver against our strategy, '*Working Together for a Healthier Wales.*' Our Strategic Plan (IMTP) sets out the actions for each of our six strategic priorities. As at month six, significant progress has been made delivering our plan, with 86% of milestones reporting as on track or completed. The supporting papers highlight several key accomplishments achieved during the first six months of this year.

The development of our IMTP 2024-2027, was guided by the Minister's priorities for NHS Wales and focuses on the support and public health expertise that we provide to the broader system. Additionally, our plan details how we will achieve the objectives set out in our Mandate Letter. As set out within the papers, good progress has been made in delivering key public health initiatives, including Tackling Diabetes Together and the continued development of our screening programmes.

We are also developing strategic priority 'route maps' for each of our priorities, which outline the key milestones to deliver our overarching strategic outcome of increasing healthy life expectancy and reducing the inequality gap between now and 2035 to ensure that we have maximum impact. These route maps will drive delivery across our six priorities, and in support of Ministerial Priorities, through working with key partners and by leveraging the skills and experience of our staff. They set out our delivery role across the breadth of work focused on informing, advocating, mobilising and directly delivering.

Finally, I would like to thank our exceptionally talented and committed staff throughout the organisation who continue to go above and beyond to protect and improve health and well-being for our people in Wales and, of course, the ongoing strong leadership of all of my Executive and Non-Executive colleagues. I would also like to thank you, and all our Welsh Government colleagues who we continue to work closely with, for all of your support during the year.

I have enclosed our **JET submission** and **supporting papers**, including **Annex F** to update you on the progress against the actions from our end of year meeting on 14 June 2024. I am sure we will have the opportunity to discuss many of the areas highlighted during our JET meeting.

I look forward to our discussions on the 10 December and please let me know if you require any further information in advance of the meeting.

Yours sincerely,



**Dr Tracey Cooper**  
**Prif Weithredwr**  
**Chief Executive**

Rydym yn croesawu gohebiaeth yn Gymraeg. Byddwn yn ateb yn Gymraeg heb oedi.

We welcome correspondence in Welsh. We will respond in Welsh without delay.