

Chief Executive Board Report July 2025

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

On the 14 July 2025, Pippa Britton our Chair, Dr Sumina Azam, our National Director for Policy and International Health, and I met with the Cabinet Secretary for Health and Social Care together with the Director General and Chief Executive NHS Wales, the Chief Medical officer and other colleagues.

The purpose of the meeting was to discuss the public health policy messages and solutions that Sumina and the team have been developing, and also the Cabinet Secretary's *Improving Performance Together: Priority Delivery Actions for Better Health and care 2025/2026* and any additional support we can provide for its implementation.

In addition, on the 5 June 2025, Dr Sumina Azam, Dr Mariana Dyakova, our Head of International Health and I met with Sarah Murphy, Minister for Mental Health and Wellbeing. This meeting was to update the Minister on our international activities.

2 Annual Joint Executive Team Accountability Meeting with the Welsh Government

On the 5 June, we had our annual Joint Executive Team (JET) accountability meeting for 2024/2025 between our Executive Team and the equivalent in the Health and Social Services Group in the Welsh Government.

This was a constructive meeting which enabled us to outline the considerable achievements of our people over the last year and also to flag the challenges that we continue to face in a number of areas. During the meeting, colleagues from the Welsh Government thanked a wide variety of our staff across the organisation for the quality of their work and/or the support they had given to them. The summary JET slide pack is attached.

3 Senedd Committee Hearings

3.1 Equalities and Social Justice Committee

We submitted written evidence to the Equality and Social Justice Committee for their post-legislative scrutiny of the Well-being of Future Generations (Wales) Act 2015, which can be found here: [Consultation response from Public Health Wales.pdf](#). This was followed by oral evidence provided by Dr Sumina Azam, our National Director of Policy and International Health, on the 7 July 2025. The areas that we covered included an assessment of progress and barriers to the implementation of the Act, our organisational progress in embedding the Act and setting wellbeing objectives, the role of Public Services Boards, enabling a shift to

prevention, the role of Welsh Government, the Future Generations Commissioner and Audit Wales and compliance with the Act.

3.2 Economy, Trade and Rural Affairs Committee

On the 9 July 2025, Health Improvement colleagues appeared before the Senedd's Economy, Trade and Rural Affairs Committee to contribute to its inquiry into food processing. Our evidence focused on the public health implications of food production and processing in Wales, and the urgent need to align economic and trade policy with health and wellbeing goals. This is part of our developing portfolio of work on addressing commercial determinants of health.

Food processing plays a pivotal role in shaping the health of the Welsh population. While it ensures food safety and availability, the rise of ultra-processed foods—often high in fat, sugar and salt, has contributed to poor diet quality and rising levels of obesity and chronic disease. Over half of the UK's dietary energy now comes from these foods, which are often cheaper and more accessible than healthier alternatives. The key messages to the Committee included health needing to be central to food policy, support for healthier food processing and the need to reform procurement and infrastructure particularly in relation to local supply chains and food distribution.

This inquiry is a timely opportunity to transform Wales' food system into one that supports both economic resilience and public health. By embedding health into food processing policy, Wales can lead the way in creating a food environment that supports healthier choices, reduces inequalities, and protects future generations.

3.3 Public Accounts and Public Administration Committee

The Public Accounts and Public Administration Committee is undertaking an inquiry into cancer services in Wales, following the publication of the Auditor General's report on cancer services published in January 2025. We were asked to submit a report into data-related issues and cancer services in April 2025, the submission can be found here: [PTN 6 - Response from Dr Tracey Cooper Public Health Wales to the Chair regarding Cancer Services i.pdf](#).

On the 10 July Dr Sharon Hillier - our Director of Screening Services, Dr Louisa Nolan - our Head of Data Science, Dr Ilona Johnson - our Joint Interim Director of Health Improvement, and I appeared before the Committee as part of their inquiry into cancer services, initiated following a report by the Auditor General in January 2025. We sent the Committee a submission in advance of our session which can be found here: [Paper 1 - written evidence from Public Health Wales.pdf](#)

Cancer remains the leading cause of death in Wales, with 9,123 deaths in 2024—disproportionately affecting older adults, men, and those in deprived communities. Lung cancer alone accounts for one in five cancer deaths and reflects stark inequalities, with mortality rates 2.5 times higher in the most deprived areas.

The Committee covered a wide range of areas with us including our views on national leadership and strategy, screening services, health improvement, prevention and data.

4 New Lung Cancer Screening Programme Announced

On the 28 June 2025, Jeremy Miles, Cabinet Secretary for Health and Social Care, announced the decision to establish a lung cancer screening programme in Wales, a copy of the statement can be found here: [Written Statement: A National Lung Screening Programme for Wales \(28 June 2025\) | GOV.WALES](#). This follows the submission of a scoping report by Public Health Wales in March 2025, setting out a recommended pathway and delivery model, expected benefits, challenges and estimated costs. The Cabinet Secretary's statement confirms that Public Health Wales has been asked to move immediately to implementation planning for the programme and that it is anticipated that the first people will be invited to be screened for lung cancer in 2027.

Written notification has been received from the Welsh Government setting out the details of the commitment, and work has commenced immediately to implement the Programme governance arrangements and recruitment has begun for posts critical to setting up the Programme and support the rollout of detailed implementation plans as we move into the preparation and design phase for the programme. Engagement will remain a key focus for the Programme and a wide range of stakeholders have been identified to be invited to join the Programme groups, and for further focussed discussions on specific elements of the service.

The introduction of lung cancer screening in Wales provides an invaluable opportunity to move towards prevention and early detection of disease to improve health outcomes for people in Wales and, when fully implemented, will have a substantial impact on savings lives in Wales.

5 New Statutory Gambling Levy

The UK Government confirmed its intention to introduce a new levy on the gambling industry to tackle gambling harm last year. This was supported by the Welsh Government. The levy came into effect on the 6 April 2025 and is expected to raise around £100m a year. Operators will be required to make their first payments by the 1 October 2025. The funds will be allocated to research, prevention and treatment services, and Wales' share equates to approximately £5m per year.

To ensure transparency and accountability around the levy, the UK Government has established a Gambling Levy Programme Board for the UK, Scottish and Welsh governments to monitor the health and impact of the levy system and an advisory group structure to provide informal advice to lead commissioning bodies for each of the three funding streams. Ministers from UK, Scottish and Welsh governments will attend the board annually, with ongoing representation at quarterly meetings by senior officials.

The Welsh, Scottish and UK Governments, have agreed that the research element of this funding, approximately £20m per year across the UK, will be overseen by the UK Research and Innovation (UKRI) as the lead research commissioner. UKRI will work closely with Welsh Government officials and us to ensure Wales' interests are represented fairly. The first major opportunities under the research strand were announced by UKRI on the 26 June: [UKRI Gambling Harms Research Coordination Centre \(GHRCC\) – UKRI/ Gambling harms research and innovation partnerships – UKRI](#)

In relation to prevention and treatment, the Cabinet Secretary has appointed Public Health Wales as the Lead Prevention Coordinator for Wales and NHS Wales Performance and Improvement as the Lead Treatment Coordinator for Wales. Sarah Murphy, Minister for Mental Health and Wellbeing, confirmed this in a letter to us on the 17 July. The letter outlined the allocation of up to £583,190 of funding to us for this year to develop the gambling prevention function for Wales. In the letter, the Minister stated her requirement for us to design appropriate gambling harm prevention activities in Wales and lead the system in the development of evidence-based interventions to reduce and prevent gambling related harm.

We are already supporting NHS Wales Performance and Improvement in starting to develop treatment pathways and interventions, and we are currently pulling together the appropriate team and structures to drive and achieve the prevention opportunities. One of the consequences of the UK Government's decision to introduce a levy is that GambleAware will no longer be funded in the same way. The Governments have agreed to make a maximum of £11m of levy funding from the treatment allocation across all three nations to support GambleAware in 2025-26 through the transition.

This is a significant opportunity to drive a prevention-based approach to supporting gambling addiction and we will continue to keep the Board updated over the coming months.

6 Digital Health Protection System for Wales

The Outline Business Case for a new Digital Health Protection system was submitted by us to the Welsh Government on the 7 Feb 2025 following amendments during the approvals process in Public Health Wales. The funding letter was received from the Welsh Government on the 4 July, confirming funding for this year and that we are in the pipeline for future years. We are now in the process of procuring a supplier to work with us in developing the system.

The new system will be user-friendly, flexible and scalable. It will not only meet user needs on a daily basis but will also serve as the main digital platform for a future pandemic. The flexible build will allow for future modules, specific to health protection, to be added in an incremental way. As a fully integrated shared resource across all stakeholders in Wales including the NHS and local authorities, it seeks to overcome the challenges of data sharing between organisations.

7 First UK Vaccine for Gonorrhoea Administered in Wales

We are proud to have partnered with Cardiff and Vale University Health Board to deliver the very first gonorrhoea vaccine on the 21 July 2025, marking a significant milestone in public health and preventative care. The vaccination was administered at the Department of Sexual Health at Cardiff Royal Infirmary.

In November 2023, the Joint Committee on Vaccination and Immunisation (JCVI) recommended introducing a targeted vaccination programme to protect those at greatest risk of gonorrhoea. On the 2 June 2025, the Welsh Government, through their Health Circular, accepted the recommendation and indicated implementation from the summer. The vaccine is available opportunistically through specialist sexual health services, primarily to people in networks of Gay, Bisexual, and other Men who have Sex with Men (GBMSM), who are at higher risk of gonorrhoea infection. A link to our information leaflet on the programme is here: phw.nhs.wales/topics/immunisation-and-vaccines/leaflets/adults/meningococcal-b-vaccination-to-prevent-gonorrhoea/

Mark, from Cardiff who was given the first 4cMenB vaccine for Gonorrhoea in the UK, had heard about the vaccination programme on social media, through various channels, including the Terence Higgins Trust, but thought he would have to wait until August for the Vaccine to be launched in England, or September for Wales. However, he was delighted when he was offered the vaccine on the 21 July as part of his routine vaccination schedule.

Mark said he was accepting the vaccine because “In the same way that PrEP is eradicating and reducing instances of HIV, this will have the same benefits in eradicating or reducing gonorrhoea transmission, which is prevalent in society. I have no reservations about the vaccine, and I still recognise the importance of screening for all infections, but this will hopefully be one less to be concerned about.” His vaccine was given by Sam Buckley, Nurse Practitioner in Cardiff Royal Infirmary.

This is a tremendous accomplishment and a very meaningful addition to the vaccination schedule for all people in a GBMSM network accessing our services. It reflects our continued commitment to innovation, excellence in care and improving health outcomes for our communities. Thank you to all who contributed to this significant development in protecting our population.

8 Best Start in Life: A Shared Vision for Wales’ Youngest Citizens

On the 8 July 2025, we launched [The Best Start in Life An Early Years Framework for Action .docx](#) — a collaborative contribution towards the Welsh Government’s First 1000 Days Programme aimed at ensuring every child in Wales has the opportunity to thrive from the very beginning. Grounded in the evidence that giving every child the best start in life is one of the most powerful public health interventions we can make, the framework aims to reduce the persistent and avoidable inequalities that begin early and shape lives across generations.

The framework is the product of a collaboration between 200 early years professionals, parents and carers. Led by Health Improvement colleagues, it reflects a shared vision of what good looks like for babies and young children, and outlines the practical actions needed at local, regional and national levels to bring that vision to life. It was launched alongside a Parental Insights report, [The Best Start in Life An Early Years Framework for Action A Report on Parental Insights .docx](#), which amplifies the voices of families and sets out a new approach to improving support for those raising young children.

At its core, the framework defines the essential components of a strong early years system—one that is coordinated, inclusive, and focused on what matters most during the critical early stages of life. It is already being used by partners across Wales to identify priorities, shape local plans, and raise the profile of early years in strategic decision-making. The implementation of the framework is now underway, with the First 1000 Days programme working closely with the Welsh Government to align proposals with national priorities.

9 Healthcare Public Health Framework Published

We have co-produced a new healthcare public health framework designed to embed public health values across the NHS in Wales. We launched jointly with the Welsh Government the *The Public Health contribution to better healthcare: A healthcare public health framework for Wales* primarycareone.nhs.wales/tools/healthcare-public-health-framework-toolkit/population-healthcare-framework-toolkit-resource/the-public-health-contribution-to-better-healthcare-a-healthcare-public-health-framework-for-wales/ and a suite of accompanying tools on the 17 July 2025.

Led by Primary Care colleagues, the framework aims to transform the system into one that is preventive, equitable, sustainable and continuously learning. It calls for a coordinated approach to applying healthcare public health principles at every level from frontline services to strategic planning, ensuring resources are allocated proportionately to address inequalities and shift the focus toward prevention.

Recognising the good work already underway, the framework builds on existing strengths while proposing enhanced capacity and capability to scale up efforts. It includes practical case studies on cardiovascular disease and falls prevention, offering tangible examples of how the framework can be applied to reduce waiting list inequalities and prevent fragility fractures. These examples are designed to help partners across the system bring the framework to life in meaningful, measurable ways.

This framework is the result of partnership working and collaboration across the whole system. It prioritises addressing inequalities and population needs to help build a healthier, more resilient Wales

To support the implementation of the framework a [toolkit](#) has been produced which brings together a number of tools and frameworks which could be used alone or in combination to support healthcare settings, systems, and partnerships to assess and optimise their services with a population lens. The toolkit is a resource to aid in the identification of trends, needs, and disparities within communities.

10 Staff Conference Events

Over 500 members of staff took part in our 2025 Staff Conference events. The conference took place over two dates – in Venue Cymru, Llandudno on the 26 June and in Sport Wales, Cardiff on the 9 July.

The annual Staff Conference events form an important part of our engagement cycle, and this year we returned to hosting the conference in the summer, to accommodate the Welsh Public Health Conference on 22 October. The conference theme was '*Making a difference together*' ~ like an interconnected and interwoven tapestry with many strands, which was emphasised through the visuals for the events.

Both events had a wide-ranging agenda that included skill-building workshops, opportunities for networking and a panel session on the importance of being trustworthy, featuring guest speakers including journalist Will Hayward and patients with lived experiences. The popular 'Lightning Talks' returned to the Cardiff conference, along with a series of optional lunchtime activities including yoga and table tennis, making the most of the venue's sporting facilities. The Llandudno event featured an afternoon informal 'Town Hall' session with the Executive Team, while the Cardiff event was closed with a motivational keynote speech from ultra-runner and television presenter Lowri Morgan. Feedback so far from staff has been positive, with many staff members commenting on how much they enjoyed the workshop content and Lightning Talks and the opportunity to connect with other team members.

We are particularly proud to have procured our venues in line with foundational economy principles, working with public sector owned venues and local Welsh suppliers.

11 Memorandum of Understanding with Rhondda Cynon Taf County Borough Council

£5 million has been awarded to a partnership project involving Public Health Wales, with the aim of reducing health inequality and improving wellbeing in Rhondda Cynon Taf (RCT) County Borough Council. The funding has been awarded by the National Institute for Health and Care Research (NIHR) to enable RCT to become a Health Determinants Research Collaboration (HDRC). Public Health Wales has signed a Memorandum of Understanding with RCT Council to formalise connections across the organisation to support the Health Determinants Research Collaboration.

The collaboration, co-led by the Wales Centre for Public Policy, will bring together partners from RCT, Public Health Wales, Cardiff University, Cwm Taf Morgannwg Health Board and Interlink RCT. Each HDRC is hosted by a local authority which works with universities or institutions with expertise in the wider determinants of health. This brings together local government knowledge with research skills from the academic community. The aim is improving the evidence base on which to

make policy decisions in important areas that impact on health and health inequalities. The new funding will use research data from local health determinants to highlight how the County Borough can work together with its communities and partners to improve public health, reduce health inequality and make better evidence-informed decisions to deliver and inform our future services.

Rhondda Cynon Taf has a lower life expectancy for males and females, lower educational attainment and higher alcohol consumption and obesity levels compared with the Wales average. In addition, people developing, or with, cancers and circulatory disease are consistently a major concern for premature death in Rhondda Cynon Taf, with lung cancer incident rate being significantly higher in the area, alongside Chronic Obstructive Pulmonary Disease – both of which can be linked to the high number of smokers across the County Borough and the historic mining community.

The HDRC will be looking to actively work with Rhondda Cynon Taf residents and will listen to people's views and involve them appropriately in shaping and undertaking research.

12 Su Mably receives 'DACOS' medal from the Ministry of Defence

We are delighted to inform colleagues that Su Mably, one of our Consultants in Health Protection in our Health Protection Division, received recognition for the work undertaken in her role to support the establishment and safe operation of accommodations for arriving families at East Camp, St Athans. This recognition took in the form of a Ministry of Defence (MoD) Deputy Assistant Chief of Staff (medical) (DACOS) medal.

This is a significant and very well-deserved recognition for the work and efforts Su has put over the years, and her commitment to improving the health of communities in Wales. Many congratulations Su.

13 Update on the UK COVID-19 Public Inquiry

The following provides an update on any new activities in relation to the UK COVID-19 Public Inquiry since the last Board meeting.

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

The Inquiry has advised that the combined report for Modules 2, 2A, 2B and 2C will be published in Autumn 2025. We are currently awaiting confirmation of the date from the Inquiry.

13.2 Module 3 (Impact on Healthcare Systems)

The Inquiry has indicated that the report for this Module will be published in Spring 2026.

13.3 Module 4 (Vaccines and Therapeutics) and Module 5 (Procurement)

The Inquiry has not yet indicated when their reports for these modules will be published.

13.4 Module 6 (Care Sector)

Public hearings commenced on the 30 June 2025 and conclude on the 31 July 2025. Professor Fu-Meng Khaw, our National Director for Health Protection and Screening Services/Medical Director, gave evidence on behalf of Public Health Wales (as our corporate witness) on the 8 July 2025, supported by Counsel and our Head of the Public Inquiry Response. Meng provided a strong account of the organisation, and I would like to say a very big personal thanks to Meng for all the work and preparations that went into the evidence session, and to the wider team who supported him.

13.5 Module 7 (Test, Trace and Isolate)

The Module 7 public hearings commenced on the 12 May 2025 and concluded on 30 May 2025. Dr Robin Howe, our National Clinical Lead for Infection Services, gave evidence at the Inquiry on behalf of Public Health Wales (as our corporate witness) on the 27 May 2025. Robin was supported Counsel and the Head of the Public Inquiry Response. Robin also provided a very strong suite of evidence to the Inquiry, and I would also like to say a very big personal thanks to Robin for all the preparations he put into giving evidence and to all of our team who supported him.

13.6 Module 8 (Children and Young People)

We are not a Core Participant in the Module, but we continue to monitor progress and any amendments to its scope, to ensure that the decision not to apply for Core Participant status remains valid. The PI Response Team is supporting the response to requests for evidence from the Inquiry Team. Public hearings for this module are scheduled to take place between 29 September 2025 – 23 October 2025.

13.7 Module 9 (Economic Response) and Module 10 (Impact on Society)

We are not a Core Participant in these Modules, and we have had no involvement in this module to date. Public hearings for the modules are scheduled to take place between 24 November 2025 – 18 December 2025 and the 16 February and 5 March 2026 respectively.

Recommendation

The Board is asked to receive this information.

Tracey Cooper

CHIEF EXECUTIVE