Public Health Wales IMTP 2026-2029 Addendum

July 2026

1 Executive Summary

This addendum sets out how Public Health Wales has strengthened its Integrated Medium Term Plan (IMTP) 2026–2029 in response to Welsh Government feedback. It demonstrates a clear shift from strategy to delivery, providing greater assurance on pace, impact and organisational accountability. It also shows how our delivery is aligned to the Remit Letter and supporting key actions set out within the 100 Days Plan. Whilst the Remit Letter is comprehensive, our review also includes core statutory, legal compliance and Business as Usual activities that are not explicitly covered within it.

The strengthened plan has been developed alongside our Baseline Review to ensure full alignment across priorities, including identifying where existing actions should be paused or stopped to enable reprioritisation of resources. Further detail on this is provided in Annex B. This will ensure that our resources are focused on delivering the areas of greatest impact for Welsh Government and NHS Wales, particularly in addressing system pressures, waiting times, inequalities and prevention. We have also strengthened our plan in relation to key public health areas identified during the Welsh Government collective review process and provided more clarity on our role, including timescales and deliverables.

As we continue to support key Welsh Government priority areas, we have continued to progress delivery since we submitted our IMTP in March 2026. This includes supporting the national infrastructure for prevention through Community by Design, commencing delivery of key improvement work within screening and sexual health services, strengthening intelligence and surveillance to support more proactive system responses, and delivering targeted activity across our priorities that are already improving access, equity and outcomes. We have also established new national functions, including the Gambling Harm Reduction Programme, and strengthened our contribution to climate resilience, vaccination, sexual health and substance misuse.

We are committed to ensuring that we:

- Prioritise resources to support the Welsh Government and Ministerial priorities, including responding to system pressures, improving access and reducing inequalities.
- Restore and sustain performance across key services, particularly screening and sexual health, through targeted improvement plans.
- Embed prevention and population health management, supporting a shift towards proactive, early intervention across the system.
- Strengthen system capability and coordination, including data, workforce and partnership working.
- Continue to identify efficiencies and maximise value, ensuring resources are focused on highest-impact activity and aligned to system need.

We will continue to actively deliver and monitor our plan throughout the year, maintaining close alignment with the Welsh Government to respond to any changes in priorities, the forthcoming Programme for Government and ensure that our resources are appropriately focused. We will also continue to work collaboratively with partners across the system to enable successful delivery, ensuring that our collective efforts translate into sustained improvements in population health outcomes and reductions in inequalities across Wales.

2 Purpose

This addendum sets out how Public Health Wales has strengthened its Strategic Plan, also known as our Integrated Medium-Term Plan (IMTP) for 2026-29 in response to the Welsh Government's feedback letter received on the 9 June 2026. It should be considered alongside our baseline review report.

In response to Welsh Government feedback, our IMTP has been comprehensively reviewed and strengthened to provide increased assurance on delivery, impact and alignment against our Remit Letter and also the 100 Day Plan. This work has been undertaken in parallel with the Baseline Review to ensure full alignment, including a clear focus on where activity should be paused or stopped to enable reprioritisation of effort and resources in line with Ministerial expectations for 2026/27.

The revised plan sets out additional detailed, action-oriented delivery arrangements, where these needed to be strengthened, and these are presented under each relevant strategic priority. They include clearly defined milestones and timelines, supported by measurable outcomes. Greater clarity has been provided on Public Health Wales' role within the system, articulating where the organisation leads, enables, or influences delivery, to ensure alignment with partner responsibilities and system expectations.

The revised plan places a stronger emphasis on pace and delivery trajectories where required, with the introduction of additional quarterly milestones and a clearer focus on demonstrable progress for each of the key themes set out below. There has also been a deliberate shift from developmental work to implementation, ensuring that commitments translate into tangible action and improvement.

3 Supporting Welsh Government Priorities

3.1 Overview

We have undertaken a review of the 100 Days Plan to identify actions where we are already supporting or where we believe we could support. Together with the quarter one baseline review process, we have identified areas where we can free up resources, to be re-prioritised to support these priorities.

3.1 Key deliverables

Our assessment of the 100 Days Plan has identified the following actions where we are **currently** supporting the Welsh Government through the delivery of specific actions:

Topic	Action	Our support
A Healthy and Caring Wales		
Tackling Waiting Lists	Commission an independent review of NHS performance in Wales, with emphasis on the impact of waiting lists on population health.	We provided Healthy Life Expectancy data through the lens of waiting list times to the CMO to support this action. Working with health boards we provide part of a national "stay healthy while on waiting lists" assessment and digital service including the

		national "add to your life" digital resource Ychwanegu At Fywyd | Add To Your Life We have provided guidance to the Joint Commissioning Committee, Strategic Programme for Mental Health and others on pathway redesign to reduce waiting. Our National Hypertension quality improvement programme is designed to reduce heart attacks and strokes, taking pressure off emergency admissions and freeing up capacity to address waiting lists We have secured £8m innovation funding to deliver a system wide digital first all Wales weight management and obesity pathway which has started work in July 2026. The shift to digital is also designed to reduce waiting lists for weight management.
Future proofing the NHS	Commission a comprehensive audit of health data sources in Wales.	We are expecting to contribute to this audit and have planned accordingly.
Keeping people healthier for longer	Commission a review of health-based inequalities in Wales	Our Data Team are working with the Chief Medical Officer to support this action. Our Prevention Based Health and Care framework has already delivered tools and resources to support health services reduce inequalities and our work on reducing inequalities in hypertension and diabetes care processes is already showing improvement.
Keeping people healthier for longer	Begin rollout of preventative health programme: National School Swimming and Water Safety Programme, Daily Mile initiative in Welsh schools	We are currently supporting the development of Daily Active/Milltir Actif through: ❖ Enhanced promotion of the Daily Mile through the Welsh Network of Health and Wellbeing Promoting Schools. We are awaiting approval from the Deputy Minister before promotion of the Daily Mile with schools commence. ❖ Supporting a test and learn phase of the Daily Active with Sport Wales. ❖ Delivered proposal with Welsh Government for investment to provide tailored support to schools with most opportunity to benefit. ❖ Made promoting and roll out of Daily Active a core component of our strategic partnership with Sport Wales.

Cancer Policy	Begin preparing for a new Cancer Plan for Wales	We are expecting to contribute to this plan through the provision of cancer data for Wales and providing detailed public health advice to pathway design and have planned accordingly.
Cancer policy	Begin preparations for a Wales Cancer Conference 2027	We are working with the Welsh Government on a needs analysis for this action. Our Screening Division would welcome the opportunity to be involved in this action.
Sustainability, resources and rural resilience		
Environmental and communities	Press the UK Government on environmental justice for coalfield communities and funding for restoring coal tips and contaminated land	Our Environmental Public Health Team has been providing strategic advice and support in this area.
Housing, local government and a community-focussed planning system		
Warmer and more energy efficient homes	Review the existing Warm Homes Programme and work to introduce changes so that we can go further and faster on improving home energy efficiency – raising living standards, tackling fuel poverty and reducing carbon emissions for more households, more quickly.	Our Public Health Policy Team has provided expertise on warm homes and fuel poverty including a role on the Welsh Government Fuel Poverty Advisory Panel and is involved as a stakeholder in an evaluation of the Warm Homes programme. The Health Foundation funded Networked Data Lab, and our Evaluation Team have completed an evaluation of the Warm Wales Programme. Our Shaping Places Programme has provided training and skills to Public Service Boards to enable them to take action on warmer homes and other determinants
A creative Wales, a well Wales		
Culture	Commission a review of opportunities for investment in culture, the arts and sport to inform a progressive increase in arts, culture and sport spending, tied to a wider shift to preventative health and wellbeing activity across government	We are collaborating with the Arts Council Wales, the Office of Future Generations and the Wales Arts for Health and Wellbeing Network (WAHWN) to deliver "Cynefin: A Creative Health Review for Wales". With the National Museum of Wales we have created wellbeing offers in all museums. A cohort of 'Cynefin Champions' have been recruited to work with us to develop wellbeing and culture offers.

		The first Cynefin webinar was hosted on the 24 June exploring how arts and creativity can help to give every child the best start in lift.
Lifelong Sport and Physical Activity	Establish a dedicated workstream within government to identify opportunities for increased levels of engagement in sport and physical activity and consult on how to strengthen partnership working between health services and sports organisations	Our Health Improvement Division has shared proposals on the National Exercise Referral Scheme (NERS) as an opportunity to increase levels of engagement in physical activity and improve return to work and reduce hospital re-admissions. The NERS programme could deliver a rapid increase in activity for modest funding. Our partnership with Sport Wales is focused on increasing participation in physical activity at scale and we are working jointly with WCVA to launch a programme to increase volunteering in sport and physical activity.
Lifelong Sport and Physical Activity	Publish an implementation plan for a new national School Swimming and Water Safety Campaign and the Daily Mile	See above and also our work on school physical activity.
Towards a more just Wales		
Ending violence against women, domestic abuse and sexual violence	Work to end violence against women, domestic abuse and sexual violence (VAWDASV) across all areas of government through a whole system prevention led approach.	Our ACEs Hub lead is co-chairing a workstream of the VAWDASV Blueprint on gender-based harassment in public spaces. Our ACEs Hub is supporting the Welsh Government on a whole system approach to violence prevention, including a workshop on a public health approach (utilising a WHO framework). We are giving expert advice on a Health Sector WHO Toolkit on Preventing Violence against Women and Girls.

The following are additional areas of work which we believe we **could** support the Welsh Government's 100 day plan:

Topic	Action
A Healthy and Caring Wales	
Tackling Waiting Lists	Consult on the design of a telehealth implementation plan for Wales
Future proofing the NHS	Begin development of a 10-year Digital Health and Care Wales delivery programme, aiming to position Wales as a leader in digital health innovation.

Keeping people healthier for longer	Explore establishing a designated Preventative Departmental Expenditure (PDEL) within the Welsh budget
Keeping people healthier for longer	Consult with the European Commission to explore replicating features of the SmartCare App in the NHS App.
Restoring GP and social care	Convene a summit of health board chief executives to develop a roadmap for shifting NHS resources towards primary care
Restoring GP and social care	Secure agreement to increase the proportion of health board budgets allocated to primary care by 0.5% annually by 2027/28
Better Government	
Better Government	Create a digitally enabled Welsh 'Cabinet Office' to drive our priorities forward including policy, delivery and data specialists
Better Government	Agree a set of measurable outcomes and progress milestones – widely shared – where we can measure the success of our initiatives in changing people's lives for the better
The Best Start for Every Child	
Childcare offer	Establish an expert steering group and a childcare taskforce in the Welsh civil service – to firmly establish phased delivery of the new offer, workforce planning, improving access and streamlining application as clear priorities
Childcare offer	Bring forward plans to progressively expand funded care hours to children aged 9-months to 2-years
Tackling child poverty	Immediately commence work to develop specific, ambitious and deliverable poverty reduction targets to inform a new, targeted plan to tackle child poverty
Tackling child poverty	Commit to expanding free school meals to all secondary school pupils in households claiming Universal Credit, with no income limit, from September 2026
Tackling child poverty	Prepare to implement the pilot for Cynnal – the Welsh Child Payment – commissioning an expert team to help lead on design, delivery, monitoring and evaluation
Raising Educational Standards	
A wrap-around approach on behaviour, attendance and well-being	Work with teachers, local authorities and health and social care services to develop a framework to address the overlapping issues of poor attendance and behaviour, and to improve conditions and outcomes related to mental health and student wellbeing
A wrap-around approach on behaviour, attendance and well-being	Begin the work to pilot a new wrap-around 'Community Schools Plus' programme, exploring how different funding streams can be consolidated to better embed specialist and trauma-informed support to address mental health, well-being and behavioural challenges in our schools
Smartphones in schools	Bring forward plans to empower local authorities to promote students' safety, learning and wellbeing through restricting the use of smartphones in schools for under 16s
A Creative Wales a Well Wales	
Culture	Launch a consultation on our priorities for a new Culture Strategy, including formal engagement with partners across the arts, culture and heritage as well as creative industries

Unleashing Wales' Economic Potential	
Economy	Establish a panel of business and economic experts to refine the remit, governance, and operating model for a new National Development Agency
Economy	Set up a town centres taskforce to explore the options for reformed business rates that better support high street regeneration, alongside other policy changes that will support our town centres – including reforms to the planning system to streamline the process of converting commercial to residential
Economy	Establish a new Economic and Fiscal Commission to support the collection and analysis of Welsh economic data, and the setting of clear targets on the economy.
Sustainability, resources and rural resilience	
Tackling the climate and nature emergencies	Commence work on an updated Climate and Nature Action Plan for Wales, focused on charting a practical pathway to net zero by 2040 and substantive nature recovery by 2050
Renewables	Prioritise the preparation of a new National Energy Strategy, including a Renewable Energy Sector Deal and new measures to promote community-owned renewables.
Environmental and communities	Outline the terms of reference for a new Flood Resilience and Preparedness Forum for Wales that will bring together local authorities, Natural Resources Wales, emergency services, and community organisations to coordinate national strategy on flooding
Food, farming and rural communities	Begin work on a new and comprehensive National Food Strategy that will build food security and literacy, strengthen food supply chains, and use the Welsh public plate to support our food and drink industry
Food, farming and rural communities	Bring forward proposals for a new statutory duty on rural proofing, to ensure that Welsh Government programmes and funding models are fully responsive to the needs of rural communities
Housing, local government and a community-focussed planning system	
Housing for all	Establish Unnos – a new national development body and social housing enabler that will work closely with local authorities and housing associations to assemble land and secure finance for social housing
Housing for all	Outline proposals on making renting in Wales fairer, and begin the work of legislating for a Right to Adequate Housing
Local government	Establish positive working relationships with local authorities throughout Wales, agreeing on joint priorities and ways of working, on the basis of a renewed Strategic Partnership Agreement
Planning and regional development	Work with local authorities and other regional partners to develop a new National Development Framework that meets Wales's needs, empowers local government and reduces costs, bureaucracy and duplication
Towards a more just Wales	
Developing a Welsh welfare state	Press the UK Government on devolving welfare powers to Wales, on a par with Scotland, so that we can build a social security system in Wales, for Wales

Developing a Welsh welfare state	Review existing Welsh benefits and associated schemes like the Discretionary Assistance Fund (DAF), to maximise impact and guarantee value for money
Developing a Welsh welfare state	Begin the work of incorporating Cynnal as a new Welsh benefit
A National Crime Prevention Agency for Wales	Bring forward plans for a new National Crime Prevention Agency for Wales to coordinate crime prevention and diversion across police forces, the NHS, local authorities, schools and third sector partners

4 Additional IMTP Information

In addition to the actions in the 100 Day Plan that we are currently taking, and those that we also believe we can support, that we have outlined in section 3.1 above, the following section details the areas that we have strengthened in the IMTP in order to provide further assurance and more detail as required. These additions have been added within the respective strategic priority as outlined below.

Strategic Priority 1 – Influencing the Wider Determinants of Health

4.1 Marmot Nation and Place Based Approach

4.1.1 Overview

Public Health Wales is supporting the Welsh Government Marmot Nation / Health Equity Wales initiative as a core component of our commitment to reducing health inequalities. As a member of the national Delivery Board, we contribute to programme delivery, including monitoring, evaluation, and the development of a national approach to learning and improvement. We provide evidence, training and advice to Public Service Boards and Local Authorities on actions they can take to reduce inequalities in health.

4.1.2 Our role

Our role is to provide expertise, capacity and resources to support delivery of the Health Equity Wales initiative. This includes working with partners, including the Welsh Local Government Association and Society of Local Authority Chief Executives (SOLACE), to establish a national health equity learning system that enables continuous improvement and the spread of effective health equity action across Wales.

Through this, we will accelerate shared learning which enables local systems to put evidence-based approaches into action, and ensures national resources such as Public Health Network Cymru, Welsh Health Equity Solutions Platform and Health Impact Assessment capability are made available to help local systems take action.

We are also leading the development of the Theory of Change to advise the Welsh Government on evaluation design, informed by learning from Public Health Scotland's Collaboration for Health Equity Scotland.

4.1.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Delivered the Health Equity Wales Theory of Change to inform the Welsh Government's decision on its approach to the evaluation of the initiative	September 2026
Delivered a multi-partner national learning event, including learning from Scotland and England, in July 2026, which provides practical solutions and insights for local areas	July 2026
Identified the learning priorities and gaps for local areas through a structured learning needs assessment, and identified key actions	September 2026
Started the initial phase of the health equity learning system in the six local places delivering Health Equity Wales to help them take action	December 2026
Established a pan Wales learning system jointly with the Welsh Local Government Association and the Society of Local Authority Chief Executives (SOLACE), as part of the anticipated Health Equity Wales place-based expansion	April 2028
Provided advice to the Welsh Government on the evaluation and delivery of Health Equity Wales and key actions which can be taken including policy and funding measures	Ongoing

4.1.4 Key outcomes we wish to achieve

By 2026–2029, we aim to make a demonstrable difference by enabling local and national partners to increasingly turn insight into action to reduce health inequalities. Through establishing a national health equity learning system, we will ensure that knowledge is shared within and between areas, leading to more coordinated, effective and equitable action across Wales. Jointly, this will contribute to sustained improvements in the wider determinants of health and measurable progress in reducing health inequalities, built on Marmot principles.

4.1.5 Who we will work with to achieve the outcomes

We will work in partnership across national and local systems to achieve these outcomes. This includes working closely with Welsh Government to support policy development, programme oversight and evaluation, alongside collaboration with the Welsh Local Government Association and SOLACE to strengthen local government leadership and delivery. We will partner with local authorities and Public Services Boards to support place-based implementation and shared learning, ensuring action is grounded in local context. We will draw on learning from our place-based programmes and from the expertise and learning from the Institute of Health Equity and Public Health Scotland to inform our approach, particularly in relation to developing a learning system and evaluation.

Strategic Priority 2 – Supporting Mental and Social Wellbeing

4.2 Supporting Mental Wellbeing: Suicide and self-harm

4.2.1 Overview

We play a key role in supporting the delivery of the Suicide Prevention and Self-harm Delivery Plan for Wales 2025–2028. This includes strengthening intelligence, research, system coordination and evidence-based practice to enable targeted national and local action. Our work focuses on improving the understanding of risk, enabling earlier intervention and supporting a more coordinated, system-wide response to suicide and self-harm.

4.2.2 Our Role

We provide leadership, advice, intelligence and evidence to strengthen suicide and self-harm prevention across Wales. We deliver and share real-time surveillance data to inform prevention activity, identifying emerging risks, priority population groups and locations requiring action. We contribute to national programme leadership, including chairing the National Programme Board for Suicide and Self Harm, ensuring a strong public health focus and enabling system-wide collaboration.

We support research and evidence generation through analytical input to national studies and needs assessments, including work on linked population data and mental health needs of babies, children and young people. In addition, we work with partners to develop and shape national approaches, including cluster identification and response protocols, and the development of an all-Wales self-help information offer to improve access to support.

4.2.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Produced a Babies, Children and Young People's Mental Health Needs Assessment	May 2026 (completed)
Worked with all stakeholders, particularly health boards, to determine RTSSS user needs	September 2026
Scope options and develop a proposal for a once for Wales mental health self-help information offer, in collaboration with system partners	December 2026
Identified and made proposals on additional data sources for reporting into the real time suspected suicide surveillance system (RTSSS), including health boards and cross border organisations.	March 2027
Delivered and shared RTSSS data to inform prevention activity	Ongoing
Contributed to implementation of the Suicide Prevention and Self-harm Delivery Plan for Wales 2025–2028	Ongoing

4.2.4 Key outcomes we wish to achieve

By 2026–2029, we aim to improve the system's ability to prevent suicide and self-harm by enabling earlier, more targeted and evidence-informed intervention. Through improved surveillance and intelligence, partners will be better able to identify emerging risks and respond rapidly to protect vulnerable groups and communities.

We will support more coordinated and consistent action across organisations, underpinned by stronger use of data and evidence in decision-making. This will contribute to improved

access to timely and appropriate support, particularly for those experiencing suicidal thoughts or self-harming behaviours.

This work will contribute to a reduction in suicide and self-harm, improved mental wellbeing outcomes, and a more proactive, preventative system response across Wales.

4.2.5 Who we will work with to achieve the outcomes

We will work collaboratively with a wide range of national and local partners to deliver these outcomes. This includes NHS Wales Performance and Improvement, particularly the National Self-harm and Suicide Prevention Team, to support programme delivery and development of national protocols. We will work with the Welsh Government on the implementation of the delivery plan and alignment with wider policy.

4.3 Early Years

4.3.1 Overview

Our early years programmes focus on strengthening systems, environments and support to improve outcomes and reduce inequalities. This includes improving the quality and use of data and evidence, supporting more consistent and accessible services for families, and enabling earlier identification of need and targeted intervention. A key focus is ensuring that, as early years provision expands, quality, accessibility and equity are maintained to prevent widening inequalities.

4.3.2 Our role

We provide leadership, evidence and system coordination to improve early years outcomes and reduce inequalities. We develop and apply data and insight to build a clearer national understanding of child development and need, enabling earlier and more targeted intervention. We support improvements in service quality, consistency and accessibility, particularly for families facing socio-economic disadvantage.

We lead and influence action on key determinants of early childhood development, including nutrition, infant feeding and food environments, working to create healthier default conditions. Through the integration of our Adverse Childhood Experience (ACE) Hub Wales, we are embedding trauma-informed approaches across services, strengthening system responses to early adversity. We also provide strategic direction through the Early Years Framework for Action, supporting a coherent whole-system approach.

In addition, we support the NHS Wales and wider system through evidence generation and needs assessment, including delivery of a national Mental Health Needs Assessment for babies, children and young people to inform implementation of the 2025–2035 Mental Health and Wellbeing Strategy.

4.3.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Produced a Babies, Children and Young People's Mental Health Needs Assessment	May 2026 (completed)

Provided advice to the Welsh Government on the implementation and impact of a universal early childhood development assessment tool	December 2026
Convened partners to agree on national early years indicators, shaping application of the Chief Medical Officer's (CMO) Health Outcomes Framework for Wales.	December 2026
Worked with the Welsh Government to advise and shape how childcare expansion is translated into practice in a way which is high-quality and improves early childhood developmental and equity outcomes.	March 2027
Established a Babies, Children and Young People's Knowledge Development and Exchange Group which helps system partners embed evidence and improve practices and services within the Strategic Programme for Mental Health	January 2027

To support the Welsh Governments 100 day plan and line with our Q1 baseline review, we are proposing to stop the following milestones. Further details can be seen in Annex B:

Milestone
Published national and local profiles of early years outcomes data for Wales informed by the Early Years Outcome Framework measures (stop)
Produced a key guide for NHS and local authorities on the role of early years services in building a sustainable health and care system (stop)

4.3.4 Key outcomes we wish to achieve

By 2026–2029, we aim to improve early childhood outcomes and reduce inequalities by strengthening the systems and environments that shape children's lives. This will include enabling earlier identification of need, more consistent and equitable access to support, and improved quality of services for families, particularly those experiencing poverty.

We expect to see improvements in early behaviours, parental confidence and child development, alongside stronger system use of data and evidence to inform decision-making. Over time, this will support improved school readiness, healthier weight, better mental wellbeing, and a narrowing of inequalities in outcomes for children and young people.

4.3.5 Who we will work with to achieve the outcomes

We will work in partnership across national and local systems to deliver these outcomes. This includes collaboration with NHS Wales organisations, including the National Strategic Clinical Network and clinicians, to support service improvement and implementation of the Mental Health and Wellbeing Strategy.

Strategic Priority 3 – Promoting Healthy Behaviours

4.4 Gambling Related Harm

4.4.1 Overview

We have been designated as the national Lead Prevention Coordinator for gambling-related harm in Wales following the introduction of the statutory gambling levy in April 2025. This represents a significant shift to a sustainable, ring-fenced funding model supporting prevention, treatment and research across the UK, enabling the development of a coherent, population-based approach in Wales.

The establishment of the Gambling Related Harm Reduction Programme reflects recognition of gambling as a public health issue, with impacts spanning mental health, financial wellbeing, relationships and wider social outcomes. We are leading the development of a national prevention function, working alongside NHS Wales Performance and Improvement, which leads the treatment pathway, to deliver a coordinated system-wide response.

4.4.2 Our role

We provide national leadership, coordination and expertise to develop and deliver a comprehensive approach to preventing gambling-related harm. This includes establishing the national prevention function, developing evidence-based interventions, and supporting the design of sustainable delivery models.

We are responsible for building the foundational infrastructure required for prevention, including mapping existing provision, developing commissioning approaches, and strengthening workforce capability. We also lead on generating and applying intelligence to understand the scale and distribution of harm, and to inform targeting of interventions.

A key component of our role is ensuring integration between prevention and treatment pathways, working closely with NHS Wales Performance and Improvement (NHSPI). Our approach is underpinned by co-production with people with lived experience, a strong focus on equity, and alignment with wider system priorities and health improvement activity.

4.4.3 Key Deliverables for 2026/27

The 2026/27 financial year represents a transition from programme mobilisation to implementation. In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Published a national commissioning framework and funding plan to guide investment in prevention activity.	June 2026 (Complete)
Procured a gambling site blocking software for every person in Wales in Welsh and English to access free of charge, integrated into the helpline and treatment offer	June 2026 (Complete)
Provided advice to NHSPI and the Welsh Government on the Treatment Pathway and co-creating a pathway with NHSPI	June 2026 (Complete)
Completed a comprehensive mapping exercise of current interventions to inform future commissioning decisions.	June 2026 (Complete)
Created and disseminated evidence-based training resources to support workforce development across sectors particularly schools and education centres.	June 2026 (Complete)
Appointed a delivery agent to engage with voluntary sector agencies on gambling harm reduction grants and support voluntary, community and social enterprise (VCSE) agencies to apply. The programme will enable the voluntary sector to	July 2026

sustain and test community-based prevention activities while longer-term commissioning through health boards is established.	
Commenced pre-launch engagement with VCSE agencies on gambling harm reduction grants through email, social media and sector networks	July 2026
Opened the gambling harm reduction grants programme to applications with support offer for applicants (webinars, tailored advice, application surgeries)	August 2026
Awards of grants notified	September 2026
VCSE led programmes commence	October 2026
Agreed the programme of work with funding for health board public health teams to develop a local infrastructure and commissioning arrangements to prevent gambling harms	December 2026
Established the epidemiology of gambling harms in Wales through the commissioning of Nat Cen survey and then in the National survey for Wales for a sustainable approach	December 2026
Delivered a grants programme for the voluntary sector to sustain and test community-based prevention activities while longer-term commissioning is established	December 2026
Implemented formal approaches to embed lived experience in programme design and evaluation	March 2027
Established a new digital offer, with the three Nations which will provide support, tools, service finders, campaigns, and branding, consistent across the three nations	March 2027

4.4.4 Key outcomes we wish to achieve

By 2026–2029, we aim to reduce gambling-related harm across Wales by establishing a coordinated, evidence-driven prevention system. This will enable earlier identification of risk, improved access to support, and more consistent delivery of preventative interventions across the population.

We expect to see increased awareness of gambling harms, improved workforce capability to identify and respond to risk, and better targeting of interventions towards priority populations. Through stronger alignment between prevention and treatment pathways, individuals experiencing harm will be able to access support more quickly and effectively.

4.4.5 Who we will work with to achieve the outcomes

We will work collaboratively with partners across national and local systems to deliver this programme. This includes close working with NHS Wales Performance and Improvement to align prevention and treatment pathways, and with the Welsh Government to support policy, funding and strategic alignment.

We will partner with health boards and their public health teams to establish local prevention infrastructure and delivery models, alongside engagement with local authorities and wider system partners. The voluntary, community and social enterprise (VCSE) sector will play a key role in delivering and testing community-based interventions through the grants programme. We will also work with research organisations and survey providers to strengthen the evidence base and ensure the voices of people with lived experience are embedded in programme design, delivery and evaluation.

4.5 Substance Misuse

4.5.1 Overview

We provide the national public health capability for drugs and alcohol, enabling the system to understand need, identify emerging risks, prioritise action, act in accordance with best evidence and continuously improve outcomes, rather than delivering treatment services directly. This role is central to ensuring a coordinated, evidence-informed response to substance use and its associated harms across Wales.

Our work spans intelligence generation, evidence-based advice, system coordination and prevention, advising Welsh Government, health boards, Area Planning Boards and wider partners. Through national programmes such as WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances laboratory) and the Harm Reduction Database Wales, alongside wider prevention and wellbeing programmes, we strengthen the system's ability to respond to harms and address the wider determinants of substance use, including trauma, mental wellbeing, housing and social factors.

4.5.2 Our role

We provide national leadership, intelligence and coordination to reduce drug and alcohol-related harm across Wales. We lead the collection, analysis and dissemination of data on substance use and related harms, enabling partners to identify emerging threats and respond effectively. Through programmes such as WEDINOS and the Harm Reduction Database Wales, we provide real-time surveillance and insights to inform prevention and harm reduction activity.

We provide evidence-based advice to the Welsh Government, health boards, Area Planning Boards, criminal justice partners and the voluntary sector, supporting system-wide action.

4.5.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Published the Wales wide drug and alcohol needs assessment and an additional resource of local data which local systems can use to create their own local needs assessments for planning	June 2026 (complete)
Completed an assessment of needs of people with lived experience of drug and alcohol use and published it to enable local systems to plan and improve service provision	June 2026 (complete)
Delivered the WEDINOS national drug testing and harm reduction programme	Ongoing

Delivered and operate the Harm Reduction Database Wales national surveillance system	Ongoing
Published annual reports to enable service provision and planning (drug poisonings, naloxone, Blood Borne Viruses, needle and syringe exchange, WEDINOS trends)	January 2027
Delivered research to estimate the level of problematic and injecting drug use in Wales to 2031	March 2027
Delivered the research project investigating changes in drug-using behaviours (types of substances, routes of administration, risk) among people as they go through the prison experience from entry, custody and post-release (and recall).	March 2027
Supported and expanded Unliked Anonymous Monitoring (UAM) in Wales and promoted uptake among services, to enable an annual UK-wide data gathering on HIV and viral hepatitis among people who inject drugs.	December 2026
Supported improved provision of Take Home Naloxone on release from Welsh prisons and the recording on Harm Reduction Database by the implementation of findings of the 2025/26 scoping report. This includes training and engagement with prisons across Wales.	December 2026
Refreshed "Ask, Check, Treat" pack skin and soft tissue infection programme based on findings of 2025/26 review.	September 2026
Refreshed the training of staff at participating drug services to improve the adherence to clinical guidance and enhance staff confidence in identifying, preventing and treating skin and soft tissue infection.	December 2026
Promoted and disseminated the recommendations of the 2025/26 report on the Needle Syringe programme decline within specialist drug services and community and pharmacies.	November 2026
Continued to monitor the feasibility of safer inhalation devices (SID) pilot for Crack Cocaine harm reduction. Continue to collect data and develop model interventions.	Ongoing
Supported the work of the National Implementation Board for Drug Poisoning Prevention (NIBDPP) working group on Ketamine to reduce harm from ketamine.	Ongoing
Monitored, co-ordinated and disseminated information relating to the changing Image and Performance enhancing drug trends as part of an All-Wales approach.	Ongoing
Updated and published licensing guidance for local authorities and public health teams for co-occurring alcohol and gambling harms	December 2026
Co-led work with health boards and APBs to develop prevention and early intervention plans to reduce the harm from drugs and alcohol including system workshops with Directors of Public Health and APB Chairs	March 2027
Developed and delivered a stigma reduction package for substance misuse services, including a standardised language guide and workforce training	March 2027

To support the Welsh Governments 100 day plan and line with our Q1 baseline review, we are proposing to pause the following milestones. Further details can be seen in Annex B:

Milestone
Explored the behavioural drivers of inactivity (pause)
Conducted a study into physical activity behaviour post NERS 16 week programme (pause)

4.5.4 Key outcomes we wish to achieve

By 2026–2029, we aim to reduce drug and alcohol-related harm by strengthening the system's ability to respond proactively, target interventions effectively and address the underlying drivers of substance use. Through improved intelligence, surveillance and research, partners will be better able to identify emerging risks and respond quickly to prevent harm.

We will enable more coordinated, evidence-informed action across services, improving access to harm reduction, treatment and prevention, particularly for those most vulnerable. We expect to see increased uptake of harm reduction interventions, improved service quality and greater integration between prevention, treatment and recovery support. Over time, this will contribute to reductions in drug-related deaths and alcohol-related harm, improved health and wellbeing outcomes, and a narrowing of inequalities associated with substance use.

4.5.5 Who we will work with to achieve the outcomes

We will work in partnership across national and local systems to deliver these outcomes. This includes the Welsh Government for policy and strategic alignment, health boards and Area Planning Boards to support planning and delivery of services, and prevention activity at a local level.

We will collaborate with criminal justice partners, including HM Prison and Probation Service, to address harms across the justice pathway, alongside engagement with the voluntary and third sector, specialist drug services and community pharmacies to deliver harm reduction interventions. We will also work with Public Services Boards, local authorities and housing services to address the wider determinants of substance use.

Strategic Priority 4 – Supporting a Sustainable Health and Care System

4.6 Community by Design

4.6.1 Overview

We play a central role in supporting the design, and subsequent implementation, of the Community by Design programme through co-leading and programme managing the Prevention and Population Health Management (PPHM) transformational shift, while contributing public health expertise across the programme's wider transformation agenda. We work with the Welsh Government, NHSPI, health boards, Health Education and Improvement Wales (HEIW), and Digital Health and Care Wales (DHCW) to embed prevention and population health management as core business across primary, community and secondary care.

4.6.2 Our role

Our role includes leading the development of the national model, framework and standards for prevention and population health management, including workforce capability requirements, data and digital enablers, accountability arrangements, and the definition of roles and responsibilities across the system. We are also leading the implementation of a national population health management approach, incorporating segmentation, risk stratification and data standards to enable local systems to identify priority populations and target interventions more effectively.

Alongside this, we provide analytical, clinical and policy expertise to support consistent implementation across Wales and lead demonstration projects that translate the model into practice. This includes the national hypertension quality improvement programme and other prevention-focused initiatives that help local systems learn while delivering improved outcomes. Collectively, this work supports earlier intervention, more effective use of resources, improved population health outcomes and a reduction in health inequalities.

4.6.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Co-led the PPHM transformational shift within Community by Design	Ongoing
Established the governance, programme structure and workstream delivery arrangements	June 2026 (complete)
Defined the initial high level prevention architecture, including roles, workforce, data and delivery components	June 2026 (complete)
Developed the first high level draft National Model for Prevention (Healthcare)	June 2026 (complete)
Developed first high level draft National Standards for Prevention (Healthcare)	June 2026 (complete)
Established and coordinated multi-agency Task and Finish Groups to finalise each element of the model and engage across the system to refine and agree	June and July 2026
Delivered the first stakeholder engagement workshop (Feb 2026) to test model and standards and created a steering group and reference group	June 2026 (complete)
Launched the hypertension quality improvement programme which will support a PHM ethos	June 2026 (complete)
Finalised and secured endorsement of the final National Model for Prevention (Healthcare) including the National Standards for Prevention, and implementation plan	Date subject to CbD Programme timeline
Finalised and agreed the final Population Health Management approach, data requirements and implementation plan	Date subject to CbD Programme timeline
Published the workforce prevention capability framework (with HEIW)	Date subject to CbD Programme timeline

4.6.4 Key outcomes we wish to achieve

By 2026–2029, we aim to embed a coordinated, co-designed system-wide approach to prevention and early intervention across health and care in Wales. This will enable the system to move from reactive care towards proactive, population health management, with earlier identification of need and more effective targeting of interventions.

We expect to see improved consistency in how prevention is delivered across services, increased use of data and risk stratification to inform decision-making, targeted intervention and stronger accountability for prevention outcomes. This will contribute to improved management of long-term conditions, reduced avoidable demand on services, and better population health outcomes.

Over time, this will support reductions in health inequalities, improved quality of care, and more sustainable health and care services aligned to prevention and early intervention.

4.6.5 Who we will work with to achieve the outcomes

We will work in partnership with the Welsh Government and NHSPI to provide strategic leadership and ensure alignment with national policy and transformation programmes. We will collaborate closely with Directors of Public Health and other health boards partners to support implementation of prevention and population health management approaches within local systems.

We will work with Health Education and Improvement Wales to develop workforce capability, and with Digital Health and Care Wales to establish the data and digital infrastructure required for population health management. In addition, we will engage a wide range of system partners, including clinicians, primary care, community services, and citizens, to ensure prevention is embedded across pathways and informed by local need and experience.

Strategic Priority 5 – Delivering Excellent Public Health Services

4.7 Screening services

We are delivering a coordinated programme of improvement across our national screening services, including Diabetic Eye Screening Wales (DESW), Bowel Screening Wales (BSW) and Breast Test Wales (BTW). These programmes play a critical role in early detection and prevention, improving outcomes and reducing mortality across the population of Wales.

We deliver and manages the national screening programmes and are accountable for overall programme performance, quality assurance and improvement. However, key elements of screening pathways are delivered by health boards under Long Term Agreements (LTAs), through which Public Health Wales commissions clinical, diagnostic and treatment services to support delivery of national screening standards. Improvement activity is therefore being taken forward through a whole-system approach, with Public Health Wales and health boards working together to improve performance, capacity, equity and patient outcomes across Wales.

The screening improvement programme is supported by a comprehensive set of formal IMTP milestones and improvement actions that are actively monitored through established governance arrangements. These milestones provide clear delivery commitments across screening quality, workforce, equity, digital transformation and service performance, alongside defined accountability, monitoring and escalation processes. This ensures that

improvement activity is embedded within routine programme delivery and performance management.

The actions build on a wider programme of IMTP delivery already underway across the Screening Division. This includes the delivery of year one improvement actions for Bowel Screening Wales, Breast Test Wales and Diabetic Eye Screening Wales, the implementation of our Screening Equity Strategy actions, rollout of digital-first information pathways, implementation of enhanced reporting standards, workforce transformation activity and the delivery of key digital and service modernisation initiatives. These activities provide a structured route map for delivery and assurance throughout 2026/27 and beyond.

4.8 Diabetic Eye Screening Wales

4.8.1 Overview

Diabetic Eye Screening Wales (DESW) plays a critical role in preventing avoidable sight loss through the early detection and treatment of diabetic retinopathy. The programme is committed to ensuring all eligible individuals have access to a high-quality, safe, timely and person-centred screening service.

In response to the current performance challenges, the DESW Improvement Plan is focused on improving screening coverage, measured as the proportion of eligible participants receiving a screening result within the previous 12 months against a national standard of ≥80%.

The DESW Improvement Plan is supported by a formal IMTP milestone focused on the delivery of year one improvement actions to increase the proportion of participants offered screening within programme standards through improvements in service capacity, workforce resilience and pathway innovation. This reinforces the programme's focus on achieving sustainable performance improvement and improved population coverage.

The plan brings together a series of targeted improvement initiatives aimed at increasing accessibility, improving service capacity, optimising operational performance and establishing a sustainable trajectory towards improved coverage.

4.8.2 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we have an Improvement Plan which focuses on five interconnected areas, underpinned by 13 operational improvement actions.

The improvement milestones below are derived from the DESW Improvement Plan and represent key delivery points within a wider programme of activity already underway. A number of interventions are currently being implemented, and progress is monitored routinely through programme governance arrangements. The milestone dates therefore reflect planned completion, embedding or evaluation points rather than the commencement of work.

Improvement Area	Improvement Action	Delivery Date
Increasing Clinic Capacity Service Improvement Project	Implement drop-in clinic models to improve accessibility and increase appointment uptake.	July 2026

	Implement Low Risk Recall Pathway (LRRP) clinic model across regions to enhance service efficiency and participant experience.	December 2026
	Deliver additional clinic capacity and appointment availability to achieve interim screening coverage milestones of 80%, 85% and 90%, reducing the number of participants waiting beyond programme standards.	September 2026
Retinal Imaging Without Routine Dilation: Evaluation Project	Evaluate enhanced retinal imaging clinic model to improve efficiency, patient experience, and service flow	October 2026
	Pilot a staged mydriatic approach to optimise clinic capacity and improve participant experience.	January 2027
	Implement a staged mydriatic approach to optimise clinic capacity and improve participant experience.	March 2027
Implementation of Low-Risk Recall Pathway	Improve Low Risk Recall Pathway (LRRP) participant coding within Optimize by developing and implementing an automated coding script	Complete
	Deliver improvements to the Low-Risk Recall Pathway to increase participant throughput, reduce pathway delays and improve compliance with programme standards.	March 2027
Improve Clinic Utilisation	Implement Autobook module to automate appointment scheduling and improve service efficiency.	July 2026
	Increase appointment availability to meet interim programme standards (80%, 85%, 90%)	September 2026
	Engagement with NHS Wales App User Requirements Group to deliver digital access to screening appointments through online booking.	December 2027
Cultural and Workforce Sickness Levels Improvement work	Implement a programme of work to achieve a positive and empowered culture across DESW through staff engagement and shared behavioural expectations.	September 2026
	Deliver workforce improvement actions that reduce sickness absence, improve workforce resilience and increase available screening capacity to support service recovery.	December 2026

	Complete leadership development and management support programme for all DESW line managers, strengthening operational oversight and delivery of the DESW recovery plan	March 2027

To support the Welsh Governments 100 day plan and line with our Q1 baseline review, we are proposing to stop the following milestone. Further details can be seen in Annex B:

The programme has reviewed opportunities to accelerate delivery wherever possible, and the majority of improvement actions are being implemented during 2026/27. A small number of milestones extend into later years to accommodate system-wide dependencies, organisational change activity and the evaluation required to ensure improvements are sustainable. Progress against these actions will continue to be reported through established programme governance arrangements, with benefits expected to be realised throughout the delivery period.

4.8.3 Key outcomes we wish to achieve

By March 2027, Diabetic Eye Screening Wales aims to increase the proportion of eligible individuals receiving timely screening and support continued progress towards achieving and sustaining the national coverage standard of ≥80%.

Through the delivery of the DESW Improvement Plan, the programme will strengthen capacity, improve accessibility and optimise service delivery, supporting measurable performance improvement and establishing a sustained trajectory towards achieving and maintaining the national coverage standard. This will be achieved through:

- Improved screening coverage through implementation of targeted capacity, accessibility and operational improvement initiatives.
- Increased clinic utilisation and appointment availability to support delivery of interim coverage standards.
- Improved participant access through implementation of drop-in clinic arrangements and strengthened digital booking functionality.
- Increased efficiency through implementation of automated appointment scheduling and optimisation of clinic pathways.
- A strengthened evidence base to support future service optimisation, workforce planning and coverage trajectory modelling.
- Enhanced operational oversight through routine monitoring of Low-Risk Recall Pathway performance and service data.
- Improved organisational capability through leadership development, staff engagement and embedding of a continuous improvement culture.

4.9 Bowel Screening Wales

4.9.1 Overview

Bowel Screening Wales (BSW) is responsible for the management, delivery and quality assurance of the national Bowel Screening Programme in Wales. It aims to ensure that all participants requiring a screening colonoscopy have timely access to a high-quality, safe,

effective and sustainable service. Timely diagnostic investigation is a critical component of the bowel screening pathway, supporting earlier diagnosis and improved outcomes for participants. The programme commissions health boards to deliver the colonoscopy service through service level agreements, which is the challenging component of the programme with persistent poor performance.

In response to the current performance challenges, the BSW Improvement Plan is focused on supporting health boards to improve, and sustainably achieve, compliance with the national waiting time standard, measured as the proportion of participants requiring a screening colonoscopy who are offered an appointment within 28 days of their reported FIT result, against a target of ≥90%.

The plan brings together a series of targeted improvement initiatives aimed at increasing capacity, strengthening service resilience, improving pathway performance and establishing a sustainable trajectory towards achievement of the national standard.

Delivery of the Screening Colonoscopy Improvement Project is further reinforced through a dedicated IMTP milestone focused on year one implementation of improvement actions with health boards. This milestone is specifically aimed at increasing the proportion of participants receiving an index colonoscopy within four weeks of booking and provides a clear mechanism for tracking improvement and assuring delivery.

4.9.2 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, BSW is delivering the Screening Colonoscopy Improvement Project (SCIP), a programme of work designed to improve screening colonoscopy performance across Wales, and these are set out below.

Working collaboratively with health boards and key partners, the project focuses on increasing capacity, strengthening resilience, reducing variation in performance and supporting sustained compliance with the national waiting time standard.

Improvement Area	Improvement Action	Delivery Date
Workforce Development	Implement an All-Wales workforce assessment and succession planning approach to strengthen workforce resilience and support sustainable screening colonoscopy capacity.	Complete
	Expand accreditation and mentorship capacity to increase the number of competent screening colonoscopists across Wales.	December 2026
	Implement revised Specialist Screening Practitioners (SSP) competency and role standards to strengthen consistency and workforce capability across Wales.	September 2026
	Deliver workforce sustainability actions informed by national workforce analysis to support achievement of screening colonoscopy standards.	March 2027
	Accelerate progression of current Joint Advisory Group (JAG) Accreditation for current candidates	June 2026 (Complete)

Improvement Area	Improvement Action	Delivery Date
Service Delivery and Capacity Management	Support health boards to deliver capacity plans aligned to demand and recovery requirements.	June 2026
	Implement standardised scheduling and productivity approaches to increase available screening colonoscopy capacity.	June 2026
	Implement Patient Tracking List (PTL) management arrangements to reduce waiting times and improve pathway performance.	September 2026
	Developed an All-Wales contingency and mutual aid model to support recovery and reduce delays in screening colonoscopy services.	December 2026
	Implement enhanced performance reporting to support earlier identification and resolution of performance risks.	September 2026
Quality Assurance and Governance	Implement revised quality assurance arrangements to improve consistency, compliance and patient safety.	April 2026 (Complete)
	Implement strengthened governance arrangements supporting oversight of screening colonoscopy performance and risk.	April 2026 (Complete)
	Implement national reporting arrangements for compliance, quality and safety metrics.	June 2026 (Complete)
	Deliver enhanced quality assurance reporting to strengthen programme oversight and recovery.	September 2026
	Embed continuous audit and improvement processes to drive sustained compliance with programme standards.	March 2027
Regional Collaboration and Service Optimisation	Implement resource deployment actions arising from All-Wales resource mapping to improve service resilience.	June 2026 (Complete)
	Implement mutual aid arrangements between health boards to increase resilience and reduce variation in performance.	March 2027
	Implement and embed All Wales surge and contingency arrangements to increase capacity and reduce delays in screening colonoscopy pathways.	June 2027
	Undertake National Referral Centre (NRC) review and gap analysis	March 2026 (Complete)
	Implement revised Specialist Screening Practitioner delivery standards to improve service quality and consistency.	July 2026
Research, Innovation and Evidence-Informed Practice	Implement identified service improvements arising from horizon scanning and best practice review.	September 2026
	Implement standardised innovation processes to accelerate adoption of service improvements across Wales.	September 2026
	Establish Bowel Research and Development Group to explore collaboration with academic institutions	December 2026

Improvement Area	Improvement Action	Delivery Date
	Implement pilot innovation projects aimed at improving screening colonoscopy capacity, productivity and participant experience.	March 2027
	Implement agreed innovation initiatives that improve screening colonoscopy access, productivity and participant outcomes.	June 2027
Ongoing Performance Monitoring and Management	Implement accelerated performance escalation and recovery arrangements with health boards demonstrating sustained improvement against the 28-day standard.	Complete
	Continue to support and hold to account health boards in implementing recovery actions to improve compliance with the 28-day screening colonoscopy standard and reduce variation across Wales.	Ongoing
	Implement assurance mechanisms to manage activity backlog in health boards	Complete

Improvement activity is already in delivery across the Bowel Screening programme, with a focus on achieving measurable improvements in performance, access and equity during 2026/27. Milestones have been structured to reflect phased implementation, enabling early benefits to be realised whilst maintaining a sustainable approach to longer-term service improvement and resilience.

To support the Welsh Governments 100 day plan and line with our Q1 baseline review, we are proposing to pause the following milestones. Further details can be seen in Annex B:

Milestone
Introduced AI supported diagnostic pathways for faecal parasitology screening of enteric samples (stop)

4.9.3 Key outcomes we wish to achieve

By March 2027, Bowel Screening Wales aims to have led the system to achieving the national waiting time standard consistently, the focus of which will be through supporting and holding health boards to account, in delivering the service we commission from them. Through the delivery of the BSW Improvement Plan and Screening Colonoscopy Improvement Project, the programme will strengthen capacity, improve service resilience and enhance pathway performance, supporting sustained improvement. This will be achieved through:

- Improved compliance with the screening colonoscopy waiting time standard through targeted service improvement activity.
- Increased sustainable screening colonoscopy capacity across Wales.
- Reduced waiting times for participants requiring screening colonoscopy.
- Improved operational resilience through reduced reliance on short-term recovery measures, including insourcing arrangements.

- Enhanced collaboration between BSW, Health Boards and commissioned providers to support consistent service delivery.
- Improved oversight and performance management of screening colonoscopy services through strengthened governance arrangements.
- Identification and implementation of opportunities to modernise screening colonoscopy and pre-assessment pathways.
- Development of a stronger evidence base to support future service planning, innovation and continuous improvement.
- Establishment of a sustainable recovery trajectory that reduces backlog pressures and supports long-term compliance with programme standards.

4.10 Breast Test Wales

4.10.1 Overview

Breast Test Wales (BTW) aims to deliver a resilient, equitable and high-quality breast screening service across Wales, ensuring eligible women have timely access to screening, assessment and diagnosis. The programme plays a critical role in the early detection of breast cancer, supporting improved outcomes and reducing inequalities in access to screening services.

The BTW Improvement Plan has been developed in response to performance challenges across key areas of the screening pathway, including assessment timeliness, reading timeliness, round length and uptake. The primary focus of the plan is improving performance against the national assessment timeliness standard, measured as the proportion of women requiring assessment who are offered an appointment within three weeks of screening, against a target of ≥90%. All improvement activity is focused on restoring and sustaining performance, strengthening workforce resilience, improving pathway efficiency and governance, and delivering sustainable improvements across the breast screening programme in Wales.

North Wales has continued to experience challenges in achieving screening and assessment timeliness due to workforce capacity constraints, reporting delays, and pressures within diagnostic and surgical pathways in Betsi Cadwaladr University Health Board. Breast Test Wales is working with the Health Board to address these issues through escalation, enhanced performance oversight, workforce development, cross-regional support arrangements and optimisation of all-Wales service delivery models. The health board has been asked to strengthen local diagnostic and surgical capacity, support recruitment to key clinical roles, and implement sustainable service arrangements aligned to population need. These actions aim to improve timeliness, reduce variation and support recovery against national screening standards.

Delivery of the Breast Test Wales Improvement Plan is supported by formal IMTP commitments focused on restoring timely assessment invitations, increasing reading capacity, strengthening assessment and surgical pathways and implementing the recommendations arising from the Breast Screening Review. These actions are being delivered in partnership with health boards and provide an additional layer of assurance and oversight to support recovery against national standards.

4.10.2 Key Deliverables

In addition to the milestones set out in our IMTP, BTW is delivering a comprehensive Improvement Plan to support recovery and long-term service improvement and these are set out below. The plan provides a structured programme of work across reading timeliness, assessment clinic timeliness, round length recovery, uptake and inequalities and the implementation of recommendations arising from the Breast Screening Review.

The improvement programme focuses on actions within the programme's control whilst recognising that there are dependencies on health board capacity, workforce availability, mobile screening infrastructure, analytics capability, funding arrangements and wider organisational support. Programme delivery is monitored through established programme governance arrangements, with milestones representing implementation, embedding and evaluation points within a wider programme of improvement.

Improvement Area	Improvement Action	End Date
Improve Reading Timeliness – North Region	Implement cross-regional reading support from West and South regions.	September 2026
	Improve cross-site reporting workflow through All-Wales workflow optimisation.	June 2026 (Complete)
	Implement additional evening/weekend reading sessions if required.	Complete
	Confirm network connectivity is maintained in North Wales following resolution.	Complete
	Increase reporting capacity in North Wales through the qualification and deployment of additional four film readers, improving screening reading timeliness.	December 2026
	Introduce two newly qualified radiologist and breast clinicians into the reading rota.	Complete
	Deliver sustained compliance with reading timeliness standards through implementation of recovery and escalation actions across North Wales.	March 2027
Improve Timeliness of Assessment Clinics (All Regions)	Establish Health Board active management surgeon annual leave to deliver assessment clinic activity in North Wales.	Complete
	Increase assessment clinic capacity and reduce waiting times to support achievement of the national assessment timeliness standard.	March 2027
	Build resilient nursing support during sickness/leave.	September 26
	Increase diagnostic and surgical workforce capacity through recruitment of consultant surgeons across Hywel Dda and BCUHB.	September 26
	Optimisation of existing assessment clinics in South and North Wales to reduce backlogs.	June 2026 (Complete)
	Require BCU to resolve surgical restrictions in BCU (Wrexham/Llandudno).	Complete

Improvement Area	Improvement Action	End Date
	Work jointly with BCU on sustainable surgical provision aligned to service need, in accordance with the SLA.	July 2026
	Expand clinical workforce capacity through completion of breast clinician and radiologist training programmes.	December 2026
Breast Screening Review	Conduct internal review including document review, staff discussions, focus groups and surveys.	Complete
	Commence the implementation of recommendations and improvement proposals from Breast Test Wales review.	August 2026
Restore Round Length to 36-Month Standard	Implement round-length modelling to prioritise longest waits.	October 2026
	Deliver additional workforce capacity to support recovery towards the 36-month screening round length standard and improved assessment performance.	March 2027
	Scope and quantify work to improve the reliability and availability of the mobile screening infrastructure to support timely delivery of screening services across Wales.	November 2026
	Validate round-length data calculations to ensure accurate monitoring.	October 2026
Improve Uptake and Reduce Inequity of Uptake	Analyse uptake by deprivation, geography and demographics to identify inequalities.	Complete
	Implement targeted engagement and communication interventions to improve screening uptake amongst underserved populations and reduce inequalities.	March 2027
	Increase accessibility of screening services through optimisation of mobile screening locations and service delivery models.	September 2026
	Deliver priority actions from the Screening Equity Action Plan to improve access, uptake and equity of outcomes across Wales.	March 2027

4.10.3 Key outcomes we wish to achieve

By March 2027, Breast Test Wales aims to improve the timeliness, resilience and effectiveness of the breast screening pathway and consistently achieve the national assessment timeliness standard. Through delivery of the BTW Improvement Plan, the programme will strengthen operational performance, increase service resilience and support sustainable recovery. This will be achieved through:

- Improved compliance with national assessment timeliness standards.
- Reduced waiting times for women requiring assessment following screening
- Improved reading timeliness and reporting performance.

- Recovery and improvement in screening round length performance.
- Increased uptake and reduced inequalities in access to screening services.
- Improved workforce resilience through strengthened workforce planning, recruitment and development.
- Enhanced governance, oversight and performance management arrangements.
- Improved operational reliability through investment in infrastructure, technology and service improvement initiatives.
- Strengthened collaboration with health boards and key partners to support delivery of timely diagnostic pathways.
- Implementation of recommendations arising from the Breast Screening Review.
- Establishment of a sustainable recovery trajectory that supports achievement and maintenance of national programme standards.

4.11 Sexual Health

4.11.1 Overview

We are leading a programme of improvement to strengthen the quality, safety, consistency and accessibility of sexual health services across Wales. Working in partnership with health boards and other key stakeholders, the programme focuses on improving access to testing and care, strengthening safeguarding and governance arrangements, improving integration between digital and face-to-face services and ensuring consistent standards regardless of where individuals access services.

As the national organisation responsible for providing leadership, coordination and expertise in sexual health, we are delivering the improvement plan for the Test and Post service whilst supporting the wider development of sexual health testing and care pathways across Wales. This includes strengthening data collection, surveillance and risk identification processes to support both individual care and population health intelligence, alongside the development of governance frameworks, safeguarding arrangements and referral pathways that support safe, effective and equitable service delivery.

The improvement programme has been developed in response to the need to improve equity of access, strengthen clinical governance and safeguarding arrangements, improve integration between digital and community-based services, and ensure greater consistency across Wales. Delivery is supported through formal IMTP milestones focused on standardising referral and data-sharing processes, developing an all-Wales Sexual Health Best Practice Framework, progressing the all-Wales Case Management System business case, and improving operational efficiency through the review and redesign of existing processes. These milestones provide a structured framework for delivery, monitoring and assurance throughout 2026/27 and beyond.

4.11.2 Key Deliverables for 2026/27

In addition to the deliverables set out in our IMTP, we will have:

Milestone	Delivery Date

Standardised sexual health-related data sharing and referral processes with health boards to ensure equity of service and timely management and care provision for the population of Wales	December 2026
Produce an interim report for Sexual Health Best Practice Framework, co-produced with key partners including health boards, the community and voluntary sector, and subject matter experts	November 2026
Produce final report and implementation for Sexual Health Best Practice Framework, co-produced with key partners including health boards, the community and voluntary sector, and subject matter experts	March 2027
Completion of all-Wales Sexual Health case management system business case	December 2026
Completion of Sexual Health review report	January 2027
Completion of Sexual health learning exercise	October 2026
Complete review of existing Sexual Health manual processes and implement digital solutions.	March 2027

4.11.3 Key outcomes we wish to achieve

The Sexual Health Improvement Plan aims to improve access to, and quality of, sexual health services across Wales, ensuring individuals can access timely, safe and equitable testing and care regardless of where they live or how they access services. Through the delivery of the improvement programme, we will strengthen clinical pathways, improve service integration and support more consistent service standards across Wales. This will be achieved through:

- Improved equity of access to sexual health testing, treatment and care.
- Greater consistency in clinical pathways, referral processes and service delivery across Wales.
- Enhanced safeguarding, risk identification and escalation arrangements.
- Improved integration between digital, community and face-to-face sexual health services.
- More effective data collection, surveillance and population health intelligence to support service improvement.
- Improved patient experience through clearer pathways and more seamless access to care.
- Reduced variation in service delivery and clinical practice.

The Sexual Health Improvement Plan is intended to deliver sustainable system-wide improvement rather than isolated service changes. Whilst key milestones focus on delivery of national frameworks and standardised arrangements, benefits will be realised progressively through implementation of improved pathways, strengthened governance, enhanced surveillance and closer collaboration with health boards and partners. The programme provides the foundation for a more equitable, integrated and high-quality sexual health service across Wales.

4.11.4 Who we will work with to achieve the outcomes

We will work in partnership with health boards to deliver consistent and equitable sexual health services and ensure effective referral and treatment pathways. We will collaborate with the Welsh Sexually Transmitted Infections Consultants Group and clinical experts to align clinical standards and pathways.

We will engage with the community and voluntary sector to support accessible and inclusive service delivery, particularly for underserved populations. Partnerships with the Communicable Disease Surveillance Centre (CDSC) will strengthen data, surveillance and risk assessment approaches.

4.12 Vaccinations

4.12.1 Overview

The Vaccine Preventable Disease Programme (VPDP) aims to support an equitable, evidence-based and person-centred vaccination system across Wales, maximising vaccination uptake across all population groups and reducing inequalities in access, confidence and outcomes. Vaccination remains one of the most effective public health interventions, protecting individuals and communities from vaccine-preventable diseases and reducing health inequalities.

Vaccination milestones have been developed in response to declining uptake across a number of vaccination programmes and persistent inequalities in coverage between communities and population groups. The programme focuses on improving vaccine confidence, increasing equitable access, strengthening community engagement and enhancing the use of intelligence and surveillance to support targeted interventions.

All improvement activity is focused on increasing vaccination uptake, improving vaccine literacy, reducing inequalities in coverage and strengthening the resilience and effectiveness of the immunisation system across Wales.

4.12.2 Our role

We provide national leadership, coordination and expert advice to support improvements in vaccination uptake and equity across Wales. Working in partnership with health boards, the Welsh Government and wider stakeholders, we support the delivery of vaccination programmes through surveillance, evidence generation, training, public communications and quality improvement activity.

We lead the development and implementation of approaches to improve vaccine literacy, address misinformation and strengthen public confidence, with a particular focus on communities and population groups experiencing lower uptake. Through national networks, including the Vaccine Equity Network and Welsh Immunisation Network, we promote collaboration, shared learning and consistent approaches across Wales.

Our role also includes strengthening equity-focused surveillance and intelligence to better understand variations in uptake, access and outcomes, and using this evidence to inform targeted interventions. Through collaboration with national and international partners, we support the development, implementation and evaluation of innovative approaches to reduce inequalities, improve engagement and increase uptake across vaccination programmes.

4.12.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, the Vaccine Preventable Disease Programme is focused on increasing vaccination uptake and reducing inequalities through evidence-based interventions, targeted engagement and enhanced intelligence and these are outlined below.

The programme brings together health boards, communities and national partners to improve vaccine confidence, strengthen vaccine literacy, address barriers to access and support more equitable delivery of vaccination programmes across Wales.

The milestones reflect implementation, embedding and evaluation points within an active programme of improvement already underway. Where dates extend beyond 2026/27, these primarily relate to the evaluation, scaling and sustainability of interventions, or wider system dependencies, rather than delayed implementation. Benefits are expected to be realised progressively throughout the programme.

Key milestones include:

Milestone	Delivery Date
Complete a Strategic Communications Review to identify evidence-based approaches to improving vaccine literacy and confidence.	December 2026
Develop and begin implementation of a targeted vaccine literacy improvement plan, including tailored interventions for underserved groups	June 2027
Implement Community Champions protocol (with Cardiff and Vale University Health Board) to improve engagement, trust and uptake.	September 2026
Scale effective community-led approaches across Wales, subject to evaluation.	September 2028
Enhance equity-focused surveillance, with an initial focus on maternal vaccination.	April 2027
Deliver the assessment of Respiratory Syncytial Virus (RSV) maternal vaccination programme impact across the first two seasons.	August 2026
Complete a systematic evidence review on inequalities in Human Papillomavirus uptake.	August 2026
Design and pilot school-based interventions to improve uptake and vaccine literacy.	June 2027
Delivered at pace training, surveillance outputs, and public information resources to support new and amended vaccination programmes for Meningitis B and RSV to align to the vaccination programme deliver deadlines.	October 2026

4.12.4 Key outcomes we wish to achieve

The milestones aim to increase vaccination uptake across all population groups and reduce inequalities in access, confidence and outcomes. Through the delivery of the programme, we will strengthen vaccine literacy, improve community engagement and enhance the use of intelligence and surveillance to support targeted action. The programme is focused on delivering sustainable improvements in vaccination uptake and equity through a combination of behavioural insight, community engagement, evidence generation and targeted

intervention. While several milestones relate to the development and evaluation of new approaches, implementation activity is already underway through existing vaccination programmes, national networks and collaborative initiatives with health boards and communities. The programme is designed to deliver progressive improvements throughout the planning period whilst establishing a strong evidence base for longer-term system transformation and reduction of health inequalities.

This will be achieved through:

- Increased vaccination uptake across priority vaccination programmes.
- Reduced inequalities in vaccination coverage between communities and population groups.
- Improved vaccine literacy and public confidence through evidence-based communication and engagement.
- Enhanced community engagement and trust, particularly amongst underserved and under-vaccinated populations.
- Improved identification of barriers to access and implementation of targeted interventions to address inequities.
- Strengthened equity-focused surveillance and intelligence to support data-driven decision making.
- Improved understanding of inequalities in maternal and HPV vaccination uptake.
- Development and evaluation of innovative community-based and school-based approaches to improve vaccination uptake.
- Enhanced system capability through training, evidence generation and dissemination of best practice.
- A more equitable, resilient and responsive vaccination system that supports improved protection against vaccine-preventable diseases across Wales

4.12.5 Who we will work with to achieve the outcomes

We will work in partnership with health boards as primary delivery partners for vaccination programmes, alongside the Welsh Government to ensure policy alignment and strategic direction.

We will collaborate with national partners, including Digital Health and Care Wales and other NHS organisations, to strengthen data, surveillance and system delivery. Through networks such as the Vaccine Equity Network and Welsh Immunisation Network, we will support shared learning and coordination across the system.

We will also work closely with communities, including through community champions and local organisations, to build trust and co-produce approaches that improve vaccine confidence and access. In addition, we will engage international partners, including PAHO-funded collaborations, to develop and apply innovative approaches to reducing vaccine hesitancy and inequalities.

4.13 Reducing Inequalities in our Services

4.13.1 Overview

Reducing health inequalities is one of the defining challenges facing Wales. People living in our most disadvantaged communities continue to experience shorter lives, more years lived in poor health, and poorer access to opportunities that support health and wellbeing. These inequalities are not inevitable. They arise from differences in the conditions in which people are born, grow, live, work and age, and are often compounded by barriers in accessing services and support.

We have a distinct role in addressing these challenges. As the national public health organisation for Wales, we combine direct service delivery with system leadership, evidence generation, data and intelligence, policy support and improvement expertise. This enables us not only to improve equity within the services we provide, but also to support partners across Wales to design and deliver fairer, more effective systems.

For Public Health Wales, quality and equity are inseparable. A service cannot be considered high quality if those who most need it are least likely to benefit from it. We therefore embed an equity lens across our wide range of services, programmes, research, policy advice and improvement activity. This includes understanding who is not being reached, identifying barriers to access and outcomes, and adapting services so that they better meet the needs of different communities.

Our work operates at three interconnected levels.

First, we improve equity within the national services we directly provide. Across screening programmes, health protection services, smoking cessation, early years interventions, physical activity and prevention programmes, we use data and evidence to identify inequalities in access, experience and outcomes and implement targeted action to reduce them.

Second, we support the wider NHS Wales and public service system to reduce inequalities. This includes our work on Health Equity Wales, Population Health Management, Marmot Places, Inclusion Health, and support for health boards, local authorities and Public Services Boards to address the wider determinants of health. Through the Welsh Health Equity Solutions Platform and our research and analytical capability, we help partners apply evidence, improvement methods and international learning to local challenges.

Third, we contribute to national policy development and implementation. During this IMTP period, we will continue to support the Welsh Government in the development and delivery of the 100 Days Plan, forthcoming Public Health Strategy for Wales, ensuring that reducing health inequalities remains central to a prevention-focused approach to improving population health and wellbeing.

4.13.2 Our Ambition

Over the period 2026–2029, we will strengthen our contribution to reducing health inequalities by ensuring that equity is systematically embedded within our services, decision-making, improvement activity and partnerships. We will continue to improve our use of data and intelligence to identify inequalities, work with communities and people with lived experience to shape solutions, and support partners across Wales to deliver evidence-based action.

Our ambition is that people who face the greatest barriers to health and wellbeing are better able to access services, benefit from prevention and receive the support they need. By

improving both the reach and impact of public health interventions, we will contribute to narrowing avoidable differences in health outcomes and creating a healthier, fairer Wales.

4.13.3 Our role

We deliver a wide range of national services and programmes that contribute directly to reducing health inequalities across Wales. We recognise that people and communities experience different levels of need, different barriers to accessing services, and different health outcomes. Our role is therefore not simply to deliver services consistently, but to ensure they are designed and delivered in ways that achieve equitable outcomes.

Across both Health Protection and Screening Services and Health and Wellbeing, we use population intelligence, research, service evaluation and engagement with communities to understand who is missing out and why. This enables us to adapt delivery models, target resources and strengthen support for those groups at greatest risk of poor health outcomes.

This approach is reflected across a broad range of services and programmes, including national screening programmes, vaccination and immunisation support, communicable disease prevention and control, tuberculosis and blood-borne virus programmes, smoking cessation services through Help Me Quit, physical activity programmes such as the National Exercise Referral Scheme, early years programmes including PIPYN, healthy weight and prevention initiatives, substance misuse and gambling harm prevention, and mental wellbeing programmes. Each of these contributes in different ways to improving health outcomes and reducing inequalities across the life course.

To achieve this, we use a combination of targeted outreach, community engagement, behavioural insights, digital and face-to-face delivery routes, accessible communications, partnership working and co-production with people and communities. Particular focus is given to groups who experience the greatest barriers to good health, including communities experiencing socio-economic disadvantage, inclusion health populations, ethnic minority communities, disabled people and others at risk of poorer outcomes.

Across all of our services, we apply continuous evaluation, quality improvement and equity-focused monitoring to assess impact and identify opportunities for further improvement. This helps ensure that services remain effective, responsive and person-centred, while also contributing to wider system change. Through this approach, we aim not only to improve access to services, but also to narrow the avoidable differences in health outcomes that continue to affect communities across Wales.

4.13.4 Key Deliverables for 2026/27

Milestone	Delivery Date
Engaged with partners and stakeholders to disseminate and share the Screening Equity Strategy to inform understanding and direction across screening system to reduce inequities	September 2026
Delivered commitments within the Screening Equity Strategy through implementation of defined actions within the annual Screening Equity Action Plan, supporting collaborations with health boards and partners	Ongoing

Reviewed the annual Screening Equity Action Plan outputs and measurable impact to determine future planning and areas of focus	March 2027
Implemented Health Inequalities Decision-Making Tool across emergency preparedness, response and recovery arrangements in Wales	March 2027
Delivered targeted tuberculosis awareness, engagement and training activities focused on inclusion health groups and communities at increased risk of TB.	March 2027
Expanded community outreach approaches to improve access to testing, prevention and treatment services for tuberculosis and blood-borne viruses.	March 2027
Delivered targeted vaccination equity initiatives, including Community Champions approaches and enhanced surveillance of vaccination inequalities.	March 2027
Delivered evaluation and improvement plans for Help Me Quit (including priority groups)	TBC
Scoped and addressed inequalities in the National Exercise Referral Scheme (NERS) uptake and outcomes	TBC
Initiated and delivered PIPYN evaluation and prepared for scaling	TBC
Expanded community-based outreach in TB and blood borne virus programmes	March 2027
Continued the development of equitable weight management and prevention pathways	TBC
Maintain the equitable quit outcomes and improving uptake amongst priority and underserved groups by implementing the evaluation and quality review findings	March 2027
Implement the national recommendations from the Help Me Quit Service Review, to further increase access in vulnerable and marginalised smokers.	December 2026
Deliver and disseminate a co-produced point of diagnosis package for Diabetes Type 2 patients which has been developed by patients in Welsh and English	July 2026
Expand and evaluate the Reducing Smoking in Pregnancy Programme, reducing barriers to access and engagement for pregnant smokers.	March 2027
Scope inequalities in the NERS uptake, retention and outcomes and implement improvement actions to address identified inequities.	November 2026
Develop and implement enhanced NERS reporting and monitoring to improve understanding of access and outcomes across population groups.	March 2027
Complete evaluation of PIPYN child and family healthy weight pilots and produce recommendations for scaling approaches that improve outcomes in communities experiencing socio-economic disadvantage.	March 2027

To support the Welsh Governments 100 day plan and line with our Q1 baseline review, we are proposing to pause the following milestones. Further details can be seen in Annex B:

Milestone
Establish formal arrangements with Hywel Dda University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales (pause)
Establish formal arrangements with Aneurin Bevan University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales (pause)

Our Health Protection Inequalities Programme is delivered through a series of annual action plans. Activity associated with these milestones is already underway and delivered throughout the year, with March 2027 reflecting the completion of the current planning cycle. Progress, impact and ongoing need are routinely monitored through established governance arrangements and formally assessed at year-end to inform future priorities, resource allocation and the development of subsequent annual work plans.

Our Health and Wellbeing programmes ensure that actions to reduce inequalities are embedded in every programme, and reviewed both internally and overseen by the Quality, Safety and Improvement Board Committee at regular intervals. A rolling programme of improvement reviews covers every programme sequentially.

4.13.5 Key outcomes we wish to achieve

We aim to reduce inequalities in both health outcomes and access to health improvement, protection, screening and prevention services across Wales. Through our programmes, partnerships and public health leadership, we will ensure that services are increasingly designed around equity, reach underserved populations more effectively, and deliver fairer outcomes for all communities.

We expect to see improved uptake of screening, vaccination, prevention and support services among groups facing the greatest barriers, alongside improvements in smoking prevalence, healthy weight, physical activity, early years health and development, and the prevention and management of long-term conditions. We will also strengthen the ability of systems to identify and address inequalities through better use of data, evidence and population health approaches.

Over time, this will contribute to improved population health, greater resilience to health threats, more equitable access to services and support, and measurable progress in reducing health inequalities across Wales.

4.13.6 Who we will work with to achieve the outcomes

We will work across NHS Wales, local government, Public Services Boards, community organisations and national partners to reduce inequalities in health and healthcare. We will support the delivery of equitable screening, vaccination, prevention, protection and treatment services, strengthen surveillance and evidence-informed decision-making, and engage communities in shaping services. This collaborative approach will help ensure that services reach those who need them most and deliver improved outcomes for all parts of the population.

Strategic Priority 6 – Tackling the Public Health Effects of Climate Change

4.14.1 Overview

Climate change is already affecting the environment in Wales, bringing more extreme weather, hotter summers and wetter winters, with significant implications for population health and inequalities. Our ambition is to identify risks and reduce and mitigate their impact while achieving net zero by 2030 and being carbon negative by 2035.

Our work focuses on reducing the health impacts of climate change, particularly for vulnerable populations. This includes developing our workforce capacity, enabling evidence informed climate adaptation and mitigation action, improving surveillance, embedding sustainability across public health services and working with partners to deliver environmentally sustainable health and care services.

4.14.2 Our role

We provide national leadership, expertise and coordination to prevent, mitigate and address the health impacts of climate change through advising and supporting partners, the public and the Welsh Government. We deliver and support services that strengthen surveillance, preparedness and response to climate-related risks, and embed sustainability across health and care systems.

We lead the development of climate and health intelligence, including surveillance systems and risk assessments, enabling partners to identify and respond to emerging threats. We support system-wide action through research, evidence, and public health advice, including Health Impact Assessments and behavioural science-informed communications.

4.14.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Mobilised the Climate and Health Research Network Wales to enable and co-ordinate research on Wales specific climate hazards, vulnerable communities and vector borne diseases, to support joint funding bids aligned to priority climate and health risks.	September 2026
Undertaken a Health Impact Assessment (HIA) on the development of data centres in Wales, drawing out the learning aligned to the climate change agenda	December 2026
Translated the findings from the HIA on Data Centres into practical actions, working with partners to inform decision-making and ensure that climate and health considerations are reflected in relevant policy, planning and development processes	March 2027
Developed guidance to support the local creation of behaviourally-informed active travel plans	March 2027
Supported the development and submission of multi-partner funding bids, strengthening access to research funding and increasing the volume of research focused on vulnerable communities, vector-borne diseases and place-specific risks.	June 2027

Delivered behavioural-science informed support to priority population groups in relation to managing extreme heat.	March 2027
Enhanced the climate change surveillance system, building on the findings identified through evaluation	March 2028

4.14.4 Key outcomes we wish to achieve

By 2026–2029, we aim to reduce the health impacts of climate change and strengthen system resilience by embedding climate considerations across public health and healthcare services. We expect to see improved identification and management of climate-related health risks, particularly for vulnerable populations, alongside stronger system preparedness for extreme weather events. Increased uptake of sustainable practices across organisations will contribute to reduced carbon emissions and more environmentally sustainable services.

4.14.5 Who we will work with to achieve the outcomes

We will work closely with the Welsh Government to support policy development and implementation and the delivery of Net Zero Wales ambitions. We will collaborate with NHS Wales organisations, including health boards and primary care, to embed sustainable practice and strengthen resilience across services.

We will partner with local authorities, Public Services Boards and wider system partners to support delivery of climate adaptation and mitigation at a local level. Engagement with academic institutions, UK bodies and international public health partners will support research, surveillance and sharing of best practice.

We will also work with employers and organisations across sectors to promote sustainable travel and behaviours through programmes such as Healthy Travel Charters.

Strategic Priority – Women's Health

4.15 Women's Health

4.15.1 Overview

We play a pivotal role in supporting delivery of the Women's Health Plan and the Welsh Government's ambition for a gender-equal Wales, where women and girls are free from discrimination, violence and health inequalities, and where women's rights are embedded across public services, and this lends itself to taking a public health approach to women's health. The recent decline in healthy life expectancy for women in Wales reinforces the need for prevention focused action across the life course, addressing the root causes of inequality alongside improvements in service delivery. Public Health Wales contributes across a broad range of Women's Health Plan priorities, including contraception and preconception health, postnatal wellbeing, violence against women, domestic abuse and sexual violence (VAWDASV), and culturally competent care.

4.15.2 Our role

We provide evidence, guidance and system coordination to improve women's health outcomes and reduce inequalities, including delivery of national screening programmes and targeted action to improve uptake and equity, as well as embedding Making Every Contact Count (MECC). We develop and apply data and intelligence, including sex-disaggregated

analysis, to develop a stronger understanding of inequalities, supporting the national Women's Health Dashboard. We promote evidence-based approaches to improving menstrual, reproductive and postnatal health. We also play a key role in strengthening trauma-informed practice, supporting responses to violence and abuse, incorporating lived experience and co-production in the design of inclusive and responsive services. We work across sectors including housing, education, employment and justice to address the wider determinants of women's health and reduce structural inequalities.

4.15.3 Key Deliverables for 2026/27

In addition to the milestones set out in our IMTP, we will have:

Milestone	Delivery Date
Published "Why Gender Matters" suite of evidence-informed, solution-focused resources to support policy action on inequalities and structural drivers.	October 2026
Implemented phase 1 of HPV self-sampling for under-screened populations (Cervical Screening Wales)	December 2026
Supported NHS Wales to embed pathway from gestational diabetes to the All Wales Diabetes Prevention Programme	November 2026
Delivered education and training to primary and community care staff on MECC as well as menstrual health and menopause, to help clinicians discuss these topics at existing touchpoints with women as appropriate (pending agreement from Welsh Government)	March 2027
Contributed to development of National Women's Health Dashboard	December 2027
Supported cross-sectoral implementation of Wales Without Violence approach to primary prevention	March 2027
Supported Welsh Government VAWDASV strategy refresh through policy workshops	March 2027
Supported adoption of NHS Wales Sexual Safety in Healthcare Charter	May 2027
Developed guidance to support a trauma-informed approach to women's health needs in the criminal justice system.	January 2027
Produced a refreshed national Trauma-informed Wales Framework, prioritising understanding of racial trauma impact on women's health.	July 2027
Developed resources to embed the use of Engaging Men and Boys in Violence Prevention Toolkit	June 2028
Completed evaluation of Contraception after Pregnancy e-learning module	August 2027
Delivered a behaviourally informed package of communications to improve women's health screening uptake	February 2028

4.15.4 Key outcomes we wish to achieve

We expect to see increased uptake and equity in screening programmes, improved support for women before, during and after pregnancy, and better integration of care across pathways. Earlier intervention and increased health literacy will support improved reproductive, menstrual and postnatal health outcomes. Through strengthened system responses to violence and trauma, we aim to improve sexual safety, access to support and long-term wellbeing for women and girls. A stronger focus on prevention and tackling the structural drivers of health will prevent harm and improve healthy life expectancy and gender equity over time.

4.15.5 Who we will work with to achieve the outcomes

We will work in partnership with the Welsh Government to support the delivery of the Women's Health Plan and alignment with wider policy priorities. We will collaborate with NHS Wales, including health boards and clinical networks, to improve service delivery, screening uptake and care pathways. We will work with Public Services Boards, local authorities and cross-sector partners to address the wider determinants of women's health, including housing, employment and social support. We will also engage with VAWDASV partners, criminal justice agencies and specialist organisations to strengthen prevention and response to violence and abuse.

Strategic Priority 7 – Enabling Delivery

4.16 Working with our Partners

4.16.1 Overview

For our system working, we have a close relationship with many partners across the NHS in the delivery or our work, and we have a particularly close relationship with the Directors of Public Health through the three structured meetings held each month and the different programmes of work we deliver collectively to improve and protect the health of the people of Wales. As the specialist public health organisation, we recognise the opportunity to strengthen our integrated working with and across the specialist public health system and also see Community by Design as an opportunity to work collaboratively.

Through 2026/27 we will continue to strengthen our relationships across the wider system building on the work carried out to date. Examples include:

- In March 2026 the Public Health Wales Board approved a new strategic partnership with the Wales Council for Voluntary Action (WCVA), recognising prevention as a shared priority and the viral role of voluntary and community groups in improving population health. Through this newly established partnership Public Health Wales and the WCVA will work together to strengthen prevention-focused action and engagement with voluntary and community groups across Wales.
- In November 2025 Public Health Wales Board approved a Memorandum of Understanding (MoU) with Sport Wales. Working together, we are translating evidence into practical action to increase physical activity across Wales. This includes the development of the Daily Active whole-school approach, support for active travel and place-based physical activity initiatives, and joint work to identify how we increase volunteering in sport and physical activity and embed physical activity prescribing into clinical practice. We are undertaking joint work to strengthen the evidence base for promoting active lifestyles and identify actions we can take from that evidence. Together,

we are helping create the conditions that enable more people to be active, improving wellbeing and reducing the risk of preventable ill health.

- Since July 2024, Public Health Wales and the Arts Council of Wales have had an MoU in place to strengthen the position of arts and creativity in addressing population health and wellbeing in Wales. Together we are working to increase engagement with arts for health and wellbeing, through both public facing promotional activities and strengthening partnerships and pathways to engagement
- We have a partnership agreement with the Office of the Future Generations Commissioner to reflect our commitment to closer strategic working and have agreed joint deliverables on horizon scanning and wellbeing economy and health.
- Our strong international leadership role will continue to develop through strategic partnerships with the World Health Organization, International Association of National Public Health Institutes (IANPHI), EuroHealthNet and other international partners. We also work very closely with other public health agencies across the wider United Kingdom across the breadth of public health functions.

4.16.2 Delivering our priorities through partnership working

Our Integrated Medium Term Plan set out a series of priorities for delivery for 2026/27 and good partnership working across the system is fundamental to the delivery of these priorities. In addition to the business as usual engagement across all our core services, and the partnerships working already outlined in our IMTP, we have set out how we will actively work with other organisations to deliver these key programmes of work:

Gambling Harms

Through our role as the national Lead Prevention Co-ordinator for gambling related harm in Wales, we have actively engaged with Directors of Public Health on ways forward to establish a VCSE grants programme and funding for local health board prevention programmes.

Community by Design

Through our work co-leading the Prevention and Population Health Management pillar of the Community by Design work, we work with Welsh Government, NHS Wales Performance and Improvement, health boards, HEIW and DHCW to ensure alignment with wider transformation. The workstream is co-chaired by Tracey Cooper and Tracy Daszkiewicz, Director of Public Health, Aneurin Bevan University Health Board, with the majority of Directors of Public Health actively involved.

Service improvement

We are working with health boards to identify areas where we can improve the clinical pathway for patients going through our screening programmes. Our screening programmes will continue to work very closely with all health boards to strengthen the clinical pathway for patients. Monthly performance discussions are held, and we work jointly with health boards to develop a plan of recovery and improvement actions. Where delivery risks persist, issues are escalated to Chief Executives where strategic level discussions are held to identify solutions.

Our Infection Services are embedded in health boards across NHS Wales where they provide core diagnostic, surveillance and specialist services that directly support patient care, service

delivery and population health outcomes. As part of its embedded role, infection works with health boards to continuously improve diagnostic services to ensure they remain relevant and responsive. For 2026/27 this includes working jointly with health boards to optimise diagnostic pathways, including expanding testing capability to support improved patient outcomes; and supporting the development and delivery of service transformation programmes.

❖ Lung Cancer Screening

We are working with partners across the NHS system to plan for the implementation of a lung cancer screening programme in Wales. In addition to a quarterly stakeholder meeting with all stakeholders, including health boards, DHCW, the third sector, Llais and colleagues from Scotland and England, we also engage directly with health boards to discuss specific topic areas. The engagement takes the form of meetings, workshops, focussed correspondence and attendance at health board executive level meetings to explain the Programme plans and progress being made. We have also modelled the increase in demand resulting from the implementation of lung cancer screening for all health boards in relation to downstream services and smoking cessation, and continue to refine and discuss with health boards.

4.16.3 Key improvements for 2026/27

In 2024/25, we funded the 'Collaborating for Success' programme which brought together Directors in Public Health Wales and Directors of Public Health through structured sessions to strengthen relationships, clarify roles and align priorities across the system. Building on this work, areas of improvement have been identified for 2026/27 are as follows:

❖ Strategic planning discussions on emerging issues

In Autumn 2026, it is proposed that a joint session with Directors in Public Health Wales and the Directors of Public Health is held to facilitate discussions on how the specialist public health system can support the 100 Day plan and the new Programme for Government and agree key public health priorities to feed into the wider strategic planning process.

❖ 1:1s with Directors of Public Health

Four National Directors of Public Health Wales already have three meetings a month with Directors of Public Health. A lead consultant in public health has been designated to support every Public Health Team to engage with Public Health Wales, and find the right people to work with on any issue. In addition, we are intending to undertake a series of one to ones with each Director of Public Health to understand how best we can support them, what they see as the key strategic priorities where they would benefit from our involvement and how they think we can best work with them. This will feed into our strategic planning for 2027/28 as we understand their support needs early in the planning process.

❖ Strengthening digital tools, data and analysis to support improved public health

We are working closely to improve how digital, data and analysis can support improved public health in Wales through the following programmes of work that are being done in close partnership with many others:

Through the Digital Health Protection Programme, we are developing a modernised health protection system to support health boards, local authorities, the Welsh Government and

others to deliver health protection day-to-day and create a system ready to deal with a pandemic. Our programme structures involve extensive user-centred design and include health boards, Digital Health and Care Wales (DHCW), Local Authorities and the Welsh Government. This will have a pandemic ready system in place by January 2027 and expand full access to the system for all health boards for outside of a pandemic by the end of 2027.

Through our work on Data, Analysis, Registers and Cloud programme, we will be migrating our data and analysis to the National Data Resource to make analysis easier to share across the system, quicker to do and support more timely work evidence.

We are progressing the case for an All-Wales Sexual Health Case Management System. Following completion of alpha, we will be working with DHCW, the Welsh Government and health boards to create the full business case for this necessary investment to improve the system both in Public Health Wales and in health boards.

4.16.4 Key Deliverables for 2026/27

To support the Welsh Governments 100 day plan and line with our Q1 baseline review, we are proposing to pause or stop the following milestones:

Milestone
Established a fully integrated planning approach including long term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme (pause)
Undertake an assessment of impact of HPSS evaluation and research publications (academic and other), including assessing approaches to increase impact of outputs to inform development of a directorate research strategy (stop)
Delivered and grew externally funded linked data research programmes, responsive to strategic priority needs
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 (pause)
Implemented our strategic partnership arrangements to enable delivery of our route maps and agreed areas of strategic collaboration
Established a fully integrated planning approach including long term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme (pause)

4.17 Workforce and Workforce Planning

4.17.1 Overview

We maintain a budgeted establishment of 2,163 full time equivalent (FTE) and employ a workforce of 2,255 colleagues (headcount) with a FTE of 2,009. These values do not include NHS Wales Performance and Improvement who are hosted by Public Health Wales.

Our workforce contains a diverse mix of professions delivering specialist public health functions. Key characteristics include a predominantly permanent workforce (c.88%), a significant proportion of female staff (c.74%), and a growing multi-generational profile.

The organisation continues to face workforce challenges consistent with the wider NHS context, turnover rates above the NHS Wales average, skills shortages, and increasing

service demand driven by demographic change, population health need, and evolving public expectations.

These factors require a strategic and integrated approach to workforce planning to ensure the organisation remains sustainable and able to deliver its strategic priorities. The further breakdown of our workforce is as follows.

4.17.2 Our Workforce

Workforce composition 2025/26

The workforce analysis which follows is based on our employed workforce. This is different to the Quarter One Baseline Review which is focused on our 2026/27 financial plan and is therefore primarily concerned with our 2,170 FTE budgeted establishment.

Headcount	2,255 (2,009 FTE) 26% male and 74% female		
Ethnicity	81.5% White, 11.4% Black, Asian and minority ethnic, 7.1% not stated.		
Age bands	**Age band**	**Headcount**	**%**
	<=20 Years	*	*
	>=71 Years	*	*
	21-25	91	4.04%
	26-30	308	13.67%
	31-35	308	13.67%
	36-40	333	14.78%
	41-45	300	13.32%
	46-50	283	12.56%
	51-55	248	11.01%
	56-60	228	10.12%
	61-65	114	5.06%
	66-70	24	1.07%
	Grand Total	**2253**	**100.00%**
	*Redacted due to numbers less than 10		
Turnover	7.9% (rolling 12 months)		
Hours	69% full time and 31% part-time		
Contract type	90% permanent, 8% fixed-term, 2% Bank Workers		
Welsh Language skills	Blank	3.31%	
	0 - No Skill	58.25%	
	1 – Entry	19.80%	
	2 – Foundation	4.78%	
	3 – Intermediate	3.17%	
	4 – Higher	4.16%	
	5 – Proficiency	6.53%	

4.17.3 Workforce Data and Modelling

We have strengthened our approach to workforce intelligence to support robust planning, risk management and decision-making.
Workforce data and modelling now incorporate:

- Workforce composition and demographics

- Supply, turnover and vacancy trends
- Skills and capability requirements
- Staff experience and engagement data

Further work will continue over 2026-2029 to improve the completeness and quality of equality and workforce data, enabling more sophisticated modelling, improved forecasting, and strengthened identification of workforce risks and inequalities.

4.17.4 Workforce Key Performance Indicators

Delivery of the IMTP is underpinned by the People Strategy 2025-2035 and Strategic Equality Plan, which set out clear workforce objectives aligned to organisational priorities.

The organisation is strengthening its approach to workforce performance by embedding a core suite of people-related indicators, including:

- Recruitment, retention and vacancy metrics
- Workforce supply and sustainability indicators
- Workforce diversity and representation measures
- Staff experience and engagement outcomes
- Learning, development and future skills capability

These indicators are routinely reviewed through organisational governance arrangements to support delivery oversight and assurance.

4.17.5 Equality, Diversity and Inclusion

Equality, Diversity and Inclusion (EDI) is a core component of the organisation's People Strategy and is aligned to the Strategic Equality Plan (SEP) 2024-2028. Delivery of EDI priorities is aligned with People Strategy implementation plans and is supported by improved use of workforce data to identify and address inequalities, actions that strengthen inclusive recruitment, progression and retention, and alignment with national policy frameworks, including the Anti-Racist Wales Action Plan.

The SEP sets out a number of workforce objectives that will support this approach, with a particular focus on improving representation, strengthening monitoring and addressing pay gaps:

- Each year, we will increase numbers across all pay bands for black, Asian and minority ethnic staff, disabled staff and LGBTQ+ staff.
- We will monitor information on attracting and recruiting staff, and why they leave, to make sure we are not disproportionately losing colleagues from minority groups.
- We will be a fair-pay employer and will identify and publish pay gaps for gender, ethnicity and disability. We will monitor these pay gaps and aim to reduce them for each year of this plan by rebalancing the profile of our workforce across our pay bands.
- The organisation remains committed to developing a workforce that reflects the population of Wales and to creating an inclusive working environment that enables all staff to contribute and perform to their full potential.

4.17.6 Future Workforce and Technological Change

We have recognised the growing pace of technical change and have invested in specialist digital capability to ensure we have the specialist skills needed to deliver our digital agenda. This investment has included cloud and system architects, user centred designers, cloud and data engineers, cyber security and digital clinical safety.

Alongside this investment in skills, we have adopted Agile delivery to improve our pace of delivery for new digital products. This has enabled us to begin our migration of our analysis to the National Data Analytics Platform and to begin Cloud development for our operational digital services (starting with Digital Health Protection).

We have established governance to enable safe and secure adoption of Artificial Intelligence beyond simply meetings and administrative tasks. These include in the Smoking Cessation App, Gamban, Ambient Voice Technology and a radiology Learning Platform.

The skills and governance provide a solid platform for us to build on. We continue to assess our specialist digital workforce but recognise this now needs wider skills change – particularly in the Band 8a and above grades to have skills in understanding how digital has changed, digital delivery using Agile methods and leadership of change.

We are establishing a dedicated business change area to maximise the benefits of our major programmes. In addition, we will strengthen organisational wide understanding of core digital and AI skills and opportunities to strengthen the current and future delivery of our work.

4.17.7 Workforce Planning, Delivery and Governance

The organisation has established a strengthened, integrated approach to workforce planning, underpinned by an organisation-wide workforce plan and directorate-level workforce plans aligned to a 10-year strategic planning horizon. This approach supports closer alignment between workforce, service and financial planning. It also strengthens the organisation's ability to identify workforce risks, gaps and pressures, and to deliver targeted, prioritised workforce actions in response.

Key workforce priorities include attracting talent through inclusive recruitment, developing job families and career pathways, strengthening leadership and management capability, and building future-ready skills across the workforce. Strategic workforce planning is one component of mitigation to address risks to organisational health. Governance arrangements have been strengthened to ensure delivery through enhanced monitoring, reporting and accountability at Executive level.

Annex A – Explanation of Public Health Wales IMTP Milestones Rolled Over from 2025/26 to 2026/27

Milestone	Assessment	Revised Delivery Date
Agreed an Environmental Public Health 'service schedule' for Wales to clarify Public Health Wales and UK Health Security Agency (UKHSA) roles, working and governance arrangements, and improve stability, sustainability and resilience	Original delivery date was 30/03/26 but has been revised due to external dependencies on UKHSA-led activity and the establishment of a system-wide agreement on roles, responsibilities and governance arrangements, which are outside Public Health Wales' direct control	30/03/27 (complete)
Evaluated and enhanced the performance, assurance, and corporate governance framework of the Health Protection Division	Original delivery date was 30/03/2026 but has been revised due to service pressures	30/09/2026
Strengthened surveillance capabilities through the integration of respiratory surveillance in line with Mosaic and pandemic preparation work, and inclusion of climate health surveillance and AMR into surveillance models	Original delivery date was 30/03/26 but has been revised due to a scope change	30/11/26
Implemented fit-for-purpose structure for the Welsh Specialist Virology Centre to provide Diagnostic and Sexual Health Services	Original delivery date was 31/03/26 but has been revised due to needing additional time to conclude recommendations and ensure stakeholder engagement	31/10/26
Implemented LIMS 2 for Infection Services as part of the All Wales Programme	Original delivery date was 31/12/2025 but has been revised due to external dependencies on Digital Health and Care Wales and ISC	30/09/2026
Undertaken review of the infection and laboratory estate and developed recommendations and implementation plan	Original delivery date was 31/03/26 but has been revised due to slippage of original deadline	31/10/26
Introduced AI supported diagnostic pathways for faecal parasitology screening of enteric samples	Original delivery date was 01/03/26 but has been revised due to awaiting funding approval	29/09/26

Implemented LIMS 2 for screening as part of the All Wales Programme	Original delivery date was 31/12/25 but has been revised due to external dependencies on Digital Health and Care Wales and ISC	30/09/26
Implemented electronic test requests for cervical screening samples	Original delivery date was 30/03/26 but has been revised due to external dependencies on the deployment of LIMS 2	31/12/26
Worked with Welsh Government to finalise the All-Wales TB Action Plan	Original delivery date was 30/03/26 but has been revised due to external dependencies on the Welsh Government policy decision	29/09/26
Implemented consistent standards for planning, delivery, measurement and reporting of social marketing and public campaigns.	Original delivery date was 31/03/26 but has been revised due to further stakeholder engagement required	30/09/26
Implemented our strategic partnership arrangements to enable delivery of our route maps and agreed areas of strategic collaboration.	Original delivery date was 30/09/25 but has been revised due to re-prioritisation and proposed to be paused in line with Q1 baseline work	Paused
Deliver Value Proposition integrated with route maps	Original delivery date was 31/03/26 but has been revised due to re-prioritisation	31/08/26
New leadership forum and line manager cascade mechanism trialled and evaluated.	Original delivery date was 30/09/2025 but has been revised due to a data error in original plan that was published	30/09/26
Undertake an assessment of impact of HPSS evaluation and research publications (academic and other), including assessing approaches to increase impact of outputs to inform development of a directorate research strategy.	Original delivery date was 31/03/26 but has been revised due to slippage of original deadline	29/09/26
Developed a corporate wide approach to information security detailed within the refreshed Information Governance Plan and cyber security arrangements under the scrutiny and authorisation of the newly formed Information Security Board.	Original delivery date was 30/03/26 but has been revised due to a scope change	29/06/26 (complete)
Maintained support to the PHW corporate approach to Records Management to enable 'business as usual'. Delivered assurance that intended benefits continue to be achieved.	Original delivery date was 31/03/26 but has been revised due to slippage of original deadline	30/09/26

Matured the PHW risk architecture in line with best practice of ISO31000 COSO framework. Implemented the Risk Management Development Plan including rollout of the Risk Appetite Framework.	Original delivery date was 30/03/26 but changed to 29/06/26 due to slippage of original deadline	29/06/26 (complete)
Delivered the second year of the PHW nurse retention work within the HEIW programme.	Original delivery date was 31/03/26 has been revised due to resource issues	30/09/26
Using the All Wales People's Experience Framework, developed and implemented a PHW operational plan to increase the provision of service user experience data and analysis, to inform improvement activities and annual planning.	Original delivery date was 31/12/25 but has been revised due to further stakeholder engagement required	30/09/26
Replacement of virtual infrastructure	Original delivery date was 30/03/26 but has been revised due to slippage of original deadline	30/05/26
Produced a key guide for NHS and local authorities on the role of early years services in building a sustainable health and care system.	Original delivery date was 31/03/26 but has been revised due to resource issues	31/03/27
Developed a programme of work to reduce harm from the out of home food sector	Original delivery date was 31/03/26 but has been revised due to external dependencies on Welsh Government, including the group for Out of Home food	30/09/26
Implemented a pilot of the Competency Framework for Prison and Inclusion health	Original delivery date was 30/03/26 but has been revised due to resource issues	29/09/26
Provided evidence for current pressures including waiting lists to be implemented with an equity lens	Original delivery date was 30/03/26 but has been revised due to resource issues	30/09/26
Developed “Supporting Healthy Behaviours” resource for Community Pharmacy	Original delivery date was 01/04/2025 but has been revised due to resource issues	30/06/26 (complete)

Annex B – IMTP milestones to be brought forward, paused or stopped

IMTP milestones that could be brought forward to support 100 day plan

Milestone	Rational	Impact	Delivery date change?
SO2.2: Provided advice to Welsh Government on implementation of a universal early childhood development assessment tool.	This milestone was brought forward to ensure alignment with the delivery timescales and priorities of the 100 Day Plan.	Brought forward from year 2	31/12/26

IMTP Milestones that could be paused to support re-prioritisation

Milestone	Rational	Impact	Delivery date change?
SO3.5: Explored the behavioural drivers of inactivity	The objectives of this work may be addressed through the ongoing Daily Mile programme. It is therefore proposed that this activity is reviewed to ensure resources remain focused on the most effective delivery mechanisms.	Push back to 2027/28. Prioritise activity to support 100 Days Plan commitment on the Daily Mile in schools.	Yes from 31/12/26 to 2027/28
SO3.4 Conducted a study into physical activity behaviour post NERS 16 week programme	TBC	TBC	Yes from 01/03/27 to 30/06/27
SO5.1: Establish formal arrangements with Hywel Dda University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	Engagement with Hywel Dda is ongoing, and while progress has been made, it is unlikely that the options appraisal will be completed by the current delivery date. It is therefore proposed that this work is paused for 2026/27 and will re-commence in 2027/28.	No impact as current service would remain	Yes to 31/03/28

SO5.1: Establish formal arrangements with Aneurin Bevan University Health Board to support the development of an options appraisal in line with potential transfer of the health boards microbiology services to Public Health Wales	Engagement with Hywel Dda is ongoing, and while progress has been made, it is unlikely that the options appraisal will be completed by the current delivery date. It is therefore proposed that this work is paused for 2026/27 and will re-commence in 2027/28.	No impact as current service would remain	Yes to 31/03/28
SO7.4: Established a fully integrated planning approach including long term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme	This work can be paused until the outcome of the baseline review have concluded and impacts on POD are known to enable resource to be reallocated to support organisational priorities at pace if needed.	A pause in fully integrating workforce planning with the integrated planning processes and progressing alignment with strategic priorities to inform skills development.	Yes, delivery date was Q3, propose pause is reviewed at end of Q2.
SO7.11: 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	Improving value and efficiency through the QMS model remains a key ambition; however, delivery may be moderated in Year 1 to reflect current priorities and capacity.	Opportunities to streamline processes and reduce duplication through the QMS model will be delayed, resulting in continued inefficiencies in current ways of working.	Yes to 31/03/28

IMTP Milestones that could be stopped

Milestone	Rational	Impact
SO2.6: Published national and local profiles of early years outcomes data for Wales informed by the Early Years Outcome Framework measures	The introduction of the CMO's new outcomes framework provides an opportunity to streamline activity and avoid duplication. It is therefore proposed that this work is discontinued, enabling resources to be redirected to higher-priority areas.	No Impact
SO2.6: Produced a key guide for NHS and local authorities on the role of early years services in building a sustainable health and care system	More specific work now being progressed aligned to new government priorities. A new milestone has been created and is incorporated within the key deliverables under priority 2.	TBC
SO5.1: Introduced AI supported diagnostic pathways for faecal parasitology screening of enteric sample	Highly unlikely to be able to obtain funding through original proposed route.	No improvements

SO5.4: Progressed DESW modernisation, advancing digital innovation and environmental sustainability with clear benefits realisation	Key activities within this milestone are now being delivered through the DESW improvement milestone and the wider screening improvement programme. Integrating these activities within a single programme of work will support better alignment, coordination and delivery. This approach has been agreed by our Change Board.	Minimal impact as activities are within other milestones.
SO7.8: Undertake an assessment of impact of HPSS evaluation and research publications (academic and other), including assessing approaches to increase impact of outputs to inform development of a directorate research strategy	Initial scoping has been completed. Progressing to a full assessment would require additional funding beyond that originally anticipated within the IMTP.	Delay in development of a more coherent research strategy within HPSS, mitigated by development of IMTP setting processes to encourage more planned approaches
SO7.8: Delivered and grew externally funded linked data research programmes, responsive to strategic priority needs	This work is externally funded and so does not utilise PHW resource.	
SO7.14: Implemented our strategic partnership arrangements to enable delivery of our route maps and agreed areas of strategic collaboration	The objectives of this work are now being addressed through other initiatives focused on strengthening partnership working. It is therefore proposed that this item is removed to support greater focus and alignment across these areas of work.	None – other areas of work are looking at strengthening our partnership working