

Addendum

This last annual report from my predecessor, Professor Frank Atherton, highlights the urgent need to renew efforts to improve our health in Wales. He notes that, sadly, we have seen a decline in life expectancy especially in deprived areas and people are now living for more years of their life with ill health. Wales reports lower healthy life expectancy for women than men, with females having the lowest of all the UK nations at 59.6 years. For men, Wales has the same healthy life expectancy as Northern Ireland at 60.3 years but is higher than Scotland and falls behind England's 61.5 years (1).

We are experiencing widening gaps between the rich and poor and with mental wellbeing, as indicated by life satisfaction and anxiety, also worsening (2). The health of the population in Wales also compares less favourably to many similar countries beyond the UK (3).

Our population deserves better health outcomes and I believe that a Wales where every child has the opportunity to grow up healthy, where older adults can have fulfilling lives, and where everyone has a fair and equal opportunity to live a long and healthy life regardless of their background is not a distant dream, it is a necessity and it is achievable.

I decided to take the role of CMO in Wales because I want to work with the people of Wales to make this a reality. I was attracted to our progressive strategies and policies that, if effectively implemented, will transform the health of the people of Wales.

These policies are innovative and recognise the need to focus on prevention and equity.



Professor Isabel Oliver – Chief Medical Officer.

The Well-being of Future Generations Act demonstrates that Wales understands that socioeconomic factors are the biggest determinants of our health and I welcome the Cabinet Secretary's commitment to reducing health inequalities by addressing the social conditions that shape our lives through the application of the Marmot principles – from early childhood and education to employment, housing, and community wellbeing (4).

In my first four months as Chief Medical Officer, I have seen both the scale of the challenge and the depth of commitment across Wales. From frontline staff to community leaders, there is a shared understanding that health is the foundation for a thriving society. However, our efforts are not always aligned to this, and we must now turn that understanding into action, with urgency and unity.

Action on socioeconomic factors is necessary for a healthier Wales but we also need to act on our individual behaviours supported by environments and policies that make healthy choices easier. Wales has higher rates of preventable deaths than similar countries, especially from cardiovascular disease, respiratory illness, and some cancers (5). Frank's report highlights that around 75% of premature deaths in Wales are avoidable. Smoking, diet, physical activity, and alcohol use determine how long we will live and how we will age. It is great to see the reductions in smoking rates in Wales.

If smoking rates had not changed in these past ten years, there would be more than 170,000 additional smokers aged 18 or over.

The latest data from the National Survey for Wales (2024/25) estimates a smoking prevalence in Wales of 10.0%, lower than 2023, when prevalence was 12.6%, but there is more we can do. For example, if we reduced smoker rates from 10% to 8%, it is estimated that we could prevent nearly 600 smoking-related deaths and 2,700 smoking-related hospital admissions per year, and lung cancer incidence could be reduced by 6%¹.

The prevalence of chronic conditions like diabetes and obesity is very high in Wales and contributing to the poorer health outcomes that we see (6). Obesity rates are notably high and I am particularly concerned to see the high proportion of children who are overweight and obese as it has been estimated that obesity in childhood can reduce life expectancy by 5 to 20 years, depending on severity and associated conditions. If we do not focus on prevention as our strategies intend, we will fail these children and we will continue to see increasing pressure on our NHS Wales services.

We need to make it easier for people to make healthy choices. For instance, vaccines are one of the best tools we have to protect health. They are safe, cheap and effective. Most people in Wales want to receive the vaccinations they are entitled to however some are missing out, usually because of issues in accessing services.

Over the past four months since I took on my new post, I have witnessed the pressures facing our health services, but I have also seen innovation, resilience, and a genuine desire to do things differently.

All this great activity needs to be more effectively coordinated into transformation programmes that embed prevention and focus on the delivery of integrated services in the community, moving services from hospital closer to home supporting people to manage their own health where possible and incorporating the essential contributions from local government and the voluntary sector.

NHS activity is increasing (7). This is a result of a combination of factors including increasing numbers of people living with chronic conditions partly due to our aging population but also the result of our failure to embed prevention and address the major determinants of health.

Looking ahead, climate and environmental change also pose a growing threat to public health and the resilience of health services. Rising temperatures, more frequent extreme weather events, and deteriorating air and water quality are already contributing to increased rates of heat-related illness, respiratory conditions, infectious diseases, and mental health challenges. Vulnerable populations—such as older adults, children, and those in deprived areas—will be disproportionately affected, deepening existing health inequalities.

So, why am I optimistic about a healthier and fairer Wales? In Wales, I have seen a common understanding about the importance of shifting our efforts towards prevention and a universal commitment to improving health. We have excellent policies and strategies and a culture of partnership and collaboration.

Scientific innovation and technology developments are providing us with better tools to detect threats to health and care for those who need it. As the CMO annual report highlights, we now need to align our efforts better to our aims and reorient Wales' health and care system towards prevention, equity, and sustainability and I am excited about what we can achieve together with and for the people of Wales.

1. Modeling of potential impacts is unpublished work by Public Health Wales. Latest data on smoking and attributable mortality is from <https://publichealthwales.shinyapps.io/smokinginwales/>

References

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