# The Association of Directors of Public Health Consultation Response

# National Cancer Strategy for Wales

## Objectives and Scope

The Welsh Government is developing a national strategy for cancer. The aim of the strategy is to improve cancer outcomes in Wales. Cancer outcomes are the length of time people survive after a diagnosis of cancer, and the number of people that die from cancer each year.

They want to hear views from people and organisations in Wales about what should be included in the strategy.

### About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. We also work closely with a range of Government departments, including DHSC and UKHSA, as well as the four CMOs, NHS, devolved administrations, local authorities and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

## ADPH response

1. **How should the national cancer strategy improve outcomes?**

The aim of the strategy is to improve population outcomes for cancer. This includes:

- reducing the number of people per 100,000 who develop cancer
- improving survival after a cancer diagnosis
- reducing the number of people per 100,000 who die from cancer each year
- improving people's experience of NHS services

There are many ways to improve cancer outcomes. The Welsh Government want to know how we think they can make the greatest difference. (Maximum 750 words)

| **ADPH response:** |
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The Strategy must take a preventative approach, as over one-third of cancer cases are preventable[i].

**Tobacco**

- In the UK, smoking is the leading cause of cancer, responsible for 16 types of cancer[ii] and six in 20 cancer deaths.[iii]
    - Smoking cessation services are currently grant-funded with a one-year rollover, creating job instability. There are also discrepancies across Wales in the number of smoking cessation advisors that serve local populations of the same size.
    - Improving job stability is crucial and a standardised number of smoking cessation advisors per 1,000 smokers should be implemented to reduce workforce discrepancies.
- Smokefree places are also needed to prevent secondary harms,[iv] particularly for pregnant women and children.
    - While there is a ban on smoking in hospitals in Wales, it is not adequately enforced.
    - Smokefree places should extend to other settings, as has been proposed in England.[1]
    - All proposals must have clear and resourced enforcement.
- See further information on our position on tobacco.

**Obesity**

- Obesity is the second biggest cause of cancer in the UK, increasing the risk of at least 13 types of cancer.[v]
- In 2024-25, 26% of adults and 12.8% of reception-age children in Wales were living with obesity.
- Obesity rates are higher in more deprived areas.[vi]
- Further policy work is needed to ensure access to healthy, affordable food and to reduce exposure to unhealthy foods through applying:
    - The new NPM to advertising legislation.
    - Further restrictions on advertising, promotion, and sponsorship of unhealthy foods.
    - Reformulation targets.
- Local areas must be resourced and empowered to develop healthy places like for example:[vii]
    - In 2015, Gateshead Council introduced planning guidelines to restrict fast-food outlets based on proximity to schools, density of outlets, and childhood obesity rates, which led to a 4.8% reduction in the prevalence of childhood obesity in the most deprived areas.[viii]
- See further information on our position on healthy weight.

**Alcohol**

- Alcohol consumption increases the risk of at least seven types of cancer[ix], and is associated with around 11,900 new cancer cases annually in the UK.[x]
- Public awareness of alcohol's link to cancer remains low, despite evidence that any level of alcohol consumption increases cancer risk[xi], making reduction efforts essential.[xii]
- The Government should work with Directors of Public Health to run and promote local campaigns that improve awareness of alcohol-related health risks, supporting informed choices.

[1] See ADPH response to this consultation for full details on our position.

- Other preventative measures include maintaining Minimum Unit Pricing in Wales and ensuring automatic uprating to keep pace with inflation.
- See further information on our position on alcohol.

**CDOH**

- As health harming industries (HHIs) contribute to the factors outlined above, the Strategy must also mitigate the impact of CDOH on cancer by ensuring HHIs are not included as partners in the policymaking process.
- Further information on CDOH can be found in our position statement and resources.

**2. How can more cancers be detected at earlier stages?**

Most cancers can be staged based on how far they have progressed. Earlier-stage cancers are often easier to treat but can be harder to detect.

The Welsh Government want to know what factors, developments, approaches or innovations could help more cancers be detected at earlier stages in Wales. (Maximum 750 words)

**ADPH response:**

- Cancer screening can help detect cancers early and can act as a preventative measure, stopping cancer from developing in the first place. However, it is important that screening initiatives are evidence-based, accessible and aimed at increasing uptake in typically underserved groups.
    - In Wales, there is a particular issue in people with disabilities not being able to access screening facilities which must be addressed.
- Improved screening engagement can therefore be achieved by improving accessibility of venues, sending reminders, ringing up non-responders, supporting ethnic minorities through interpreters, and employing specialist workers for those with learning difficulties.
- It is, however, important to note the potential harms of screening, as outlined in our response to the UK National Screening Committee consultation on prostate cancer screening.

**7. What improvements in digital systems and cancer data will support improved care and outcomes?**

Data plays an important role in supporting individual care and helping the NHS plan services.

More accurate, integrated and accessible data can improve patient care, service delivery and planning.

The Welsh Government want to know how improvements in digital systems, technology and cancer data could support better care, service planning and outcomes. (Maximum 750 words)

**ADPH response:**

- The Government and the NHS can maximise the impact of data by prioritising research into reducing cancer incidence.
- Improved data sharing links would provide Health Board public health teams with better information to enhance and tailor public health initiatives, and improve the health of local populations, including reducing cancer cases.

- When exploring innovative cancer management and treatment practices, robust governance is essential to prevent and manage potential conflicts of interest from industry involvement. It must be based on robust, unbiased evidence and data, free from undue industry influence, to ensure effective intervention and avoid distorted outcomes.[xiii]

8. **What actions will help address differences in outcomes between people with protected characteristics, people living in different health board areas, or people affected by different types of cancer**?

People affected by cancer can experience differences in:

- risk factors
- access to care
- the type of cancer they are diagnosed with
- outcomes following treatment

The Welsh Government want to know what the NHS can do to reduce these differences. (Maximum 750 words)

**ADPH response:**

- The UK lags behind other developed nations in its cancer survival rates, partly due to health inequalities.
    - For example, people from the most deprived areas of Wales have an almost 20% higher incidence of cancer compared with those from the least deprived areas.
    - Across the seven different health boards in Wales, there is also wide variation. If the national cancer incidence matched the lowest rate (in Hywel Dda University Health Board) there would be around 1,300 fewer cancer cases each year.[xiv]
- As an anchor institution, the NHS has huge potential to influence the health and wellbeing of the local population and tackle inequalities by investing in and working with others locally and responsibly in many areas including primary prevention. The NHS can use its position as an anchor institution to improve cancer outcomes by:
    - Using buildings and spaces that support local communities.
    - Working more closely with local partners and other anchor institutions.
    - Embedding social value into procurement and commissioning decisions.
- Health promotion efforts also play a role in a preventative approach when communicating cancer risk factors, as well as for the signs and symptoms of cancer. The NHS should invest in accessible and wide-reaching health promotion tools educating people on signs and symptoms of a range of cancers are also key to early identification.[xv] These tools should also be targeted at communities with higher risk of developing cancers, or who are less likely to engage with the health system.
- The Strategy must also acknowledge that beyond individual risk factors, the combined effect of multiple risks must be considered. Research shows that the impact of overlapping risk factors is amplified, particularly among the most deprived groups, further worsening health disparities.[xvi]

10. **Are there any other comments or suggestions you would like to make?**

Are there any comments or suggestions that have not been covered by the previous questions?

For example:

- how services are commissioned or planned in Wales
- how NHS organisations can best work together
- what should happen to services that can only be provided in England

The Welsh Government want to hear your view. (Maximum 750 words)

**ADPH response:**

- With over a third of cancers being preventable, prevention should be a top priority in reducing cancer cases, deaths, and overall impact. Preventative strategies must be evidence-based, tailored to different population groups, and targeted at underserved communities to effectively address cancer inequalities.
- Population-level approaches to prevention have been shown to be effective and cost-efficient in improving health outcomes.[xvii] This principle should guide cancer prevention efforts. As healthcare services contribute only 10-20% to overall health outcomes,[xviii] the Strategy must also acknowledge and link to the wider determinants of health, focusing on keeping people well through strong and well funded preventative measures.
    - For example, increasing prevention spending from the current 6% to 10% could lead to £42 billion in savings to the UK healthcare system in ten years. The NHS should increase the proportion of their overall budgets spent on prevention by 1% a year up to an aspirational target of 10-20%.
- Risk factors such as industry marketing and obesogenic environments affect entire populations and should be mitigated through targeted policies and regulatory measures, as outlined in our CDOH position statement.

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[vi] Jones R. A focus on obesity in Wales. Welsh Parliament. 2026. Available from: https://research.senedd.wales/research-articles/a-focus-on-obesity-in-wales/ [Accessed October 2026]

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[xi] World Cancer Research Fund. Alcoholic drinks and risk of cancer. 2018. https://www.wcrf.org/wp-content/uploads/2024/10/Alcoholic-Drinks.pdf [Accessed October 2026]

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