



**Wales
Prevention
Network**
Rhwydwaith
Atal Cymru

Key themes from the Wales Prevention Network

Conference | 7th July 2026 | ACT Centre, Cardiff

Putting Prevention into Practice: Building Joined-Up
Support for Healthier Communities in Wales



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About the event

On 7 July 2026, the inaugural Wales Prevention Network conference, Putting Prevention into Practice: Building Joined-Up Support for Healthier Communities in Wales, brought together people from public health, housing, treatment and recovery, public services, academia, and voluntary and third-sector organisations at the ACT Centre in Cardiff.

Across presentations, panel discussions and table conversations, participants explored smoking in social housing, the influence of the home and wider environment on health, and how everyday contact can create opportunities for earlier support.

Six clear themes emerged from the conversations held throughout the day. This document reflects the ideas and experiences shared at the event. It is intended as a summary of the discussion, rather than a formal statement agreed by every individual or organisation.

The discussions also pointed to a wider question for Wales: how prevention work can move beyond separate issues and short-term projects into a more connected, practical and collective approach.

1. Health is shaped by the conditions people live in - not by individual choice alone

Across every table, the room reached the same conclusion: poor health outcomes are shaped less by individual choices than by poverty, housing, the cost of food, the availability of harmful products and the environments people live in. As one delegate put it, "Healthy choice is not the easy choice."

People are not 'hard to reach' or 'hard to engage'. More often, the environments they live in make behaviour change difficult. Prevention policy in Wales must shift from changing individual behaviour to changing the conditions that make healthier choices easier.

Financial hardship underpinned almost every barrier identified, acting as the foundation on which many other inequalities are built.



2. Prevention happens through relationships and trust, not just services

One of the clearest messages of the day was that prevention does not reach people through programmes alone. It reaches people through relationships.

A pharmacist who notices something is different with a regular patient. A housing officer who picks up concerns through a conversation with a tenant. A fire crew who already has a reason to be in someone's living room.

People who feel judged, embarrassed or exposed will not be open about what they need. Prevention that is clinical, transactional or delivered without trust will not land.

Wales needs a prevention approach that is human, practical and rooted in the real lives of the people it is trying to reach.



3. Every contact is a prevention opportunity - if we equip people to use it

Wales already has a prevention workforce that extends far beyond the NHS. Fire officers, pharmacists, housing workers, optometrists and many others have regular, trusted access to the people prevention needs to reach most. The barriers are not a lack of opportunity, but a lack of permission, training and clear referral pathways. People do not need to know everything - they need to know enough to make the next connection.

Delegates reflected that many frontline workers are already having prevention conversations, but may not always feel confident, supported or authorised to raise wider health issues. Practical tools, training and clear backing from organisations were seen as essential if staff are to turn everyday contact into earlier support.

Wales should invest in equipping this wider workforce to make every contact count, not just those in formal health roles.



4. Housing is prevention infrastructure

Housing providers are already building relationships, having conversations and identifying concerns.

The shift to person-centred housing management means frontline housing teams are increasingly dealing with health, poverty, safety and trust all at once.

The regular contact housing teams have with tenants through housing management, support and everyday conversations creates a significant number of potential prevention touchpoints - many of which are largely untapped.

Wales should formally recognise housing as part of the prevention system and build the structural connections between housing and health that currently depend too heavily on goodwill and short-term funding.



5. Industry shapes behaviour before services ever get involved

Education and services alone will not be enough if people are simultaneously surrounded by affordable harmful products, pervasive advertising and commercial environments designed to encourage unhealthy consumption.

The room recognised that tobacco control has demonstrated what bold upstream policy can achieve.

The same pattern - commercial determinants shaping behaviour long before services get involved – applies equally to food, alcohol, gambling and vaping.

Wales must apply upstream prevention thinking consistently across all areas of harm, not just tobacco.



6. Prevention requires a connected system, not more separate programmes

Good prevention practice exists across Wales, but too often it stays local, short-term or disconnected. Referral routes are unclear. Funding is time-limited. Services cannot always share data or speak to each other. People fall through the gaps between organisations that each care about a different part of the same problem.

The room was clear that prevention in Wales does not need more isolated pilots or drawn out strategies. It needs the infrastructure to connect evidence, organisations and communities into a coherent and sustainable whole.

That means long-term funding, shared data systems, cross-sector leadership and a commitment to building on what already works. Participants highlighted organisations need better ways to share learning, practical examples and good prevention practice across sectors, so successful approaches can scale up and duplication is reduced.

This is where the Wales Prevention Network could add value: not by replacing existing groups, but by helping to connect the gaps between them. Wales already has strong issue-specific work on areas such as tobacco, obesity and alcohol, and strong advocacy on poverty and place. The challenge is creating spaces where these agendas can meet, where shared root causes are recognised, and where prevention can be turned into practical action.

A stronger collective voice was identified as the leading priority for the Wales Prevention Network, alongside bringing organisations together, influencing Welsh Government policy and developing practical prevention projects.

What this means for the Wales Prevention Network

The discussions showed that the Wales Prevention Network has a role to play in connecting work that is currently often separate. Wales already has strong policy and practice in individual areas of prevention, but the shared causes of preventable ill health cut across smoking, alcohol, obesity, poverty, housing, commercial influence and place.

The network's value will be in bringing these agendas together, helping partners share learning, identify gaps, strengthen the collective voice for prevention and turn good practice into practical action.



What happens next?

Building a stronger collective voice was identified as the leading priority for the Wales Prevention Network, alongside bringing organisations together, supporting and influencing Welsh Government policy and developing practical prevention projects.

ASH Wales will use these themes and the feedback from the event to help shape the next phase of the Wales Prevention Network.

The next step is to work with partners to identify where the network can add the most value. That means being clear about the gap it is trying to fill, avoiding duplication with existing partnerships, and focusing on work that has genuine cross-sector commitment.

Attendees will be kept informed as the network develops and invited to contribute evidence, experience and examples of prevention in practice. Thank you to everyone who attended, presented and contributed to the discussions throughout the day.

