CONSULTATION FORM

How do we measure the health of a nation?

Proposed Public Health Outcomes Framework for Wales.

Please submit your comments by 28 January 2016.

If you have any queries on this consultation, please email:
PHOF@wales.gsi.gov.uk.

Data Protection
Any response you send us will be seen in full by Welsh Government and Public Health Wales staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations. The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tick the box below. We will then blank them out. Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Confidentiality
Responses to consultations may be made public on the internet or in a report. **If you do not want your name and address to be shown on any documents we produce please indicate here** ☐

Responses should be submitted by **28 January 2016** to: PHOF@wales.gsi.gov.uk

Alternatively you can send the form to:

Public Health Division
Department for Health and Social Services
4th Floor, East
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Response Form

How do we measure the health of a nation?		
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Type *(please select one from the following)*	Individuals	☐
	Public Body (Local Authority, Local Health Board, Fire and Rescue Authority etc)	☒
	Businesses	☐
	Professional Bodies/Interest Groups	☐
	Third sector (community groups, volunteers, self help groups, co-operatives, enterprises, religious, not for profit organisations)	☐
	Other (other groups not listed above)	☐

General Questions (1-5)

Question 1

Overall, do you think that the proposed Public Health Outcomes Framework can help to drive improvement in health and well-being in Wales?
Please select:

Yes ☒	No ☐

If not, why won't it work and what do you suggest instead?

The intention of the Framework is laudable - 'to inform and inspire organisations, communities, the public and government to work together to improve health'. However, the Framework merely provides a tool for measuring what is being done in the agreed outcome areas. Although there is a section referencing how this framework will fit with other frameworks, policies and strategies there is no direct reference to how this Framework will be used to drive action (not just measure it), e.g. locally through Public Service Boards.

Reference would also be welcome to how this Framework will it be used to increase synergy and co-operative working, rather than just single delivery entities recording what they do against a list of agreed outcomes individually. Within the section regarding other frameworks, policies and strategies, we would recommend acknowledgement be made to the delivery of Partner policies and strategies since data (and of course delivery) for some of the indicators will be provided by partners and not NHS or Public Health.

Question 2

Are you able to see how your contribution (either personally and/or as part of an organisation you represent) to improving health and wellbeing is part of the framework?
Please select:

Yes ☐	No ☒

If no, please tell us what you believe is missing.

It was welcoming to see that the Barton and Grant model is being used as this was developed to highlight the important impact of the natural and built environments on health. However, the narrative has little reference to the environment now or in the future and there is no reference to natural habitats, green spaces, playing, routes, etc. (although there is mention of water and air quality).

The model illustrates the importance of the natural environment and it would therefore be fitting that a large part of the multi-disciplinary approach to tackling public health issues should relate to the natural environment, and people's relationship to it. In the narrative, it would be good to see inclusion of the multiple benefits of natural environments in promoting health and wellbeing but also protecting and enhancing our quality of life now and for the future.

Research by the Landscape Institute has established that there are clear links between good-quality landscapes and health and wellbeing. Landscapes have long been seen as places of delight and relaxation. Today, these associations are becoming more explicit: an increasingly strong evidence base demonstrates the positive effects that access to good-quality landscapes has on our health and wellbeing – and the negative effects when we don't. We also know that areas of social and economic deprivation, which are often linked with poorer health and reduced life expectancy, can also be associated with limited access to good-quality green space (Landscape and Public Health: Creating Healthy Places. Landscape Institute, Nov 2013). Data from NRW supports this. Using data collected for NRW's Good for People Toolkit and overlaying NRW's LANDMAP landscape assessment evidence, we have established that there are 2.6 times more communities suffering ill health in poor quality landscapes than there are reporting ill health in the highest quality landscapes (NRW, 2015).

It is also worrying to see discussion of the health challenges that Wales faces that makes no mention of climate change. Consideration of climate change is missing completely and this will have all sorts of implications for health and wellbeing (households at flood risk, warmer summers, drought, etc.). Some consideration under the outcome for 'Resilient, healthy communities' would be welcomed as this outcome seems to be lacking consideration of the longer term.

Question 3

We have suggested that the final version of the framework is developed as an openly accessible, online tool. Do you think that this will make it sufficiently available and accessible?
Please select:

Yes ☒	No ☐

If no, what other formats do you think are essential to make it available to everyone who will want or need to use it?

Overall, we are supportive of an on-line tool for professional use however we are unconvinced that the same tool would be appropriate for community/public access. Information that is appropriate for professionals dealing with data on a regular basis is very different to information publicised to the public. Consideration needs to be made to whether tight budgets are well spent on producing different information for the public over focussing on spending funds on actual initiatives to deliver against the outcomes and indicators. Thought should instead be paid to using a communication budget on publicising key information at newsworthy points in a form that is appropriate to the intended audience.

Question 4

We have suggested that indicators are updated on a rolling basis throughout the year as new data becomes available. This will mean that there is not a 'single date' when a new version of the Framework is published and some indicators may not be updated every year. Do you agree with this approach of updating the indicators on a 'rolling' basis as new data becomes available?
Please select:

Yes ☒	No ☐

If no, how would you prefer the Framework to be published?

The presumption of our response here is that you are referring to the data gained related to each indicator rather than changing the actual indicator used. If it is the later, we would recommend caution in changing indicators outside of a formal review due to confusion and lack of continuity.

Although we understand the benefits of updating information as soon as it is available we would advise that consideration is paid to how this will be communicated to partners/stakeholders, e.g. e-newsletters (on each update, quarterly, bi-annually?)

Question 5

We have proposed that the outcome areas and indicators in the Framework continue to be reviewed and that the overall content of the Framework should be refreshed every five years. Do you agree that the framework should be reviewed/refreshed overall every five years?
Please select:

Yes ☐	No ☒

If not, what frequency would you wish a review to take place?

We support a regular review of the indicators, but this needs to be of a suitable duration to allow for proper trends to be identified – in some instances, 5 years would not be long enough to identify change.

Although we acknowledge that this is in line with the WFG Act timescales, we feel that consideration should be made to ensuring links are made to reviews of key data sources, e.g. National Survey for Wales (which could be a period closer to 10 years) so that if new data is required it can be built in to any revised survey.

Domains and outcome areas

Question 6

Table 1 shows the health outcomes we propose to include in the Framework. Do you think that these proposed outcomes are the right ones? Please select:	
Yes ☐	No ☒

If no, how would you prefer the Framework to be published?

Overall, we are supportive of the health outcomes and we believe that NRW has a significant role to play in delivering against these for the people of Wales. We are particularly pleased to see the outcome: 'Natural and built environment that supports health and wellbeing' as we believe that NRW has a significant role to play in delivery here, however we do have some comments regarding the indicators used in this section (please see our response to Question 7).

We are not convinced that the 'Overarching Outcomes' section is required - it is a little confusing to see these aspects outside of the three Domains and we do not believe it is necessary to have these as 'above' the other outcomes. The three Domains form a rounded view of the health agenda and to elevate some as 'Overarching' is not required. The three sections under 'Overarching Outcomes' could slot into one of the other three 'Domains' as follows:

- 'Years of life and years of health' would strengthen 'Domain C'
- 'Mental wellbeing' would strengthen 'Domain B'
- 'A fair chance for health' as an outcome is not required, as the indicators 4 and 5 could go within 'Years of life and years of health' and indicator 6 could go under 'Mental wellbeing'.

Not all of the outcomes follow the same terminology. In terms of RBA an 'Outcome' is a condition of Wellbeing and should reference populations and areas e.g. 'The people of Wales/the children of Wales… *(or locally e.g.: The people of Cwmbran/the children of Cwmbran…)* …have positive mental wellbeing '. In some outcomes, populations are mentioned and in others they are not. E.g. 'Families and individuals have the resources to live fulfilled, healthy lives' includes a population, however 'Healthy actions' does not. Although this may seem like semantics, it provides a clear vison of what we are aiming for, ensures that we remain focussed on delivering better outcomes for people and provides consistency. In this respect we like to see a little more consistency in the framing of the Outcomes.

The interpretation of 'resilience' in this document is rather different to the one offered by the Wellbeing of Future Generations Act. Resilience here is focussed on reducing social isolation and volunteering; in the WFG Act, resilience is about maintaining and enhancing bio-diverse natural environments that support social, ecological and economic resilience. (Volunteering and isolation perhaps align more closely with the Act's goal of 'cohesive communities'). The point being that 'resilience' is already an over-used term with many definitions – perhaps we should be seeking to align the language in this Framework more with the language from the Act to avoid confusion.

Question 7

Table 1 also shows the public health indicators we propose to include in the Framework. Overall, do you think the indicators cover the important areas of health in a balanced way? Please select:	
Yes ☐	No ☒

If not, what changes would you make?

Consideration of whether the proposed indicators reflect the impact of the natural environment on health has been made below under each of the three 'Domains' (please see Question 6 for comments on the 'Overarching Outcomes'):

Domain A: Living conditions that support and contribute to health now and for the future:

Within the 'Resilient, Healthy communities' Outcome we would like to see consideration made to the inclusion of an indicator related to climate change as this outcome seems to be lacking consideration of the longer term, e.g. Resilient flood risk communities.

Within this Domain we believe that NRW has a significant contribution to make towards the 'Natural and built environment that supports health and wellbeing' Outcome. At present we welcome the two indicators of 'Quality of housing' and 'Quality of air that we breathe', however we believe alone are inadequate to represent the breadth of factors influencing health and wellbeing in the natural and built environment. There is more here that can be offered in terms of the environment and there is an opportunity to explicitly recognise the fundamental role that environments (both built and natural) have in maintaining and enhancing health and wellbeing.

Some suggested Indicators may include:

- 'Quality of the landscape'. This can be reported upon with existing LANDMAP data (endorsed in PPW) which is also being updated for monitoring purposes. It is straightforward to continue to compare health data with landscape quality for trend analysis.
- 'Access to natural green space within walking distance of home'. An indicator on proximity to accessible natural green space that would be measured as the percentage of households within a simple 300m radius of green space of 0.25ha or greater which has been identified on NRW's Wales-wide data set as potentially freely accessible to the public and likely to be identified by the public as natural in character.
- Drinking water quality
- Number/access to active travel routes (walking and cycling)

Domain B: Ways of living that improve health:

Within the 'Healthy Actions' Outcomes section, there are indicators for adults and adolescents in all but physical activity where there is no measure for children/young people. As with all lifestyle behaviours, early intervention is key and the drop off in physical activity from school years is just one area of particular concern, therefore children and young people's participation would be a valuable inclusion and would bring it in line with the other indicators in this section. Data was made available from the 2014 WHS, therefore it is recommended that this be included and taken forward in future.

It is good to see that each of the health actions have individual indicators as opposed to the joint one proposed in the WFG.

Given the focus on the connection with the WFG Indicators, it should be noted that our response fed back on the 'Sports Participation' indicator. While we welcomed the inclusion of a physical activity indicator it is evident that 'Sports Participation' alone does not take into account much of the broad physical activity spectrum, therefore, NRW proposed an additional indicator for 'health' via physical activity in the form of an Outdoor Recreation Indicator (including informal outdoor participation over shorter distances) which is included in the new National Survey.

It is recognised that this Framework will be using WHS data (future National Survey) on Physical Activity participation which takes in to account the broad PA Spectrum and this is welcomed as the natural environment makes a significant contribution to this indicator. It is requested that the broad physical activity spectrum be the focus of future delivery and consideration be made to looking at how/where people participate.

We recommend moving the 'Vaccination Rates at age 4' indicator into the 'Healthy Starts' Outcome as it seems to be a better fit.

Domain C: Health throughout the life course:

Within the life course Domain there seems to be a mix of indicators, e.g. why is 'Participation in arts, culture and heritage' only an indicator under 'healthy aging' but not under 'working age'? Maybe consideration could be paid to 'isolation' or 'loneliness' instead.

Maybe consideration could be made to connecting up previous indicators, e.g. 'physical activity' and 'mental wellbeing' by life-stage.

Question 8

A key requirement for this Framework is that it complements the proposed national indicators of the *Wellbeing of Future Generations (Wales) Act 2015.* We have included many of the proposed national indicators in this Public Health Outcomes Framework, where they will be presented at a more local level. From the proposed national indicator set, do you think we have chosen the right ones to relate to the health of the people of Wales? Please select:

Yes ☒	No ☐

If not, what changes would you suggest?

Overall, we are very supportive of the connection with the WBFG Indicators. Although it was noted that the indicators in italics were directly taken form the WFG Act Indicators, it is recommended that some reference be made to how each of the 41 indictors align to the seven Wellbeing Goals (as they have done in the WFG indicators). They are obviously all linked to 'A Healthier Wales', but many are linked to the other areas and therefore could be highlighted as so, to show there contributory nature and illustrate the clear synergy to the WFG Indicators.

There are additional questions we wish you to answer on specific indicators – there are six in total and can be found in indicators 2, 18, 22, 23, 37 and 41 (includes indicators 39,40 and 41).

Detail of indicators & questions relating to indicator specification.

Overarching outcomes.

2	**Healthy life expectancy at birth**	
Measured by	The average number of years a newborn baby can expect to live in good or very good health if current mortality and morbidity rates continue.	
Source	Public Health Deaths (ONS) Welsh Health Survey/National Survey for Wales (Welsh Government (WG)) Mid year population estimate (ONS)	
Rationale	This measures how many years of good or very good health on average a newborn baby is expected to have, given current age-specific mortality, morbidity and disability risks. Healthy life expectancy at birth is an indicator of health conditions, including the impacts of mortality and morbidity.	
Shared by		
Healthy life expectancy reflects experience throughout the lifespan. An alternate measure is healthy life expectancy at 65 years. This measure focuses on health experience in later life and, unlike healthy life expectancy at birth, is an indicator to monitor progress against Health 2020 at European level. Also unlike healthy life expectancy from birth, healthy life expectancy from age 65 is included in the NHS outcomes framework and the national outcomes framework for people who need care and support and carers who need support.		

Question 9

Do you have a preference for whether healthy life expectancy should be at birth or from 65 years for this Framework, and why? Please select:	
Yes ☐	No ☐
Comment: No Comment	

Please use this template if you wish to amend a proposed indicator, or if you wish to replace a new indicator.

Is the proposed indicator a replacement indicator or an improvement to an existing indicator? Please tick one box	
☐ Replacement	☐ Improvement
Which indicator does this proposed indicator improve upon or replace?	
What is the name of replacement indicator?	
What is the data source for this indicator?	
Please provide an explanation for why this indicator best measures the well-being of people in Wales	
Please indicate which goals the proposed indicator directly impacts on (tick all applicable)	
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18	**Quality of the air we breathe**	
Measured by	The percentage of days in the past year where air pollution is moderate or low.	
Source	Automatic Urban and Rural Network (AURN) accessed via Wales Air Quality Forum website	
Rationale	Poor air quality is a major environmental risk to health. By reducing air pollution levels, the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma can be reduced. The lower the levels of air pollution, the better the cardiovascular and respiratory health of the population will be, both long- and short-term. Whilst air quality has improved considerably over the years, problems still persist at a local level in areas. Most sources of outdoor air pollution are beyond the control of individuals and require action on emissions from sources such as power stations, industrial processes, traffic and household heating and indirect results of chemical reactions in the atmosphere.	
Shared with		
The quality of the air we breathe measure is a different measure to the air quality indicator in the proposed national indicators to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*. This is because there is reliable data available on this indicator, including data at a local level.		

Question 10

Do you have views on inclusion of this indicator? Please select:	
Yes ☐	No ☐
Comment: We welcome the inclusion of an air quality indicator in the framework. As well as the direct impacts of improved air quality, having good outdoor air quality increases the potential for people to be physically active outdoors safely. This will also support the implementation of the Active Travel (Wales) Act 2013. We suggest an amendment to the rationale to include agriculture as a source of outdoor air pollution. Agricultural activities are a significant source of ammonia which is a precursor for the secondary formation of fine particulates in urban areas. As regulators of some of the sources of air pollution (larger power stations, industrial processes and some large-scale agricultural activities) we are responsible for the implementation of the Industrial Emissions Directive and ensuring these activities do not contribute to the failure of ambient air quality standards which will support the delivery of this Indicator.	

Please use this template if you wish to amend a proposed indicator, or if you wish to replace a new indicator.

Is the proposed indicator a replacement indicator or an improvement to an existing indicator? Please tick one box	
☐ Replacement	☐ Improvement
Which indicator does this proposed indicator improve upon or replace?	
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What is the data source for this indicator?	
Please provide an explanation for why this indicator best measures the well-being of people in Wales	
Please indicate which goals the proposed indicator directly impacts on (tick all applicable)	
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22	**Adults who smoke**	
Measured by	Age-standardised percentage of persons aged 16 and over who reported being a current smoker (smoking daily or occasionally).	
Source	Welsh Health Survey/National Survey for Wales (WG)	
Rationale	Tobacco ranks as the single highest risk factor for premature death and disability in the UK[9]. It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas in Missing ref:	
Shared with	WHO Targets and indicators for Health 2020 UN Sustainable Development Goals indicator	
Internationally, adults who smoke is usually reported for those age 18 and over, including within the WHO 100 core health indicators, UN Sustainable Development Goals indicator, WHO Targets and indicators for Health 2020 and the English Public Health Outcomes Framework. Survey data in Wales, and Health Survey for England and currently other Welsh outcome frameworks (including the NHS outcomes framework) report for those aged 16 and over.		

Question 11

Are you content that the Public Health Outcome Framework for Wales reports those aged 18 and over? Please select:	
Yes ☐	No ☐
Comment: No Comment	

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23	**Adults binge drinking**	
Measured by	Age standardised percentage of persons aged 16 and over drinking more than 8 units (men)/6 units (women) on the heaviest drinking day in the previous week.	
Source	Welsh Health Survey/National Survey for Wales (WG)	
Rationale	Binge drinking or drinking heavily over longer periods of time can have very serious consequences. Regularly drinking more than the recommended levels not only harms the individual through a wide range of shorter and longer term health effects (including liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attacks), but damages relationships and society in general in terms of violence and crime, accidents and drink driving.	
Shared with	WHO Targets and indicators for Health 2020	
Binge drinking is one of the alcohol consumption measures more closely related to harm from alcohol when viewed by deprivation than other standard self reported measures of alcohol consumption. Other options for this indicator could include: drinking above guidelines, very heavy drinking, alcohol related admissions and alcohol attributable mortality. Internationally, total alcohol per capita consumption within a calendar year is often used (including as a core indicator for Health 2020 and a UN Sustainable Development Goal indicator).		

Question 12

What is your view on the best indicator of harmful alcohol consumption and why? Please select:
Comment: No Comment

Please use this template if you wish to amend a proposed indicator, or if you wish to replace a new indicator.

Is the proposed indicator a replacement indicator or an improvement to an existing indicator? Please tick one box	
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37	**Older people who participate in arts culture and heritage**	
Measured by	The percentage of older persons (aged 65+) attending or participating in arts, culture or heritage activities at least 3 times a year. Measured as for national indicator to monitor the well-being goals of *the Well-being of Future Generations (Wales) Act 2015*, but with specific age range.	
Source	National Survey for Wales (WG)	
Rationale	Arts, heritage and cultural engagement impacts positively on our general well-being and helps to reinforce our resilience in challenging times. Participation is known to bring benefits in learning and education; there is a significant association with good health and satisfaction with life. This indicator also relates to the evidence based Five Ways to Well-being.	
Shared with		
Older people who participate in arts, culture and heritage is chosen as an indicator of living in good health into old age (feasibility needs further exploration).		

Question 13

Do you feel it is suitable? Is there anything else you would recommend instead? Please select:	
Yes ☐	No ☐
Comment: Should consideration be paid to measuring loneliness or isolation rather than picking one participation target over others, e.g. physical activity?	

Please use this template if you wish to amend a proposed indicator, or if you wish to replace a new indicator.

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39	**Premature deaths from key non communicable diseases**	
Measured by	Age standardised mortality rate per 100,000 in persons aged 30-70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory disease.	
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)	
Rationale	Premature deaths are deaths that occur before a person reaches an expected age. Many of these deaths are considered to be preventable. Premature mortality is an important indicator of the overall health of the population. Higher rates of premature mortality are related to inequalities in health. This indicator will help monitor general population health, as well as progress in reducing health inequalities.	
Shared with		

40	**Deaths from injuries**
Measured by	Age standardised mortality rate per 100,000 from external causes.
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)
Rationale	Injuries represent a major cause of premature mortality (particularly for children and young people). As death through injury affects people when they are potentially most productive, they are a cause of high economic loss, resulting in high societal costs. Deaths are only the tip of the iceberg, and for every injury death there are an estimated 30 hospital admissions, 300 emergency department attendances and many thousands more who seek help from their general practitioner or self treat.
Shared with	WHO Targets and indicators for Health 2020

41	**Deaths from road traffic injuries**	
Measured by	Age-standardised mortality rate per 100,000 from road traffic injuries.	
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)	
Rationale	Road safety is an issue that affects everyone in Wales. We all need to use the roads to get around, whether as a driver, passenger, cyclist or pedestrian. Roads therefore need to be safe. Road accidents in which people are killed result in high social and economic costs including a devastating impact on families and communities, damage to vehicles and property,	

	loss of productivity, and use of emergency and health services.	
Shared with	UN Sustainable Development Goals indicator WHO Targets and indicators for Health 2020	

This framework includes three mortality measures: Reducing mortality from four non communicable diseases (indicator 39) is a key outcome for Health 2020, in addition mortality from external causes (indicator 40) and road traffic accidents (indicator 41) are also included in that framework. Alternate approaches used in the UK include the ONS measures of avoidable mortality. This in turn can be reported as two sub measures: preventable mortality and mortality amenable to health care. Years of life lost could be used instead of more standard measures, to signify the magnitude of the burden.
A further alternative could be to report on deaths from all causes occurring in persons aged less than 75 years. Additional causes of deaths such as suicide could be included.

Question 14

Do you agree with the three indicators chosen? If not, what option would you prefer and why? Please select:	
Yes ☐	No ☐
Comment: No Comment	

Please use this template if you wish to amend a proposed indicator, or if you wish to replace a new indicator.

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