Executive Director of Public Health Annual Report 2015
A healthier, happier & fairer North Wales
Welcome to our Annual Report 2015
A healthier, happier & fairer North Wales

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Foreword

Executive Director of Public Health

Each year, all Directors of Public Health in Wales are required to produce an independent Annual Report on the health of their population. I have pleasure in presenting my latest report, which identifies the key population health priorities for North Wales, explains why they are important and makes evidence based recommendations for local action.

This is an important time for public services across North Wales and notably for the University Health Board. Over recent years my series of annual reports have set out the opportunities and challenges facing our population at different stages of life. Each report contains links to important health needs assessment and population profile information, together with recommendations for how health and well-being can be improved throughout the life course. The reports also set out to demonstrate the importance of continuously engaging and working with communities, using new technology and social media to communicate information, listen and promote debate. This has already started to help us focus on the local factors that protect health. This so called ‘asset based approach’ can give us new understanding of what we can do together to improve health. I am keen that we continue to embrace this as part of all public service planning.

This year I want to draw on these previous reports and to set out simply what the main health and well-being priorities are for North Wales. In so doing, and during a period of continuing austerity, I wish to encourage engagement and promote open, collaborative discussion on population health and the importance of focusing on and purposefully investing in prevention and early intervention.

The priorities set out in this year’s report are issues that affect all of us, our families and communities. If our health and well-being outcomes are to continue to improve we will need to make progress together. The good news is that some areas are already improving:

- Deaths from avoidable illness are reducing
- Smoking rates are falling, meaning less illness and early death linked with tobacco
- Immunisation rates are improving, protecting us from preventable infections

However there is still much more to be done. Health inequalities are still wide resulting in a large gap in life expectancy between our most and least affluent communities. The burden of preventable deaths and poor health are distributed unfairly amongst the population. Reducing the gap needs action by a whole system of public services, business and local communities. There is clear evidence that demonstrates support for families and children in the first 1000 days of life has the biggest impact. It is vital that we act locally on this.

As the NHS and other public service partners in North Wales set out their plans for the next few years, it is very important that we openly acknowledge this variation and take action to reduce inequality. Where planning and practice systematically consider equality and inequality from the start, service provision decisions can identify and seek to mitigate the barriers faced by some people more than others.

Local authorities and the third sector are essential partners, who, working with local communities need to provide leadership for much of this work. There is also a vitally important role for primary care and community services in championing this focus on prevention. To enable this locally, a real shift of focus and capacity, to a primary care system, which works in partnership, to drive improvements in population health at scale, is essential.

Within Wales, legislation is providing new opportunities. The Public Health (Wales) Bill, the Social Services and Well-being (Wales) Act 2014 and in particular, the Well-being of Future Generations (Wales) Act 2015 provide the incentive we need to work even more collaboratively on improving health and well-being for the future. This will require a population health approach to service planning, which is also described briefly in this report.

The next few years are likely to present significant challenges as we work with our population to prioritise and reshape what public services do. My intention this year, is to make a key contribution to that process by identifying key priorities and recommending that they are owned collectively by the University Health Board and its partners. By working on the same set of priorities, with a clear focus on improving outcomes, we stand the best chance of making a bigger difference to population health and well-being in North Wales.

Finally, listening to and working with the public we serve is absolutely essential. My report this year, aims to start a wide conversation on working together to achieve a Happier, Healthier and Fairer North Wales. Details of how to get involved are outlined at the end of the report.

I would like to thank the editorial team of Jo Charles, Karen Evans, Diana Lamb, John Lucy and Melfyn Thomas, as well as the rest of the Public Health team and partners for their contributions to the development of this report.

Andrew Jones
Reducing health inequalities by ensuring the best start in life

- Those who live in the poorest communities still die sooner than those who live in the most affluent areas. The gap between the best and worst hasn’t changed much in 10 years.
- There is currently a great variation in children’s early experiences in life which can have a significant impact on their future health and wellbeing. It is unacceptable that not all children are given the same start in life and often the effects of a poor start cannot be undone/reversed.
- The NHS has to make sure that everyone has the right access to healthcare by working closely with a wide range of local partners to tackle inequalities and improve the population’s health.

Heart disease, Cancers, Respiratory disease

- These diseases are the top three causes of death and early death in North Wales.
- They are linked to long term illnesses that are often preventable, and a poor quality of life.
- Many of these conditions can be prevented and cost a lot for the NHS to deal with.

Smoking

- Smoking is a major risk factor for all three major causes of death.
- Exposing babies and young children to second hand smoke during pregnancy and at home means they do not get the healthiest start in life.
- Many diseases caused by smoking are entirely preventable.
- People who stop smoking can see an immediate benefit to their health.
- Smoking rates across North Wales vary greatly.

Obesity

- Obesity is responsible for many premature deaths and a significant risk factor for several chronic long term conditions that have an impact on overall quality of life.
- Being obese whilst pregnant can be one of the most dangerous threats to mother and baby.
- Over half the adult population are overweight and a quarter of children aged four to five are obese.
- Being obese is one of the most common factors linked to developing diabetes and problems to do with mobility.

Summary of Health Priorities in North Wales

Alcohol

- Harmful drinking can cause premature death.
- Some groups are more likely to drink harmful levels of alcohol.
- Harmful drinking also affects public safety and puts a great strain on the police, fire, and a range of Local Authority services.
- Harmful drinking among young people is also linked with other risky behaviours.

Vaccination & Immunisation

- Vaccination is highly effective; it is cheap and saves the lives of babies and children.
- The Welsh Government has set targets in relation to immunisation but they have not yet been reached in North Wales.
- Vaccinating as many people as possible can reduce illness especially among frail, older people.

Mental Health

- Having poor mental health can also have a big effect on a person’s physical health.
- Parents who have poor mental health are often less able to give their children a great start in life.
- Steps to improve people’s mental wellbeing can have a positive impact on their mental and physical health.
- The NHS spends more on mental health services than any other single area.

Frail Elderly

- People are living longer - this means that there are more older people, some of whom are frail.
- Frail elderly people need a lot of continuous support from health and social care services.
- Patients say that health and social care works best when they work together.
Why this is a priority
• Health inequalities are unfair
• Men in the most deprived areas have an average of 7 years less life than those in the most affluent areas. For women it is 5 years less
• Healthy life expectancy shows an even greater difference of about 13 years for both men and women
• Even for the most affluent, life expectancy in North Wales does not compare well with the UK overall
• There is variation in early years outcomes including low birth weight, across North Wales
• There is good evidence that intervention in early childhood can have lifelong impact to reduce health inequalities
• The ‘inverse care law’ describes how those most in need often have the poorest access to health and social care services
• Reducing health inequalities requires action on both the wider determinants of health and also on access to health and social care services
• Further detail is provided in the North Wales health profiles: http://www.wales.nhs.uk/sitesplus/888/page/65092.

What is the evidence base
• NICE evidence on reducing Health Inequalities: https://www.nice.org.uk/advice/1gb4/chapter/introduction
• Well London health inequality programme: http://www.welllondon.org.uk/5/the-framework.html
• Well North health inequality programme: http://www.mahsc.ac.uk/friends/well-north/
• The root to tackling poverty is to break the cycle of disadvantage by action in the early years

How do we measure progress
• Changes in life expectancy
  o Reduction in gap in life expectancy between least and most deprived
• Changes in healthy life expectancy
  o Reduction in gap in healthy life expectancy between least and most deprived
• Disability free life expectancy
• Death from any cause below age 75 (premature mortality) as a measure for monitoring progress below local authority level
• Early Years outcomes
  o Reduction in infant mortality
  o Reduction in low birth weight babies

Recommendations
1. Health Board to take a partnership approach with Local Authority and third sector partners to reduce health inequalities
2. Health board to initiate focused programme to reduce health inequalities based on learning from the Well North and Well London programmes of community action
3. Reduction of health inequalities to be a core theme within all future health board plans and public service partnership plans
4. Health Board and partners to review existing Early Years intervention programmes and adopt a ‘First 1000 days’ plan
Why this is a priority
- Heart disease, cancers and respiratory disease are the three leading causes of death and premature death in North Wales
- These conditions commonly have a long chronic phase of illness that can be seriously limiting
- Chronic illness consumes a large amount of NHS resources, and results in a heavy workload for primary care
- Deaths from all three conditions have been reducing, in part due to effective healthcare, but reductions in risk factors have had a bigger impact i.e. smoking cessation
- All three conditions share common risk factors which can be targeted for prevention – tobacco, alcohol, physical inactivity and unhealthy diet
- The risk factors are strongly related to deprivation, and consequently these conditions also are strongly related to health inequalities.

What is the evidence base
- NICE guideline and pathway behaviour change: http://pathways.nice.org.uk/pathways/behaviour-change
- Brief intervention training in North Wales ‘Making every contact count’ development: http://howis.wales.nhs.uk/sitesplus/888/page/55269
- NICE guideline Smoking prevention and cessation: http://pathways.nice.org.uk/pathways/smoking

How do we measure progress
- Deaths from heart disease, cancers, respiratory disease, reported on a local authority basis
- Percentage of adults reporting currently being treated for high blood pressure
- Cancer incidence and mortality (all malignancies and site specific)
- Respiratory disease mortality
- Percentage of adults reporting currently being treated for any respiratory disease.

Recommendations
- Extend the range of frontline staff trained in ‘brief intervention’ method, building on training for Police, and to include health, local authority, fire and rescue service and third sector staff
- Health board to work with ‘Single point of access’ Local Authority services to include signposting to activities to promote health and wellbeing
Many diseases caused by smoking are entirely preventable

- Risk factor for all three major causes of death
- Major factor in causing unequal health outcomes
- Many diseases caused by smoking are entirely preventable
- Reductions in smoking are followed within a short timescale by reductions in disease
- Large variation in smoking rates.

Why this is a priority

- Smoking is a major cause of premature death and one in two long term smokers will die of smoking related diseases

Latest trends showed a continued decline in smoking rates in North Wales, down from an average of 27% 10 years ago to an average of 21% today. The target in Wales is to reduce smoking prevalence to 16% by 2020

- The overall rates, however, hide considerable variation:
  - By area in line with levels of deprivation
  - By socio-economic gradient (Chart below)
- Of particular concern are
  - Smoking in pregnancy
  - Smoking rates among young people – especially teenage girls
  - Very high rates of smoking in people with diagnosed mental illness.

What is the evidence base

- High quality evidence exists to support targeted interventions to reduce maternal smoking
- Stopping smoking before and during pregnancy has significant impact on outcomes for both babies and mothers including most notably Low Birth Weight


- Reductions in smoking at any age are followed within a short time by reductions in disease
- Chances of successfully quitting are increased with support from specialist services which include the use of pharmacotherapy
- Brief intervention by trained staff when repeated at each contact with services increases the likelihood of smokers making an attempt to quit.

Key measures for measuring progress

- Overall smoking prevalence as measured by the Welsh Health Survey
- Variation in smoking prevalence as measured by Welsh Health Survey / GP Practice Population data
- Number of smokers accessing specialist support services – Stop Smoking Wales / Pharmacy-based services / In-house GP practice services (NHS Outcomes Framework Tier 1 Target)
- Proportion of smokers successfully quitting (NHS Outcomes Framework Tier 1 Target).

Recommendations

- Prevention: Health Board, Local Authorities and other public sector partners to prioritise action to support young people not to start smoking, including use of effective whole school approaches and use of social marketing methods and social media
- Stopping Smoking: Health Board, Local Authorities and other public sector partners to train frontline staff to deliver ‘brief interventions’ to motivate and signpost service users to smoking cessation services
- Tobacco Control: All Public sector partners to enforce existing smoke free areas (especially hospital premises) and seek opportunities for new smoke free areas e.g. beaches.
Obesity

Levels of overweight and obesity are strongly linked with deprivation

- Major risk factor for biggest causes of premature death
- Obesity levels rising, with over half the population overweight
- Major risk factor for common chronic conditions including diabetes and musculo-skeletal disorders.

There are two key areas for intervention that all partners including the NHS can influence and these are Physical Activity and Nutrition. As well as potentially having significant impact on levels of overweight and obesity, eating a balanced diet and taking regular exercise have a profound positive effect on overall physical and mental wellbeing.

Why this is a priority

- Overweight and Obesity levels have been rising steadily across North Wales for a number of years. Although most recent self-reported survey results now suggest a slight decrease, 56% of adults are overweight or obese (61% of men and 52% of women). These figures are still far too high
- Levels of overweight and obesity are strongly linked with deprivation, with 53% of the least deprived population overweight or obese compared with 58% of the most deprived, and 16% of the least deprived obese, compared to 26% of most deprived
- Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of cancer
- Overweight and obesity can also impair a person’s well-being, quality of life and ability to earn
- Levels of overweight and obesity in children have increased dramatically, and are a significant cause of chronic illness in childhood, with potentially profound impacts on future health and wellbeing
- Being obese in childhood significantly increases the likelihood of being obese into adulthood.

What is the evidence base


Sedentary behaviour is an independent risk to health http://www.bhfactive.org.uk/files/525/sedentary_evidence_briefing.pdf

How do we measure progress

- Percentage of population eating at least five portions of fruit and vegetables each day
- Percentage of adults reporting to be overweight or obese
- Percentage of children (aged 4 & 5 years) recorded as overweight or obese.

NUTRITION: A nutritious diet, low in salt and high in fruit and vegetables is important in preventing and reducing the risk of chronic illness. There is now compelling evidence that we need to reduce sugar intake, with ‘Added sugar’ significantly exceeding the recommended level of not more than ten percent of energy intake, for all age groups in the UK.


Recommendations

- All public sector partners to support and enable employees to adopt healthy eating and being physically active through active encouragement and design of work and workplaces
- Health Board to play an active role in the promotion of active travel opportunities for staff and patients, including promotion of Active Travel Plan in collaboration with all Local Authority partners
- Primary care clusters to promote brief intervention training and Making Every Contact Count

- Health Board to develop and implement policy ensuring all overweight patients scheduled for Planned Surgery follow structured Weight Management programme prior to surgery
- All Single Point of Access services to include signposting to opportunities for activity and support to get active.
Alcohol consumption is high for certain groups in the North Wales population. Alcohol is a risk factor for the major causes of premature death. Alcohol has an impact on a range of public services including health, crime and disorder, fire, social care, housing and waste management.

Use of alcohol by young people is a concern, and is linked with other risky behaviours.

**Why this is a priority**

- Alcohol is a significant risk factor for the major causes of premature death, and a direct cause of 5% all deaths in Wales
- Consumption is reducing gradually over time, but still more than 40% of adults in North Wales report drinking above guidelines at least one day in the last week
- Hospital admissions attributed to alcohol are significant and have remained steady over the last 10 years
- Alcohol contributes to health inequalities. Patterns of alcohol related hospital admissions in North Wales reflect social deprivation, but consumption is similar across the social groupings, suggesting other factors interact to compound the inequality
- Drinking in children and young people remains of concern with 17% of boys and 14% of girls aged 11-16 in Wales drinking alcohol at least once a week
- Crime and disorder resulting from alcohol are a major concern for local authorities and police services
- Alcohol is a factor in over half of all violent crime incidents involving adults
- Alcohol is a factor in home fires, particularly late at night
- Alcohol can increase vulnerability of people in need of social care.

**43%**

16-24 year olds have drunk above recommended guidelines at least once in a week

**362**

people each year die of an alcohol attributable disease

**Crime and disorder resulting from alcohol are a major concern for local authorities and police services**

- Report on alcohol and health impacts http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/d7ead329fc08591480257d7200326f03/5FILE/AlcoholAndHealthInWales2014_v2a.pdf

**What is the evidence base**

- There is promising evidence for reducing alcohol consumption through ‘brief intervention’ with individuals similar to smoking cessation interventions

**How do we measure progress**

- Percentage of adults reporting drinking above the recommended guidelines in the last week
- Alcohol specific hospital admissions
- Alcohol related mortality
- Crime and disorder
- Numbers front line staff trained in brief intervention

**Recommendations**

- Health Board to recognise the broad range of impacts of alcohol use by working with partners to develop and implement an alcohol misuse reduction programme
- Extend the range of frontline staff trained in ‘brief intervention’ method, building on training for police, and to include social care, housing, fire and rescue, health service and third sector employees.
• Vaccination is highly effective, cost-effective and saves lives in babies and children
• Vaccination coverage in BCU does not yet reach Welsh Government targets
• Effective vaccination levels have the potential to reduce illness levels particularly in frail older people too.

Why this is a priority
• Vaccination is a highly effective way of preventing serious illness
• Coverage for some childhood immunisations remain below a level that give herd immunity and so protect vulnerable children who cannot receive the vaccine
• Coverage of seasonal flu vaccination is less than the 75% Welsh Government target
• Seasonal flu results in large number of people with symptoms seeking help from primary care services, and a proportion require hospital admission which can cause delays to routine hospital care
• Less affluent communities have lower vaccination coverage, contributing to health inequalities
• Coverage for all vaccinations has increased over recent years but there is still room for improvement.

What is the evidence base
• Details of childhood programmes and links to evidence base http://cks.nice.org.uk/immunizations-childhood
• NICE Review of increasing uptake in clinical risk groups and healthcare workers https://www.nice.org.uk/guidance/indevelopment/gid-phg96

How do we measure progress
• Uptake of seasonal Flu vaccination https://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714

Recommendations
• Health Board to ensure effective support available to immunisers to help them to reach most vulnerable and increase coverage
• Health Board to work with local authority partners to reduce inequalities by increasing coverage of vulnerable elderly and children in deprived communities.

Flu uptake 71% in over 65; 51% in at risk groups

Less affluent communities have lower vaccination coverage, contributing to health inequalities

Coverage for all vaccinations has increased over recent years but there is still room for improvement
Mental health problems are linked to poorer physical health, and shorter life expectancy

- Poor mental health contributes significantly to inequalities in physical health
- Mental ill-health has considerable impact on the ability to provide positive parenting in the early years of life
- Promoting positive mental health in addition to treating illness has potential to improve both mental and physical health
- Mental health services are the biggest single area of spend in the NHS.

Why this is a priority
- Around 1 in 10 adults in North Wales report they are currently receiving treatment for a mental health problem
- Mental health problems are linked to poorer physical health, and shorter life expectancy
- Suicide rates among men are statistically significantly higher in Denbighshire and Conwy compared to the Wales average. Suicide rates among women in Conwy are statistically significantly higher than the average for Wales
- Numbers of older people with dementia are predicted to rise significantly in coming years
- For young people up to the age of 17, North Wales has a rate of admission for mental health disorders which is 30% higher than Wales
- Poor mental health contributes significantly to inequalities in physical health

What is the evidence base
- There is a growing evidence base that there are things that can be done to improve mental health, and improve the resilience of individuals and communities
- ‘Five ways to wellbeing’ is an evidence based approach to promoting mental wellbeing
- Link to PHW mental health pages http://howis.wales.nhs.uk/sitesplus/888/page/54285

How do we measure progress
- Mental health outcome measures tend to be high level measures. Primary care measures of mental health support may be a future source of a more local measure
- Standardised mortality rate from suicide (Link to NW profile as above)
- ONS Personal Well being measure (available at LA level) link http://www.ons.gov.uk/ons/dcp171778_417216.pdf
- SF-36 Mental health scores from Welsh Health Survey
- Percentage of adults reporting being currently treated for a mental health problem.

Recommendations
- Health Board and partners to incorporate ‘5 Ways to Wellbeing’ approach to promoting mental health, including staff health programmes
- Mental health services to develop specific health improvement programmes with aim of improving physical as well as mental health.
Rising life expectancy is reflected in larger numbers of older people, a proportion of whom are frail. Frail elderly are major users of health and social care services, and coordination of health and social care is central to good outcomes and experience of care by this group.

Why this is a priority

- Rising life expectancy means there are increasing numbers of older people in North Wales, a proportion of whom will be frail.
- With increased age people are more likely to have multiple chronic illnesses which combine in their effect on the individual.
- Frail elderly people are major users of health and social care services.
- When an individual becomes ill, frailty increases the chances of an unscheduled inpatient care admission.
- As the population of Wales becomes older, frailty presents considerable challenges to the health and social care system.
- Dementia is more common with increased age, and contributes to frailty.
- Injuries caused by falls in older people are a particular concern, and evidence suggests there are effective ways to reduce the risk of falls.
- Studies suggest that around 1 in 4 people aged 85+ are likely to be frail.
- Flu vaccination can prevent a significant proportion of hospital admissions in frail elderly.

How do we measure progress

- Unscheduled hospital admissions in the 85+ age group.
- Unscheduled hospital admissions with primary diagnosis of hip fracture.
- % of 65+ population not vaccinated against flu.
- Excess winter death rates (65+ year olds).

What is the evidence base

- NICE guidelines for Older People:
  https://www.nice.org.uk/guidance/population-groups/older-people

Flu vaccination can prevent significant proportion of hospital admissions in frail elderly.

Projected growth of North Wales population aged 85 years and over, persons, males & females, 2013 to 2018.

Sources: Office for National Statistics.
Planning for population health: improving health outcomes in the short term

Introduction
The business of running health services has changed in recent years, in response to changes in the population and in healthcare. Population ageing and increasing levels of chronic conditions have put the spotlight on coordination of care within the NHS and between the NHS and social care. Health and social care are interdependent systems that need coordination.

The health board has two responsibilities:
- To keep people well and improve health
- To provide healthcare when people become ill

While access to health and social care services play an important part in determining the health of a population, evidence suggests this is less important than lifestyle, the influence of local environment and the wider determinants of health. The conditions in which people are born, live and work are important to health. Accountability and responsibility for improving population health is wider than the Health Board, which is reflected in the new Well-being Future Generations legislation. A population perspective is needed to help to understand how health and wellbeing can be improved. One role of the Public Health function is to support the Health Board, Local Authorities and other partners to understand the population picture.

What are the features of a population health system?
Effective planning of health services demands a population perspective. It is the role of the University Health Board and its partners to use its limited resources to achieve the best population outcomes possible. Recent NHS Wales planning guidance highlights the development needed within planning NHS services to become good at using a population perspective in service planning. The Kings Fund report “Population Heath” describes the common features of population approaches to health.

Common features of population approaches to health (Kings Fund 2015 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf)

- Use of population data to understand needs
- Alignment of incentives to improve population health
- Community involvement in managing and designing services
- Involvement of a range of partners and services

The University Health Board has a role to improve health as well as provide health care. The actions needed to do this at an individual and population level are different. The diagram below illustrates this. To deliver population outcomes effectively, BCU and partners need to have a sound understanding of population health.

Macro
- Use of population data to understand needs
- Alignment of incentives to improve population health
- Community involvement in managing and designing services
- Involvement of a range of partners and services

Meso
- Segmentation of population and risk stratification to identify needs of specific groups
- Targeted strategies for different segments
- Developing clarity of role for different partners

Micro
- Integrated record systems
- Scaled up primary care, well coordinated with other services
- Close working across organisations
- Empowerment of users

The focus of population health systems

The planning cycle described in the Planning Framework for 2016/17 (Welsh Health Circular 2015/043) reflects a population perspective. The cycle (see diagram) begins with understanding population needs and talking to stakeholders, before determining the outcomes to be delivered. In describing this systematic process, the guidance recognises that not all Health Boards will have all the skills and capacity they need. The guidance advocates for this to be developed in the near future. Specifically this includes:

- Understanding of population outcomes and how they are achieved
- A greater focus on improving population outcomes rather than simply process measures
- Modelling of resources use to achieve population outcomes
- Robust modelling of demand and capacity on a whole system basis (including NHS and social care)
- Service improvement based on evidence base and co-production with patients
- Understanding changes in need and demand and services being able to respond.

The University Health Board, should seek to increase its skills and capacity to plan on a population basis, including:

- Planning being seen as a core function for all staff and all teams with appropriate organisational development
- Access to information analysts capable of developing intelligence on the population outcomes of services linked with financial modelling
- Skills to model service and other data to describe the potential impacts of new care pathways, including early intervention and prevention of health problems
- Skills to undertake robust prioritisation processes, as part of a prudent healthcare approach, to support decision making on allocation of resources
- Capacity to effectively and continuously engage with the public and partners in developing health care and health improvement services
- Explore delivering and sharing this capacity with partner/public sector organisations.

Source Welsh Health Circular 2015/043
The implementation of the Wellbeing of Future Generations Act (Wales) 2015 will bring profound changes to the way we work across the public sector, and in wider partnership. The 7 interrelated Well Being Goals (Diagram) are designed to secure sustainable development which means finding and implementing ways in which we are able to meet our needs today without compromising the ability of our future generations to meet their own needs.

Well-being Goals

A globally responsible Wales
A Wales of vibrant culture and thriving Welsh Language
A Wales of cohesive communities
A healthier Wales
A more equal Wales
A resilient Wales
A prosperous Wales

The implementation of the Act brings with it a shared legal duty for those bodies covered by the Act to work together with the populations we serve in pursuit of the 7 goals – including that of ensuring a healthier Wales. This shared duty offers us a significant opportunity to jointly design and implement the kind of multi-faceted co-operative programmes of work needed to secure improvement across, and within, each individual goal. Making progress towards securing each of the Goals will have positive and lasting impact on overall population health and, when action is clearly focused on those most in need, on reducing inequalities.

Key to the preparation for the full implementation of the Duties within the Act is the requirement to undertake comprehensive assessments of the wellbeing of our population. As the interrelationship of the Goals demonstrates, this assessment will need to encompass all 7 dimensions and must be informed by meaningful engagement with, and active involvement, of people and communities across North Wales.

Whilst recognising that individual Public Service Boards will hold the responsibility for their own area assessments, many public sector partners have pan-North Wales remits. Key to the success of securing comprehensive, consistent, high quality assessments will be a shared commitment.

Recommendations

- To host and share conversations about the future North Wales we want University Health Board and partners to work together to:
  - plan and carry out our assessments; and
  - pool expertise, resource, and experience – particularly around engaging with the public and with those whose voices are often not heard.
Creating a healthier happier & fairer
North Wales

How to get involved?

Contact us

email: northwalespublichealthteam@wales.nhs.uk

@BCUHB  https://www.facebook.com/bcuhealthboard

www.pbc.cymru.nhs.uk  neu/or  www.bcu.wales.nhs.uk/

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