

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 If someone has asked for their name and address not to be published, that is an important fact we would take into account.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be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published.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 <input type="checkbox"/>

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 <i>(please select one from the following)</i>	Individuals	<input type="checkbox"/>
	Public Body (Local Authority, Local Health Board, Fire and Rescue Authority etc)	<input type="checkbox"/>
	Businesses	<input type="checkbox"/>
	Professional Bodies/Interest Groups	<input checked="" type="checkbox"/>

How do we measure the health of a nation?

Consultation on proposed Public Health Outcomes Framework for Wales

	Third sector (community groups, volunteers, self help groups, co-operatives, enterprises, religious, not for profit organisations)	<input type="checkbox"/>
	Other (other groups not listed above)	<input type="checkbox"/>

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

The Royal College of Nursing is overall supportive of this consultation document, and we believe that it is a very comprehensive document which covers all of the expected indicators which are to be associated with public health.

However, there is no mention of nursing or nurses within the whole document.

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

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

In this document it is not clear how the data will be collected, only outlining how it will be presented. Further to this, there is no intended audience for this framework data, which impacts on its presentation.

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

Instead of updating the framework data on a rolling basis as new data becomes available, an annual update which allows the data to be promoted on a yearly basis could also be an option.

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

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

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

This is a very comprehensive document which covers all the indicators to be expected with public health.

In regards to the proposed indicators and outcomes, it could be appropriate to include 'Adolescents' or 'Children and Young People's' Emotional Well-being' as an individual indicator, as opposed to limiting it to 'Mental Well-Being'. This would give the opportunity to explore other factors that can affect emotional well-being in young people in recent years, such as cyber bullying.

In regards to paragraph 5.1 Areas for future consideration/development, a dedicated section on 'Vulnerable and At-Risk adults' and the 'Homeless population' could be considered.

Question 8

A key requirement for this Framework is that it complements the proposed national indicators of the *Well-being 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

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		
<p>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.</p>		

Question 9

<p>Do you have a preference for whether healthy life expectancy should be at birth or from 65 years for this Framework, and why?</p> <p>Please select:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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

<p>Is the proposed indicator a replacement indicator or an improvement to an existing indicator? Please tick one box</p>
<p>Improvement</p>
<p>Which indicator does this proposed indicator improve upon or replace?</p>
<p>Mental well-being</p>
<p>What is the name of replacement indicator?</p>
<p>N/A</p>
<p>What is the data source for this indicator?</p>
<p>N/A</p>

<p>Please provide an explanation for why this indicator best measures the well-being of people in Wales</p> <p>In regards to overarching outcome 3, 'Mental well-being', it would be useful to provide details on how the Warwick-Edinburgh Mental Well-being scale will be used in this case. This is due to the fact that General Practice tend to use the Patient Health Questionnaire (PHQ9) or the Hospital Anxiety and Depression Scale (HADS).</p> <p>In addition to this, reporting of waiting times to Primary Mental Health teams and the number of referrals to Community Crisis Teams could be a useful measure of mental well-being.</p>
<p>Please indicate which goals the proposed indicator directly impacts on (tick all applicable)</p> <p><input type="checkbox"/> A prosperous Wales <input type="checkbox"/> A resilient Wales <input type="checkbox"/> A healthier Wales <input type="checkbox"/> A more equal Wales</p>

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		
<p>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 <i>Well-being of Future Generations (Wales) Act 2015</i>.</p>		

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 <input type="checkbox"/>	No <input type="checkbox"/>

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
<input type="checkbox"/> Replacement <input type="checkbox"/> 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)
<input type="checkbox"/> A prosperous Wales <input type="checkbox"/> A resilient Wales <input type="checkbox"/> A healthier Wales <input type="checkbox"/> A more equal Wales <input type="checkbox"/> A Wales of cohesive communities <input type="checkbox"/> A Wales of vibrant culture and thriving Welsh Language <input type="checkbox"/> A globally responsible Wales

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	
<p>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.</p>		

Question 11

Are you content that the Public Health Outcome Framework for Wales reports those aged 18 and over? Please select:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

<p>Is the proposed indicator a replacement indicator or an improvement to an existing indicator? Please tick one box</p> <p><input type="checkbox"/> Replacement <input type="checkbox"/> Improvement</p>
<p>Which indicator does this proposed indicator improve upon or replace?</p> <p> </p>
<p>What is the name of replacement indicator?</p> <p> </p>

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)
<input type="checkbox"/> A prosperous Wales <input type="checkbox"/> A Wales of cohesive communities <input type="checkbox"/> A resilient Wales <input type="checkbox"/> A Wales of vibrant culture and thriving Welsh Language <input type="checkbox"/> A healthier Wales <input type="checkbox"/> A globally responsible Wales <input type="checkbox"/> A more equal Wales

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:

Alcohol consumption and admission rates due to alcohol intoxication would be an appropriate 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?

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

<p>Please indicate which goals the proposed indicator directly impacts on (tick all applicable)</p>	
<input type="checkbox"/> A prosperous Wales <input type="checkbox"/> A resilient Wales <input type="checkbox"/> A healthier Wales <input type="checkbox"/> A more equal Wales	<input type="checkbox"/> A Wales of cohesive communities <input type="checkbox"/> A Wales of vibrant culture and thriving Welsh Language <input type="checkbox"/> A globally responsible Wales

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 <i>the Well-being of Future Generations (Wales) Act 2015</i> , 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		
<p>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).</p>		

Question 13

<p>Do you feel it is suitable? Is there anything else you would recommend instead? Please select:</p>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p> </p>	

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

<p>Is the proposed indicator a replacement indicator or an improvement to an existing indicator? Please tick one box</p> <p><input type="checkbox"/> Replacement <input type="checkbox"/> Improvement</p>
<p>Which indicator does this proposed indicator improve upon or replace?</p>
<p>What is the name of replacement indicator?</p>
<p>What is the data source for this indicator?</p>
<p>Please provide an explanation for why this indicator best measures the well-being of people in Wales</p>
<p>Please indicate which goals the proposed indicator directly impacts on (tick all applicable)</p> <p> <input type="checkbox"/> A prosperous Wales <input type="checkbox"/> A Wales of cohesive communities <input type="checkbox"/> A resilient Wales <input type="checkbox"/> A Wales of vibrant culture and thriving Welsh Language <input type="checkbox"/> A healthier Wales <input type="checkbox"/> A globally responsible Wales <input type="checkbox"/> A more equal Wales </p>

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 <input type="checkbox"/>	No <input type="checkbox"/>

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
<input type="checkbox"/> Replacement <input type="checkbox"/> 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)	
<input type="checkbox"/> A prosperous Wales	<input type="checkbox"/> A Wales of cohesive communities
<input type="checkbox"/> A resilient Wales	<input type="checkbox"/> A Wales of vibrant culture and thriving Welsh Language
<input type="checkbox"/> A healthier Wales	<input type="checkbox"/> A globally responsible Wales
<input type="checkbox"/> A more equal Wales	

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.