

## CONSULTATION FORM

### How do we measure the health of a nation?

#### Proposed Public Health Outcomes Framework for Wales.

### Response Form

How do we measure the health of a nation?		
Name	Rachel Lewis	
Organisation	Age Alliance Wales	
Address	Ty John Pathy, 13 – 14 Neptune Court, Vanguard Way, Cardiff CF24 5PJ	
E-mail address	<a href="mailto:rachel.lewis@agealliancewales.org.uk">rachel.lewis@agealliancewales.org.uk</a>	
Telephone	029 2043 1554	
Type (please select one from the following)	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 type="checkbox"/>
	Third sector (community groups, volunteers, self help groups, co-operatives, enterprises, religious, not for profit organisations)	<input checked="" type="checkbox"/>
	Other (other groups not listed above)	<input type="checkbox"/>

### Age Alliance Wales

Age Alliance Wales (AAW) is an alliance of 21 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people. Collectively AAW member organisations possess extensive service development and service delivery knowledge and provide direct support to older people across Wales. Members act at a strategic as well as an operational level and many are membership based.

## 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?

AAW is supportive of the proposed Public Health Outcomes Framework and is pleased to note that the framework references the wider social determinants of health and well-being. We also welcome the proposal to adopt an asset based approach and to base the framework on collaboration, partnership and involvement.

Whilst supportive of the aims and principles of the framework, AAW believes that the focus now needs to shift towards implementation. PHW needs to work with the Welsh Government and local authorities to support the development of social networks and preventative initiatives that can underpin and stimulate community activity and enable all older people to live a full and active life. In the face of unprecedented cuts to public services, creating a more joined up approach between housing, health and social care is key in ensuring that gaps in the provision of care do not lead to the worsening of a condition or illness.

### 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

AAW would be happy to support PHW in the implementation of the framework. AAW organisations provide a range of community based services that reduce the pressure on emergency care services by developing effective partnerships with the statutory and private sectors. Locally managed and coordinated services mean that third sector organisations are able to provide services that are agile and responsive to individual need. Organisations are well placed to support statutory health and social care services to adopt a more person centred approach.

In order to demonstrate how AAW organisations can contribute to improving health and well-being, we enclose two AAW publications which provide information on preventative services delivered by members. Many of the projects cited in these reports involve collaborative working between voluntary

and public sectors and illustrate how well designed, tailored interventions can have a big impact on the quality of life of older people. They also demonstrate a shift away from working in silos towards achieving the goal of a seamless, integrated service that works with individuals to identify their own goals and ultimately to empower them to manage their own care.

### 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

Whether an online tool is sufficiently accessible would depend on the target audience, however if the resource is to be openly accessible to all, an online resource would not be appropriate. Many older people remain digitally excluded. The National Survey for Wales' results for 2012 - 2013<sup>1</sup> show that 95% of people aged less than 45 years old have used the internet, compared with only 22% of people aged 75 or over. Older people are significantly less likely to want to contact public services via internet or email than younger age groups<sup>2</sup>.

In addition, any online or paper resource would need to comply with RNIB's accessibility guidelines.

### 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?**

It seems sensible that the indicators are updated on a rolling basis, with the proviso that users can sign up for email alerts when the new data is added and that the date of any updates is clearly stated on the website. In addition, producing an annual summary of all updates would be valuable.

---

<sup>1</sup> StatsWales statistical bulletin SDR 82/2013 *National Survey Wales 2012-13 Headline Results*

<sup>2</sup> StatsWales (2012) Statistical Bulletin SB 120/2012: *National Survey for Wales, January – March 2012, internet results*

### 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?

Given the potential impact of cuts to services that support older people to maintain their health and well-being, it would seem sensible to review the framework after two years to ensure that the indicators are still fit for purpose.

## Domains and outcome areas

### 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?**

We welcome the inclusion of a sense of community, people who volunteer and people feeling lonely and the quality of housing as important measures of health and well-being.

However public health interventions can do much to prevent the worsening of a condition or illness for those people who are not ageing well. Population projections estimate that by 2030, the number of people aged over 65 living in Wales will increase by 34%. The largest increase will be in the number of people aged over 85 which is forecast to rise by 80%. As a consequence of this change, the numbers of people living with sensory loss, dementia and other life limiting conditions are likely to increase. Given this data, it is disappointing that the health of people living with life limiting condition is not included in the indicators. In addition, sensory impairment (visual and hearing) is included as an area for future consideration/development, but again, in view of the data cited above, we urge that this area is given urgent consideration.

As statistical evidence shows that people from protected groups (eg, people with disabilities, BME or LGBT) can often have significantly lower health outcomes, a indicator to monitor the health of these groups is needed.

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.	
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

Comment:

*As the National Outcomes Framework and The National Outcomes Framework for People who need Care and Support both use Healthy Life Expectancy at 65 as an indicator for healthy life expectancy, it seems sensible to suggest that this Framework adopt the same approach.*

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 checked="" type="checkbox"/> Replacement	<input type="checkbox"/> Improvement
<b>Which indicator does this proposed indicator improve upon or replace?</b>	
Healthy Life expectancy at birth	
<b>What is the name of replacement indicator?</b>	
Healthy Life Expectancy at 65	
<b>What is the data source for this indicator?</b>	
The data source for this indicator would be the same as the one used for the two outcomes frameworks noted above.	

<b>37</b>	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>Comment:</p> <p>The rationale for this indicator is that arts, heritage and cultural engagement impacts positively on our general well-being. However, given the diverse range of social activities that older people are involved in across Wales, it is likely that this indicator would only apply to certain section of society and therefore any resulting data would be misleading.</p> <p>Although it may not be possible to collate statistical data on the overall numbers of people participating in social activity, figures for adult community learning and also local authority data on closures of day centres, leisure centres and libraries could be useful indicators. Adult community learning attracts the highest number of older learners and studies have shown that participation reduces racism, increases civic engagement and helps people to become more involved with their local community. Additionally, people enrolled on courses exercise more and are more aware of health issues than those not engaged in learning. Since 2007/8, the number of adults accessing local authority adult community learning (ACL) has fallen has fallen by 29%. This factor should be included in any assessment of healthy ageing in Wales.</p>	

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

<p><b>Is the proposed indicator a replacement indicator or an improvement to an existing indicator?</b>                      Please tick one box</p>
<p><input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Improvement</p>
<p><b>Which indicator does this proposed indicator improve upon or replace?</b></p>
<p>Older people who participate in arts, culture and heritage</p>
<p><b>What is the name of replacement indicator?</b></p>
<p>Older people who participate in social and informal learning activity</p>
<p><b>What is the data source for this indicator?</b></p>
<p>Current data source                      Stats Wales data on numbers of people engaged in adult community learning.                      Local authority data on closures of day centres and community venues.</p>
<p><b>Please provide an explanation for why this indicator best measures the well-being of people in Wales</b></p>
<p>See above</p>

<b>Please indicate which goals the proposed indicator directly impacts on (tick all applicable)</b>	
<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

<b>40</b>	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

<b>41</b>	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	UN Sustainable Development Goals indicator	

with	WHO Targets and indicators for Health 2020	
<p>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.</p> <p>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.</p>		

### Question 14

Do you agree with the three indicators chosen? If not, what option would you prefer and why?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comment:  Suicide should be included in the section regarding <i>minimising avoidable ill health</i> . The most recent data from ONS shows that rates of suicides are increasing for most age cohorts and are the highest amongst men aged between 40 – 59. Consequently, monitoring the instance of suicides in Wales is an important factor when assessing the health and well-being of people in Wales.	