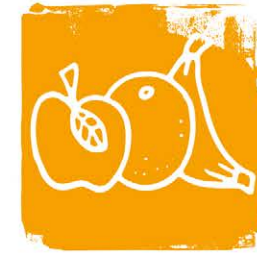


Transforming Health Improvement in Wales

Working together to build a healthier, happier future



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1 Foreword



It gives me great pleasure to introduce this report, *Transforming health improvement in Wales*.

Like all post-industrial societies, Wales is facing major challenges to improve the health of its population. Figures from the 2011 Census reveal that five of the ten local authority areas in England and Wales with the worst health, are in Wales. Informing the work of this review is the firm conviction that to improve the health of the population in Wales we must move from an 'illness service' to a 'wellness service'. More emphasis needs to be placed on the prevention of illness and the promotion of better health.

This is by no means a new idea. Almost ten years ago the late Sir Derek Wanless warned that unless we find ways of attaining 'full engagement' of the public and the professionals in disease prevention and health promotion, we will see the build up of 'unsustainable pressure' on the health and social care sectors in Wales (*The Review of Health and Social Care in Wales* 2003). And that was during a period of increasing investment in the NHS.

Today we are in a very different situation. We have a continuing recession and are subject to the UK Coalition Government's austerity policies. This clearly concentrates the minds and budgets of policy-makers working across all sectors in Welsh Government, not least in health.

While there have been significant examples of innovative health improvement initiatives, they have lacked integration both in health and with other sectors. This review has looked at the current status of health improvement activity in Wales, at what works well and what works less well. It points the way beyond the current landscape of stand-alone initiatives, duplication of effort and inadequate evidence to a more integrated approach based on a clear set of principles. While this review has focused upon the health sector, it has done so with a clear understanding of the importance of building better partnerships with local government, the third sector, other organisations and local people.

Many people have been involved in this review, working to tight timescales and collecting and synthesising many different points of view and forms of evidence. I am enormously impressed by the amount that has been achieved, and I firmly believe that this report can be used to put into action a more confident, forward-looking and sustainable approach to health improvement in Wales.

By Professor Gareth Williams, Chair of the Health Improvement Advisory Group of the National Health Improvement Review.

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2 Executive summary

Improving health is everyone's business and only by working together can we build a healthier, happier Wales.

Transforming health improvement in Wales: working together to build a healthier, happier future

There has never been a greater need to improve health and well-being in Wales and this is everyone's responsibility.

Wales is facing a number of complex health challenges, despite the fact that we are living longer. The number of people living with chronic conditions is growing and health inequalities are widening. An alarming number of people are becoming obese, alcohol consumption is increasing and 20% of the population still smoke (Chief Medical Officers Report 2010).

These challenges are adding unnecessary burden on individuals and growing pressure on limited health and social care resources, making it paramount that we focus on those in greatest need. We have to help people to help themselves and create healthy active communities where people are happy to live. We must work more closely with partners to ensure that services best meet the needs of local people, are evidence-based, value for money and ultimately improve health outcomes.

The findings of this Review are crucial in identifying how we can quickly transform the way we work to achieve a prosperous, sustainable and healthier Wales. We need to ensure we are getting the most from the resources we have and we need to be flexible and prepared for the future.

There is a wide variety of work already taking place across Wales to support health improvement, both nationally and locally. However, despite many examples of best practice and excellence, the overall approach has to change to achieve large scale change. We can no longer work in silos with segregated budgets, and unclear targets and outcomes. We must use the assets we have in a more coordinated and concerted way.

Public Health Wales has a key role in co-producing health improvement, working closely with others to help achieve it. The needs of people have to be central to all that we do. We must ensure we engage with individuals, communities and professionals to improve the health and well-being of the population. We need to listen to their feedback, address their wider needs and work together to reduce inequalities. We need to provide support to help people lead healthier lives and give everyone equal and easy access to services.

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With this in mind, the Review has sought to understand and reconsider current national health improvement initiatives, and made a number of recommendations and actions for change.

It looks at how we should reshape services, environments and the way we work, to improve and sustain health and well-being to meet future demands and challenges.

It provides us with a real opportunity to take stock and reflect on developments to date, allowing us to consider our achievements and think about where we need to go next.

It will enable us to refresh our approach in light of recent evidence and feedback, and improve future health outcomes.

It will also help us identify scope for further investment, as well as ensure that existing investment is being best used to improve health and well-being effectively, equitably and at pace.

Building a Healthier Wales – Making it a reality

The Review has drawn together a wide range of information to develop recommendations and actions to respond to the challenges of transforming health improvement in Wales. This includes the need to:

- Work more closely across policy and with key partners, particularly local government and the third sector, to accelerate and support health improvement together to achieve the best outcomes
- Focus on a small number of high impact areas, such as obesity and smoking, in depth and in an integrated way across the life stages
- Put more effort into reducing health inequalities, targeting interventions ‘proportionate to need’ rather than improving health in general and inadvertently increasing the health inequality gap
- Have a deeper understanding of what makes people at risk of poorer health eg geographical location, age, gender, socio-economic position, disability
- Find ways to work more closely with local people and communities to co-produce health, building on local assets and developing sustainable approaches to fit their needs at different life stages
- Develop more integrated approaches, co-producing health and well-being with others addressing their combined needs
- Strengthen integrated working, particularly across public services, through joint health improvement plans, shared budgets and local concordats

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- Target resources to deliver the best possible outcomes that are value for money, sustainable and evidence based
- Ensure Public Health Wales works effectively together as an integrated public health team across Wales, leading, driving and advocating health improvement nationally and locally
- Be proactive, driving innovation to find solutions and sharing best practice across Wales. When we know something works, we should adopt it nationally, adapting it to local circumstances as necessary
- Ensure we are flexible and ready to explore new opportunities that arise from proposed developments such as the new Public Health Bill
- Actively pursue opportunities to strengthen health improvement and prevention across the NHS, particularly in primary care
- Ensure we communicate effectively and consistently with the public and professionals, including using innovative IT and social marketing
- Improve the monitoring, evaluation and reporting of health improvement initiatives and work closely with research and development teams to support future health and well-being needs
- Monitor and consider the impact and sustainability of major developments which could alter the way health improvement is delivered in the future such as the economy, environment etc

As funding pressures across the NHS intensify, the need to target resources to achieve the best possible outcomes, based upon evidence and value for money, will increase.

The Programme Budgeting and Marginal Analysis (PBMA)(Brambleby and Fordham, 2003a), undertaken as part of this review, brought together a wide range of evidence to inform the recommendations for transforming health improvement in Wales. An independent panel created a context for discussion and learning to inform the following proposals on current programmes;

Those that should be maintained and improved;

- Stop Smoking Wales
- National Exercise Referral Scheme
- Welsh Network of Healthy School Schemes

Those that should be monitored;

- Designed to Smile
- Fresh Start
- Champions for Health
- HIV Prevention and Empower to Choose,
- ASSIST
- Baby Friendly Initiative

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Those that need further ongoing consideration:

- Mental Health First Aid
- No Smoking Day
- Breastfeeding programme

Those with the potential for disinvestment:

- The Cooking Bus
- Smoke Bugs
- Smokers Helpline Wales

Conclusion

Following considerable engagement, consultation, evidence gathering and analysis, one thing is certain – health improvement in Wales has to be strengthened and transformed quickly.

This Review reinforces how important it is to invest in health improvement to ensure we can have a prosperous, sustainable and healthier nation.

It identifies how we can strengthen our approach, by building on our successes and working more closely together, to meet the challenges we face. It sets out ways to better use and improve the joint knowledge, skills and resources we already have at our disposal.

It identifies how improving integrated working, prioritisation and re-focussing can achieve better outcomes at scale and make more effective use of the resources we have available.

It proposes to co-produce health with people, supporting their needs at different stages of their lives

It emphasises how urgent action is needed to address health inequality across Wales. We need to target more effectively and work with people and key partners to help improve health and well-being and the environments in which they live, building on local assets.

The Review concluded a dedicated change programme should be established urgently, supported by a steering group to oversee the delivery of the recommendations set out in this Review and in the Programme for Government.

With Ministerial support and closer partnership working across policy and sectors, we can all take steps to ensure the findings of this Review are made a reality.

Improving health is everyone's business and by working together we can build a healthier and happier Wales.

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3 Background and approach

Public Health Wales has been tasked with considering the future direction for health improvement and its programmes in Wales. It must ensure sustainability, value for money and the delivery of priority outcomes, consistent with national policy.

Professor Sir Mansel Aylward CB completed a brief Ministerial review of a number of national health improvement programmes in 2011 (Aylward, 2011). This recognised the need for a further in-depth review of the future direction for health improvement and its constituent programmes. The former Minister tasked Public Health Wales to undertake this, steered by a Health Improvement Advisory Group (HIAG) which would make recommendations.

The HIAG has been tasked with considering the future direction for health improvement and its programmes in Wales. It must ensure sustainability, value for money and the delivery of priority outcomes, consistent with national policy specifically *Programme for government*, (Welsh Government, 2011a) *Together for health*, (Welsh Government, 2011b), *Our healthy future* (Welsh Assembly Government, 2009) and *Fairer health outcomes for all* (Welsh Assembly Government, 2011b). It has also needed to take account of other policies linked to health improvement.

The work has been guided by the following agreed objectives:

- Assessment of the most effective means of delivery in the future, taking account of wider evidence, innovative practice, cross cutting national policy, value for money and integration.
- A review of the future direction for health improvement and health improvement programmes in Wales with funding from Welsh Government's Health and Social Care Directorate or Public Health Wales.
- Opportunities to strengthen the holistic delivery of health improvement including the realignment, restructuring and transformation of current programmes that would help ensure sustainable and cost-effective outcomes are achieved.
- The role Public Health Wales and other key contributors play in supporting health improvement, as an integral part of the wider context of health improvement in Wales.

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The HIAG steered the Review process focusing on existing programmes and identifying opportunities to improve future ways of working. Four sub-groups were established to undertake specific aspects of the Review providing advice to HIAG.

They were:

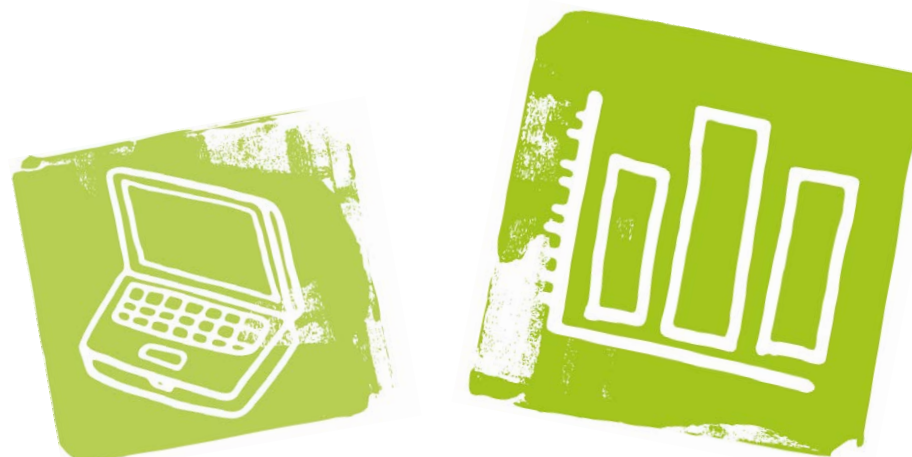
- Evidence review
- Health economics
- Communication and engagement
- NHS

Membership details of these groups are available in Appendix II. There has also been extensive consultation with professionals and wider stakeholders. A list of further detailed papers, with links, can be found in Appendix III.

The outputs of these groups were used to inform HIAG members and ultimately the final report and its recommendations and actions.

I would personally like to thank all those involved in supporting this work, of which there were many, and without whom this would not have been possible. In particular I would like to thank Sara Thomas and Jon Watts for their help in the early stages; Rhiannon Tudor Edwards and Jo Charles for their invaluable support on PBMA; Teri Knight and Julie Bishop for their endeavours on the evaluation and Sally Venn and Kathrin Thomas for the NHS work. I would also like to thank Alison Watkins for her help in producing the final report for publication.

**Helen Howson, Health Improvement Review Programme Director/
Consultant in Public Health**



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4 Introduction

“It will require action on many fronts not just in the traditional health sector. We must improve the health of everyone in Wales. The people of Wales themselves will need to take more responsibility for their own health and for that of their family and community. We will give them all the support we can to do this.....I invite the people of Wales to join with us in creating a Wales where health really does match the best anywhere.” *Together for health (Welsh Government 2011b)*

4.1 The challenges

This review is taking place at a time of considerable economic and social change. Levels of smoking, obesity and alcohol consumption, along with technological and demographic change, are putting pressure on health and social care services, which are struggling to meet demand. The alarming increases in obesity, both in childhood and adults, suggest that by 2025, 40% of the population will be obese (Butland et al, 2007). By 2050 we are likely to be an ‘obese society’. In addition, the health of the poorest people in our communities is increasingly lagging behind the best (Welsh Assembly Government, 2011a) for a complex combination of economic, social and cultural reasons. Addressing this health inequality is a priority.

Despite considerable effort across a range of programmes, inequalities in health have widened and progress with some health related behaviours has flat-lined at too high a level.

Making the best use of limited resources in the NHS has always been a priority, but the imperative is now greater than ever. Prioritising health improvement to reduce demand and narrow inequalities will be essential across all public services.

This overall situation, together with concerns that some changes to the determinants of health (particularly cuts to welfare benefits) will further undermine progress, reinforces the need for this review.

The Review provides us with a real opportunity to make Wales a world class leader in health improvement. It allows us to consider what we have achieved and think about where we need to go next. It will enable us to refresh our approach in the light of recent evidence and feedback, and to improve future health outcomes. It will also help us to see if there is scope for further investment and ensure that existing investment is being best used to improve health and well-being effectively, equitably and at pace.

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4.2 The future of health improvement

Health improvement aims to sustain and improve health and well-being, reduce inequalities and redress the unnecessary burden of illness. To achieve sustainable health improvement, we need to build supportive environments and re-balance the context of care, based upon prevention, early intervention and health promotion across the board. We must make a decisive shift away from managing sickness to creating a healthy Wales for everyone (Welsh Assembly Government, 2009, 2011b). Ensuring health improvement becomes everybody's business will be crucial to making this a reality.

4.3 Delivering the vision

To achieve sustainable health improvement is complex as its determinants are rooted in a range of psycho socio, economic, cultural and behavioural theories.

Fortunately, Wales has a strong policy framework provided through *Together for health* and *Our healthy future* (Welsh Assembly Government, 2011b, 2009,). It also has a range of other related plans addressing more specific issues such as the *Tobacco control action plan* (Welsh Government, 2012b) and *Fairer health outcomes for all*. (Welsh Assembly Government 2011b). This framework is underpinned by a number of programmes which have promoted the health of Wales and shown progress through the dedication and hard work of many people. Some of these initiatives such as Welsh Network of Healthy School Schemes (WNHSS), Corporate Health Standard and ASSIST have achieved UK and international recognition, and we need to build on these.

The reality is that improving health is unlikely to be successful through a single intervention or programme. There are examples where countries have managed to halt and reverse the decline in health damaging behaviours, for example, in Finland (Cavill et al, 2006; Pusca, 2002), Australia (European Commission, 2010) and Canada (Chau et al, 2007). So what makes the difference? Comprehensive, integrated and sustained approaches appear to work best, with a balance of action at the population level, complemented by a targeted approach to high-risk groups. Preventive activities which focus on multiple risk factors are more likely to be effective than a single intervention.

Effective intervention programmes tend to include; information, education, structural and environmental changes, regulation, assessment and monitoring which are targeted at high-risk individuals or groups with cross-sector support. (Craig et al, 2004; Bennett, 2003). Only through greater cross-sector working, the integration of resources and effort, and dynamic engagement with key stakeholders, can the transition we desire in Wales take place.

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5 Health in Wales: the context

Wales is facing a number of complex health challenges, despite the fact that we are living longer. The number of people living with chronic conditions is growing and health inequalities are widening. To achieve sustainable health improvement is complex as its determinants are rooted in a range of economic, social, cultural and behavioural factors.

The health and economic effects of illness related to unhealthy lifestyles are substantial, causing around 30% of premature deaths and substantial demands on resources. Those most responsible for premature mortality are cancer, cardiovascular diseases, chronic obstructive pulmonary disease (COPD) and diabetes, all of which are closely linked to the harmful use of alcohol and tobacco, unhealthy diets/ obesity and physical inactivity. Most of these show a social class gradient and need to be understood in relation to economic and social circumstances, including the current context of rising prices and falling incomes. Tackling both behaviours and inequalities remains at the core of health policy in Wales, specifically *Our healthy future* (Welsh Assembly Government, 2009).

In summary, we need to improve health and well-being and reduce inequalities. We need to ensure children have a good start in life, reverse the increase in obesity, reduce smoking, alcohol or drug misuse, and increase the amount of people who are happy, independent, and have a good quality of life.

Understanding the challenges people face in achieving healthier lifestyles and supporting them to take greater responsibility for their own health and well-being, will be essential. However, we also need to understand that for people living disadvantaged lives this will not be easy. We must do all we can to help by improving access to support and creating healthier, happier environments in order to empower people to have a greater sense of personal control over their circumstances.

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6 Current position: mapping activity and establishing the baseline

The initial stage of the work was a comprehensive mapping of programmes and initiatives to identify the whole portfolio of health improvement work currently funded by the Minister for Health, Social Care and Children.

Many of these initiatives recently moved to Public Health Wales, providing an excellent opportunity to build upon strengths to date and improve future delivery. The main findings of the Mapping Report include:

- Over 37 elements of work identified within the Review (appendix VI), were mainly single topic based and often fragmented, with little understanding of how they relate to or impact upon each other, or the needs of the people they were designed to support.
- The majority were interventions funded to support direct behaviour change as opposed to other approaches such as fiscal, environmental or community. These were grouped into topic areas and emerging work was also identified.

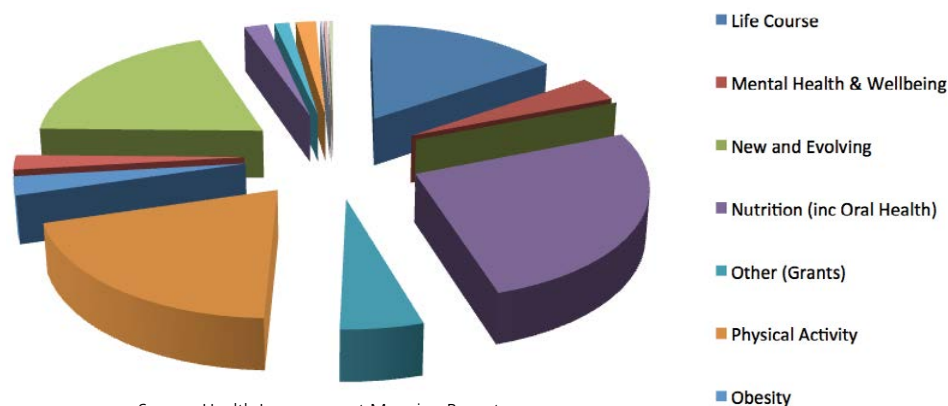
- The total cost of current initiatives was £17,573,875, with Public Health Wales accountable for managing 70% of the total (from 2012). The majority (£4.6m) was spent on nutrition related work which included £3.7m for Designed to Smile, followed by physical activity and smoking (£3.5 m, £3.4m).



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A breakdown of the total spend is outlined below:

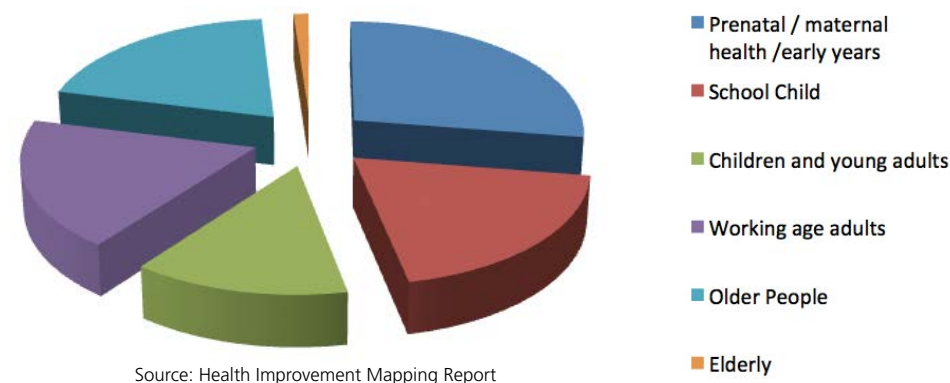
Health improvement programme spend



- 25 of the 37 initiatives, accounting for 85% of spend, were included in the PBMA process.
- Of this, the following represents an approximation of the breakdown across the life course:

Prenatal / maternal health / early years	School child	Children and young adults	Working age adults	Older people	Elderly
£4,115,113	£2,905,313	£2,023,361	£2,787,997	£2,984,656	£175,946

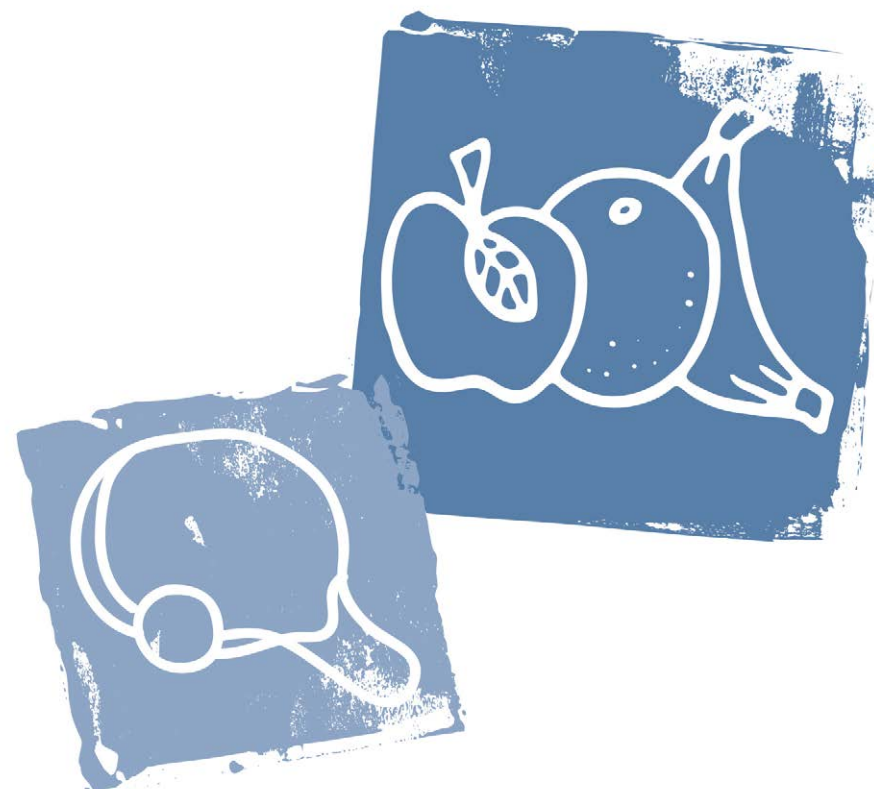
Health improvement programme spend across the life course



- The remaining 12 initiatives (15% spend) did not form part of the PBMA process because they have no identifiable intervention or measurable outcome. They include networks, grant schemes, tools/ support services, and were considered through a separate process.
- A number of elements of work have been identified for wider consideration, where the majority has been supported through other departments or agencies. This includes supporting workplace health from the Departments for Business Enterprise, Technology and Science, and other work supported from the UK Department of Work and Pensions.

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- Substance misuse has not been looked at in detail and may require further analysis. This includes preventing crime, supporting substance misusers and their families, helping schools and education programmes, and tackling availability and enforcement across Wales. The majority of the £30m (£23m) is allocated as grants to local authorities.
- Feedback suggests the need to ensure other major funding streams across wider policy areas such as Substance Misuse, Local Government and Communities (including Communities First, Mental Health, Education and skills and Leisure) are not duplicating work, and opportunities for consolidation and collaboration are maximised.
- Reviewing existing resources is an essential first stage enabling us to identify gaps, duplication and opportunities for consolidation and collaboration.
- It is important to note that the Review has not directly taken account of the resources invested by Local Authorities supporting health improvement through education, social services, leisure and communities. It recognises the significance of this and the need to work more closely to improve health and well-being together in our communities.
- This baseline helps us to consider wider comparative spend. The spending estimate for Public Health England suggests there is a considerable differential between allocations in England and Wales for health improvement (Department of Health 2012).



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7 Sub-group findings

Each of the sub-groups undertook detailed work to support their findings and this has been captured in supplementary reports available from www.publichealthwales.org/healthimprovementreview. The findings were used to inform the final recommendations and actions in the report.

A summary of the findings from each of these is captured below.

7.1 Evidence review findings

The work of this sub-group was to review available, high level evidence, relating to health improvement for each of the ten public health strategic framework priority areas in *Our healthy future*. (Welsh Assembly Government, 2009). This included identifying approaches for which there was good quality research evidence of effectiveness, and those for which there was insufficient evidence of effectiveness on which to make a judgment. The extent to which effective, ineffective, or 'evidence gap' approaches were currently being implemented in Wales was assessed in the evidence report.

Thirty seven initiatives were initially identified as being within the scope of the Review. Twenty five of these have an identifiable health improvement intervention which could be assessed against the evidence base. Separate evidence assessments were undertaken for these initiatives and these are also available.

This work informed the health economic analysis (PBMA) of the Review. The remaining 12 initiatives were considered separately. A number of common themes were identified that will need to be addressed in future planning:

- 4/25 initiatives had all elements in place i.e. clear mechanism of effect; clear outcomes; evidence of effect from outcome evaluation; evidence of effective implementation in a real world setting.
- Approximately half lacked clearly defined outcomes.
- 3/25 did not clearly describe the mechanism by which they would impact on population health.
- 15/25 were not monitoring outcomes.
- 9/25 had no implementation evaluation.
- 6/25 had insufficient information to make a robust assessment.

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The evidence highlights that for population health, the benefits arise from widespread implementation and whilst each action or intervention may have a small effect, this becomes more significant with larger numbers. There is a need to take account of the limited reach and impact of some of the interventions, such as MEND, as well as the potential for greater impact in others such as the National Exercise Referral Scheme (NERS) and the Welsh Network of Healthy Schools (WNHSS).

Findings suggest that the majority of Wales is only partially implementing and monitoring NICE guidance and that there is no systematic monitoring. A summary of the health improvement interventions recommended by NICE which are being implemented in Wales and those that are not, is available in the evidence report. Where evidence exists to support health improvement interventions, we should ensure it is being implemented consistently across Wales as a priority.

For some interventions with evidence of effectiveness, greater impact could be achieved through more systematic implementation, robust monitoring and greater reach. Effective interventions not currently being implemented or with limited implementation have also been identified and will need to be taken account of in future planning.

7.2 Health economics and Programme Budgeting and Marginal Analysis (PBMA) findings

To help assess whether we are getting value for money, a PBMA approach (Brambleby and Fordham, 2003a; Brambleby and Fordham, 2003b) was taken. PBMA provides a logical, transparent and auditable process for evidence based decision making and policy development. It takes full account of the health economic issues alongside other important aspects such as evidence, outcomes, stakeholder views and inequality. It provides a systematic and holistic way of analysing relevant information and helped inform decisions on programmes for further investment, disinvestment or continuation, as part of a process for refocusing and reviewing priorities.

A PBMA Expert Reference panel was established, with representation from a range of stakeholders, to assist with the assessment of the 25 initiatives for which individual summaries had been prepared. These contained evidence of effectiveness, cost effectiveness, budget, impact, equity implications and stakeholder views.

Whilst this Review looked specifically at the funds available to the Health Minister for health improvement, the need to undertake wider, higher level programme budgeting with other related policy areas became evident. £17.1 million was identified, of which £15 million could be attributed directly to the 25 specific health improvement initiatives linked to ten Welsh Government priority areas.

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It was difficult to disaggregate how this resource and its interventions married with other government programmes, such as Communities First and Flying Start and other mainstream services such as education, social care. It highlighted the need to strengthen integrated planning across policy and programme areas to avoid duplication, gaps and ensure all resource is used to best effect.

Current health improvement initiatives were primarily focused on individual level behaviour change interventions with limited evidence of effectiveness, or cost-effectiveness. In summary the PBMA concluded;

- The need to ensure a wider focus including other approaches such as environmental, social marketing, legislative and fiscal.
- The evidence basis for areas such as promoting breastfeeding, preventing smoking in pregnancy and limiting obesity in children was disappointing and suggested a need for pilot programmes.
- The need to further explore the effectiveness of brief interventions for lifestyle, particularly in mainstreaming these as part of health professional training and addressing multiple life style issues e.g. in primary care and community pharmacies.
- A need to use local joint assets and infrastructures across public services more effectively such as schools, primary care, and leisure centres, reducing administration costs and acknowledging that services do not have to be free.

- Primary care should be used more systematically as a vehicle for prevention and health improvement. Opportunities to strengthen this should be explored and implemented.
- Some initiatives are not achieving their full potential. For example with MEND, access and other issues were clearly identified in feedback as a problem and as a result the number attending was unlikely to make an impact on the target population of obese/overweight children. Consideration should be given on how this may fit as part of a combined approach to obesity and also building on the WNHSS approach.
- The PBMA group recommend potential disinvestment in 7 out of 25 initiatives at a total cost of £1.5 million, (The Cooking Bus, Smoke Bugs, Skin Cancer Awareness, Health Challenge Wales Website, MEND, Mental Health First Aid and Smokers Helpline Wales). This was on the basis of a lack of evidence of effectiveness, cost-effectiveness or support from local public health teams, or any evidence of impact on inequality. It did not mean that the target stages of the life course or reducing obesity were less important than other goals. It suggests rather that such goals should be addressed in other, evidence based ways.
- The PBMA group also voted to recommend the potential for partial disinvestment in further initiatives at a total cost of £7.3 million, including some big spend areas such as Designed to Smile and the National Exercise Referral Scheme. It recognised that oral health might be improved through other means, and that this budget of over £3 million represented a large proportion of the total health improvement budget under review.

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- The PBMA group felt it important to treat pilot initiatives as pilots, ensuring they incorporate rigorous evaluation. It also felt that funds should be made available, to encourage research in public health.
- The PBMA process generated a list of interventions recommended by NICE that are not currently being fully delivered in Wales. Further work is needed to ensure that these are delivered consistent with the evidence available.

7.3 Communication and engagement findings

A number of engagement and consultation events were held to ensure the views of the public and professionals were collected. Workshops were held with Directors of Public Health and their teams, with local government representatives and Public Health Wales staff. Eight engagement events for wider stakeholders were also held in North and South Wales. Beaufort Research was commissioned to gather wider public views through a 1000 people survey and six representative focus groups covering a range of age and socio-economic groups and geography. The summary points are set out below;

- **Local public health teams**

All teams reinforced the need to improve national and local working arrangements to support effective delivery of improved outcomes. Greater clarity was needed as to how Public Health Wales and local teams might best support improved working as part of a 'whole team approach'.

They also identified the need for 'national' initiatives to engage more effectively with local teams to ensure better delivery, avoid duplication and align and integrate complementary programmes to achieve better efficiency and effectiveness. There was a consensus on the need to maintain focus on health equity and inequality.

The WNHSS was considered by all to be a good model to support the needs of schoolchildren at national and local levels, but further opportunities to improve were also identified. NERS and SSW were also thought to be valuable by four of the seven areas, whilst recognising the need for better links and flexibility in local areas. Initiatives felt to work 'less well' included the Cooking Bus and MEND.

Innovative developments included: Community Weight Management, Community Well-Being Coaches; Health Champions; Schools Sexual Health Peer Support and School Nurse Health Clinics. Opportunities to encourage, share and build on innovation, particularly in supporting evaluation is important.

- **Local government**

Feedback indicated that WNHSS and NERS were seen as good models but with further opportunities to improve and achieve more within current capacity. The Corporate Health Standard, Well-Being Activity Grant and Healthy Options Award were amongst others mentioned.

Health Challenge Wales was thought to help provide a 'national' identity with the potential to adapt to each local authority area. The Health Challenge Wales grant scheme and awards helped support local engagement and innovation. There remained confusion around the brands of Change for Life and Health Challenge Wales, and a lack of consistency of messages across professionals was identified.

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Brief intervention training was felt to be good value for money in addressing key advice with NHS staff, with potential for use across other sectors, particularly local government. Health champions in surgeries to identify the difficulties facing people and help signpost, encourage and engage the public in healthy lifestyle activities was important but would need testing and evaluation.

There was a consensus on the need and urgency to strengthen links and maximise all opportunities for health improvement, particularly with disadvantaged groups, across local government (see below) and between local authorities, health boards and public health. Issues of strategic 'fit', particularly around Communities First and local authority health improvement plans were raised along with concern around delivery support. The Single Community Plan offers an opportunity to align agendas and integrate priorities more closely to local needs but needed to be realised in practice.

Services contributing to healthier lives and protecting the vulnerable

Improving health and well-being	Protecting and supporting vulnerable individuals
Healthy homes	Safeguarding and protection services
Housing renewal and improvement	Provision of residential care
Air quality	Supporting looked after children
Education services	Fostering and adoption services
Mobile library service	Homelessness service
Safe drinking water	Housing adaptations
Provision of leisure, recreational and play facilities	Behaviour support education
Access to the coast and countryside	Additional learning needs education
Regeneration programmes	
Empowering individuals and communities	Protecting health and reducing inequalities
Promoting healthy lifestyles	Housing standards
Community pride programme	Consumer protection and advice
Youth offending services	Workplace safety
Family support services	Food safety
Provision of extra care housing	Road safety
Re-ablement services	Licensing services
Meals at home	Disease control
Community care	Abatement of statutory nuisances
Entitlement and advice services	Cleansing and waste services
Community First Programme	Managing the built environment
Managing the night time economy	Beach safety
Healthy schools programme	

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• Third sector and wider stakeholders

There was recognition of the need to ensure full engagement and integration with the third sector and with people in local communities, building upon their skills, networks and knowledge. The eight workshops held across Wales focused upon three factors: health improvement needs, current services and support, and wider opportunities that existed across each of the life stages.

Findings were specific to each life stage and detailed feedback is reported on the Health Improvement Review web pages. This will be used to inform future developments across each life course. Common themes included:

- **Needs** – Access to universal services such as transport, leisure and education, training, communication and signposting, particularly on key messages, more integration in service delivery and the need to address social inclusion and inequity.
- **Current services** – A wide range was available but not easy to navigate or access. The question of duplication was raised along with how services worked together to identify risk, engagement and integration opportunities. Services were still seen operating in silos with too little user engagement.
- **Opportunities** – Common themes included better partnership working, sharing and adopting best practice, introducing schemes such as Making Every Contact count and using community assets more effectively. For example, using schools as community hubs, engaging with local communities and the use of social media and marketing.

• Public views

Methods included an online form (51 responses), a public survey (1000 respondents), six focus groups and six in-depth family interviews. During these sessions participants were also asked to design a smoking cessation service/ healthy living service which would be right for them. [http://www2.nphs.wales.nhs.uk:8080/NationalHIRDocs.nsf/85c50756737f79ac80256f2700534ea3/d5ad72bd0f5f013280257bac004e72ab/\\$FILE/Beaufort%20Research%20findings%20Full%20HIR%20Report%2008.11.12.docx](http://www2.nphs.wales.nhs.uk:8080/NationalHIRDocs.nsf/85c50756737f79ac80256f2700534ea3/d5ad72bd0f5f013280257bac004e72ab/$FILE/Beaufort%20Research%20findings%20Full%20HIR%20Report%2008.11.12.docx)

The findings highlighted:

- Awareness of smoking initiatives were significantly higher than other health related programmes tested, with positive levels of reported action.
- Prospect of changing engrained behaviour vs current daily routines was extremely challenging. This is more acute with influences outside home but unlike smoking, no advertised products (NRT) to help change behaviour or place to seek support
- Idea of existing 'support groups' has some appeal but there is a need to know more before deciding if it could work for them
- Community focus, ownership, and taking responsibility may encourage some to take steps and maintain behaviour change
- Professional involvement still required (advice, credibility) but personal experience may also be important.
- Challenge on involving some male partners and children in weight related initiatives avoiding stigma. An inclusive, general well-being ('getting fitter') angle may be appropriate

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- The role of education may hold long-term key with children's behaviours around smoking, diet, and influence at home

7.4 NHS findings

• Maximising the role of the NHS in supporting health improvement

The group addressed key issues across the whole NHS, focusing on primary care as the first point of contact for most health issues. It suggested that health improvement should be more outcome-focused and holistic, addressing the combined needs of people rather than relying upon single issue projects. Local teams should determine the mix of delivery methods best suited to their needs.

There is insufficient orientation of resources within the NHS to deliver high impact, evidence-based health improvement. There is likely to be limited impact in programmes that focus on individual lifestyle behaviour change while there is a weak investment in other areas. There is a need to balance effective, specialist, evidence-based interventions with less specialist, effective interventions that may still have greater impact because of greater reach and accessibility.

Some interventions should be universal but there could be better targeting to address inequalities. Currently health visitors are the only health professionals that are trying to match workforce to need.

All staff have a role to play in supporting health improvement and in acting as advocates for health, as identified in the recent Institute for Health Equity Report (2013). Interventions such as Making Every Contact Count (MECC) and brief interventions have been shown to be highly cost effective (Matrix Insight, 2009). Brief interventions for smoking, alcohol and physical activity, delivered in

GP practices, scored highly for reach, tackling inequalities and costs per Quality Adjusted Life Years (QALY), however, training in motivational interviewing and brief interventions has not reached the majority of GPs and frontline health workers in Wales. This should be actively targeted at NHS staff with greatest population reach, supported by evaluation.

All four primary care contractor professions (dental, pharmacy, optometry and GP) have considerable potential to impact on health behaviours and health literacy. Opportunities exist to improve this overcoming barriers identified.

Mental health and lack of well-being is strongly linked with inequities in health and is often caused by a lack of money, the inability to participate meaningfully in society, and lack of control. Interventions based in primary care such as psychological therapies, debt counselling and return to work initiatives can improve health outcomes. Having a meaningful role (whether paid or not) is beneficial for health and GPs, in particular, have a central role, in certifying fitness to work.

Giving every child the best start in life will mean prioritising investment for interventions at the earliest life stage, including preconception. Primary care professionals can increase the access to appropriate methods of contraception and support lifestyle changes such as smoking cessation, safe weight for pregnancy and safe use of alcohol. Closer integrated working, focused around families and between health visitors, GPs, midwives and other community workers is essential. Generic parenting support programmes for early years also improves lifestyle choices.

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A single point of access for information and signposting to health improvement support could greatly increase reach and impact. This should be supported by a programme of education and awareness raising, with monitoring and feedback. Various platforms could be used, such as websites and phone apps, to direct health professionals and the public to sources of local, up-to-date information.

Much health improvement activity is not remunerated or incentivised but driven by self-motivated professional standards that could be better supported and more evidence-based. Financial incentives for health improvement interventions, such as those included in the Quality and Outcomes Framework, have a mixed evidence base and should not be the sole mechanism for encouraging health improvement through independent contractor contracts.

7.5 Other services and initiatives

A number of services and initiatives were included within the Review, for which there were no clear single interventions that could be appraised through the PBMA process. These were subject to a separate process which took account of reach, impact on health inequalities, value for money and sustainability. Recommendations have been made on these, many of which require further work because of wider factors impacting on their future role such as the *Public Health Bill* (Welsh Government, 2012) and the Transition Programme within Public Health Wales.

These include;

- **Initiatives which represent core public health service activity but have previously been funded through a grant or other funding mechanisms**

This includes Public Health Networks, Health Promotion Library, Early Years Pathfinder and Health Impact Assessment Unit, which are currently within Public Health Wales core funding. The future of these functions should be considered within the Public Health Wales Transition Programme, which will also take account of the wider recommendations emerging from this review.

- **Small grant schemes to support health improvement action**

This includes Health Challenge Wales Voluntary Sector Grant and Well-being Activity Grant Schemes. Detailed reviews of each of the schemes were not possible due to the timescale of the review and limited information available. It is understood that these are currently under review by the Welsh Government for the 2013/14 year. This should take account of the findings of this report, particularly the need to build capacity and assets for health, contributing to core outcomes such as health inequalities.

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- **Public health advocacy**

This includes Alcohol Concern funding and may include elements of the Healthy Ageing Action Plan and the Mental Health, Vulnerable Groups and Offenders Programme although this was less clear. There is a case for providing core support to organisations which are able to provide independent advocacy for public health action in key areas. There is a need to ensure a consistent approach and alignment to strategic priorities and a common framework for monitoring outputs, outcomes and impact.

- **Public health action plans for specific groups**

This includes the Healthy Ageing Action Plan and the Mental Health, Vulnerable Groups and Offenders Programmes. These action plans should sit within a broader strategic programme of work and linked to the public health outcomes framework. Where interventions are included within the programme, they should have an evidence review and there should be clarity regarding the overall programme co-ordination. Where interventions and actions sit with the third sector, strong links should be made to specialist public health support from Public Health Wales.

7.6 Health inequality

The Marmot Review (Marmot, 2010) recommends ‘proportional universalism’, providing services across society according to the differing needs of different population groups. An audit was carried out to help assess the equality focus of the health improvement initiatives included in the review and PBMA process. It found that approximately one third had a stated or implicit aim to reduce health inequalities/inequities (green), one third had some elements which could help to reduce the gap (amber), and one third where it was difficult to discern a potential positive impact on health inequalities (red). The categories reflect only what the initiative set out to do, rather than the degree of success in overall health improvement or in reducing health inequalities. Further work will be needed to ensure future investment/reinvestment takes full account of equality impacts.



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8 Key emerging themes

"If we do what we always have.. we get what we've always had" *Henry Ford*

The work to date has identified a number of emerging key themes which underpin opportunities to improve the way we do things, ensure better health outcomes and value for money.

8.1 Communications

Communicating effectively with both professionals and the public is a core function underpinning health improvement. Effective communication involves engaging with people, professionals and organisations, gaining feedback and providing information. Whilst information alone will not necessarily change behaviour it can play an important part, particularly when supported by professional advice. Stakeholders identified the need for easier access to information and greater consistency, particularly from health professionals. It is therefore important that information is easy to access and read, accurate, up to date and addresses the needs of different sectors of society. It should also address issues relating to health literacy and language. This is not always the case and we should maximise all opportunities to ensure this happens consistently.

Communicating information was the primary aim of a number of initiatives in the review (Health Challenge Wales website, Smokebugs, smoking resources, skin cancer awareness), while others (Stop Smoking Wales, the National Breastfeeding Programme) contain funding within them for public support materials. The review recognised that initiatives such as Smokebugs did not have evidence to support its effectiveness and that information focusing on key groups such as pregnant women should be specifically tailored to meet their needs.

The Review identified that more effective use could be made of existing primary care networks such as pharmacies in communicating key messages. This could improve reach and access to at risk groups using current resources. It also recognised opportunities to use different means of communication such as text messaging, apps or other IT interactive solutions of particular relevance to young people.

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‘Social marketing’ has an important role in communicating with the public and influencing health behaviours. Further work should be undertaken to determine how it could be best used as part of a package of interventions to affect change.

Public Health Wales provides a range of training and information support services for professionals, the public and volunteers. Information and support is provided through services such as the library, Health Challenge Wales and Public Health Wales websites and through the five networks (sexual health, HIV, nutrition, physical activity and mental health). There is a need to review and update this based upon current and future needs and value for money. These could be better aligned and integrated with core communication services and programmes, consolidating websites, integrating service information and support to ensure easy access, and efficient and effective use of resources.

8.2 Research and evidence

Implementing what we know to be effective and cost effective, and stopping programmes with poor evidence, is essential if we are to make an impact on people’s health. Likewise, evaluating what we do should be systematically embedded into the work. The evidence review highlighted a number of important issues relating to the use of, availability, development and application of evidence.

There is a need for further collaboration with academia, such as that with ASSIST. There is also a need to ensure that national research policy supports improving health and well-being as a priority.

Where evidence gaps exist we should develop solutions to Wales’ specific public health issues, such as co-production and community assets building. The review also demonstrated opportunities to improve how we collectively prioritise evidence needs, then share and apply the knowledge, at a local or national level, to best influence outcomes.

Available economic evidence has shown that most public health interventions recommended by NICE, are a highly cost effective use of public funds. They can have a major impact on some of the largest causes of mortality and morbidity. Yet there is still difficulty in supporting the implementation of the programmes, alongside treatment interventions, with similar or lower level of cost effectiveness.

Currently NICE evidence is partially being applied across Wales (see report) which suggests the need for more systematic implementation and monitoring of NICE and other evidence based recommendations. Where evidence exists to support health improvement interventions we should ensure it is being implemented consistently across Wales as a priority.

The review group has highlighted a number of areas for further development to improve the way evidence is generated and used. These include; the development and dissemination of standardised evaluation frameworks, an agreed process for the adoption and testing of innovative ideas, and improved documentation and monitoring of interventions.

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8.3 Multifaceted and integrated approaches

A recent review by the Evidence Adoption Centre (Marsh 2012), into the effectiveness of interventions targeting behaviour change, identifies the generic effectiveness of measures that are: from multiple sources; inter-agency; intense; aimed at multiple behaviours; individually tailored; followed up; supported by or otherwise involve family and social groups and characterised by feedback, advice and goal setting. This conclusion is consistent with those drawn by the Evidence Sub group and should be taken account of in future approaches used to support behaviour change.

To achieve large-scale changes to population health, a bundle of related, coordinated, preventative measures are needed, rather than relying on one single intervention. These measures may include legislation, public information, policy, specific services, community action and embedding prevention in the work of other sectors. Implemented together they are likely to have a greater effect and should be embedded as the norm in future programmes.

There is also a need to ensure we tackle the wider issues that cause ill health particularly in addressing health inequalities, where poverty, housing and domestic violence etc play a key role in adopting health damaging behaviours. Focusing on single health issues alone is less likely to address the complex health and well-being needs of individuals, or maximise opportunities for access and engagement on issues of relevance to them. We should aim to address the general health and well-being needs of the population within existing services, alongside more specific targeted interventions focusing on those with greater need.

This Review identified a wide range of single interventions often acting independently and not necessarily linking with other initiatives or services in a planned or integrated way. We will need to ensure we plan interventions using different approaches and more integrated models to meet the changing needs of people at different life stages. Working more closely with and through initiatives such as Flying Start, Communities First and Team around the Family will be essential.

Focusing on people across the life course should help make integrated approaches easier to plan and achieve. For example, in early years we should plan and coordinate actions alongside other programmes such as mainstream maternity and health visiting services and Flying Start identifying additional targeted action at those in greatest need. We should determine what action is needed proportionate to need and where targeted interventions at high risk groups such as offenders, children in care or homeless would be beneficial and by whom. It will also help identify what is best undertaken at national or local levels.

Opportunities also exist to develop cross cutting policy approaches at each life stage, improving joint planning and links between policies, programmes and services. This would help ensure that initiatives are developed within an appropriate strategic framework to ensure integration and coordinate activity. The Single Community Plan and Local Service Boards (LSB) offer opportunities to align agendas and integrate priorities. Further effort is needed by all parties to ensure the potential to improve community health and well-being is realised.

Opportunities to integrate and test single approaches such as the Alcohol Brief intervention training to a bundle of lifestyle factors or well-being issues relating to hard to reach groups including mental health, should be explored.

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8.4 Impact and outcomes

Some initiatives in the review did not clearly articulate how they were expected to deliver indirect or direct health outcomes, for example, through the use of logic models or a theory of change. Often, evaluation focused on process and perception of participants, rather than on objective measures of impact, or direct or indirect outcome indicators.

In the case of the Cooking Bus, although feedback indicated that the experiences was valued by participants, the independent evaluation pointed to a lack of outcome indicators which could be monitored. There has been no evaluation at an outcome level of this intervention or similar and the evidence base is lacking. Questions were raised by the PBMA expert reference panel regarding its reach (3-4%), the value of targeting primary school children, as well as the potential for pursuing alternative opportunities within the school curriculum, building on the WNHSS. There was consensus that this resource could be better targeted at more evidence based interventions to support healthy nutrition, weight management and physical activity as part of an integrated and targeted package. This suggests that whole school approaches building on the WNHSS, that develop practical cooking skills and food awareness alongside other interventions are most likely to work. They would also reach a larger number of children in the most cost effective way.

Many of the initiatives reviewed did not have the appropriate reach necessary to change population level outcomes and were not sufficiently linked to other measures to maximise impact. While the WNHSS reaches 99% of schools, participation does not necessarily lead to outcomes that can be measured. Services such as SSW can demonstrate clear outcomes but only reaches 3-4% of smokers. This needs to be complemented by other approaches that target different needs e.g. self help; telephone support and less intensive support provided by pharmacies and other primary care services to increase reach to a higher level. Working in partnership with other sectors will help reach to be maximised and will also help target more tailored interventions at those in greatest need.

Clarifying the expected outcomes overall and at each life stage will help us monitor the impact of a variety of evidence based interventions acting together. An Outcomes Framework for health improvement activity will need to underpin this approach and aligned with action to achieve change at pace.

We need to be clear and consistent in the outcomes and indicators we are trying to achieve at population and individual levels, and in the short medium and longer term. Further work is needed to agree these and understand the relationships between them in addressing lifestyles, well-being and inequalities.

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8.5 Efficiency and value for money

With demands on health and social care systems increasing and with diminishing resources, there is an even greater need to prioritise and target effectively. We need to ensure prevention and early intervention is embedded across the NHS and wider afield to address the costs of adverse health behaviours.(appendix V).

- It is estimated that obesity cost the NHS in Wales over £73 million in 2008/09. This increases to £86 million if overweight people are included. This equates to between £1.4 million and £1.65 million per week equivalent to £25 to £29 per person in Wales, representing between 1.3 and 1.5 per cent of total healthcare expenditure.
- Estimates for the annual costs to the NHS as a result of physical inactivity are between £1 billion and £1.8 billion. The costs of lost productivity to the wider economy have been estimated at around £5.5 billion from sickness absence and £1 billion from premature death of people of working age.

The NHS Confederation supports this in its publication, *From illness to wellness* (NHS Confederation, 2011) where it argues that investing in prevention is necessary for future sustainability. Butterfield et al (2009) reinforced this, proposing that 'the current 4% of NHS budget spend on prevention in England should at least be maintained to ensure that current levels of health in England do not worsen compared to other European countries'.

Wales spends a very small proportion of its NHS budget on health improvement. A recent document by Directors of Public Health in England (Association of Directors of Public Health, 2012) advocates an uplift of £1 billion (an additional £19 per head) in public health expenditure in England, equivalent to £57 million in total in Wales. The PBMA report also identified the case for further investment in health improvement.

The PBMA provided a useful, systematic approach, drawing upon a wide range of evidence, to help inform investment decisions. Further opportunities to build on this work are needed to ensure we take full account of the economic aspects of programmes and investments across health and well-being.

Spreading funding too thinly across a range of areas is unlikely to be efficient or produce the desired impact. We should focus on a smaller number of 'high impact level' health improvement areas. *Our healthy future* (Welsh Assembly Government, 2009) suggests these should include smoking, obesity, nutrition, physical activity and alcohol.

We must pioneer a more integrated approach, with a comprehensive portfolio of interventions across a range of variables to achieve success. Tackling obesity in this way will be important. To achieve better returns on current investment in meeting the challenges, the Review identified the following recommendations;

1. Initiatives primarily communicating information

Health Challenge Wales, Skin Cancer Awareness, smoking resources and others with a communication element should be consolidated, updated and considered within a wider Communication Action Plan.

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2. Initiatives to be maintained and improved – Stop Smoking Wales, National Exercise Referral Scheme and the Welsh Network of Healthy Schools Scheme. The Review recognised their strengths and supports continued investment but also noted that larger-scale change and reach could be achieved from these programmes, within their existing budgets, through better integration of schools programmes and embedding them in wider approaches and inspection processes to tackle population health.

3. Initiatives to be monitored – There were a small number of programmes whose budgets were ring fenced (Designed to Smile), tied to a legislative process (Fresh Start), were newly introduced or pilots (Champions for Health, HIV Prevention and Empower to Chose) or were identified as delivering effectively within the current model (ASSIST and Baby Friendly Initiative - BFI). The time period for the delivery of each of these varied and would require review at an appropriate point to inform decisions on future implementation.

4. Initiatives for further consideration – a range of initiatives presented mixed findings with both strengths and weaknesses and potential alternatives for delivery. These require further consideration within the wider context of proposals in this Review. These included MEND, Mental Health First Aid, No Smoking Day and aspects of the breastfeeding programme.

5. Initiatives for potential disinvestment – The Review identified the Cooking Bus, Smokebugs and Smokers Helpline Wales as having the strongest potential for disinvestment. It was recognised that the Smokers Helpline telephone number would need to remain and that alternative interventions to ensure effective reach, outcomes and value for money are considered.

8.6 Building on what we have

There is much we can do to improve health and well-being by building on existing knowledge, skills and services as well as local assets and support. The Review identified the need for a guiding set of principles and unifying approach in future work. A Life Course approach is proposed which builds upon existing policy from early years to ageing, and upon evidence and successful programmes. It is important for three reasons: first, it brings into focus the accumulation of advantage and disadvantage over time; secondly, it enables a broader understanding of individuals and their changing needs at different stages of their lives; and third, it provides a framework for thinking about ‘critical periods’ during which different interventions can be targeted and access improved.

Ensuring we are making the most of the resources we have at our disposal to improve health, is crucial. NHS Wales employs over 70,000 staff and each of them has the potential to improve their own health and act as health advocates for patients and the public. Public Health Wales should also ensure that health improvement is mainstreamed across the organisation through services such as screening and immunisation.

To fully realise this potential we need to invest in training to support staff across the NHS, local government and the third sector, building on the early developments in Champions for Health, Every Contact Counts and Brief Intervention training. We should also develop and test the new ways of delivering existing training programmes for alcohol and smoking to cover multiple health behaviours.

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Further opportunities also exist to strengthen the public health impact within primary care, across all four contractor professions. We need to develop and test new public health models of primary care delivery using different approaches such as co-production, moving away from 'medical solutions' to ones which engage and use local assets, integrating health and well-being into local communities.

We should also build on the innovation already taking place across Wales, learn from developments to date and identify further opportunities for more detailed research and evaluation.

8.7 People centred and community approach to reducing inequality

'Socio-economic position is directly linked to health, influencing people's access to resources, power and control in relation to many aspects of their lives including behaviour' (Marmot 2012). The Welsh Government is committed to reducing inequalities as indicated in *Fairer health outcomes for all* (Welsh assembly Government, 2011a) and the *Welsh Child poverty strategy* (Welsh Government, 2012). Recent evidence indicates that the inequality gap is increasing and greater effort is needed to redress this. Social and economic conditions can prevent people from changing their behaviour to improve their health and can also reinforce behaviours that damage it. We need to focus on individuals and their relationships, taking account of people's varying needs and the communities in which they live which affect their lives.

The focus on inequality in health improvement currently varies and this needs to change. We need a clear idea of what services and support should be provided for everyone and where we should target resources more specifically for those at greatest need at each life stage. We need to find more effective ways to help people in lower socio-economic groups to reduce the number of unhealthy behaviours and associated inequalities they have in ways they find acceptable, building on their own strengths and local assets. The Kings Fund Report, *Clustering of unhealthy behaviours* (Buck and Frosini, 2012), identified the need for a more integrated approach to behaviour change, linking closely with inequality policy, and improving the health of the poorest as quickly as possible. NHS and local government statutory equality plans provide an opportunity to facilitate joint working to reduce health inequality.

Community engagement will be essential to success. Marmot stated that '*effective local delivery requires effective participation and decision making at local levels*'. This can only happen by empowering individuals and local communities. Some services need to be targeted more specifically at those in greatest need (unemployed, offenders, those in care or the isolated and vulnerable) and adapted to suit individual circumstances. Further effort should also be given to targeting those at greater risk, working with them to find effective solutions to help them improve their well-being. We also need to be mindful of other programmes outside of health, aiming to achieve similar objectives and align work closely with them, avoiding duplication and maximising impact.

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A people centred approach is vital and should take account of needs and personal circumstances as an integral part of addressing the statutory dimensions of equality. Further work will be needed to ensure that future investment/ reinvestment takes full account of equality impacts and approaches needed to address inequalities effectively.

8.8 Health improvement: maximising its potential

Health improvement is key to the future sustainability of health and well-being. It is everyone's responsibility; local people, communities and the organisations and agencies that support them. We should reinforce effort across local government and the NHS, moving from illness to wellness and working in partnership to create environments which help people live healthier lives. Opportunities for further investment and increased capacity by working in partnership should be identified.

Many of the processes that limit health improvement are well outside the scope of the NHS and Public Health Wales. We need to scope the wider potential of health improvement and preventative approaches in other sectors particularly Local Government, the third sector and private organisations. This Review was not able to undertake a full mapping of wider determinants of health within the timescale. However, it recognised that these bodies provide services which are essential to improve health and help people achieve greater control over their own health and well-being.

We identified opportunities to develop better models for cross-sector working to maximise this. For example, a joint focus on the needs of older people, in partnership with local government and the third sector. It is anticipated that the life course approach and Single Community Plan will help this.

In addition, there is a need to fully explore the economic case for further investment, including opportunities to work in partnership with others to support strong economic growth, promote a sustainable environment and attract additional resource to Wales.

Whilst this Review did not fully explore the detail of local public health staff and resources, it did identify that to maximise its potential they need to work effectively together as a whole team to address national and local priorities. Public Health Wales has a leadership role in ensuring health and well-being is everyone's business, supporting and enabling action, serving and advocating for the public. It also has an important role in developing and sharing public health skills and knowledge.



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9 Health and well-being: fit for the future

“For us, empowerment meant the use of collective action designed to transform society and so lift all of us together” *Aneurin Bevan*

Having a clear vision of what we want to achieve and how we will measure outcomes for success in improving health in Wales is important.

9.1 Our vision and outcomes

We need to build on the long term vision set out in ‘Our Healthy Wales’. Our priority is to improve the health and well-being of all people in Wales and reduce health inequality. We have to meet the changing and accumulating needs reflected in society across the course of an individual’s life.

To achieve this we need to:

- Ensure that children have the best start in life
- Enable people to live healthy active lives
- Improve the quantity and quality of life for all
- Create healthy, happy and supportive communities

To improve health as defined by the WHO as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ we need to take full account of mental and social well-being, physical attributes and the factors that impact upon them. Our current system is predominated by measures focusing mainly upon ‘lifestyle’ factors. Physical and mental health are inextricably linked where good mental health is a known protective factor for conditions such as cardiovascular disease, cancer and diabetes and can lead to better outcomes in educational performance, employability and crime. (Friedli and Parsonage, 2009)

While there are aspects of behaviour which are evidently health-damaging, expressions like lifestyle choice imply that these behaviours can be changed without reference to underlying economic, social and cultural conditions. This can stigmatise the behaviour of certain individuals and groups, and generate a widening of health inequalities (Katikireddi et al 2013).

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Moving towards an approach based upon well-being will help us bring behaviour and determinants into a single frame and develop approaches that are more likely to impact upon inequalities.

The New Economics Foundation's five ways to well-being provide a useful summary of what we need to focus on:

Connect...with the people around you, at home, work, school or in your community

Be Active...discover a physical activity you enjoy that suits your level of fitness

Take Notice...be aware of the world around you and what you are feeling

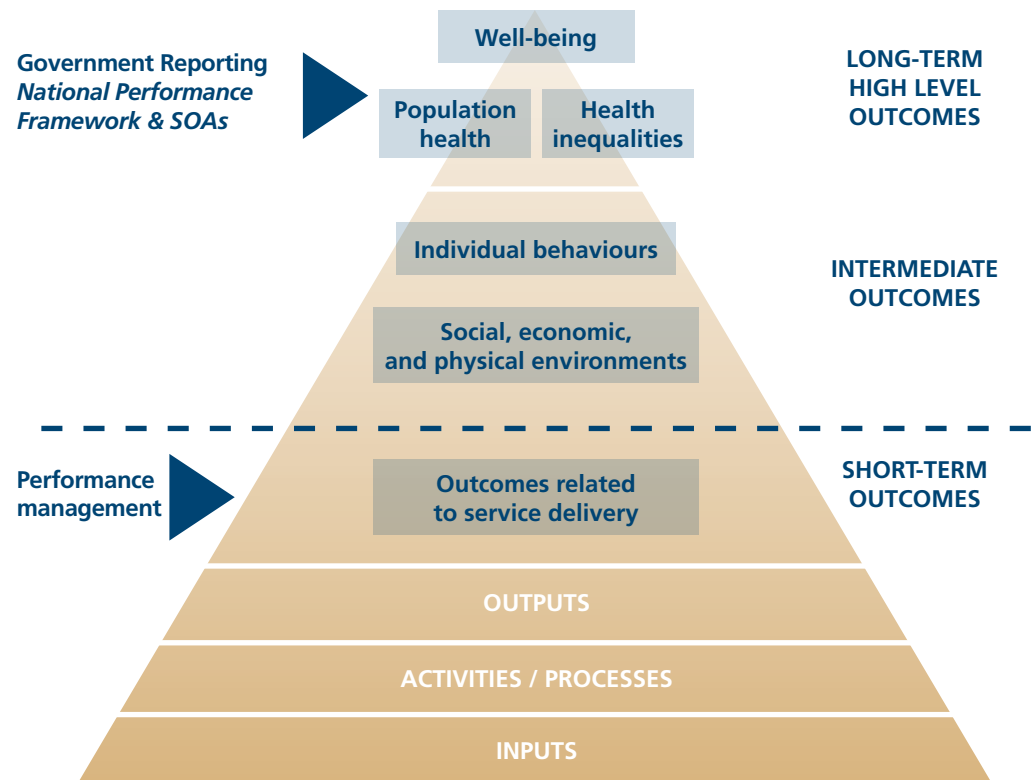
Keep Learning...set a challenge you will enjoy achieving, learning new things will make you feel more confident and it's fun

Give...do something nice for a friend or a stranger

These would need to be adapted and developed further for different ages and social situations. The following illustration taken from NHS Scotland, identifies how we can align our vision with outcomes relating to well-being, health inequalities and lifestyles in the short, medium and longer term. Further work is needed to confirm these across the life course.

Health improvement

**National outcomes – We live longer, healthier lives
We have tackled the significant inequalities in society**



Adapted from NHS Scotland 2013

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9.2 Our guiding principles

Throughout this review a number of important and common themes have emerged and should be used as guiding principles to help inform future ways of working. These are consistent with current policy, reinforcing some elements, as well as identifying others which have not necessarily featured strongly. We know that certain kinds of behaviour are detrimental to health and that these cluster unequally in different population groups and localities (Kings Fund, 2012). However, the tendency to reduce the problem to one of lifestyle choice neglects the evidence that social injustice plays a key part (Commission on the Social Determinants of Health, 2008). Since the patterns of health behaviours reflect inequalities in material and social resources, it is unlikely that growing inequality in health behaviours can be tackled without tackling these social and economic factors (Katikireddi et al 2013). This repeats what we have said at bottom of page 38.

Co-production

The following transformation principles have been informed from this understanding and from assets based approaches to reducing inequalities. This focuses upon the capacity to improve health and reduce inequalities where professionals and communities work together to 'co – produce' health by identifying health positive assets within communities and empowering individuals or communities to develop these (Shepherd 2012). It is suggested that the following key principles are adopted and applied across each selected intervention and age span in future work, and used to develop the supporting evidence base.

Transforming the way we work

From...	To...
Professional led and top down imposed services or support, not meeting needs, expensive and unsustainable	Assets based – using the skills and resources already available within communities and the individuals within them e.g. testing approaches with community volunteers trained to deliver community weight management programmes.
Generic services provided to all irrespective of need and often based upon demand with little or no differentiation	Proportionate to need – providing good core services for everyone with more focused and targeted support where most needed e.g. Flying Start, Communities First, targeting smoking in teenage mothers.
Imposing service/programme solutions and restricting choice often based upon the professionals' needs or the systems in place, not the individual or community requirements	Helping people to make their own choices – supporting people to make their own health and well-being choices through community or individual-based interventions e.g. community engagement in planning and running services, youth mayor scheme.
Short term and quick fix unlikely to be effective or sustained and sometimes imposed on top of, or duplicating, some existing services or support opportunities	Long-lasting approaches – providing solutions for the long term by embedding support into existing systems, services, organisations and amongst local people e.g. social enterprise / social capital models, National Exercise Referral Scheme.

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Transforming the way we work	
From...	To...
Process focused - on 'numbers through the door', with unclear objectives and expectations of what it is ultimately aiming to achieve	Outcomes focused – being clear about what we need to achieve in terms of health and well-being outcomes, how an initiative is expected to contribute to these outcomes and robustly measuring our success e.g. Results Based Accountability, population outcomes.
Fragmented – a range of fragmented initiatives or support often dispersed and not easy to access or make links	Integrated – embedding and making services and support come together so users are able to access them more easily e.g. locality team services /community hubs, Making Every Contact Count, anticipatory care pharmacies as health improvers.
Lifestyle emphasis – building on and reinforcing negative messages (stopping, reducing etc)	Emphasising well-being – building on the positive messages to motivate people, not focusing on what people are doing wrong e.g. community well-being coaches, environmental changes.

Transforming the way we work	
From...	To...
Traditional approaches – outdated and not necessarily meeting current needs	Innovative and creative solutions - developed locally or adopted from others to best fit needs, supported by robust evaluation e.g. Maternal Smoking Pilots, Smoke Free Homes.
'Seems like a good idea' - often with limited evidence	Testing and implementing evidence based policy and intervention e.g. NICE guidance
Keep to the budget - irrespective of outcomes	Achieving value for money – e.g. ongoing review of practice, outcomes and resources



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The following functions underpin health improvement work and the way we undertake these will need to change to fit the proposed direction. Some of these would be better led at national level and others should be locally led, but the majority will need a joint and integrated approach to be successful:

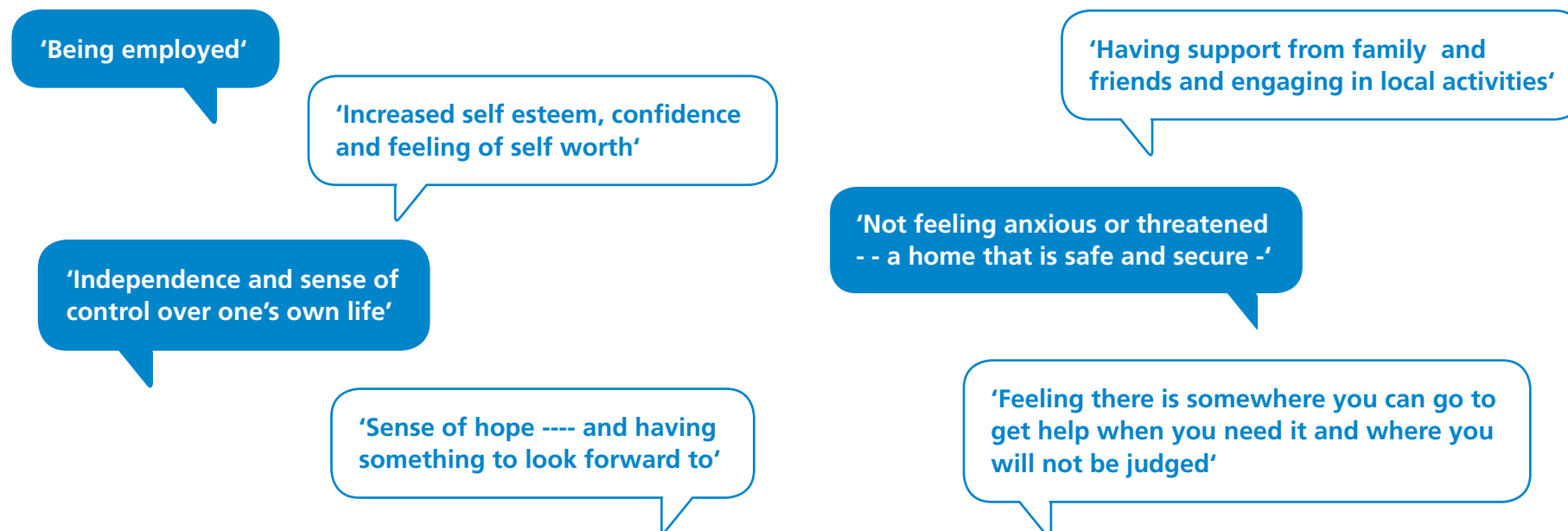
- **Monitor** health status to identify community health problems.
How can we engage local people more in monitoring their own health and the health of their local community?
- **Identify** health problems and health hazards in the community.
Can we identify local health advocates to help with this?
- **Inform, educate and empower** people about health issues.
Can we use more innovative means to engage through IT, local word of mouth and community networks?
- **Mobilise** community partners to identify/solve health problems.
How could we build on existing community development approaches, community partnerships or local schemes for health improvement?
- **Develop policies and plans** that support individual and community health efforts.
How can involve people in developing and running local services?
- **Enforce** laws / regulations that protect health and ensure safety.
How might we use local people to support these locally?
- **Link** people easily to needed services and support.
How can we use the third sector and their networks to signpost people more effectively?
- **Assure** a competent public and personal health care workforce.
How can we ensure there is a clear understanding of what is expected if using our NHS staff as health advocates?
- **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
How do we engage people in the process?
- **Research** new insights and innovative solutions to health problems.
How do we engage local people in action research?



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9.3 Our life course approach: starting with people and what they say

The Review identified over 40 health improvement programmes predominantly focused upon lifestyle behaviour change. There is less focus on the individual, population, community needs or the context within which they live, work and play. The following extract summarises findings from a range of community health development work, identifying things which people commonly say impacts directly upon their health, well being and quality of life;



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To help focus and tailor the support to best meet the needs of individuals at different stages of their lives, public health teams will be asked to use the **Life Course Strategic Framework**. This considers peoples' changing needs at differing stages of their lives, starting with where people are and the places they are most likely to meet, their key health and well-being issues, and the services and support already available.

Health improvement pathway

Examples of interventions, services and support



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It will help plan and support needs in a more integrated way, building on local assets and using existing networks and other programmes already in place. It will also help to identify gaps and other opportunities to target those in greatest need such as children in care and offenders. Further details on specific needs at each life stage have been identified within the workshop feedback (Appendix III).

This will draw upon local knowledge, evidence, services and experience to determine the best solutions to support individual population health improvement and well-being. It will need to work closely with services such as leisure, housing and transport, as well as other community programmes, support networks and assets. It will look for different solutions such as social enterprise, building community capital and using the skills and opportunities offered by the third sector. It will help identify: what core health improvement services and support is needed; where more targeted support may be required and what interventions should be aimed at addressing the needs of high risk individuals. It would enable us to demonstrate a holistic approach across the whole lifespan from pregnancy to older age, linked to specific related outcomes for each life stage.



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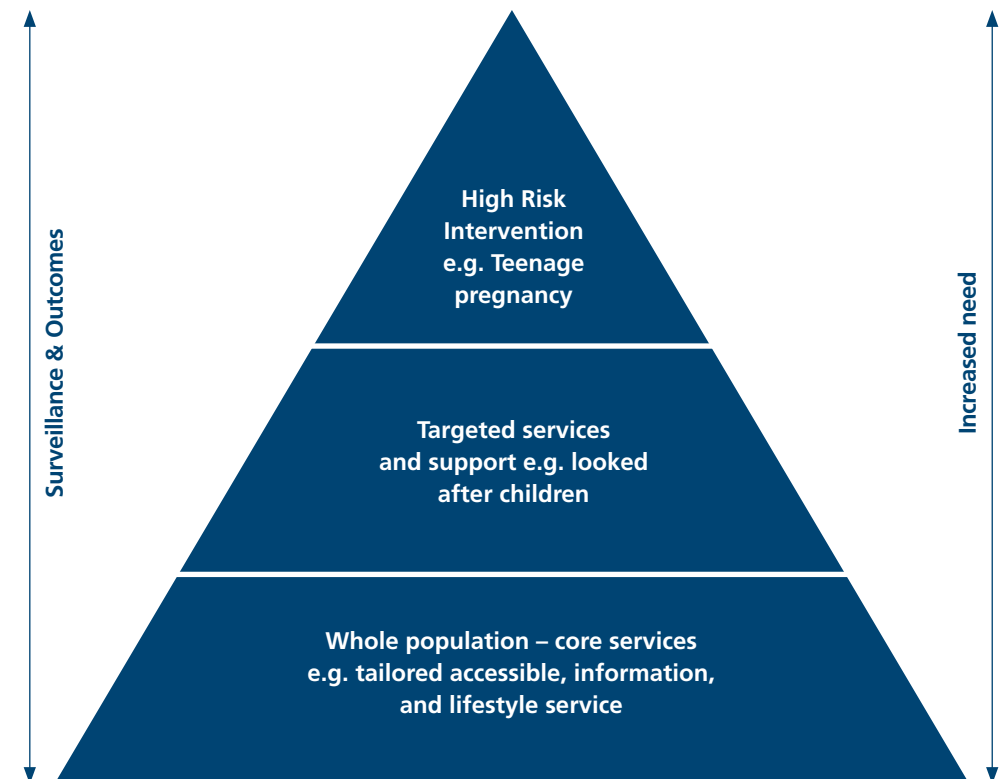
9.4 Proportionate to need

Reducing health inequalities has to be at the heart of all health improvement work ensuring that services are provided 'proportionate to need'. This is not always currently the case and work needs to be strengthened and focused to make a real difference. To support health improvement, the whole population should be able to easily access consistent, up to date information and services, adapted and targeted for those at greatest risk, taking account of access and health literacy. More specific interventions should be tailored to meet increased need as illustrated in the Early Years services, where every family receives health visiting services but the more vulnerable families receive an enhanced service under Flying Start. For those most at risk more specific services may be needed such as Family Nurse Partnership, which is targeted at 17 year old first time mothers as identified in diagram to the right.

Delivering services proportionate to need

Local public health teams have greater access to and knowledge of their localities and are best placed, with their partners, to support health improvement locally. Public Health Wales has a key role in providing strategic leadership, evidence, supporting and coordinating learning and innovation, developing local and national data, training and communication.

Delivering services proportionate to need



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9.5 Our wider community: social and environmental impact

The Ottawa Charter, (World Health Organisation, 1986) recognised the significance of creating supportive environments that helps make choosing healthy lifestyles easier. This creates an environment which supports health, rather than one working against it and based upon sustainable development principles.

The role of local government is central to this and this has been recognised through the WHO Healthy Cities initiative and other similar healthy community programmes. Working in partnership with local government will need to be an essential part of our approach particularly in addressing fundamental issues such as welfare and unemployment.

To achieve large-scale changes to population health, a “bundle” of related, co-ordinated, preventative measures is needed. For example, in smoking, behavioural, fiscal, environment, legislative and social marketing strategies all play an important part as identified below.

Combined approaches to help reduce smoking:

Behavioural change	Smoking cessation for the public and targeted interventions
Environmental	Smoke Free zones
Fiscal	Increased tax on cigarettes
Legislative	Preventing smoking in public places
Social marketing	Smoking cessation public campaigns



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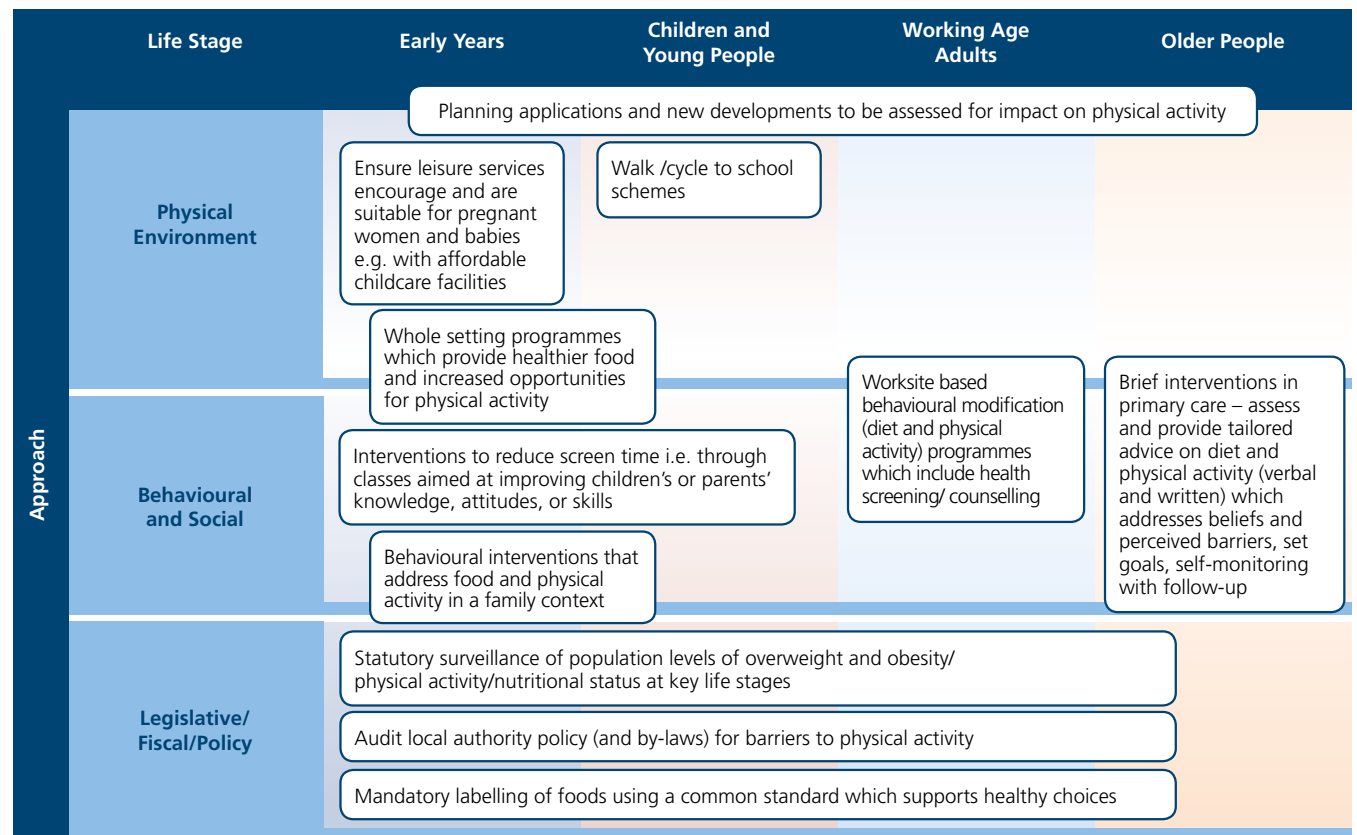
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Fitting all this together

Addressing a smaller number of high impact areas in greater depth will be essential. If we take one of our most challenging issues such as obesity we can see how this might begin to look.

This approach to health improvement aims to:

- Start with the needs of people at different stages of their lives
- Ensure resources are targeted and tailored 'proportionate to need'
- Integrate across policies, services and wider support
- Co-produce health, building on social and material assets of individuals and communities
- Use a variety of approaches to help achieve the best results
- Engage with people and their communities, helping to build confidence and purpose



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10 Conclusions

Improving health is everyone's business and only by working together can we can build a healthier, happier Wales.

This Review has considered a wide range of evidence and engaged with many stakeholders to help formulate its recommendations and actions. It recognises that there are big challenges to overcome and reinforces the need for investment in health improvement to ensure we can have a prosperous, sustainable and healthier future. It also recognises that health improvement in Wales has to be strengthened and transformed quickly.

It identifies the need to change to achieve greater impact and critical mass, and sets out how we can strengthen our approach in Wales, making it fit for purpose.

It sets out ways to build on and improve the joint knowledge and skills we have at our disposal to transform the way we work. It identifies the need to build capacity by engaging with local people and using community assets to improve health and well-being.

It proposes an approach to co-produce health with people, supporting their needs at different stages of their lives and moving away from more traditional individual lifestyle approaches.

Integrated working, prioritisation and re-focussing will be essential to achieve better outcomes and make more effective use of the resources we have.

Working closely with local government and the third sector will be imperative as will ensuring that the NHS plays its part in improving health and not just treating ill health.

It emphasises how urgent action is needed to address health inequality across Wales. We need to target more effectively and work with people and communities to help improve health and well-being and the environments in which they live.

It recognises the importance of good communication for both the public and professionals, and the need to ensure that this is easy to access and consistent, using innovative IT and social marketing.

Public Health Wales has a key role to play in leading, driving and advocating health improvement locally and nationally, and must ensure it works effectively together as an integrated team, flexible and ready for new opportunities.

The Review concluded a dedicated change programme should be established urgently, supported by a steering group to oversee the delivery of the detailed recommendations and actions set out.

With Ministerial support and closer partnership working across policy and sectors, we can all take steps to ensure the findings of this Review are made a reality.

Improving health is everyone's business and only by working together can we build a healthier, happier Wales.

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11 Recommendations and actions

The following recommendations and actions have been informed by consideration of the PBMA, stakeholders' feedback and wider considerations.

11.1 Delivering transformational change

Recommendation one: Deliver the transformational changes necessary to achieve improved outcomes at pace in 2013/14

Actions

1. Public Health Wales to develop a **Health Improvement Transformation Action Plan** to be delivered at pace in 2013/14 in partnership with others and report progress to the minister April 2014.
2. Public Health Wales as a system leader and service provider for health improvement should **drive, advocate and support health improvement and ensure structures, roles and responsibilities are aligned to meet the needs** identified in the review.
3. Public Health Wales should review the role and responsibilities of the **HIAG to oversee the delivery of the transformational change.**
4. Public Health Wales to develop and implement a **Health Improvement Communication Action Plan** with its partners, to ensure consistent, easy and cost effective access to information for the public and professionals.
5. Public Health Wales to develop an **integrated training, skills and Workforce Development Plan** for health and other workers/ volunteers to support the transformational change.
6. Public Health Wales to work closely with local government to identify opportunities to strengthen health and well-being through the proposed **Public Health Bill, the Social Services and Well-being (Wales) Bill, and the Sustainable Development Bill.**
7. Welsh Government to **revise the existing Programme Level Agreements to align with the findings** from the review.

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11.2 Maximising health improvement potential

Recommendation two: Maximise opportunities to increase focus, capacity and resources to achieve improved population health and reduce inequalities in Wales

Actions

1. Welsh Government should include health improvement as a **Tier 1 priority** in the Welsh Government Delivery Outcome Framework and routinely monitor across all Health Boards.
2. Public Health Wales should review further opportunities to align and **maximise collaboration and integration with the mental health and substance misuse programmes**.
3. Public Health Wales to develop and test **Quality Standards and a Citizen's Charter for Health and Well-being** for the public.
4. Public Health Wales to establish **strategic alliances with key bodies** such as WLGA/WCVA and identify the case and potential for joint investment in health and well-being.
5. Public Health Wales to prepare a report on the **case for further investment in health improvement** and plans for Phase II of the PBMA work to support on-going value for money, sustainability and investment decisions.
6. Public Health Wales, Academic partners and the Welsh Government Research and Development policy to support joint proposals to attract **external research and development funding** to Wales.
7. Public Health Wales to drive opportunities to **strengthen health improvement within primary care** and integrated locality services
8. Health Boards/Directors of Public Health (DsPH) to demonstrate increased focus and capacity on improving **health and well-being and reducing inequalities**, taking account of their strategic equality plans.

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11.3 Transforming health improvement across Wales

Recommendation three: Develop integrated approaches to health improvement with all partners and involving communities, using the Life Course Strategic Framework, core principles and a range of strategies

Actions

1. Public Health Wales should support the development of a **systematic approach across the lifecourse**, addressing needs defined interventions, actions and outcomes.
2. Health Boards, working with local government and the third sector, to develop ways to **engage local people in the design and delivery** of flexible and responsive health improvement services linking with other local plans/teams and programmes.
3. Public Health Wales, DsPH/ Health Boards and local government to **develop a tool to use to undertake local Assets and Equity Audits** of access to healthy choices.
4. Health Boards should ensure that sustainable **health and well-being is fully embedded with the Single Integrated Plans and with the Local Service Board**.
5. Public Health Wales, Welsh Government and Health Boards to **develop and test new integrated and innovative models of working in primary care** addressing health improvement and inequality through co production/ social enterprise/ community assets .
6. DsPH/ Health Boards and Public Health Wales **should adopt the 3 tier model for programmes, proportionate to need**.

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11.4 Sustaining health improvement

Recommendation four: Embed sustainable health improvement across policies, public and private services and the third sector where prevention and early intervention is the norm

Actions

1. Public Health Wales should support Welsh Government in ensuring that improving health and well-being and reducing health inequalities is prioritised and embedded across all policies notably economy, housing, transport, poverty and education, as **cross cutting policy with an agreed joint plan of action**.
2. Public Health Wales should work with Welsh Government to support the **development of integrated sustainable policy approaches** and innovation across each life stage, building on existing developments such as Flying Start, Communities First, and Aging Well.
3. DsPH/ Health Boards to identify opportunities to **improve joint working and collaboration** with local government, the third sector, people and communities and share collective findings across Wales to inform better targeting, support, investment, etc.
4. Public Health Wales to work with partners including the Welsh NHS Confederation and other partners to develop an **Action Plan to transform the Welsh NHS** into one focused upon 'health' services not just 'illness' dominated services.
5. DsPH/ Health Boards to **embed health improvement and well-being services into Primary Care Locality Services**, developing innovative models to support this, **targeting investment at foci of deprivation**.
6. Public Health Wales and Health Boards should **identify opportunities to sustain and support self care**, fully embedding into mainstream services, building on developments such as Education for Patients Programme (EPP) and the Over 50s Health Check.

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11.5 Re-focus national health improvement priorities

Recommendation five: Re-focus effort and resources to ensure greatest impact and outcomes on population health and reduced inequalities

Actions

1. Public Health Wales, Welsh Government and DsPH/ Health Boards to focus effort on a smaller number of **High Impact Level Health Improvement areas**, particularly obesity, using different approaches, organisations and integrated interventions across the life course.
2. Public Health Wales should work with stakeholders to produce **improvement action plans for SSW, WNHSS and NERS** to ensure they integrate better into local community work, expand reach and impact, reduce overhead burden and demonstrate positive health outcomes.
3. Welsh Government and Public Health Wales to **monitor progress** and review as appropriate the following: Fresh Start, Designed to Smile, Champions for Health, HIV Prevention and Empower to Chose, ASSIST and Baby Friendly Initiative (BFI).
4. Public Health Wales to work with Welsh Government and other partners to **identify a way forward for MEND, Mental Health First Aid, No Smoking Day and aspects of the breastfeeding programme**.
5. Public Health Wales to work with those identified as areas of **potential disinvestment (the Cooking Bus, Smokers Helpline Wales and Smokebugs)** to develop exit strategies and consider alternate interventions to ensure effective reach, outcomes and value for money.
6. Health Challenge Wales Website, smoking resources, Skin Cancer Awareness and others with a communication focus should be addressed within the **Communications Action Plan**.
7. Public Health Wales, with its partners, to develop **reinvestment proposals**, reflecting the findings of this review.
8. Welsh Government and Public Health Wales to **strengthen outcomes, value for money, reach and sustainability** of core public health activity, health improvement grant schemes, public health advocacy support and programmes for specific vulnerable groups.

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11.6 Building evidence for change

Recommendation six: Develop systems and support services to identify and implement evidenced based programmes effectively across Wales

Actions

1. Welsh Government, Public Health Wales and partners to strengthen **Academic/Service Collaboration with Universities** across Wales, building on the work of existing research teams and the Public Health Improvement Research Network (PHIRN) and supporting interdisciplinary research
2. Public Health Wales to work with Health Boards, local authorities and Welsh Government to agree an **outcomes framework for health and well-being across the life course**, integrated with wider outcomes, monitoring and review processes in NHS and social care.
3. Health Boards should ensure more **systematic implementation of NICE** health improvement guidance across the life course.
4. Public Health Wales to lead and map health improvement activity and develop an agreed process for supporting innovation and **sharing and adopting good practice** across Wales, building on best practice standards developed by public health protection and improvement technical panel.
5. Public Health Wales to work with Health Boards and Academia to identify and support the **development and evaluation of innovative approaches** to improving health and well-being and reducing health inequalities, involving local people and communities.

Appendix I: References

Links accurate at time of going to press 23rd Apr 2013.

1. Association of Directors of Public Health. (2012) *Briefing. Response to Department of Health Update on Public Health Funding*. Available at: http://www.adph.org.uk/files/latest_news/ADPH_Response_on_PH_Funding.pdf
2. Aylward Sir Mansel. (2011). *Review of key Welsh Assembly Government health improvement programmes delivered by the public sector*. Cardiff: Public Health Wales. Available at: [http://www2.nphs.wales.nhs.uk:8080/NationalHIRDocs.nsf/Public/0DD8799EEA143EFC80257A5A002F81BB/\\$file/Review%20of%20Key%20Welsh%20Assembly%20Government%20Health%20Improvement%20Programmes%20by%20Mansel%20Aylward%20v1.pdf](http://www2.nphs.wales.nhs.uk:8080/NationalHIRDocs.nsf/Public/0DD8799EEA143EFC80257A5A002F81BB/$file/Review%20of%20Key%20Welsh%20Assembly%20Government%20Health%20Improvement%20Programmes%20by%20Mansel%20Aylward%20v1.pdf)
3. Bennett J. (2003). *Investment in population health in five OECD countries*. OECD Health Working Papers No. 2. Paris: OECD. Available at: <http://www.oecd.org/health/healthpoliciesanddata/2510907.pdf>
4. Brambleby P & Fordham R. (2003a) What is PBMA? *What is ?...bulletins* 4(2). Hayward Medical Publications. Available at: www.medicine.ox.ac.uk/bandolier/painres/download/whatis/pbma.pdf
5. Brambleby P & Fordham R. (2003b). Implementing PBMA. *What is ?...bulletins* 4(3). Hayward Medical Publications. Available at: <http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/pbmaimp.pdf>
6. Buck D & Frosini F. (2012) *Clustering of unhealthy behaviours over time: implications for policy and practice*. London: The Kings Fund. Available at: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf
7. Butland B et al. (2007) *Foresight – tackling obesities: future choices-project report*. 2nd ed. London: Government Office for Science. Available at: <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>
8. Butterfield et al. (2009). *Public Health and Prevention Expenditure in England*. Health England Report No. 4. London: Health England. Available at: <http://www.healthengland.org/publications/HealthEnglandReportNo4.pdf>
9. Cavill N et al. (2006). An evidence-based approach to physical activity promotion and policy development in Europe: contrasting case studies. *Promot Educ* 2006; 13:104-11.
10. Chau J et al. (2007). *Trends in population levels of sufficient physical activity in NSW 1998-2005 – executive summary*. Sydney: New South Wales Centre for Physical Activity & Health, University of Sydney. Available at: http://sydney.edu.au/medicine/public-health/cpah/pdfs/2007_nsw_pa_trends_full_report.pdf
11. Craig CL et al. (2004). Twenty year trends in physical activity among Canadian adults. *Can J Public Health* 2004; 95: 59-63.

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12. Department of Health. (2012). *Baseline spending estimates for the new NHS and Public Health commissioning architecture*. London: DH. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132535

13. European Commission. (2010). *Eurobarometer special surveys: sport & physical activity*. Report 334; Wave EB72.3 Available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_334_en.pdf

14. Friedli L and Parsonage M. (2009). *Promoting mental health and preventing mental illness: the economic case for investment in Wales*. All Wales Mental Health Promotion Network. Available at: [http://www.publicmentalhealth.org/Documents//749/Promoting%20Mental%20Health%20Report%20\(English\).pdf](http://www.publicmentalhealth.org/Documents//749/Promoting%20Mental%20Health%20Report%20(English).pdf)

15. Hunter, David J & Perkins, N (2012). Partnership working in public health: the implications for governance of a systems approach. *Journal of Health Services Research & Policy* 17(2): 45-52.

16. Institute for Health Equity (2013), *Working for health equity: the role of health professionals*. Available at: <https://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals>.

17. Katikireddi et al (2013). *Health inequalities: the need to move beyond bad behaviours*. Available at: <http://jech.bmj.com/content/early/2013/03/12/jech-2012-202064>.

18. Marmot M. (2010). *Fairer society, healthy lives. Strategic Review of Health Inequalities in England Post 2010*. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

19. Marsh R. (2012). *The effectiveness of interventions targeting behaviour change in smoking, healthy eating, physical activity and drinking: a guide to the guidelines and evidence review*. Draft. Cambridge: NHS Evidence and Adoption Centre, NHS East of England.

20 Matrix Insight. (2009). *Prioritising investments into preventive health*. London: Matrix Knowledge. Available at: <http://www.healthengland.org/publications/HealthEnglandReportNo5.pdf>

21. Michael P. Thompson P (2008). *Public Health in Wales (1800-2000): a brief history*. Cardiff: WAG

22. NHS Confederation. (2011). *From illness to wellness: achieving efficiencies and improving outcomes*. Briefing 224. Available at: <http://www.nhsconfed.org/Publications/briefings/Pages/illness-to-wellness.aspx>

23. Organisational Research Services. (2004). *Theory of Change: A Practical Tool for Action, Research and Learning*. Available at: <http://www.aecf.org/upload/publicationfiles/cc2977k440.pdf>

24. Pusca P. (2002). Successful prevention of non-communicable diseases: 25 year experiences with North Karelia Project in Finland. *Public Health Medicine* 4:5-7. Available at: http://www.who.int/chp/media/en/north_karelia_successful_ncd_prevention.pdf

25. Scottish Health Improvement Agency. [Online]. *Programme budgeting and marginal analysis*. Available at: <http://www.healthscotland.com/index.aspx>

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26. Shepherd, M. on behalf of Public Health Wales (2012). *A review of the evidence on health inequalities and community cohesion with recommendations for strengthening the health assets approach*.

27. Swann C et al. (2011). *Health systems and health related behaviour change: a review of the primary and secondary evidence*. London: NICE. Available at: <http://www.nice.org.uk/media/0E6/62/SpecialReportHealthSystemsAndHealthRelatedBehaviourChange.pdf>

28. Welsh Assembly Government. (2003). *The review of health and social care in Wales*. The Report of the Project team advised by Derek Wanless. Cardiff: Welsh Assembly Government. Available at: <http://www.wales.nhs.uk/documents/wanless-review-e.pdf>

29. Welsh Assembly Government. (2009). *Our healthy future: technical working paper*. Cardiff: WG. Available at: <http://wales.gov.uk/topics/health/publications/health/guidance/technical/?lang=en>

30. Welsh Assembly Government (2011a). *Child poverty strategy for Wales*. Available at: <http://wales.gov.uk/docs/dsjlg/policy/110203newchildpovstrategy2en.pdf>

31. Welsh Assembly Government. (2011b). *Fairer health outcomes for all - reducing inequities in health strategic action plan*. Cardiff: WAG. Available at: <http://wales.gov.uk/topics/health/publications/health/reports/fairer/?lang=en>

32. Welsh Government. (2011a). *Programme for government*. WG13124 Cardiff: WG. Available at: <http://wales.gov.uk/docs/strategies/110929fullen.pdf>

33. Welsh Government. (2011b). *Together for health: a five year vision for the NHS in Wales*. Cardiff: WAG. Available at: <http://wales.gov.uk/docs/dsjlg/policy/110203newchildpovstrategy2en.pdf>

34. Welsh Government. (2012a). *A consultation to collect views about whether a Public Health Bill is needed in Wales*. Cardiff: WG. Available at: <http://wales.gov.uk/consultations/healthsocialcare/publichealth/?lang=en>

35. Welsh Government. (2012b). *Tobacco control action plan for Wales*. WG14089. Cardiff: WG. Available at: <http://wales.gov.uk/docs/phhs/publications/120202planen.pdf>

36. Welsh Office. (1998). *Better health, better Wales*. CM3922. Cardiff: WO. Available at: <http://www.archive.official-documents.co.uk/document/cm39/3922/3922.htm>

37. World Health Organization. (1986). *Ottawa Charter for health promotion*. Geneva: WHO. Available at: <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf>

38. World Health Organization. *WHO healthy cities project*. Available at: <http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/urban-health/activities/healthy-cities>

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Acknowledgments

We wish to thank all the following team members who were involved in the Health Improvement Review. We would also like to thank other stakeholders who provided input through the workshops and other stakeholder events.

Health improvement advisory group members

- Chair Gareth Williams
- Helen Howson – Health Improvement Review Programme Director, Public Health Wales
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(V stands for voting member of panel)

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Health improvement review – supporting documents

Programme mapping and scoping

- National Health Improvement Review – Mapping of existing initiatives (summary report)
- National Health Improvement Review – Mapping of existing initiatives (full report)

Communication and engagement

- Final report communication
- Summary of website feedback
- Summary of local authority engagement
- Summary of public engagement
- Summary of other engagement
- Summary of wider stakeholder 'theme' engagement

Economic work-stream

- Economic Evidence Sub-group Grading of Evidence Criteria

Evidence work-stream

- Summary of Findings & Lessons Learnt Report: Evidence Review Sub Group
- Priority Area Evidence Reviews
 - Tobacco Control
 - Substance Use – Drug Use
 - Substance Use - Alcohol
 - Sexual Health – Teenage Conceptions & Sexually Transmitted Infections
 - Obesity
 - Physical Activity
 - Nutrition
 - Health and Work – Return to Work
 - Health and Work – Workplace Health
 - Mental Health and Well-being
 - Public Health Education

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- Initiative Evidence Reviews

- Stop Smoking Wales (Adult; Pregnancy; Vulnerable Groups; BI Training; Pre-op)
- No Smoking Day
- Fresh Start
- Smokers Helpline
- ASSIST
- Smokebugs
- Alcohol Brief Intervention
- Steroids and Image Enhancing Drugs
- HIV Prevention
- Teenage Pregnancy Pilot
- MEND
- Designed to Smile
- National Exercise Referral Scheme
- Champions for Health
- Mental Health First Aid
- Cooking Bus
- Welsh Network of Healthy School Schemes

NHS improvement

- Summary of Findings & Lessons Learnt Report *NHS Health Improvement Sub Group*
- NHS Contribution to Health Improvement

PBMA expert reference panel materials

- Summary booklets for PBMA
 - Stop Smoking Wales (Adult; Pregnancy; Vulnerable Groups; BI Training; Pre-op)
 - No Smoking Day
 - Fresh Start
 - Smokers Helpline
 - ASSIST
 - Smokebugs
 - Alcohol Brief Intervention
 - Steroids and Image Enhancing Drugs
 - HIV Prevention
 - Teenage Pregnancy Pilot
 - MEND
 - Designed to Smile
 - National Exercise Referral Scheme

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- Cooking Bus
- Champions for Health
- Welsh Network of Healthy School Schemes
- Mental Health First Aid
- Breast Feeding Programme
- Health Challenge Wales Website
- Smoking Resources
- Skin Cancer Prevention
- Health Improvement Review Methodology and Guide to grading used in PBMA booklets

Health Improvement Review Programme Budgeting and Marginal Analysis (PMBA) – Technical Summary Report

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Glossary of terms

PBMA	Programme Budgeting and Marginal Analysis
ASSIST	A Stop Smoking in Schools Trial
NICE guidance	National Institute for Health and Clinical Excellence
HIAG	Health Improvement Advisory Group
COPD	Chronic Obstructive Pulmonary Disease
MEND	Mind, Exercise, Nutrition Do-it
NERS	National Exercise Referral Scheme
WNHSS	Welsh Network of Healthy School Schemes
QALY	Quality Adjusted Life Years
SHIP	Schools Health Improvement Programme
ABM	Association of Breastfeeding Mothers

NRT	Nicotine Replacement Therapy
BFI	Baby Friendly Initiative
WRVS	Women's Royal Volunteer Service
WHO	World Health Organisation
QDP	Quality Delivery Plan
EPP	Education for Patients Programme
DsPH	Directors of Public Health
SIP	Single Integrated Plan
HCW	Health Challenge Wales
NICE	National Institute of Clinical Excellence

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Summary and Sources of Estimates: The Costs of Adverse Health Behaviours and Associated Determinants of Reduced Population Health
Dr. Joanna Charles and Prof. Rhianon Tudor Edwards, Centre for Health Economics and Medicines Evaluation (CHEME), Bangor University

Adverse Health Behaviour	Estimation of Costs Healthcare Sector	Estimation of Costs Social care Sector	Estimation of Costs Criminal Justice Sector	Estimation of Costs to the Wider Economy e.g. Workforce Absenteeism	Cost Year	Context of Costs (e.g., U.K. or England)	Source
Obesity	£5.1 billion per year to the U.K. NHS				2007-2008	U.K.	Scarborough P, Bhatnagar P, Wickramasinghe K, Allender, S, Foster C & Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs. Journal of Public Health, 33 (4): 527-535.
Smoking	£3.3 billion per year to the U.K. NHS				2007-2008	U.K.	Scarborough P, Bhatnagar P, Wickramasinghe K, Allender, S, Foster C & Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs. Journal of Public Health, 33 (4): 527-535.
Smoking During Pregnancy	Costs to the NHS related to maternal increased risk of spontaneous abortion, ectopic pregnancy, placenta previa, abruptio placenta, preterm premature rupture of membranes and decreased risk of pre-eclampsia are estimated to be between £8-64 million per year based on different costing methodologies				2005/06	U.K.	Public Health Research Consortium, Godfrey et al (2006) Estimating the Costs to the NHS of Smoking in Pregnancy for Pregnant Women and Infants. http://phrc.lshtm.ac.uk/papers/PHRC_A3-06_Final_Report.pdf

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Adverse Health Behaviour	Estimation of Costs Healthcare Sector	Estimation of Costs Social care Sector	Estimation of Costs Criminal Justice Sector	Estimation of Costs to the Wider Economy e.g. Workforce Absenteeism	Cost Year	Context of Costs (e.g., U.K. or England)	Source
Physical Inactivity	£0.9 billion per year to the U.K. NHS				2007-2008	U.K.	Scarborough P, Bhatnagar P, Wickramasinghe K, Allender, S, Foster C & Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health, 33 (4): 527-535.
Ill Health Related to Poor Diet	£5.8 billion per year to the U.K. NHS				2007-2008	U.K.	Scarborough P, Bhatnagar P, Wickramasinghe K, Allender, S, Foster C & Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health, 33 (4): 527-535.
Unplanned Pregnancies	In 2010, there were an estimated 225,600 unintended pregnancies in England. These unintended pregnancies cost the NHS £193,200,000 in direct medical costs.				2009–2010	England	Montouchet C, Trussell J. (2013). Unintended pregnancies in England in 2010: costs to the National Health Service (NHS). Contraception, 87 (2):149-53.
Alcohol Misuse	£3.3 billion per year to the U.K. NHS				2007-2008	U.K.	Scarborough P, Bhatnagar P, Wickramasinghe K, Allender, S, Foster C & Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health, 33 (4): 527-535.

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Adverse Health Behaviour	Estimation of Costs Healthcare Sector	Estimation of Costs Social care Sector	Estimation of Costs Criminal Justice Sector	Estimation of Costs to the Wider Economy e.g. Workforce Absenteeism	Cost Year	Context of Costs (e.g., U.K. or England)	Source
Alcohol Misuse	The cost of alcohol-related harm in to the NHS is £2.9 billion per year		Costs of crime and antisocial behaviour linked to alcohol are £8 billion per year	Costs of employee absenteeism related to alcohol-use disorders are £1.7 billion per year	2008/09 for all figures	England	NICE (2010) NICE Public Health Guidance 24 Alcohol-use disorders: preventing harmful drinking - Costing Report http://www.nice.org.uk/nicemedia/live/13001/49071/49071.pdf
Substance Misuse	The cost of Class A drug use to the NHS in England and Wales per year is £488 million. Drug related deaths in England and Wales account for a cost of £923 million.	The cost of Class A drug use to the Social Care sector in England and Wales per year is £69 million.	The cost of Class A drug use to the Criminal Justice sector for drug related crime in England and Wales per year is £13.9 billion		2003/04 for all figures	England and Wales	Home Office (2006). Measuring different aspects of problem drug use: methodological developments. Home Office Online Report 16/06 http://webarchive.nationalarchives.gov.uk/20110218135832/http://rds.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf
Mental Ill Health	The total cost of mental ill health in England was £21.3 billion in health and social care costs and £53.6 billion in human suffering.			£30.3 billion in lost economic output	2009/10	England	Centre for Mental Health (2010). The economic and social costs of mental health problems in 2009/10. http://www.centreformentalhealth.org.uk/pdfs/Economic_and_social_costs_2010.pdf
Youth Employment				The productivity loss to the economy is estimated at £10 million per day. Youth unemployment and inactivity costs the state about £20 million per week in Job-Seeker's Allowance	2004/05	U.K.	The Prince's Trust (2007). The Cost of Exclusion Counting the cost of youth disadvantage in the UK. http://www.princes-trust.org.uk/PDF/Princes%20Trust%20Research%20Cost%20of%20Exclusion%20apr07.pdf

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Adverse Health Behaviour	Estimation of Costs Healthcare Sector	Estimation of Costs Social care Sector	Estimation of Costs Criminal Justice Sector	Estimation of Costs to the Wider Economy e.g. Workforce Absenteeism	Cost Year	Context of Costs (e.g., U.K. or England)	Source
Youth Crime				The estimated total cost of youth crime for Great Britain was in excess of £1 billion.	2004/2005	U.K.	The Prince's Trust (2007). The Cost of Exclusion Counting the cost of youth disadvantage in the UK. http://www.princes-trust.org.uk/PDF/Princes%20Trust%20Research%20Cost%20of%20Exclusion%20apr07.pdf
Youth Educational Underachievement			Educational	underachievement is estimated to cost the economy £18 billion, as this may lead to youth unemployment or youth crime	2004/05	U.K.	The Prince's Trust (2007). The Cost of Exclusion Counting the cost of youth disadvantage in the UK. http://www.princes-trust.org.uk/PDF/Princes%20Trust%20Research%20Cost%20of%20Exclusion%20apr07.pdf

Please refer to original sources when using these summary statistics, as there may be some overlap in total cost estimates across categories

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Table of health improvement programmes within the HIR

More detailed information is available at www.publichealthwales.org/healthimprovementreview

Initiative Name	Target age group	Summary of programme
ASSIST	Children 12-13 yrs	Aims to delay adoption of regular smoking and prevent uptake of those who have experimented with smoking aged 12-13.
Fresh Start Wales	Children	Raises awareness of the risks of second hand smoke, particularly in cars and generate public support for legislative change if needed.
No Smoking Day	Adults	
SmokeBugs	Children 8-11yrs	Raises awareness of the dangers of smoking and reduce the number of smokers in 8 - 11 year olds.
Smokers Helpline	Adult smokers	The helpline provides basic information and signposting on smoking cessation.
Smoking resources	Adult smokers	
Stop Smoking Wales	Adults	Deliver evidence based smoking cessation programmes in community settings.
Stop Smoking Wales	Adults	Pre-operative programme to encourage smokers undergoing elective surgery to stop smoking for four weeks prior to surgery.
Stop Smoking Wales	Adults	Smoking in pregnancy intervention for pregnant women who wish to stop smoking.
Stop Smoking Wales	Adults	Supports smoking cessation for individuals in key settings including mental health services and prisons.
Stop Smoking Wales	Adults	Promote BI with smokers and referral in SSW or other support.
National Exercise Referral Scheme	Adults	Provide exercise opportunities for people at risk of chronic disease and 'higher risk' populations.

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Initiative Name	Target age group	Summary of programme
Physical Activity and Nutrition Network	All	Link individuals, organisations and sectors with a role to play in improving diet, nutrition and physical activity.
National Breastfeeding Programme	Infants	Promote uptake of breastfeeding and reduce inequalities in breast feeding rates.
The cooking bus	Primary school age	Promotes cooking skills and nutrition education in at least 36 Primary schools per year through a mobile unit
Designed to Smile	Pre-school and primary school children	Primarily a fluoride supplementation programme based incorporating three elements: supervised toothbrush training for 3-5 year olds / oral health promotion.
National Children's Obesity Referral Programme (MEND)	Children 7-13 yrs and their families	Community obesity programme for 7-13 year olds and their families.
Steroid and Image enhancing drugs (SIEDs)	Ongoing	Training and awareness raising programme for those working with, and those using Steroids and image enhancing drugs.
Brief Interventions in Primary Care	Adults	Deliver evidence based smoking cessation programmes in community settings.
Alcohol Concern	All	Raises awareness of alcohol misuse issues across Wales and support the delivery of Working Together to Reduce Harm.
Public Health Networks - HIV Network	ALL	Provides a discussion forum for a range of agencies involved in promoting better sexual health.
Teenage pregnancy pilot	Young people aged up to 17 years of age	3 year pilot promoting use of LARC and targeting repeat conceptions in "Looked After" teenagers.
Mental Health First Aid for Wales (MHFA)	Whole Population	Cascade training to enable the delivery of courses to help recognise and deal with mental distress.
Mental Health, Vulnerable Groups and Offenders	Adults	Provide exercise opportunities for people at risk of chronic disease and 'higher risk' populations.
Whole Population	Suicide and Self Harm Prevention Action Plan/Health & Homelessness/Offender Healthcare/Asylum Seekers/ Gypsy/Traveller.	Provides a discussion forum for a range of agencies involved in promoting better sexual health.

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Initiative Name	Target age group	Summary of programme
Champions for Health Programme	Adults	Encourages NHS Wales staff to improve their own health and act as ambassadors to their patients and the public.
Health Challenge Wales Website	All	A healthy lifestyle campaign launched in 2004 with website and other relevant programmes and campaigns.
Skin Cancer Awareness	ALL	Skin cancer prevention website with downloadable leaflets.
Welsh Network of Healthy School Schemes (WNHSS) and Healthy and sustainable Pre-School Scheme (H&SPSS)	School age children	Network of healthy schools schemes, with school based activities to promote health.
Early Years Programme	Pregnancy and pre-school	Explores how Public Health Wales can improve maternal and early years health.
Healthy Ageing Programme	Older People (over 50 years old)	WG grant scheme delivered by Age Cymru to improve the health and well-being of older people through specific health improvement interventions.
Health Impact Assessment Unit	ALL	Supports people and organisations in assessing potential consequences of decisions on people's health and well-being.
Health Promotion Library		Health Promotion Library information resource.
Health Challenge Wales Voluntary Sector Grant Scheme	All	Aims to help the Voluntary Sector to improve health and well-being in Wales by building capacity and capability and proactively.
Health Challenge Wales Well-being Activity Grant Scheme	ALL	Resources to support local activities for Health Challenge Wales