# CONSULTATION FORM

# How do we measure the health of a nation?

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

Please submit your comments by 28 January 2016.

If you have any queries on this consultation, please email:

PHOF@wales.gsi.gov.uk.

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 If someone has asked for their name and address not to be published, that is an important fact we would take into account.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be important reasons why we would have to reveal someone’s name and address, even though they have asked for them not to be published.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

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

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

Alternatively you can send the form to:

Public Health Division

Department for Health and Social Services

4th Floor, East

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

# Response Form

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| **How do we measure the health of a nation?** |
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| **Telephone** | 02920 674825 & 02920 674830 |
| **Type***(please select one from the following)* | Individuals  | [ ]  |
|  | Public Body (Local Authority, Local Health Board, Fire and Rescue Authority etc) | [ ]  |
|  | Businesses | [ ]  |
|  | Professional Bodies/Interest Groups | [ ]  |
|  | Third sector (community groups, volunteers, self help groups, co-operatives, enterprises, religious, not for profit organisations) | **** |
|  | Other (other groups not listed above) | [ ]  |

# Community Housing Cymru and Care and Repair Cymru’s joint response – How do we measure the health of a nation? Public Health Outcomes Framework Wales.

**About Us**

The Community Housing Cymru Group (CHC Group) is the representative body for housing associations and community mutuals in Wales, which are all not-for profit organisations. Our members provide over 158,000 homes and related housing services across Wales. In 2014/15, our members directly employed 8,800 people and spent over £2bn (directly and indirectly) in the economy, with 79% of this spend retained in Wales. Our members work closely with local government, third sector organisations and the Welsh Government to provide a range of services in communities across Wales.

**Our objectives are to:**

• Be the leading voice of the social housing sector.

• Promote the social housing sector in Wales.

• Promote the relief of financial hardship through the sector's provision of low cost social housing.

• Provide services, education, training, information, advice and support to members.

• Encourage and facilitate the provision, construction, improvement and management of low cost social housing by housing associations in Wales.

**Our vision is to be:**

• A dynamic, action-based advocate for the not-for-profit housing sector.

• A ‘member centred’ support provider, adding value to our members’ activities by delivering the services and advice that they need in order to provide social housing, regeneration and care services.

• A knowledge-based social enterprise.

In 2010, CHC formed a group structure with Care & Repair Cymru and CREW Regeneration Wales in order to jointly champion not-for-profit housing, care and regeneration.

**Care & Repair Cymru (C&RC)** are the “Older Peoples Housing Champion”.  We are a national charitable body and actively work to ensure that all older people have homes that are safe, secure and appropriate to their needs.

Care & Repair Cymru is committed to improving the health and well-being of older people in Wales by providing advice and assistance with home improvements, adaptations and general repairs.  We work in partnership with a number of organisations including the Welsh Government, Local Government Housing and Social Care Teams, NHS, Occupational Therapists, third sector organisations such as Age Alliance Wales, the Older People Commissioner, and housing associations to ensure that older people have access to a range of housing and social solutions that enable them to live in housing that meets their individual needs.

There are 16 Care & Repair Agencies covering the whole of Wales.  Each agency provides a wide range of services and support for older and vulnerable people, helping them to remain living independently in their own homes and communities.

**Care & Repair Agencies**

The 16 Care & Repair Agencies in Wales operate to the same boundaries as local government, and provide housing services to some 47,000 older people every year.  The type and scale of services we provided in 2014/15 was:

**Core Care & Repair Service**

* 30,176 older people helped
* 60% of people helped were over 75 years old
* 11,332 (38%) of people helped received the intensive Casework service
* 898 people received help to apply for additional welfare benefits which increase household income by £4.1m
* £508,541 raised on behalf of 850 clients from charitable funds to pay for repairs or adaptations
* £12m repairs and adaptations facilitated
* 1937 older people helped to make their home more affordable to heat

**Rapid Response Adaptations**

* 17,739 older people helped
* 4467 of whom helped to return home from hospital
* 15,454 of whom had works that helped prevent hospital admission
* Average time enquiry to completion was 9 days

# General Questions (1-5)

**Question 1**

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| Overall, do you think that the proposed Public Health Outcomes Framework can help to drive improvement in health and well-being in Wales? Please select: |
| Yes [x]  |  | No [ ]  |  |
|  Overall, we welcome the aims of the Public Health Outcomes Framework, which underpin some of the proposed national indicators of the Well-being of Future Generations (Wales) Act 2015, in measuring health outcomes that are important to the people of Wales. Housing is a key factor in influencing the well-being of people’s lives and we would welcome more emphasis on health and housing. The ‘Natural and build environment that supports health and well-being’ outcome does have a quality of housing indicator, however this seems to only be covering the physical quality of housing, but there are other aspects of quality that need to be considered. Please see our response to question 7 for further information. We welcome the inclusion of indicators on wellbeing, such as a sense of community, volunteering and people feeling lonely, i.e. active opportunity and inclusion.The Public Health Outcomes Framework will help to drive improvement in health and well-being in Wales. This information will provide a framework for better decision making and will enable us to identify areas where we can best improve prevention and early intervention.We believe the proposed Public Health Outcomes Framework can help drive improvement in health and well-being in Wales with a focus on outcomes rather than processes. With a clear identification of provider’s responsibilities to implement change. Care & Repair Cymru and the Care & Repair Agencies welcomes the opportunity to work alongside Local Service Boards to help drive this agenda.The indicators are positive and we would like to see that there is a priority across all stakeholders that the things that are being measured are the areas in which work is done to make improvements. |

**Question 2**

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| Are you able to see how your contribution (either personally and/or as part of an organisation you represent) to improving health and wellbeing is part of the framework? Please select: |
| Yes [ ]  | No [x]  |
| Housing impacts on social and economic wellbeing and is more than a physical building. It is the priority of Community Housing Cymru and Care & Repair Cymru to ensure that everyone has the right to gain and sustain a suitable, safe and secure home. Those living in social rented accommodation are most likely to live in the most deprived areas and are therefore most vulnerable. Equally, older people in the private sector are often challenged to maintain the upkeep or undertake remedial action for poor housing. Quite often older home owners are living in accommodation that no longer meets their needs. Housing has a significant impact on health and well-being and this could be further reflected in the indicators. The Care & Repair movement works across Wales to contribute to the continued good health, wellbeing and independence of older people. We would like to see more emphasis on the contribution and importance of preventative measures and the suitability and quality of private housing and the effect this has on health. Care & Repair as a home visiting service plays a vital role in the identification of hazards and health issues for older people and is a key partner in implementing solutions that prevent hospital admission, facilitate hospital discharge and enable clients to remain independent in their own homes. It also seeks to support difficult decisions around housing options. |

**Question 3**

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| We have suggested that the final version of the framework is developed as an openly accessible, online tool. Do you think that this will make it sufficiently available and accessible? Please select: |
| Yes [x]  | No [ ]  |
| The importance of communicating the indicators is key.This is a tool for citizens however it should be considered that many people do not have access to the internet and therefore may not be able to view this information. Utilising local authorities, including landlord and housing services, registered social landlords and housing-related support providers as potential community vehicles to connect people with these indicators would be an effective contribution to the communication strategy. |

**Question 4**

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| We have suggested that indicators are updated on a rolling basis throughout the year as new data becomes available. This will mean that there is not a ‘single date’ when a new version of the Framework is published and some indicators may not be updated every year. Do you agree with this approach of updating the indicators on a ‘rolling’ basis as new data becomes available? Please select: |
| Yes [x]  | No [ ]  |
| The indicators should be regularly reviewed to ensure that emerging issues and policy are captured as part of the Framework.We suggest that any revisions to the indicators are due to additional indicators added, rather than the replacing of existing indicators. This will ensure consistency and comparability of the information over time. It is important to have a baseline point for information and the data collected, the feedback then captures the change. Timely notifications of additions/changes would be required.  |

**Question 5**

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| We have proposed that the outcome areas and indicators in the Framework continue to be reviewed and that the overall content of the Framework should be refreshed every five years. Do you agree that the framework should be reviewed/refreshed overall every five years? Please select: |
| Yes [x]  No [ ]  |
| Reviewing the overall content every five years will help to ensure that the Framework is capturing the correct information. Undertaking this in conjunction with updating the indicators on a rolling basis will ensure that the approach is reactive. Consideration should be made of other indicators that may be reviewed, for example the Future Generations Indicators. This would also enable strategy to be linked to a rapidly changing world, whereby the impact of the digital & technological world, climate change and demographics on health outcomes could be measured. |

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| **Domains and outcome areas** |

**Question 6**

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| Table 1 shows the health outcomes we propose to include in the Framework. Do you think that these proposed outcomes are the right ones? Please select: |
| Yes [x]  | No [ ]  |
| We believe that the ‘Natural and build environment that supports health and well-being’ outcome could go further to establish health outcomes for citizens, please see further detail in our response to question 7.We fully support the health outcome ‘Children have the best opportunity for a healthy start’, as there is increasing evidence that what happens during the first 1,000 days of a child's life can have a big impact on health and happiness as they grow up and into adulthood.We note that fuel poverty is listed as an area for future consideration, and want to highlight the importance of the work that tackles fuel poverty. The ability to quantify and measure health outcomes against a standard measurement would help to support and reinforce the importance of this work.The preventative agenda requires more emphasis. Other important indicators include:* Reduction in falls
* Reduction in winter deaths
* Suitability of housing/ providing adaptations/ promoting independence across tenure

Overcrowding is another important indicator to consider measuring, as this can have a detrimental impact on health, well-being and educational prospects of children. Understanding underlying community resilience and how a range of ‘informal care’ systems are developed, particularly role-modelling for children, are also important features of wellbeing. |

**Question 7**

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| Table 1 also shows the public health indicators we propose to include in the Framework. Overall, do you think the indicators cover the important areas of health in a balanced way? Please select: |
| Yes [ ]  | No [x]  |  |
| **Indicator 17 - Quality housing** Please can we reiterate our view given in the Wellbeing of Future Generations Act Consultation:We welcome the inclusion of this housing-related indicator, but it is not effective as a stand-alone indicator of wellbeing, and without further context on housing issues, such as access and affordability. As outlined by the Homes for Wales Coalition, everyone has the right to a decent affordable home. Since 2008, house prices in Wales have risen by 16% (more than six times the average person’s income) and to meet current demand in Wales, 12,000 new homes are needed each year. This barrier to housing can have a detrimental impact on health and well-being as people may be unable to save the required deposit for a home or start a family as a bigger home is not affordable. Indicator 17 also seems only to be covering the physical quality of housing, but there are other aspects of quality that need to be considered. To improve this indicator, we need further ways to measure the “quality of housing” other than just “the percentage of dwellings which are free from Housing Health and Safety rating system hazards”. This measure and standard of housing can more often than not be invisible in the private sector, and this measurement alone leaves quite a lot of room for manoeuvre (this measure will result in the under representation of owner occupied properties within it, a tenure which makes up the largest proportion of housing stock in Wales).CHC does not think that the use of the Housing Health and Safety rating system is sufficient to identify that people are living in ‘quality’ accommodation. The guidance documents for local authorities in this respect suggest that they focus on properties with more serious hazards rather than those with modest hazards. Our concern therefore, is that due to pressures on local government budgets, this may impact the ability of environmental health services to undertake HHSRS activity i.e. local authorities are not sufficiently resourced to identify all properties containing hazards and that the results will conclude that anything not captured in the data is deemed as being ‘quality housing’. We do not know if there is one measure that could be used to determine this indicator, although social landlords have the Welsh Housing Quality Standard as a reference point. We are not sufficiently aware of a range of measures in the private sector that could be used, but for the energy efficiency element for quality housing, improved energy ratings of new housing and statistics based around the Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015 are available. Once again, this highlights the lack of data available, in particular on housing standards in the private rented sector. We believe that this highlights the need for a further Wales-wide housing survey to update the 2008 Living in Wales property survey. This would be a valuable data set to help improve this indicator.Care & Repair Cymru would like to see a collection of statutory and third sector information included on the “fitness” of the property in the private sector for independent living and a survey which is more sensitive to the private sector housing stock and the statutory and third sector organisations that address problems in this sector.Care & Repair Cymru welcome the inclusion of the following indicators:* Healthy Ageing > Reduction in Falls
* Minimising avoidable ill health > Reduction in Winter Deaths
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**Question 8**

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| A key requirement for this Framework is that it complements the proposed national indicators of the *Well-being of Future Generations (Wales) Act 2015.* We have included many of the proposed national indicators in this Public Health Outcomes Framework, where they will be presented at a more local level. From the proposed national indicator set, do you think we have chosen the right ones to relate to the health of the people of Wales?Please select: |
| Yes [x]  | No [ ]  |  |
| We would welcome the inclusion of the Well-being of Future Generations (Wales) Act 2015 indicator 30 - ‘Energy efficiency of buildings’. As outlined in our response to question 6, we believe that fuel poverty has a detrimental impact on health and well-being and is therefore important to measure. The breadth of the indicators is positive but we would, as we have outlined in our response to Well-Being of Future Generations (Wales) Act 2015, like to see work that supports the accessibility to services being as fundamental as the existence of services locally. |

***(Please note our response to indicator 40 also).***

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

# Detail of indicators & questions relating to indicator specification.

# Overarching outcomes.

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

**Question 9**

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

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

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

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| **18** | **Quality of the air we breathe**  |  |
| Measured by | The percentage of days in the past year where air pollution is moderate or low. |  |
| Source | Automatic Urban and Rural Network (AURN) accessed via Wales Air Quality Forum website |  |
| Rationale | Poor air quality is a major environmental risk to health. By reducing air pollution levels, the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma can be reduced. The lower the levels of air pollution, the better the cardiovascular and respiratory health of the population will be, both long- and short-term. Whilst air quality has improved considerably over the years, problems still persist at a local level in areas. Most sources of outdoor air pollution are beyond the control of individuals and require action on emissions from sources such as power stations, industrial processes, traffic and household heating and indirect results of chemical reactions in the atmosphere.  |  |
| Shared with |  |  |
| The quality of the air we breathe measure is a different measure to the air quality indicator in the proposed national indicators to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*. This is because there is reliable data available on this indicator, including data at a local level. |

**Question 10**

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| Do you have views on inclusion of this indicator?Please select: |
| Yes [ ]  | No [ ]  |
| Comment:      |

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

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

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| **22** | **Adults who smoke** |  |
| Measured by | Age-standardised percentage of persons aged 16 and over who reported being a current smoker (smoking daily or occasionally). |  |
| Source | Welsh Health Survey/National Survey for Wales (WG) |  |
| Rationale | Tobacco ranks as the single highest risk factor for premature death and disability in the UK9. It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas in Missing ref: |  |
| Shared with | WHO Targets and indicators for Health 2020UN Sustainable Development Goals indicator  |  |
| Internationally, adults who smoke is usually reported for those age 18 and over, including within the WHO 100 core health indicators, UN Sustainable Development Goals indicator, WHO Targets and indicators for Health 2020 and the English Public Health Outcomes Framework. Survey data in Wales, and Health Survey for England and currently other Welsh outcome frameworks (including the NHS outcomes framework) report for those aged 16 and over. |

**Question 11**

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

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

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| **Is the proposed indicator a replacement indicator or an improvement to an existing indicator?**Please tick one box |
| ☐ Replacement ☐ Improvement |
| **Which indicator does this proposed indicator improve upon or replace?** |
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| **What is the name of replacement indicator?**  |
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| **What is the data source for this indicator?** |
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| **Please provide an explanation for why this indicator best measures the well-being of people in Wales** |
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| **Please indicate which goals the proposed indicator directly impacts on**(tick all applicable) |
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| **23** | **Adults binge drinking**  |  |
| Measured by | Age standardised percentage of persons aged 16 and over drinking more than 8 units (men)/6 units (women) on the heaviest drinking day in the previous week. |  |
| Source | Welsh Health Survey/National Survey for Wales (WG) |  |
| Rationale | Binge drinking or drinking heavily over longer periods of time can have very serious consequences. Regularly drinking more than the recommended levels not only harms the individual through a wide range of shorter and longer term health effects (including liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attacks), but damages relationships and society in general in terms of violence and crime, accidents and drink driving. |  |
| Shared with | WHO Targets and indicators for Health 2020 |  |
| Binge drinking is one of the alcohol consumption measures more closely related to harm from alcohol when viewed by deprivation than other standard self reported measures of alcohol consumption. Other options for this indicator could include: drinking above guidelines, very heavy drinking, alcohol related admissions and alcohol attributable mortality. Internationally, total alcohol per capita consumption within a calendar year is often used (including as a core indicator for Health 2020 and a UN Sustainable Development Goal indicator). |

**Question 12**

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| What is your view on the best indicator of harmful alcohol consumption and why?Please select: |
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| Comment:      |

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

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

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

**Question 13**

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| Do you feel it is suitable? Is there anything else you would recommend instead?Please select: |
| Yes [ ]  | No [ ]  |
| Comment:      |

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

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

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

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| **40** | **Deaths from injuries** |
| Measured by | Age standardised mortality rate per 100,000 from external causes. |
| Source | Public Health Mortality (ONS)Mid year population estimates (ONS) |
| Rationale | Injuries represent a major cause of premature mortality (particularly for children and young people). As death through injury affects people when they are potentially most productive, they are a cause of high economic loss, resulting in high societal costs. Deaths are only the tip of the iceberg, and for every injury death there are an estimated 30 hospital admissions, 300 emergency department attendances and many thousands more who seek help from their general practitioner or self treat.  |
| Shared with | WHO Targets and indicators for Health 2020 |
|  | **Older people are a high risk group if we consider accidents in the home and the cost to Primary Care, and the NHS is high. When considering this issue we should look at:*** **Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year (NICE Guidelines).**
* **40% of Care Home admissions are as a result of a fall (NHS/PHW).**
* **20% of older people who suffer a hip fracture as a result of a fall, die within 6 months (NHS/PHW).**
* **In 2009 there were 1102 deaths, 41,817 hospital admissions and at least 444,274 Emergency Department attendances due to injury, incurring direct costs of at least £25.9 million. The leading cause of death from injuries was falls (23%). Falls also account for 48% of injury inpatient admissions. In addition, the inpatient injury admissions led to 309,844 bed days, an average of 7.4 bed days per admission (NHS/PHW).**
* **Fall death rates were low in all age groups until 70 years when they started to rise, from 9.7 per 100,000 (males) and 7.2 (females), to 138.7 (males) and 120.8 (females) by age 85+ (NHS/PHW).**
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| **41** | **Deaths from road traffic injuries** |  |
| Measured by | Age-standardised mortality rate per 100,000 from road traffic injuries. |  |
| Source | Public Health Mortality (ONS)Mid year population estimates (ONS) |  |
| Rationale | Road safety is an issue that affects everyone in Wales. We all need to use the roads to get around, whether as a driver, passenger, cyclist or pedestrian. Roads therefore need to be safe. Road accidents in which people are killed result in high social and economic costs including a devastating impact on families and communities, damage to vehicles and property, loss of productivity, and use of emergency and health services. |  |
| Shared with | UN Sustainable Development Goals indicator WHO Targets and indicators for Health 2020 |  |
| This framework includes three mortality measures: Reducing mortality from four non communicable diseases (indicator 39) is a key outcome for Health 2020, in addition mortality from external causes (indicator 40) and road traffic accidents (indicator 41) are also included in that framework. Alternate approaches used in the UK include the ONS measures of avoidable mortality. This in turn can be reported as two sub measures: preventable mortality and mortality amenable to health care. Years of life lost could be used instead of more standard measures, to signify the magnitude of the burden. A further alternative could be to report on deaths from all causes occurring in persons aged less than 75 years. Additional causes of deaths such as suicide could be included. |

**Question 14**

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

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

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