



The Fifth Wave:

A whole-society (system-wide) approach
to improving well-being in Cwm Taf

Director of Public Health
Annual Report 2016/17

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Foreword

I took up my current role as Director of Public Health for Cwm Taf on 1st November 2016. The very warm welcome I received from within the Health Board and from our partners is very much appreciated as it helped me to settle well. I have been impressed by the sense of community in Cwm Taf and the beautiful natural environment I see every day.

In my public health career, I have had the fortune of working with and learning from many excellent people, communities and institutions. In the last year, I have seen much good work addressing health inequalities in Cwm Taf. This work has borne fruit with improvements in life expectancy and healthy life expectancy, as well as reductions in the gap between the health of the most and least affluent. I hope to contribute my experience to a collaborative effort that consolidates improvement in population health while exploring new frontiers that secure further gains.

These gains have not been secured by chance. Genuine commitment to working with communities is a strong shared value here in Cwm Taf. Maturing leadership of the population health agenda by the Health Board and our Primary Care Clusters is making a difference. Equally, so is our newly formed Public Services Board which is unique in Wales in sharing the same boundary with the Health Board and evidencing unique collaborative working by our two local authorities.

Having listened, observed, read and reflected, I want to use my first Annual Report to share my sense of our existing challenges and the opportunities I see to address them. In considering a way forward to improve population well-being, I am proposing that Cwm Taf defines by ambitious action the “fifth wave” of population health, a society-wide approach that is less about doing new things than about how we do them.



Prof. Kelechi Nnoaham
Director of Public Health
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Executive Summary

Cwm Taf has a rich heritage and culture. Throughout recent centuries there has been much change with the industrial revolution, large population increases, spread of diseases and social changes. In response to these changes we have seen four transitions or 'waves', of population health response:

- the great public works of sanitation with piped water supplies and sewerage systems
- medicine as a science to treat diseases
- the development of state welfare, social services, NHS, education and housing
- the roll out of immunisation and a greater understanding of risk factors to prevent disease

Today we have a more complex picture of health, and as such we need a Fifth Wave, whole society response to improve population health and well-being. We are faced with four major population health challenges for our population in Cwm Taf:

1. **Inequalities** – the gap in life expectancy and healthy life expectancy between the most and least affluent has reduced in Cwm Taf, the only Health Board area in Wales to see this reduction for men and women. However, the difference in life expectancy between the most and least affluent is still 7.4 years for men and 3.7 years for women. Similarly the difference in healthy life expectancy is 14.8 years for men and 15 years for women. These inequalities persist.
2. **Frailty** – as we live longer, more of us are living with a number of chronic illnesses that negatively impact on our quality of life for many years. We know we can live longer in better health if we enjoy four or five of the healthy behaviours: not smoking, being a healthy weight and physically active, eating five or more portions of fruit and vegetables a day and limiting alcohol consumption. The challenge is supporting our population to make positive changes to their lifestyles to improve their life expectancy and their healthy life expectancy, thereby reducing frailty.
3. **Obesity** – rates of overweight and obesity are continuing to rise in both adults and children in Cwm Taf, and are the highest in Wales. This directly contributes to people developing chronic ill health such as heart disease, stroke, type 2 diabetes and musculo-skeletal conditions. This in turn means that our population will become frailer at a younger age and are ill for longer. Obesity needs particular attention, because not only are the rates increasing, but there are few established services to help people lose weight and be healthy and active.
4. **Loss of well-being** – inequalities of opportunity and health have a poor effect on well-being. This shows itself in high levels of anxiety, depression, addictive medication, and alcohol and drug misuse. In addition, the years lived with dementia for many are longer, as we know healthy behaviours are protective and can delay the onset of dementia.

These challenges could be considered the outcome of a complex societal system that is interacting, interrelated and interdependent. “Systems thinking” is an approach to considering the whole system in order to better understand the parts of the system, to identify barriers and levers at all levels so that the whole system can work better together. This is why a system wide, whole society approach to improving well-being is needed, pulling together action at individual, community, organisational, partnership and policy level.

There are opportunities to engage all our public sector, business sector, academic sector, voluntary sector, communities and people to shape and deliver the whole society approach to improving well-being in Cwm Taf. This strategic approach to improving well-being in Cwm Taf will comprise three elements:

- Strategic plan for population well-being delivered through the Public Services Board with the involvement of our community in shaping and delivering it
- Population health management plan, embedding value based health care in our NHS services
- Population well-being research centre to inform and evaluate progress

To implement this, there are three action based recommendations in this report:

Recommendation 1

Develop the business case to support a new Cwm Taf service called “Cwm Taf Well-being”. The overall aim of the service will be to embed health and well-being into the culture of the public sector in Cwm Taf and allow staff to support behaviour change in service users.

Recommendation 2

Strengthen the Cwm Taf approach to needs assessment by investing in specific methods that augment traditional population needs analyses - such as population segmentation, stratification by history and likelihood of resource utilisation and related data driven techniques. This could fundamentally strengthen the Health Board Integrated Medium Term Planning process and sharpen the focus of integrated commissioning.

Recommendation 3

Develop the business case for the establishment of a Population Well-being Research Centre and a resource termed “Cwm Taf Analytics” in Keir Hardie University Health Park, in collaboration with the three “local Universities”.

1.0 Introduction

Cwm Taf has a rich culture and heritage. Made up of the valleys of the Rhondda Fawr and Fach, Cynon, Taff Ely and Merthyr Tydfil, it has seen development from mainly rural farming at the start of the 18th century, through the Industrial Revolution, to post-industrial decline and regeneration. Changes in society have historically brought about changes in the patterns and determinants of population health. Through the years and as Cwm Taf has gone through its societal transitions, the key challenges for population health have changed, as have our responses to them.

While society enjoys the cumulative benefit of these historical responses, the persistence of health inequalities and its determinants suggests the need for a fresh approach. In this report, I describe the transitions or 'waves' of population health in Cwm Taf, as well as their corresponding responses, and make a case for Cwm Taf to pursue a fresh approach to responding to the current wave.

The First Wave - Structural

The population of Wales was just 400,000 up until the 17th century. Employment was mostly agricultural - rearing sheep and cattle and growing crops. Food shortages and outbreaks of disease limited any population growth. The first industrial era, between 1750 and 1900, saw changes in the economy with the development of world leading iron works at Cyfarthfa and Dowlais. The industry generated a demand for coal, with mines opening and the building of roads, canals and railways. Glamorgan saw the largest growth in Wales, with the population increasing from 70,879 in 1801 to 859,931 in 1901 and Merthyr Tydfil was the fastest growing town as people came for work. In the mid 19th century infectious diseases such as cholera, smallpox, typhus and scarlet fever were endemic, with two in five children dying before the age of five.

During the First Wave, society responded to these challenges with structural interventions such as the great public works, initiated by the Public Health Act 1848, establishing local Boards of Health, appointing a Medical Officer of Health (MOH) and giving discretionary powers to carry out sanitary improvements. Merthyr Tydfil in 1850 and Aberdare in 1854 petitioned to form Boards of Health. In Merthyr Tydfil a water supply and a reservoir was built by 1863 with underground sewerage system. Following reports from the MOH, mandatory powers followed with the Sanitary Act 1866.

The Second Wave - Biomedical

As the Industrial revolution continued into the 20th Century, manufacturing increased and Cardiff became the busiest shipping port in the world. This allowed many diseases to be imported and measures were taken to isolate those sailors that were ill on Flat Holm Island, prior to docking and potentially infecting the port. Increasing scientific knowledge strengthened this response to infectious disease burden and dominated the Second Wave during an era of scientific rationalism. This was marked with development of manufacturing, engineering, research and disease detection and control. It saw the emergence of medicine as a science and the establishment of the biomedical model as the dominant model of medicine.

The Fourth Wave - Social

This wave was characterised by changes in society, post-industrial decline as many heavy industries were replaced by service industries and the advent of birth control changing the aspirations of women and reducing birth rates in the latter half of the 20th century. Effective healthcare interventions such as immunisation were introduced to reduce communicable diseases and medicine became more advanced. Greater knowledge about risk factors for chronic diseases, such as smoking, obesity, physical inactivity and alcohol and drug abuse, defined this wave during which we recognised the societal and behavioural changes needed to address inequalities in health and introduced a more integrated, systems approach to addressing the causes.

The Third Wave - Clinical

This wave followed the health and social challenges faced following high work-related mortality and injuries, poor fitness of forces fighting in two world wars, and the extreme poverty and malnutrition of the great depression. The challenges were articulated in William Beveridge's Report in 1942 describing the Five 'Giant Evils' of 'Want, Disease, Ignorance, Squalor and Idleness'. This saw the emergence of the Welfare State with Social Security, the National Health Service, universal education and house building programmes. Post-war consensus in Britain and Europe nursed the emergence of policies, such as the Common Agricultural Policy, which contributed to some of the lifestyle-related challenges that were dominant during this wave.

The Fifth Wave

Despite the cumulative benefit of society's responses to the population health challenges in preceding waves, much health inequality and its determinants persist today. Some have increased e.g. obesity, while others such as frailty associated with an ageing population have emerged on the back of success in increasing life expectancy. To put it simply, the solutions that worked to good effect in previous waves are no longer sufficient for current challenges. There is need to define a Fifth Wave and frame a new basis for responding differently and more effectively to the population health challenges we currently face (Hanlon P et al, 2011).

2.0 The Challenges of the Fifth Wave: the Case for Change

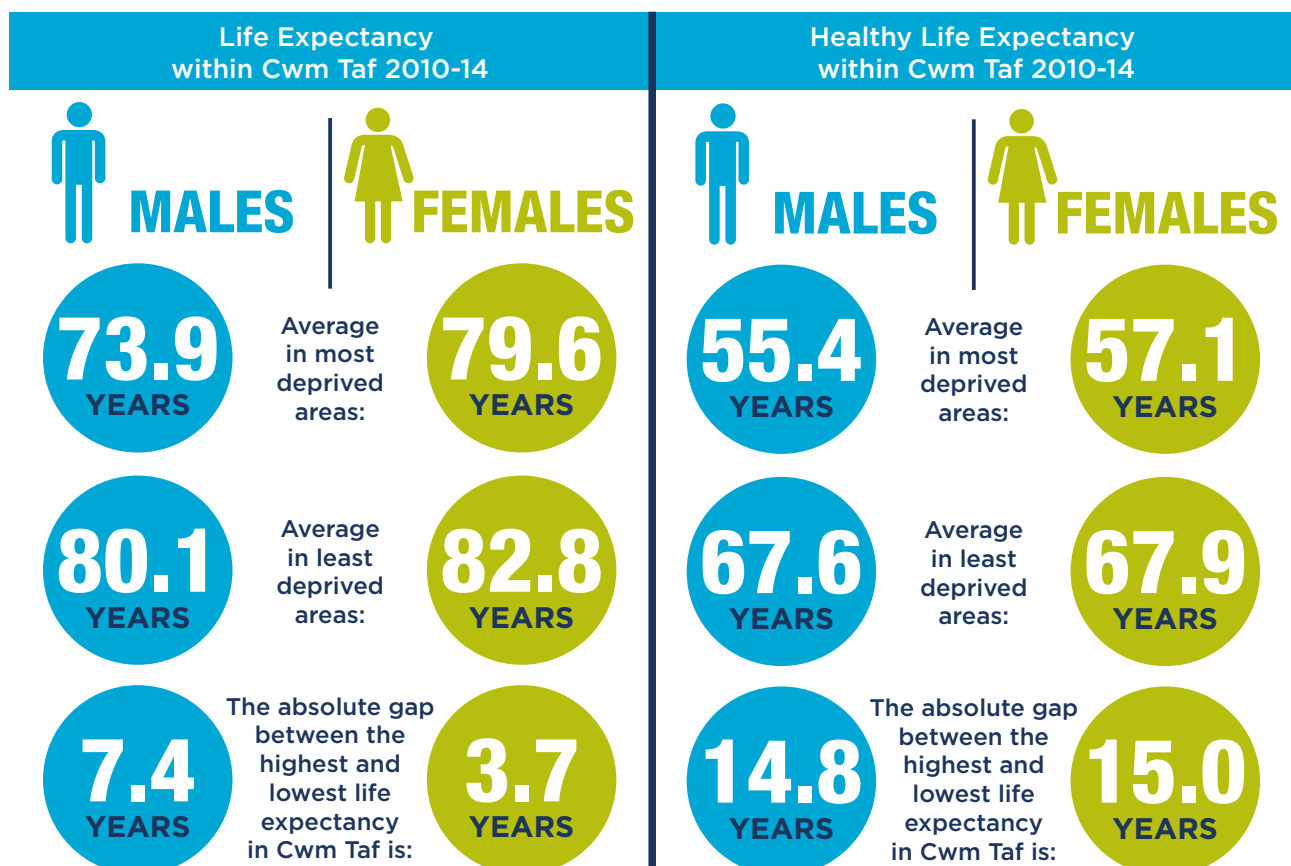
2.1 The four big health and well-being challenges in Cwm Taf

2.1.1 Inequalities

The health of people in Cwm Taf is improving. We are generally living longer (life expectancy) and in better health (healthy life expectancy) than at any time before. This is not the case for everyone however, especially those who are least well off. The poorer people in

our communities are living shorter lives with more of their lives in poor health, usually with one or more chronic diseases that impact on their quality of life and general well-being. It is simply not fair that poorer men in Cwm Taf die 7.4 years earlier and poorer women die 3.7 years earlier than their wealthier neighbours. Similarly, poorer men live 14.8 years longer in ill health and poorer women live 15 years longer in poorer health than their wealthier neighbours (figure 1):

Figure 1: Life expectancy and healthy life expectancy within Cwm Taf 2010-14

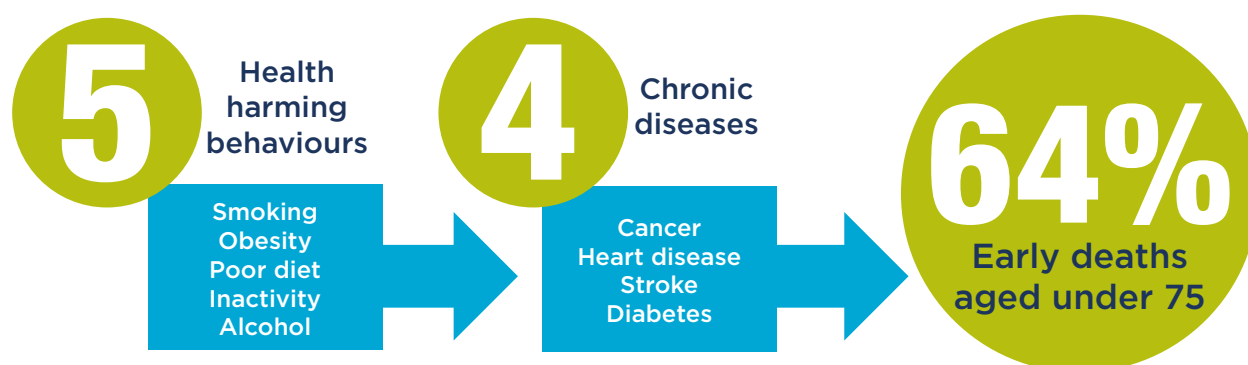


Source: Measuring Inequalities 2016 - Public Health Wales Observatory

The gap between the poorest and wealthiest has reduced in Cwm Taf, unlike other areas of Wales, but it's not reducing fast enough and the gap is still the biggest. These fundamental inequalities persist but it doesn't have to be this way; we could live longer and in better health.

Most chronic diseases are preventable and adopting healthy behaviours can protect against and delay the onset, giving us a longer and healthier life. Five harmful behaviours essentially cause the four diseases that account for 64% of early deaths (figure 2):

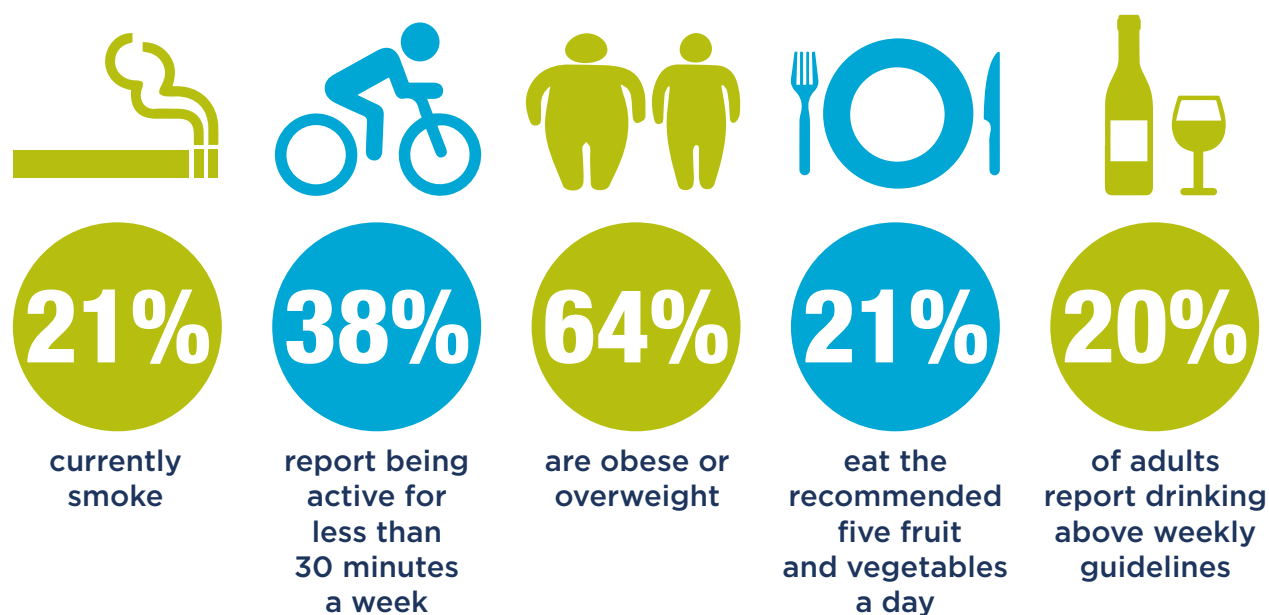
Figure 2: Health harming behaviours



Currently, in Cwm Taf we have the highest rates of smoking in Wales, although they are decreasing steadily. Overweight and obesity rates are also the highest and it is worrying that they are still rising. We have

low levels of physical activity, of eating fruit and vegetables and a consistent number of people drinking higher than recommended levels of alcohol (figure 3):

Figure 3: National Survey for Wales 2016-17: Population Health - Lifestyle (Cwm Taf)



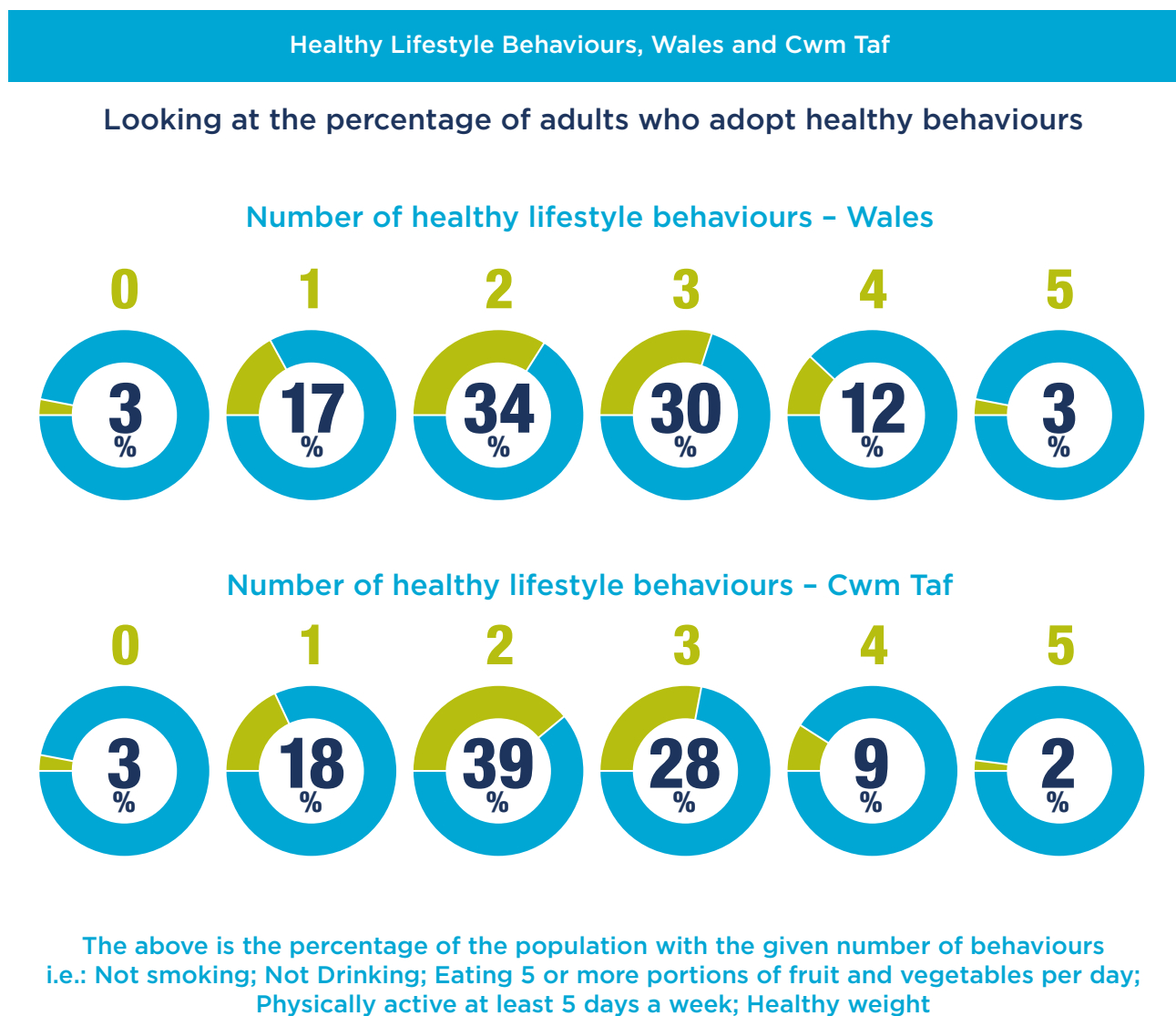
We have learned, from the Caerphilly Study, that having four or five healthy behaviours is protective compared to having no healthy behaviours, or just one. If we all had four or five healthy behaviours we would reduce the rates of diabetes and vascular disease (heart disease and stroke) by 69% each, dementia by 58% and cancers by 33%.

For those of us that do go on to develop diseases, we could delay the onset of

vascular disease by 13 years, dementia by 6 years and death from any cause by up to 6 years (Caerphilly Study Research Team, 2014). There is huge potential here for us to live healthier, longer lives!

Currently, we are behind in Wales in our healthy behaviours, as shown in the following infographic. However, this could be different in a short while if we collectively decided to change (figure 4):

Figure 4: Healthy Lifestyle Behaviours, Wales and Cwm Taf



Statistics produced by Public Health Wales Observatory, using WHS (WG) 2013/2014

2.1.2 Frailty

An ageing population is positive, as it demonstrates the benefit of efforts to improve population health. It however brings with it additional challenges, a key one of which is frailty. Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Around 10% of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85 years. Older people living with frailty are at increased risk of adverse outcomes such as falls, delirium, and disability, after an apparently minor event which challenges their health, such as an infection or new medication (British Geriatrics Society, 2014).

We anticipate that our older population will increase significantly, by more than half by 2039. Those over 85 years of age will more than double, as shown in the this infographic (figure 5):

As we live longer, more of us are living with a number of chronic illnesses that negatively impact on our quality of life for many years. The challenge is to support our population to make positive changes to lifestyles to improve life expectancy and healthy life expectancy thereby reducing frailty.

Figure 5: Cwm Taf estimated population increase, 2014-39

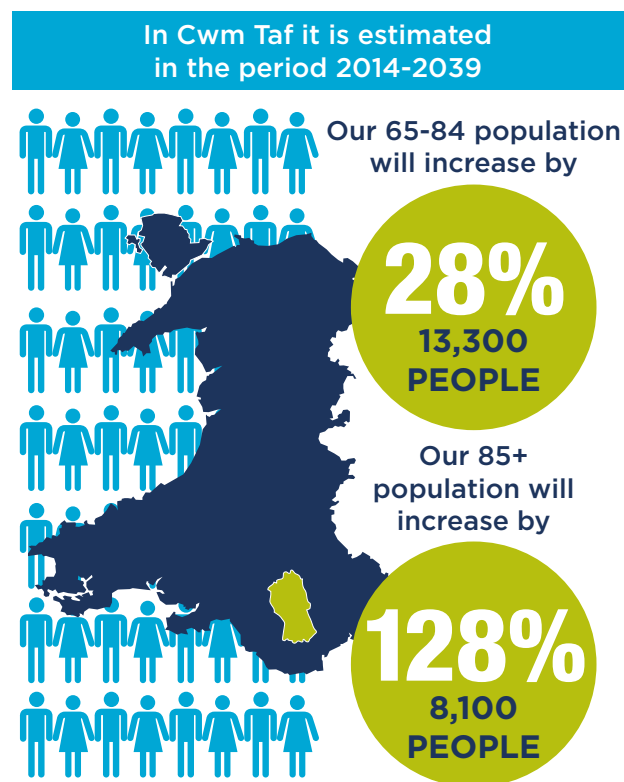
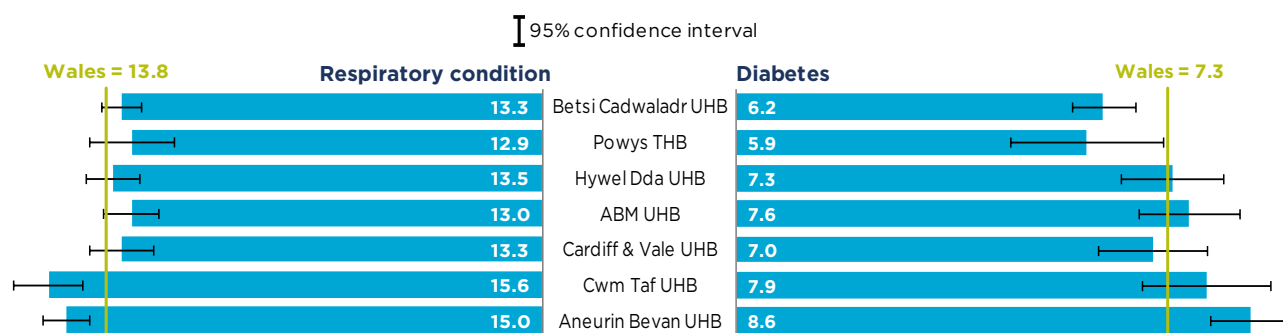


Fig 5: Stats Wales - Welsh Government

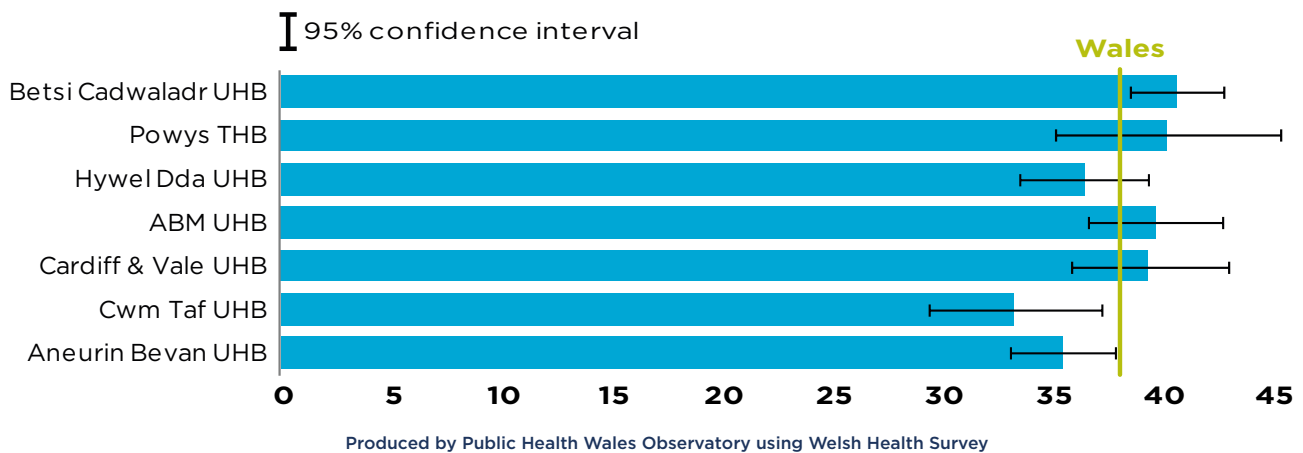
Data from the Welsh Health Survey (WHS) shows that our population aged 16 years or older suffers more chronic ill health from diabetes and respiratory disease than most other health boards in Wales (figure 6):

Figure 6: Selected chronic condition prevalences, European age-standardised percentage, persons aged 16+, 2014-2015



Produced by Public Health Wales, using WHS (WG)

Figure 7: Older people free from limiting long term illness, age standardised percentage, persons aged 65+, Wales and health boards, 2014/15



When we look at our older population, aged 65 years or older, we see that Cwm Taf has the fewest percentage of people free from long term limiting illness, meaning that our population suffers more ill health that limits ability (figure 7):

As our activity is limited by ill health, we become frailer and are more likely to have hospital admissions. Although the treatment received may be life saving, there are also risks associated with hospital admission e.g. contracting infectious diseases, loss of mobility and independence. For example, a healthy older adult in bed for 10 days has a 14% reduction in leg and hip muscle strength

and a 12% reduction in aerobic capacity, the equivalent of 10 years of life (Monitor, 2015). Similarly, the infection rate for men aged 85 years and over was 574 times greater than the rate for those aged under 45 years for MRSA (Methicillin-resistant *Staphylococcus aureus*) (ONS, 2013).

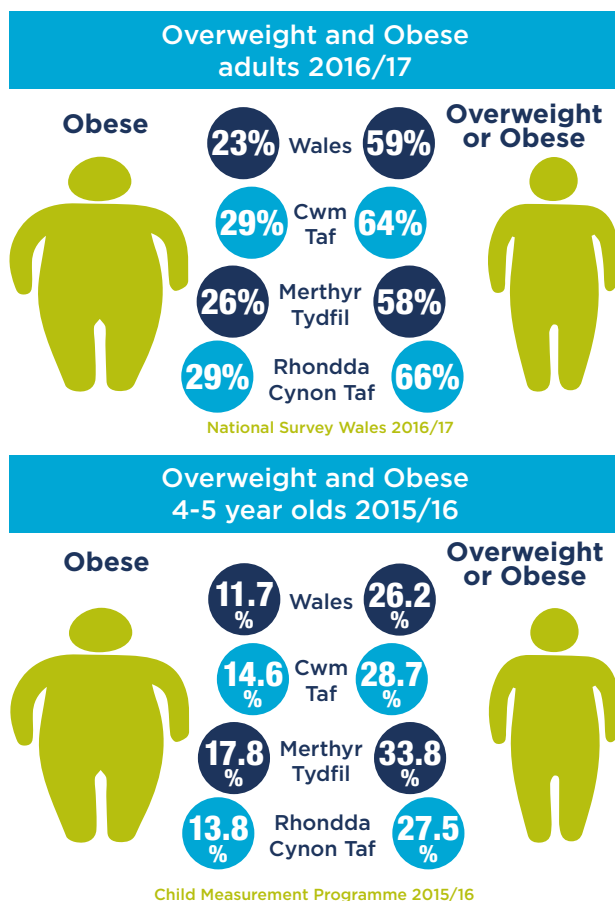
Therefore, living healthier lives reduces the likelihood of us becoming frail and reduces the length of time that we are frail. If we are frail, avoiding unnecessary hospital admissions and being treated at home or in the community, wherever possible, is also protective.



2.1.3 Obesity

Rates of overweight and obesity are continuing to rise in both adults and children in Cwm Taf, and are the highest in Wales. Almost 2 in 3 adults and almost 1 in 3 children aged 4-5 in Cwm Taf are either overweight or obese. We will see this rise to 9 in 10 adults and 2 in 3 children by 2050 if the current trajectory continues. The following infographic shows the current status in Cwm Taf (figure 8):

Figure 8: Overweight and obese adults 2016/17. Overweight and obese 4-5 year olds 2015/16



This high level of overweight and obesity directly contributes to people developing chronic ill health such as heart disease, stroke, type 2 diabetes and musculo-skeletal conditions. This in turn means that our population will become frailer at a younger age and be ill for longer.

The following statistics demonstrate why rising trends in obesity cause grave concern (HM Government, 2008):

- 10 per cent of all cancer deaths among non-smokers are related to obesity
- the risk of Coronary Artery Disease increased 3.6 times for each unit increase in BMI
- 85% of hypertension is associated with a BMI greater than 25
- the risk of developing type 2 diabetes is about 20 times greater for people who are very obese (BMI over 35), compared to individuals with a BMI of between 18 and 25
- up to 90 per cent of people who are obese have fatty liver. Non-alcoholic fatty liver disease is projected to be the leading cause of cirrhosis in the next generation
- health effects of excess weight are increasingly apparent even in children; the incidence of both type 2 diabetes and non-alcoholic fatty liver disease used to be rare in children, but is increasing
- obesity in pregnancy is associated with increased risks of complications for both mother and baby
- social stigmatisation and bullying are common and can, in some cases, lead to depression and other mental health conditions
- severely obese individuals are likely to die on average 11 years earlier (13 years for a severely obese man between 20 and 30 years of age) than those with a healthy weight

Obesity needs particular attention because not only are the rates increasing, but the reasons are complex and include food poverty, access to fresh fruit and vegetables, availability of fast food, more sedentary occupations and emotional relationships with food. In addition there are few established NHS services to help people lose weight and be active and it can be a difficult issue to raise with patients.

2.1.4 Loss of well-being

Well-being is achieved when people have the resources they need to meet the challenges they face. These resources can include skills, family support, education and good health. When people have more challenges than resources the see-saw dips, along with their well-being. Similarly if someone has many resources but few challenges, they may not feel fulfilled and that can also tip the see-saw (figure 9):

Inequalities of opportunity, experience and health have a poor effect on well-being. This often shows itself in high levels of anxiety, depression, addictive medication, and alcohol and drug misuse. In addition, the years lived with dementia for many are longer, as we know healthy behaviours are protective and can delay the onset of dementia.

The mental component score is a measure of emotional health. A lower score shows poorer emotional health. As can be seen in the following graph, in Cwm Taf our adult population has the lowest mental health component score of all health board populations in Wales (figure 10):

In addition, more adults in Cwm Taf are being treated for mental illnesses (figure 11):

Figure 9: Model of well-being (Dodge, 2012)



Figure 10: Mental health component summary score by Wales and health boards, 2014/15

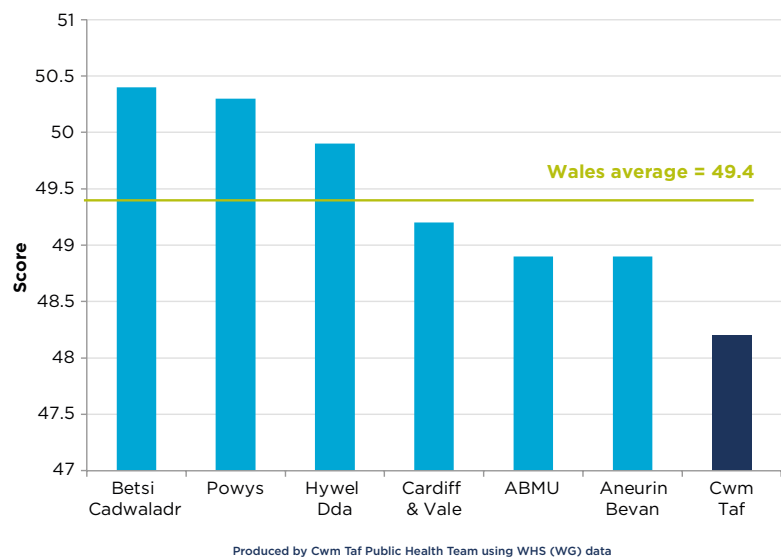
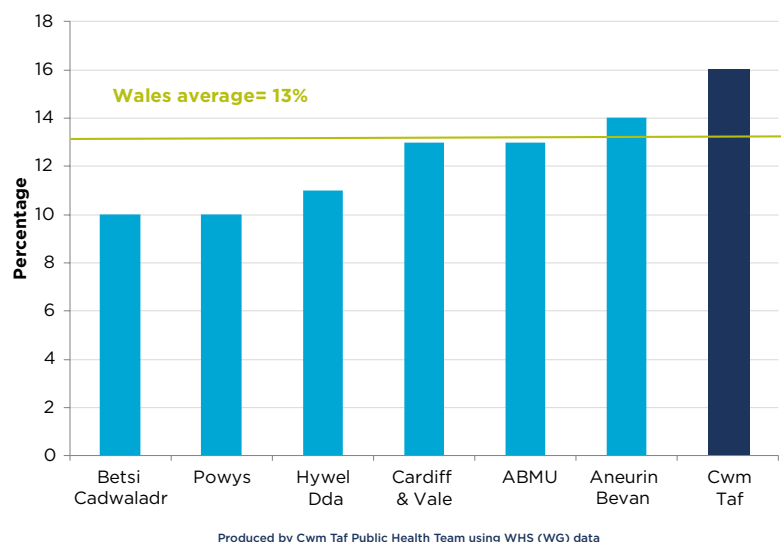
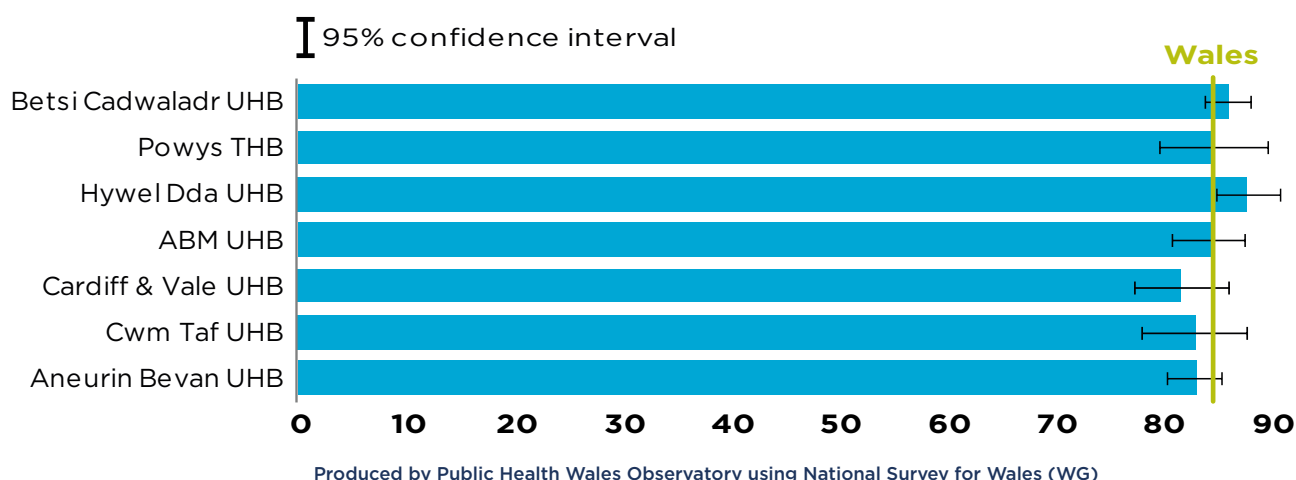


Figure 11: Percentage of adults currently being treated for any mental illness, age-standardised, by Wales and health boards, 2014/15



When we look at our older population, aged 65 years or older, we also see lower percentages of people who are satisfied with life (figure 12):

Figure 12: Percentage Respondents who rate their satisfaction with their life as 7 out of 10 or higher, percentage, persons aged 65+, Wales and health boards, 2014/15



Another crucial dimension of loss of well-being is related to emerging evidence on the impact of smartphones and social media on the generation born after 1995. This Generation Z, as they're often referred to, are 'natives' to smartphone technology and social media and are known to interact with these in ways that previous generations, such as millennials, did not. The impact on this generation of "FOMO" (fear of missing out) and cyber bullying in the context of social media and smartphone use must not be underestimated. The resulting change in social attitudes – less keen on independence but very keen on individualism – has real and tangible impact on mental health and well-being and will shape the patterns of these challenges for our society for many years to come.

2.2 What people in our area have told us?

The recent Well-being Assessment includes not just the facts from data sources, but the views of our people. The Well-being Assessment identifies the challenges we face in Cwm Taf now and the assets we have to address them. In setting well-being objectives, the Public Services Board (PSB) is taking account of what came out of the Well-being Assessment. The Assessment provides a picture of the state of well-being in Cwm Taf, which has been looked at and guided by the four well-being themes of the Well-being of Future Generations (Wales) Act, 2015 (cultural, economic, environmental and social). The content of the Assessment provides an evidence base for the PSB to determine its well-being objectives.

Cultural well-being

1. People need to feel part of their community and many want to offer their time, skills and connections
2. Our heritage and history, landscape and buildings should be celebrated and used in the future
3. Taking part in things seems to be good for everyone's well-being
4. Language is an important part of who we are and makes us feel like we belong

Economic well-being

1. Growing a resilient local economy that recognises the limits of the global environment
2. Helping the movement of people throughout Cwm Taf
3. People in decent work improving their overall wealth
4. People gaining new skills and qualifications to tackle the challenges they face
5. Development that facilitates a growing local economy and recognises the limits of the global environment



Environmental well-being

1. A healthy natural environment is the foundation for sustained economic growth, prosperity and resilience
2. Cwm Taf's environment (urban and countryside) has an important part to play in improving people's health and well-being
3. People want to live in a clean, safe environment and increasingly want to help manage their local areas
4. Communities face significant risks from a changing climate, now and in the future
5. Cwm Taf's unique wildlife is increasingly fragmented and under threat but people can make a difference and help wildlife thrive
6. Children are spending less time outdoors but access to safe, natural play space outdoors has been shown to improve children's physical and emotional well-being

Social well-being

1. Life expectancy and healthy life expectancy are improving in Cwm Taf. However, outcomes for our population are determined by the inequalities that persist
2. A good start in life is fundamental to the well-being of future generations
3. Preventing ill-health across the population improves well-being and reduces inequalities
4. Ageing well in Cwm Taf: meeting the needs of an older population
5. Mental well-being: building resilient communities
6. Personal resilience and community cohesion
7. The quality of the home and environment has a substantial impact on well-being
8. A change of focus for Cwm Taf: from deficits to assets

2.3 The Fifth Wave response to our biggest challenges

The four big challenges cut across the life-course. How do we work differently to describe, nurture and ride the Fifth Wave?

A socio-ecological model

Individuals and communities do not live in bubbles. The environment in which we live plays an important role. We each have responsibilities for our own well-being, improving and maintaining good well-being as well as reducing the risks of loss of well-being. However, the social environment in which we live also plays an important role e.g. our environment, local culture, norms and values as well as local and national regulation and policies. The socio-ecological model describes this relationship between the individual and the social environment. This could be considered as a complex system that is interacting, interrelated and interdependent.

“Systems thinking” is an approach to considering the whole system in order to better understand the parts of the system, to identify barriers and levers at all levels so that the whole system can work better together. This is why a system-wide, whole-society approach to improving well-being is needed, pulling together action at individual, community, organisational, partnership and policy level (figure 13):

These challenges are complex and need a whole society approach to systematically address them. There are opportunities to engage all our public sector, business sector, academic sector, voluntary sector, communities and people to shape and deliver the whole society approach to improving well-being in Cwm Taf.

Figure 13: Well-being system strategy: A socio-ecological model



3.0 The Well-being System in Wales and Cwm Taf

3.1 Policy context

The prevailing policy framework in Wales is mainly set by the Welsh Government, with much of the responsibilities devolved from the UK government. The Welsh Government, since devolution, has had a socialist leadership, setting the policy framework. The current programme for government Taking Wales Forward, 2016–20 (Welsh Government, 2016), sets out the government's programme to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected. It was published alongside its well-being objectives, as required by the Well-being of Future Generations Act, 2015, (Welsh Government, 2016a).

Other key elements of the policy framework include:

- **United Nations Sustainable Development Goals** – main guiding principles for the direction of travel in Wales
- **Well-being of Future Generations Act (2015)** – new legislation that is a game-changer for public services in Wales, with a significant focus on sustainable development, prevention and the long term
- **Social services and Well-being Act (2014)** – this changes the way people's needs are assessed and the way services are delivered, giving people more say in the care and support they receive. It also promotes help available within the community to reduce the need for formal, planned support (Welsh Government, 2016b)

- **Setting the Direction: Primary and Community Services Strategic Delivery Programme** – more localised models of primary care, with a focus on prevention, early intervention and patient involvement (Welsh Government, 2010)
- **Our Health, Our Health Service** – Green Paper consulting on the organisation and governance structures in Wales in the context of improving the quality of health care services (Welsh Government, 2016c)
- **Our Plan for Primary Care Services for Wales** – further detail developing services and workforce (Welsh Government, 2016d)
- **The Public Health (Wales) Act, 2017** – containing numerous provisions, including a national strategy to reduce obesity (National Assembly for Wales, 2017)

The aims of the current national system are shown below (figure 14):

Figure 14: Aims of current policy



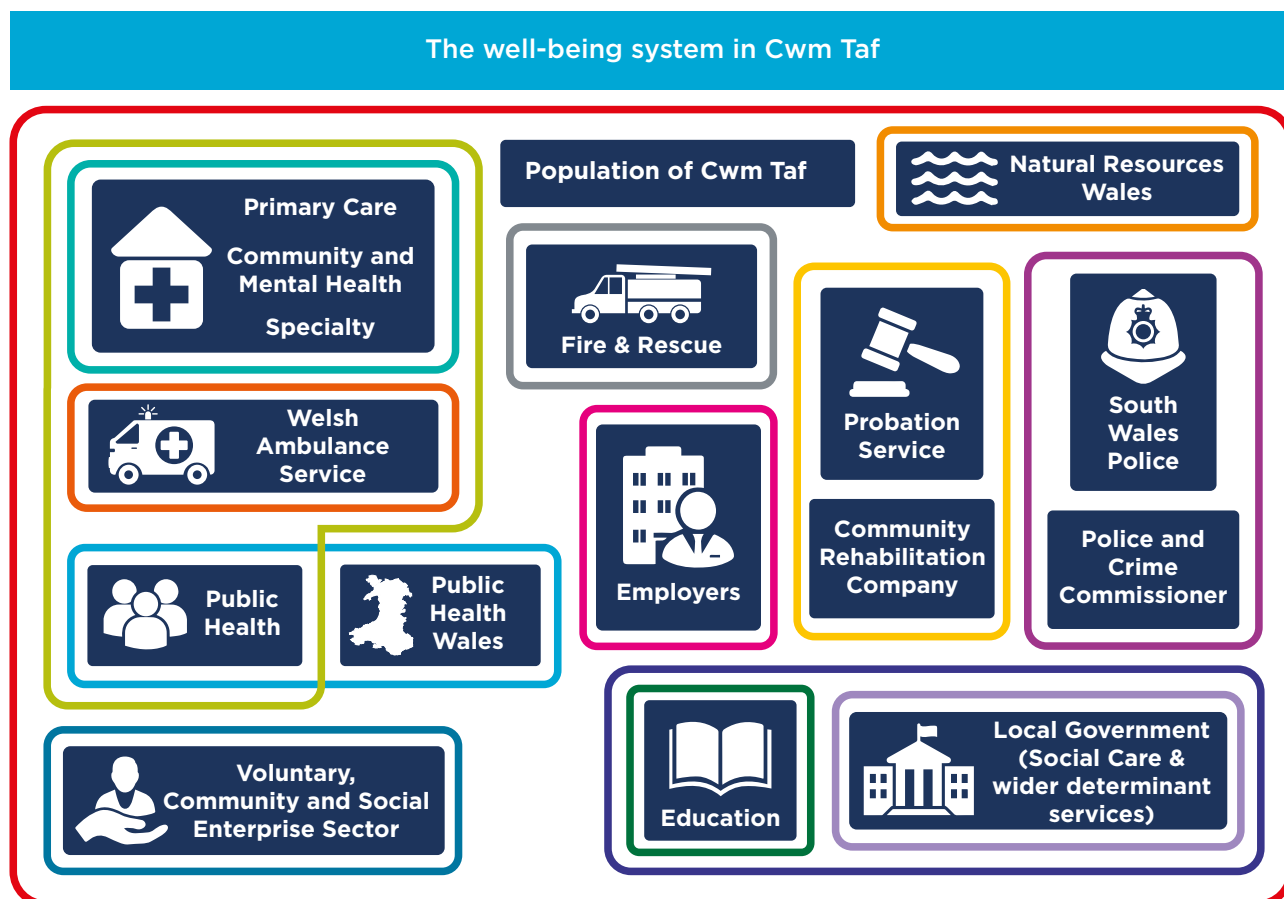
3.2 The Well-being System in Cwm Taf

The system in Cwm Taf has developed over a number of years with Health Alliances; Health, Social Care and Well-being and Community Safety Partnerships, Local and Regional Service Boards. The new Public Services Board is unique in Wales, with two local authorities joining up on a Health Board footprint and full engagement of other public sector organisations including South Wales Police, the Police and Crime Commissioner, Fire and Rescue Service, Natural Resources Wales, Probation Service, Community Rehabilitation Company and the voluntary councils. This, together with the alignment of policy and legislation across Wales provides an exceptional opportunity to reshape services to improve the well-being of the population of Cwm Taf (figure 15):

There are opportunities to engage all our public sector, business sector, voluntary sector, communities and people to shape and deliver the whole society approach to improving well-being in Cwm Taf.

The following section outlines the resources, challenges and opportunities throughout our communities and services to collectively contribute to improved well-being. In the Fifth Wave, we must agree collective priorities, define a common direction of travel, harness our collective resources and maximise our opportunities in new and innovative ways, so that the whole society contribution is greater than the sum of its parts.

Figure 15: The well-being system in Cwm Taf



Individuals

It is difficult to generalise with individuals, as we are all different. However, these are the general building blocks that contribute to, or threaten well-being for many people. Well-being is improved when we feel we belong, we know what to get involved in and how, we connect with each other and the world, we make the most of what we already have and are smart about the things we want to change.

Resources	Challenges
<ul style="list-style-type: none"> • Good education • Good physical health • Good mental health • Supportive family and friends • Clean environment • Warm, safe home • Secure employment • Nutritious food • Being physically active • Digital technology 	<ul style="list-style-type: none"> • Poor health • Adverse childhood experiences • Addictions to tobacco, alcohol, drugs • Damp, cold home • Unemployment • Depression • Obesity • Digital technology
Opportunities	
<ul style="list-style-type: none"> • Define and achieve aspirations • Build personal resilience • Enjoy a healthy lifestyle • Become involved in the community e.g. volunteering • Enjoy the outdoor environment and take moments to appreciate a lovely view, a flower, clean air, the green hillsides • Take steps to have more control over your life e.g. gain new skills • Try something creative e.g. join a choir, art class, theatre group 	

Communities

Communities mean different things to different people, for example they can be defined geographically as a village or town, through interests such as religion, sports, school or through identity such as language, sexuality, race. Social capital, the bonds within groups and in local areas are strong and built on trust, but the bridges between groups and the links within social gradients, for example with authorities, are more challenging.

Resources	Challenges
<ul style="list-style-type: none"> • Strong 'bonding' social capital • Strong sense of place and local identity • Public sector workforce largely resident in Cwm Taf • High political engagement and potential for robust citizen participation 	<ul style="list-style-type: none"> • 'Bridging' and 'linking' social capital, less strong • Strong attachment to and 'dependence' on health and other services e.g. social services, home care and benefits • Legacy of the mining industry • An ageing population • The "brain drain" - educated people move away for better jobs
Opportunities	
<ul style="list-style-type: none"> • Strengthen all dimensions of social capital as a way of increasing empowerment (crucial to citizen involvement) • Intervene to increase citizen involvement and health literacy • Explore ways to enable staff to become change facilitators in their communities - e.g. via volunteering, being ambassadors • An ageing population could offer new social and economic opportunities • Seek better understanding of the legacy of mining in the Valleys communities to inform action • Identify vulnerable individuals or families where preventative support or early intervention would reduce their risks and limit dependence on statutory services • Improve workforce well-being 	

Registered Social Landlords

Registered Social Landlords, or Housing Associations, hold all the former Local Authority housing stock in both Merthyr Tydfil and Rhondda Cynon Taf as well as other housing stock in Cwm Taf and beyond. Collectively, it accounts for 22% of the housing stock in Merthyr Tydfil and 15% in Rhondda Cynon Taf. In Merthyr Tydfil this equates to 5,666 units of accommodation and 15,516 in Rhondda Cynon Taf, accommodating individuals and families.

Resources	Challenges
<ul style="list-style-type: none"> • Large housing and land portfolios • Well maintained and energy efficient properties • Public Sector workforce largely resident in Cwm Taf • Strong community engagement • Data held on residents and families • Potential for robust citizen participation 	<ul style="list-style-type: none"> • Often more deprived tenants in the housing stock • Tight budgets, often managing arrears • Difficulties in some relationships due to evictions and arrears
Opportunities	
<ul style="list-style-type: none"> • Strengthen all dimensions of social capital as a way of increasing empowerment (crucial to citizen activation) • Intervene to increase citizen activation and health literacy • Explore ways to enable staff to become change facilitators in their communities – e.g. via volunteering, being ambassadors • An ageing population could offer new social and economic opportunities • Support tenants and families to take responsibility for their own well-being and improve healthy behaviours • Identify vulnerable individuals or families where preventative support or early intervention would reduce their risks and limit dependence on statutory services • Improve workforce well-being 	

County Voluntary Councils

This service is provided by Interlink in Rhondda Cynon Taf and Voluntary Action Merthyr Tydfil (VAMT).

Resources	Challenges
<ul style="list-style-type: none"> • 100s of organisations affiliated and linked at community level • Strength in listening to and understanding grass roots communities • Can support and empower individuals, local groups and organisations to develop and grow • Sign post to advice and resources to support local groups • Help people access volunteering opportunities • Collaborative working between Interlink and VAMT 	<ul style="list-style-type: none"> • Security of funding in the medium to long term from WG • Security of funding from other public sector organisations with increasing budgetary pressures • Access to grant funding to support developments
Opportunities	
<ul style="list-style-type: none"> • To harness the voice of communities in reshaping services in a truly co-productive way • Engage and co-ordinate the voluntary sector and community groups to support the improvement of well-being in Cwm Taf • Advise on access to grant funding to support development • Identify vulnerable individuals or families where preventative support or early intervention would reduce their risks and limit dependence on statutory services • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve workforce well-being 	

Police Service and Police and Crime Commissioner

Resources	Challenges
<ul style="list-style-type: none"> • Staff resources • Large employer • Community intelligence • Direct contact with citizens • Early identification of vulnerable people • Directly elected Police and Crime Commissioner • Good history of effective partnership working 	<ul style="list-style-type: none"> • Decreasing budgets • Policy set at UK level • Building trust with vulnerable people with a criminal history
Opportunities	
<ul style="list-style-type: none"> • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate • Identify vulnerable individuals or families where preventative support or early intervention would reduce their risks and limit dependence on statutory services • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve workforce well-being 	



Fire and Rescue Service

Resources	Challenges
<ul style="list-style-type: none"> • Staff resources • Large employer • Successful track record of prevention work in homes and communities • Trusted and valued by communities • Culture of risk reduction • Strong history of effective partnership working • Directly accountable through elected Councillors 	<ul style="list-style-type: none"> • Decreasing budgets year on year • Responding to unforeseen events, emergencies and fires that may take services away from preventative work • Recent increases in incidents attended, against an overall declining trend • Building trust with vulnerable people with a criminal history of arson
Opportunities	
<ul style="list-style-type: none"> • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate • Identify vulnerable individuals or families where preventative support or early intervention would reduce their risks and limit dependence on statutory services • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and wider community • Improve workforce well-being 	

National Resources Wales

Resources	Challenges
<ul style="list-style-type: none"> • Outdoor environment and land ownership (9% of Wales) • Green Gyms, visitor centres, educational facilities, and funding • Staff living in Cwm Taf • Large employer • Regulatory role in improving air and water quality, protecting the environment and preventing flooding 	<ul style="list-style-type: none"> • Climate change and increased adverse weather conditions and flooding • Challenging financial settlement
Opportunities	
<ul style="list-style-type: none"> • Engage the population in physical activity in the outdoor environment • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve workforce well-being 	

Probation and Community Rehabilitation Company (CRC)

Resources	Challenges
<ul style="list-style-type: none"> • Relationships with former offenders • Experience of rehabilitation • Staff living in Cwm Taf 	<ul style="list-style-type: none"> • Cuts in funding • Separation and outsourcing of community rehabilitation from prisoner rehabilitation • Drug misuse in prisons • Changing prisoner population with increases in older prisoners and violent and sexual offenders
Opportunities	
<ul style="list-style-type: none"> • Proactively rehabilitate offenders • White Paper Prison Safety and Reform with increased focus on: <ul style="list-style-type: none"> – Rehabilitation in prison – Improving skills in Mathematics and English during stays – Different approach to community rehabilitation for low and medium risk offenders – Opportunities to involve families and mitigate the impact of sentences for children • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate 	



Local Government

Resources	Challenges
<ul style="list-style-type: none"> • One Public Services Board • More direct oversight and influence of wider determinants of health • Good knowledge of local communities and their needs • A number of place-based initiatives - Flying Start, Families First, Valleys Task Force • Local community leadership through elected members • Large diverse work force • Relationships with other Local Authorities, stakeholders and communities 	<ul style="list-style-type: none"> • Funding reductions • Ageing population, complex needs and pressures on social care • Challenging geography and topography in terms of access • The political cycle and uncertainties around local government reconfiguration • Place-based initiatives weak in terms of system outcomes, targeted social mechanisms and means of engaging communities (deficit versus asset-approach) • Engaging young people in the democratic process
Opportunities	
<ul style="list-style-type: none"> • Strengthening volunteering and the role of the Voluntary, Community and Social Enterprise sector in a system of well-being • Exploring the value of integration of health and social care • Strengthening place-based Initiatives across the well-being system • Reviewing the collective approach to community engagement and empowerment in Cwm Taf • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve skill mix of workforce • Improve workforce well-being • Improve economy through investment, support and infrastructure e.g. City Deal • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve skill mix of workforce • Improve workforce well-being 	

Primary Care

Resources	Challenges
<ul style="list-style-type: none"> • Visionary, dispersed leadership • Primary Care Clusters rising to challenge of population health leadership • Community based services: <ul style="list-style-type: none"> – GP practices – Pharmacies – Dental Practices – Opticians – Community care services e.g. district nurses • Large workforce • Links to other community services • Health Intelligence 	<ul style="list-style-type: none"> • Ageing population, complex and multiple morbidity in population • Pressure to improve access to Primary Care • Heterogeneous patients, disparate needs versus “one size fits all” organisational approach • Workforce – retirement, poor recruitment • Patient journeys to access primary care increasing over time for the >65 yr age group not seen in other age groups (National Travel Survey, 2017)
Opportunities	
<ul style="list-style-type: none"> • Describe what Primary Care could contribute to value-based population health in Cwm Taf, drawing on evidence from the literature (Smith et al 2013; RAND Europe 2015; Porter et al 2013) <ul style="list-style-type: none"> – Framework for Primary Care based on value – Increased operating scale to 25-100k population – Barriers between specialists and generalists are invisible to patients – Care is population-based, anticipatory and multidisciplinary – People supported to manage their health – Improved use of information and technology – e.g. single Electronic Patient Records – New workforce models – e.g. Nurse Practitioners and Physician Associates – Primary Care at centre of wider well-being system – integrated in communities – ‘Micro-teams’ providing full care course services to subgroups of their populations organised by similarity of needs and defined through a combination of: <ol style="list-style-type: none"> i. utilisation risk analytics ii. segmentation or cluster analytics • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve skill mix of workforce • Improve workforce well-being • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate 	

Acute Care (hospital care)

Resources	Challenges
<ul style="list-style-type: none"> • Strong clinical leadership • Emerging clinical strategy contextualised in population needs and outcomes • Emergency care access - ambulance transfers • The Acute Medicine Model • Regional diagnostic hub plans • Staff resources • Large employer of local labour • Trusted and valued by communities • Health Intelligence 	<ul style="list-style-type: none"> • Ageing population and rise in hospital attendances associated with frailty • High population morbidity – mental health, substance misuse, poor lifestyle choices, long term conditions • Growing levels of complex needs in population (high-need, high-cost patients) • Performance on key indicators – referral to treatment time (RTT) and A&E waiting times
Opportunities	
<ul style="list-style-type: none"> • Describe how secondary care could drive value-based population health in Cwm Taf, drawing on evidence from the literature: <ul style="list-style-type: none"> – Self-management: Develop approaches to help patients choose healthy behaviours – Prevention: Target support to index patients and their social networks when unhealthy lifestyle choices are identified – Ambulatory care sensitive (ACS) conditions: Anticipatory management of ACS conditions in collaboration with primary care e.g. asthma, Ambulatory care sensitive (ACS) conditions: – Complex, high risk patients: Anticipatory care for people with medically complex and end-of-life care needs • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve skill mix of workforce • Improve workforce well-being • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate 	

Public Health Wales

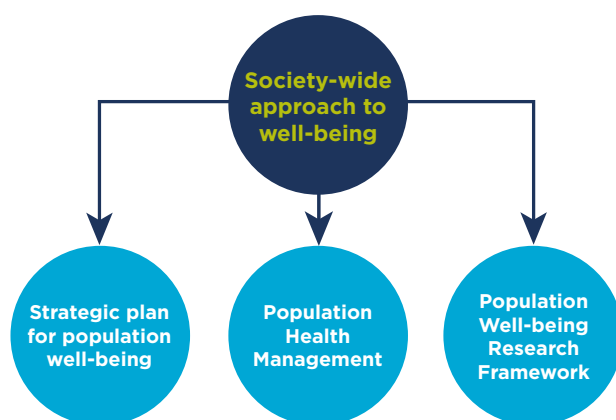
Resources	Challenges
<ul style="list-style-type: none"> • Expertise in public health • Local Public Health Teams • Large workforce centrally and across Wales • Access to evidence base to inform action • Public Health Wales Observatory provides health intelligence to support Well-being Assessments and other services • Support research in well-being 	<ul style="list-style-type: none"> • National role versus capacity for local implementation • Limited focus on and capacity to support healthcare public health improvement • Keeping pace with change and demand at a local level
Opportunities	
<ul style="list-style-type: none"> • Provide evidence for vulnerability profiling models • Contribute data and intelligence to inform vulnerability profiling of the population to target interventions to prevent, mitigate and rehabilitate as appropriate • Provide evidence for effective and cost effective interventions • Support delivery of the Well-being Plan • Support for the research framework • Offer employment, volunteering and apprenticeship opportunities to vulnerable people and the wider community • Improve workforce well-being 	



4.0 The Future - Organising the effort of society

Looking to the future there are three key elements to the Society-wide Approach to Improving Well-being in Cwm Taf (figure 16):

Figure 16: Society-wide approach to improving well-being in Cwm Taf



4.1 Strategic Plan for Population Well-being

This plan is currently being developed in line with the requirements of the Well-being of Future Generations Act and considering the Well-being Assessment. The Cwm Taf Well-being Plan outlines the objectives and steps to be taken across the system to improve well-being in a sustainable way. It is available on [Our Cwm Taf website](#) and there is a range of activity ongoing with different groups, in appropriate formats, to encourage engagement, understanding and long term visioning for and with our communities. A range of engagement methods are being used including workshops, public events, [Our Cwm Taf portal](#), surveys, social media, community groups and other fora. In addition, a launch event has taken place, with representatives from a range of stakeholders, who are engaged to take the draft objectives to their organisations and groups and feedback views.

The main themes of proposed action are:

I. To promote safe, strong, and thriving communities improving the well-being of residents and visitors and building on our community assets.

Things we could do:

- Set up Community Zones:
 - A hub for all public services in one place in local areas
 - Joint action, with our communities, to prevent harm to children, called Adverse Childhood Experiences (ACEs) and as they grow to become adults
- Coordination and support for volunteering in our communities, where needed
- Work with our communities to make better connections and signposting to local services
- Work together and support our communities to make our environments better

II. To help people live long and healthy lives and overcome any challenges.

Things we could do:

- Tackle obesity and improve physical activity levels using the outdoor environment
- Target action to our most vulnerable people:
 - Community Zones
 - Pregnant women, babies and young children
 - Older people
- Help our staff and service users take up and become champions for “one more healthy behaviour”

III. To grow a resilient local economy with infrastructure that attracts people to live, work and play in Cwm Taf.

Things we could do:

- With the money from the City Deal and Metro, to make sure we get new local jobs and easier transport to jobs further afield
- Support the use of the Welsh language and bilingualism
- Targeted early education and employability support
- Grow tourism in our valleys, making best use of our beautiful environment, history and culture
- Build the aspirations of our people and develop the skills we need for local jobs
- Develop a Cwm Taf apprenticeship, graduate and opportunity scheme to “grow our own” people into the jobs we need e.g. nurses, social workers, carpenters, police officers and doctors
- Develop a Valleys Marketing Plan to really sell the Valleys as a place to live, work and play

This engagement is active now, until the end of the year and this is a real opportunity to have your say in how we work together to improve well-being in Cwm Taf.

Join in now and have your say on [our well-being objectives](#)

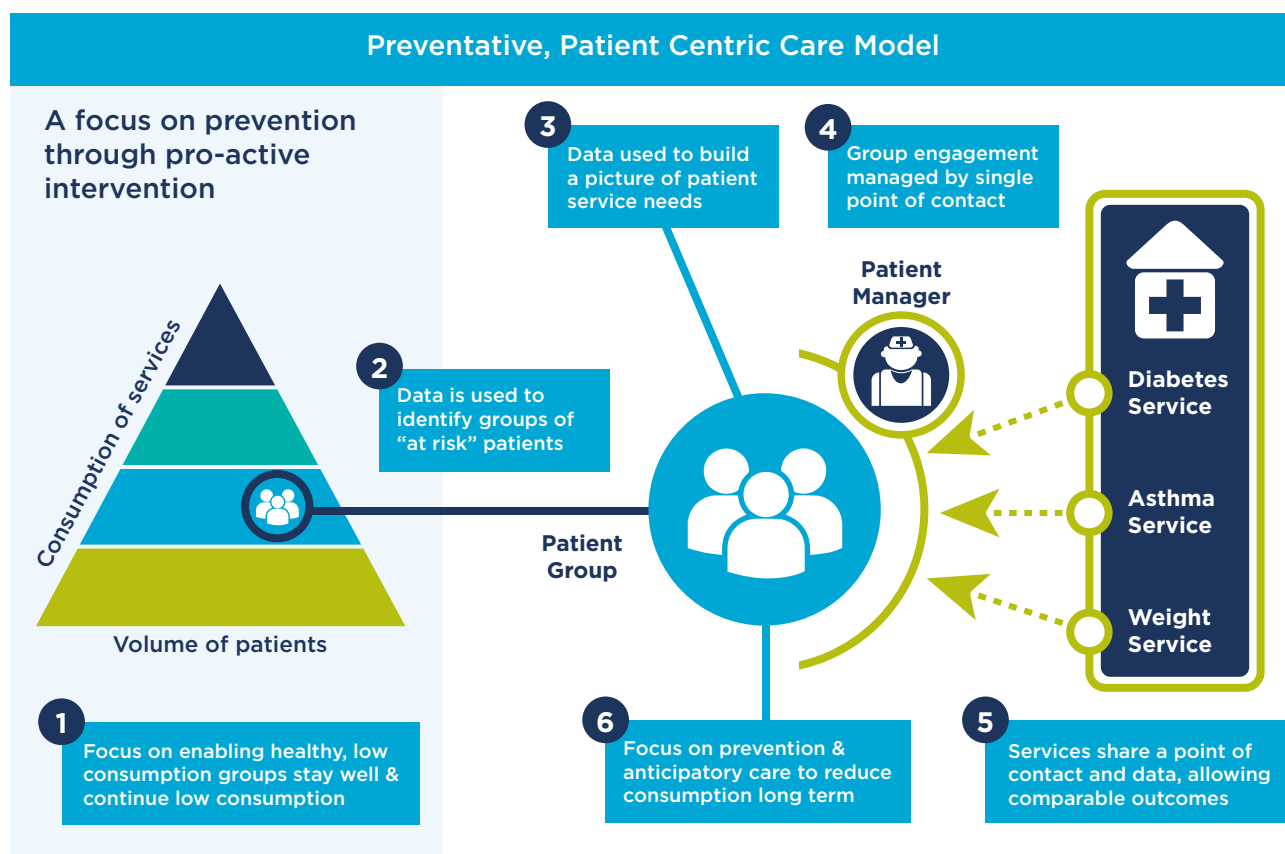
4.2 Population Health Management

Health care services have traditionally been developed to help those who are unwell. As a consequence most of the health care services are focused in primary care, accounting for about 90% of health care interactions and in hospital bed based care accounting for the majority of the remaining care. These services can be traditionally reactive and service-centric. Looking forward we can create a system that is more overtly preventative and person-centric, and which considers the needs of our whole population, not just those presenting for care. In this way we can truly maximise health and limit the need for health care. Although there is much focus on prevention in the Cwm Taf Well-being Plan, the strategic plan for well-being, there is also a clear opportunity to embed this approach into healthcare as we move forward (figure 17):

This approach to improving population health would have the following features:

- Place-based, anticipatory and multidisciplinary well-being & health care for a population of 25,000 - 100,000. This fits well with the natural localities of Rhondda, Cynon, Taff Ely and Merthyr Tydfil as a way of planning and delivering healthcare services in Cwm Taf
- Offering access to information, sign-posting and advice, low-level interventions and more targeted activity for our healthy population and those on edge of care
- Disability Adjusted Life Years (DALYs) used to determine for each cluster population the major causes of illness and death. DALYs are a way to measure the overall disease burden in our communities, including the number of years lost due to ill-health, disability or early death

Figure 17: Preventative, Patient Centric Care Model



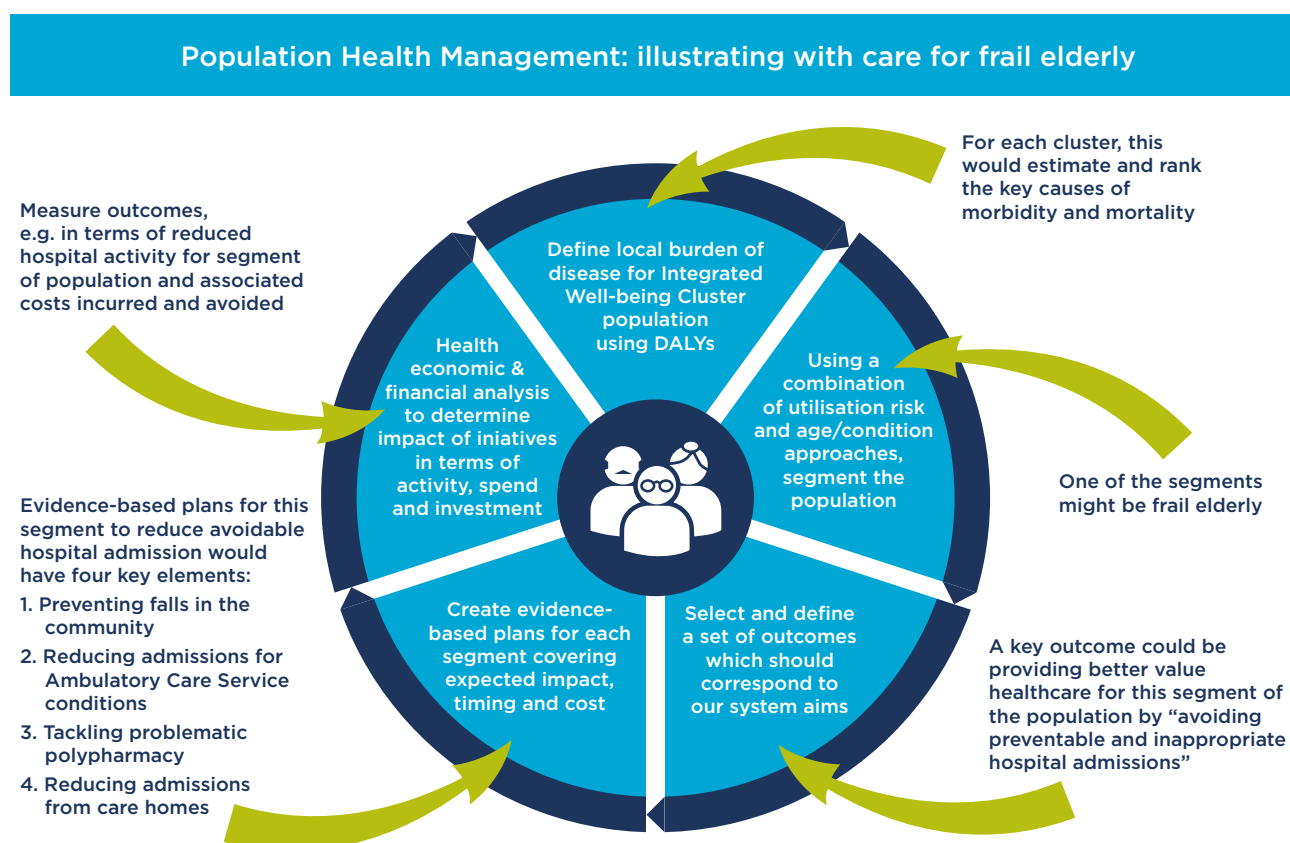
- The population within each cluster will be broken down into segments to enable the risks to health to be considered as well as the evidence base for effective interventions (systematic reviews). Segments may include healthy and non-care-seeking people, those with risk factors for developing disease but currently non-care-seeking, those over 65 with 3 co-morbidities, for example
- Multi-disciplinary teams (MDTs) or 'micro-teams' in clusters organised around subgroups of the population with similar needs based on demographic segmentation analyses. This recognises that many people with different or numerous chronic conditions may have very similar health care needs. Considering these needs as a whole has benefits over treating individual chronic diseases for the patients
- Operates as a combination of virtual networks and integrated physical infrastructure. This provides flexibility in the delivery model to best meet the needs of patients in the community, primary care or in hospital. For example, the MDT, attached to a GP practice, may receive advice from a hospital based specialist over the phone or internet to help a patient in the community and avoid an unnecessary admission
- Offers integrated care across primary, community and secondary care as each cluster is associated with relevant hospital-based specialists. Care can be stepped up or down with ease as appropriate
- Actively researching, implementing and measuring improvements in population health



- Working together with cluster partners, setting system goals and priorities, ensuring that each part of the system is playing its part
- An agreed programme of work to:
 - Determine high impact evidence-based interventions for priority areas,
 - Assess how ongoing interventions contribute to current outcomes, and
 - Measure outcomes and the cost of care
- Promotes:
 - New contracting formats for well-being services provided by the voluntary, community and social enterprise sector (VCSE) and
 - Effective means of community engagement

To illustrate this further, one of the segments of the population that may be considered in terms of their specific needs could be the frail elderly. Figure 18, shows how this model of care could be applied to this segment of our population.

Figure 18: Population Health Management: illustrating with care for frail elderly



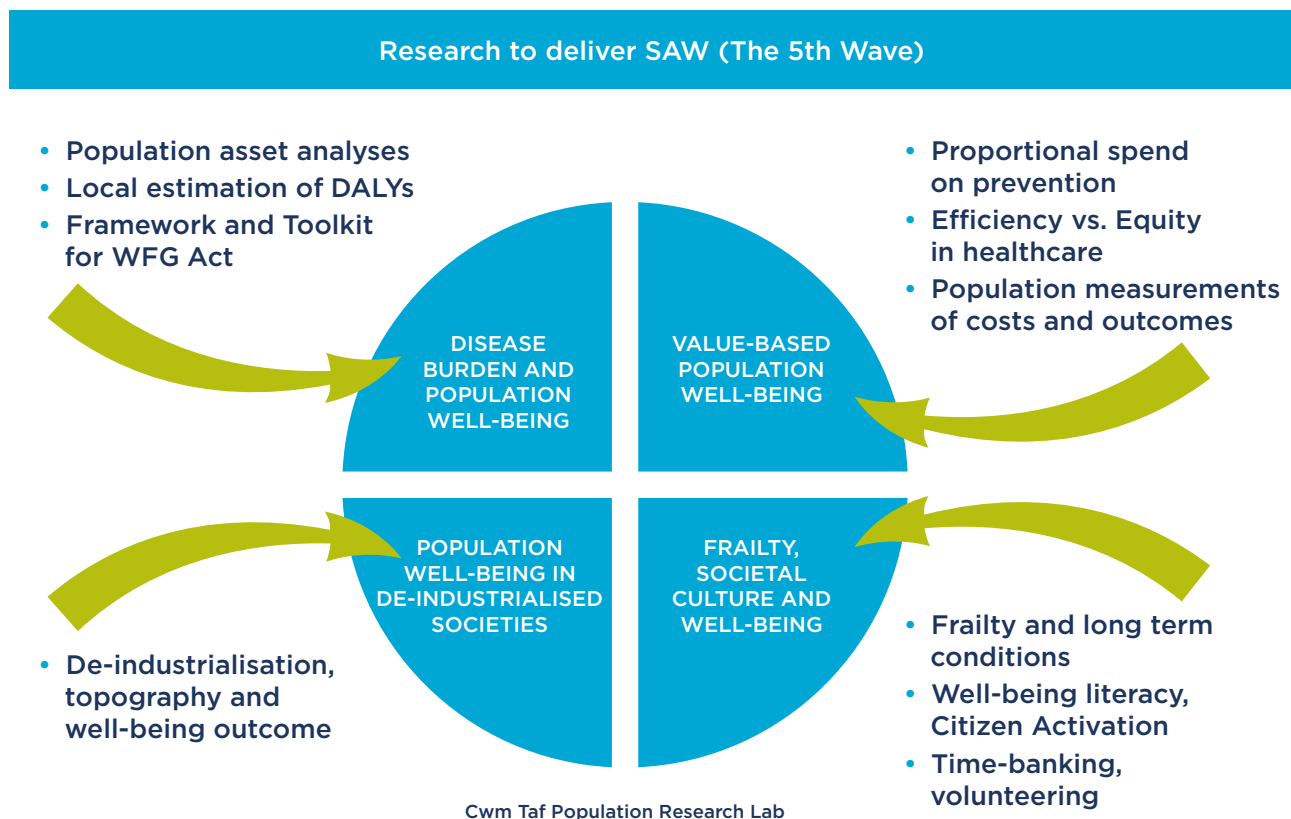
4.3 Population Well-being Research Framework

Any actions that are undertaken to improve well-being in Cwm Taf should be based on the evidence of what works. This usually comes from research locally or elsewhere in the world. Using this evidence base to inform action demonstrates that we are making the best use of the public money available. Sometimes we implement evidence based actions but they still don't work, because there is something different about our population than the population that the original research was undertaken on. Other times there is no evidence to inform the way forward.

The Cwm Taf Population Well-being Research Framework will address gaps in knowledge about our population, gaps in the evidence of effectiveness of interventions and keep evidence up to date as our population changes over time. This will provide information for action locally and allow us to share our knowledge with others throughout the world.

The Research Framework is illustrated in the following diagram and covers four main domains (figure 19):

Figure 19: Research framework to deliver the System-wide Approach to Well-being (SAW)



The key components of this Framework are detailed below:

- **Research integrated into the development** – the Society-wide Approach to Improving Well-being in Cwm Taf will evolve continually. We will look at our changing population, what is working well, what is not and adjust our approach accordingly. Research is an integral part of this development. We will actively seek to move from the framework, to clarifying research questions, identify resources to answer questions, sharing the outcomes and thereby achieving “research activation”
- **Research on raising social capital and leveraging it to deliver population well-being** - the Cwm Taf Well-being Assessment is a first step to articulate our assets within our population that contribute to social capital. Research to better understand our population and increase social capital in the context of our challenges is an important part of the Framework
- **Developing locally relevant frameworks for population asset analyses** – allied to the above are our wider assets, including cultural, environmental, economic and social. We will need to develop frameworks to analyse these assets and their connections
- **Developing alternative methods for estimating the local burden of disease** – using DALYs at a local level to better understand differences between different groups of our populations, in different areas and how we can organise our services to best meet the varying needs
- **Developing toolkit for delivering on the Well-being of Future Generations Act 2015** - as the Well-being Plan is developed and implemented, we will need to ensure the best evidence, information, and intelligence is available to inform local action
- **Developing methods for monitoring trends in spend on prevention in well-being systems** – as more investment in prevention develops, so will the methods to demonstrate any benefits in terms of the return on this investment e.g. less demand for responsive services
- **Research on citizen activation, well-being literacy and self-management in Cwm Taf** - behaviour change is complex and we do not always understand why people change their lifestyles and take responsibility for their own health. Research to better understand this in our population will be an important element
- **Research on balancing health system efficiency and population health equity** – this is the holy grail, ensuring changes to our health system make it more efficient and maximise the impact on reducing health inequalities within our population
- **Elucidating the link between de-industrialisation, topography and well-being outcomes** – to better understand the consequences of the decline in mining and associated heavy industries, the impact of the geography and connections of our valleys and how this impacts on the economy and well-being of Cwm Taf
- **Comparative mortality and determinants in Cwm Taf versus other de-industrialised places** – to better understand the impact on well-being in Cwm Taf compared to other areas of the country or world that have seen similar changes
- **Historical, economic and political influences on mortality and health determinants in Cwm Taf** – to better inform our understanding, influence and actions

5.0 Conclusions and Reflections

Cwm Taf University Health Board and partners on the Public Services Board have a unique opportunity to leverage the Well-being of Future Generations Act and adopt an outcome-focused organisational posture that does not just deliver services or processes of care but continually asks “what difference to population well-being have we made through our services”? For the Health Board, it will mean giving as overt a focus to population health as to cost, quality and experience of care in keeping with the triple aim agenda. For all partners on the Public Services Board, it could mean developing comprehensive outcome-based system key performance indicators to monitor progress, not just on delivery of plans but importantly, on what difference the delivered plans are making. My report shows that we are in a phase of societal transition where the duty of prevention should not be regarded as an exclusive expectation on the discipline of public health but as a collective yet individual clinical and wider public sector workforce responsibility.

Our commitment in Cwm Taf and as a nation to ‘Prudent’ principles means we must appraise our satisfaction with the systems in place for identifying and tackling unwarranted variation in all of our services, e.g. in primary and social care. Such reflection will allow greater transparency of our impact on social and health equity in our population. Evidencing our impact on equity will in turn depend on how we create the context that empowers our staff to become genuine community advocates and how much smarter we become with using the huge amounts of data we have to generate actionable intelligence through innovative analytics on our population, our services and our outcomes. This will no doubt require dedicated investment by all organisations on the Public Services Board. For example, growing Cwm Taf’s capacity and capability for predictive modelling across key demographics, demand and capacity priorities and system outcomes could significantly advance our collective cause.

These outcomes and how quickly we achieve them will depend on a host of interventions but the biggest ‘bang-for-buck’ will come from urgent and collective focus on tackling frailty (and other consequences or associates of an ageing population), obesity, inequalities and loss of well-being.

The Well-being of Future Generations Act is a unique and timely enabler. Objective setting and planning is however placed in the context of related, interfacing and overlapping plans, some under the parallel legislation. It is important therefore that we are continuously aligning system planning in Cwm Taf. In addition, a balance of aspirational and more urgent goals would be very welcome. For example, transforming both digital and transport connectivity in the valleys is key but so is urgent development of specific programmes of work to tackle the poor oral health of children and young people in Cwm Taf in view of its linkages with Adverse Childhood Experiences, a priority for us.

Finally, our collective aspirations for the well-being of Cwm Taf people could be served well by identifying unique features of the valleys population that drive well-being outcomes and creating strong research programmes around them to supply a body of knowledge on population well-being improvement. Our strategic relationships with the three “local Universities” will be crucial to this as will enhancing workforce capability in data science and analytics.

I would welcome the opportunity of working with the organisation and staff to distil and take forward key actions from this report.



6.0 Recommendations

1. “Cwm Taf Well-being”

Explore the value of a new Cwm Taf initiative called “Cwm Taf Well-being”. Its overall aim would be to offer a platform for Cwm Taf public sector staff to become community advocates and embed health and well-being into the culture of the public sector by supporting staff to champion behaviour change for health. This could involve the following:

- Building on the “one small change” initiative
- Exploring how staff might be supported to participate voluntarily in community advocacy, befriending schemes, volunteering. This would build on our ‘Cwm Taf Cares’ values
- Building on existing dynamic directories of health and well-being services in Cwm Taf by managing and populating it more effectively
- Linking and incorporate other non-health goals of the Well-being of Future Generations Act such as sustainability (e.g. carbon footprint-reduction), healthy work, psychological well-being, equity (e.g. equality and diversity support services), community advocacy and links between health and culture (Welsh language, arts, heritage)

2. Planning for population health

Strengthen our approach to planning for population health improvement in Cwm Taf by:

- Using the Integrated Medium Term Plan (IMTP) vehicle to engage health board directorates more effectively in the population health agenda
- Embedding the fifth wave approach in the IMTP through a process-framework for population health that integrates prudent healthcare, prevention, value-based health, population health management and standards for health promotion in health systems
- Further developing the way we do population needs assessments, e.g. by considering methods that augment traditional needs analyses, such as population segmentation and risk stratification

3. Population Well-being Research

Explore the value of establishing a Population Well-being Research Centre in Keir Hardie University Health Park in collaboration with local universities. This could involve:

- Developing and implementing the Cwm Taf Population Well-being Research Framework described in this report, considering alignment and interface with the Primary Care Research Framework
- Enhancing strategic collaborations with the SAIL Data Bank, facilitating clinician and professional training in data science and analytics
- Exploring the possibility of establishing a Public Services Board resource termed “Cwm Taf Analytics”. The overall aim of this unit would be to strengthen aspects of intelligence support for the Public Services Board’s work where there are currently gaps in ownership and responsibility
- Establishing the process and mechanisms for a Cwm Taf-wide system of joined-up data across health and care sectors, police and voluntary/community services. This could build effectively on the progress already made with Our Cwm Taf

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