

Meeting Date	03 December 2024	Agenda Item	4.2
Report Title	Measuring the health of our population		
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Report Sponsor	Jennifer Davies, Executive Director of Public Health (Interim)		
Presented by	Jennifer Davies, Executive Director of Public Health (Interim)		
Freedom of Information	Open		
Purpose of the Report	<p>This report provides:</p> <ul style="list-style-type: none"> Information on the progress made to date in developing strategic indicators to support Strategic Objective 1 of the Health Board's vision. An outline of the planned approach towards developing system indicators to support Strategic Objective 1. 		
Key Issues	<ul style="list-style-type: none"> There is a need to be able to monitor and measure the overall health of our population, in line with our Population Health Strategy. Many of these indicators are long term and require action by a range of partners, in partnership, to achieve. Achieving the Health Board's vision for a high-quality organisation and strategic objectives requires collaboration with partners across the system. Data availability to demonstrate progress towards strategic objective 1 is variable and often doesn't capture the complexity of the system. Given the nature of the indicators, there is also a need to develop and agree a set of system indicators that will focus attention and action internally within and across the Health Board, stimulating action across the 4 pillars. Individual strategic and system indicators may not capture all the factors that contribute to population health and wellbeing. Capability and capacity to develop and utilise population health intelligence methods, tools and infrastructure is fundamental in being able to make intelligence informed decisions that increase allocative and technical efficiency in our financial allocations in support of population health outcomes. Given our current targeted intervention status and financial constraints, the ability to re-think our current resource allocation based on intelligence & insight has never been greater. Capacity and capability to do undertake this work remains a constraint. Recruitment to increase capacity has not yet been approved / possible. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Be assured of the work to date in development of strategic and system indicators to support Strategic Objective 1. Consider the constraints and risks to progressing the work at pace. 		

MEASURING THE HEALTH OF OUR POPULATION

1. INTRODUCTION

This paper seeks to provide the Committee with the background to and current progress towards, the strategic and system indicators to support the implementation of the Population Health Strategy.

2. BACKGROUND

In November 2023, the Health Board refreshed its vision and agreed five strategic objectives. As part of that, the Marmot Policy Objective areas from our Population Health Strategy, was used as the framework for strategic objective 1 (see below). This, along with the other strategic objectives were intended to be able to describe the future state against each of these, what this looks like and how success will be measured.

Our refreshed Strategic Objectives –aligned to ‘a Healthier Wales’ articulate the future state of Swansea Bay UHB as a high-quality organisation. We have set out what this looks like for our population, communities, staff, partners and services and are developing strategic indicators that will tell us if our efforts are delivering our objectives.

People of Swansea Bay live healthier, equitable and more equal and prosperous lives



- Every child has the best start in life
- All children, young people and adults are enabled to maximise their capabilities and have control over their lives
- Good work and fair employment is created for all
- A healthy standard of living is ensured for all
- Healthy and sustainable places are created through placemaking
- The role and impact of ill-health prevention is strengthened
- Racism, discrimination and their outcomes are tackled
- Environmental sustainability and health equity are pursued together

Care is high quality, safe, efficient and delivers the best possible outcomes for people



- Care is safe, it helps people and avoids harm
- Care is evidence based, effective and improves outcomes
- Care is timely and delivered by the right person in the right place
- Care is efficient
- Care delivers equitable outcomes regardless of demographic, socioeconomic or geographic factors
- Care is person centred and delivered with compassion, dignity and mutual respect

Care is delivered in safe and appropriate settings supported by innovative digital solutions



- Care is delivered around the patient in the most appropriate setting as close to home as possible supported by digital and data solutions
- Care settings are fit for purpose, appropriately designed and equipped
- Secure, trusted and insightful data and digital platforms empower staff to deliver more and higher quality care and improved patient outcomes and population health
- We have a digitally inclusive culture, where patients, clinicians and non-clinical colleagues work collaboratively to create effective and efficient services and patients are empowered to make informed and meaningful choices about their health and care
- Through where and how they are delivered, services contribute to the environmental, economic, social and cultural well-being of Swansea Bay

The health board is a great place to work where staff feel valued and work together towards a common goal



- Our Workforce is engaged, motivated and healthy; they feel valued, fairly-rewarded and supported
- The Health Board is recognised as an employer of choice
- We have a well planned workforce with the right number of skilled people working on the right things
- People feel ready for our digital future
- People are supported to develop the skills and capabilities they need
- People role model collective and compassionate leadership and live our values
- We are diverse and inclusive, ensuring all voices are heard

The health board is a resilient, financially sustainable and responsible organisation



- The health board is financially balanced and able to invest in service transformation and change
- Decisions are made balancing short-term improvements and long-term impacts
- Resources are used efficiently and proportionately, reducing waste and variation
- The environmental impact of health care delivery in Swansea Bay is minimised
- The health board invests in and works with others locally and responsibly, using our assets to positively contribute to the community
- Citizen stakeholders are meaningfully involved and engaged in decision making
- The health board has the capacity to effectively plan for and respond to incident and emergencies

It was recognised at Board of the need to work in partnership to develop metrics that can be used to track progress against the objectives, in the medium to long term. For those in support of strategic objective 1, this has involved workshops with internal and external partners, using an agreed set of criteria for choice of indicator and assessment of the data availability and quality to support the indicators. These are shown below.

➤ Strategic Indicators to support Strategic Objective 1

The proposed strategic indicators to support Strategic Objective 1 are listed below.

Quality aspect	Strategic Indicator	Definition	Data availability
Every child has the best start in life	Child poverty locally	Proportion of children living in poverty before housing costs are taken into account	At Wales, SBUHB footprint, and LA level. Updated annually.
	Low birth weight	Proportion of babies born with a low birth weight	At Wales, SBUHB footprint, and LA level. Updated annually. Analysis by gender and deprivation
All children, young people and adults are enabled to maximise their capabilities and have control over their lives	Level of economic inactivity among young people	Proportion of young people aged 16-24 years not in education, employment or training	At Wales level. Updated annually.
	Mental well-being of adults	Average Warwick-Edinburgh Mental Well-Being Scale score of adults	At Wales, SBUHB footprint, and LA level. Updated annually. Analysis by gender, deprivation, disability and age.
Good work and fair employment is created for all	Level of unemployment	Unemployment rate for the local population	At Wales, SBUHB footprint, and LA level. Updated annually. Analysis by gender.
	Ability to live on the income from employment alone	Proportion of those in employment who are claiming benefits	At Wales, SBUHB footprint, and LA level. Update frequency to be agreed.
A healthy standard of living is ensured for all	The ability to afford everyday goods	The proportion of people surveyed who report being able to afford everyday goods	At Wales, SBUHB footprint, and LA level. Updated annually. Analysis by gender, deprivation and age.
Healthy and sustainable places are created through placemaking	Level of social isolation	Proportion of people surveyed who report feeling lonely	At Wales, SBUHB footprint, and LA level. Updated annually. Analysis by gender, deprivation, age and disability.
	Air quality	Level of NO2 in the air	At Wales, SBUHB footprint, and LA level. Updated annually.
The role and impact of ill-health prevention is strengthened	Preventable mortality	Proportion of deaths locally that could have been mainly avoided through effective public health and primary prevention interventions	At Wales and SBUHB footprint level. Updated annually. Analysis by gender.
	Level of inequality in the ability to lead a long, health life	Gap in health life expectancy between those in the most and least deprived quintiles	At Wales and SBUHB footprint level. Updated annually. Analysis by gender.
Racism, discrimination and their outcomes are tackled	Level of hate crime*	tbc	tbc
Pursue environmental sustainability and health equity together	Active travel*	tbc	tbc
	Greenhouse gas emissions per capita*	tbc	tbc

*The strategic indicators for quality element 7 and 8 require further refinement as they do not sit in isolation from the other quality descriptors but represent aspects of the others that need to be highlighted.

The strategic indicators for Strategic Objective 1 are currently being incorporated into a dashboard to enable them to be visually reviewed easily. Below are some screenshots of the early stages of developing a dashboard.

Screenshot of dashboard in development

Swansea Bay's Strategic Objective One

Introduction

Our Vision

System Indicators

Bring together the key strategies and policies in one place: Wellbeing Objectives, Population Health Strategy, People Strategy, Digital Strategy and Quality Strategy.

To be developed in the future.

Every child has the best start in life

A healthy standard living is ensured for all

Healthy and sustainable places are created through placemaking

All children young people and adults are enabled to maximise their capabilities and have control over their lives

Good work and fair employment is created for all

The role and impact of ill - health prevention is strengthened

Proposed content for Quality aspect 1:

Population Health Status of Swansea Bay

Introduction

Our Vision

System Indicators

[Marmot explanation]
[Purpose of this dashboard]
[link to PHS]

[SBUHB vision]
[links to other Strategic Objectives]

[links to system indicators for Strategic Objective 1 – to be developed in future]

Every child has the best start in life

Why does child poverty matter?

Poverty affects children's current and future physical and mental health. Ranging from a family's ability to access food and heating to be unable to take part in sports clubs or school trips.

20% of children in Swansea Bay are living in poverty

[time trend graph to be included in future – data reporting only started in 2024]

Health inequalities

We know that child poverty rates are higher in:

- Minority ethnic groups
- Households where someone is disabled
- Households with younger children
- Larger families
- Households with an informal carer
- Households in social rented and private rented accommodation

Why does low birth weight matter?

Low birth weight is associated with infant mortality, life expectancy, disability, low educational achievement, and later development of health conditions such as diabetes and CVD.

Health inequalities

We know that the likelihood of a low birth weight is higher in babies born to:

- Minority ethnic groups
- Women living in the most deprived areas
- Mothers who smoke
- Teenage mothers
- Mothers with alcohol misuse during pregnancy

Why does mental wellbeing during pregnancy matter?

If left untreated, mental ill health can have lasting effects on the woman, the fetus, and the wider family. It can also be a key opportunity to break the cycle of intergenerational ACEs.

40% of women reported a mental health condition at their initial assessment in Swansea Bay

Health inequalities

We know that rates of perinatal mental health conditions are higher in:

- Younger mothers
- Women from non-white ethnic groups
- Those living in rural areas

There are also inequalities in which women are asked about their mental health antenatally and postnatally by ethnic group.

6% of babies born in Swansea Bay have a low birth weight

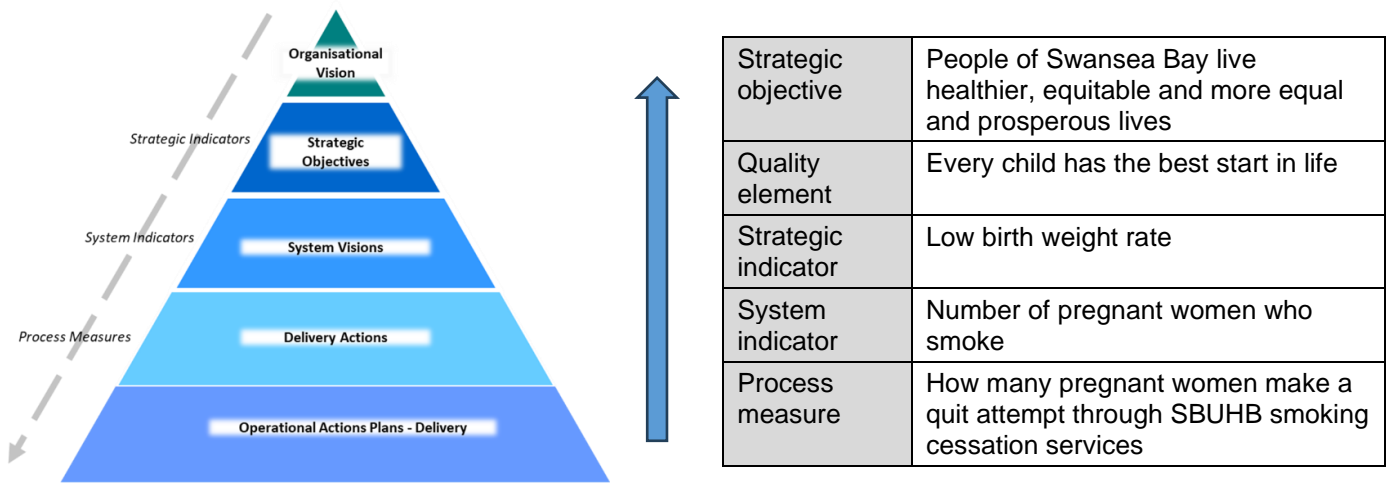
Negotiations with the organisations which publish these data are ongoing and data system compatibility may lead to further adjustments to the strategic indicators included. The proposed content for each Quality element of the Strategic Objective 1 is available in Appendix A

➤ **System Indicators to support Strategic Objective 1**

The nature of Strategic Objective 1 is how the Health Board works in partnership and the strategic indicators require effective partnership working to be achieved. The system indicators are intended to represent a measure of how effectively SBUHB is contributing to the overall strategic indicators, through the 4 pillars.

The Strategic Indicators are identified key components of the strategic objective. There are many other indicators that contribute to population health and wellbeing. Work is now underway to develop ‘system’ indicators to support of those identified under Strategic Objective 1.

The system indicators that are currently in development represent other elements of work needed across the system with partners to achieve the strategic objective. They seek to draw a clear line of sight between the work of SBUHB in delivering population health through its processes and the contribution of the organisation to improving the strategic indicators. For example:



However, the line of sight between process measures, system indicators and strategic indicators is often not as clear. For example, child poverty was identified as a strategic indicator as it is a key representative component of every child having the best start in life. Yet child poverty is not the result of system indicators such as pregnant women smoking. Child poverty may contribute as a cause of low birth weight.

Pillar 1- Healthcare Provider	Pillar 2- Employer	Pillar 3- Anchor Institution	Pillar 4- Productive Partner
<ul style="list-style-type: none"> Increased completeness of records - ethnicity, employment status, WIMD etc. Mental wellbeing of women who are pregnant Breastfeeding at 10 days Uptake of childhood immunisations Compliance with Healthy Child Wales Programme Children aged 4-5 who are obese Maternal smoking rates Maternal weight Under 18s conception rate Number economically inactive long-term sick Preventable mortality Smokers making a quit attempt Mortality due to cancer & CVD Proactive approach to pathways supporting people back into employment due to LTC/drug & alcohol use Schools engagement in healthy schools programme (Mentally healthy schools and ensure children can cope with stressors in schools) 	<ul style="list-style-type: none"> Learners in apprenticeships Employees earning below real living wage Leaver rate Sickness absence rate Disposable income available Households in material deprivation Method of travel to the workplace Volunteering Self-reported good health Uptake of influenza / COVID vaccination Staff health and wellbeing score % of local people / target populations recruited into employment in LHB People from local / target populations starting training or hired to work in LHB by band (number) % staff in each band / staff group who are local; % in target populations 	<ul style="list-style-type: none"> Procurement policies in place which require suppliers to recruit and employ local people Procurement spend on suppliers in SBUHB footprint Proportion chain franchises vs local providers in hospitals Procurement of voluntary and CIC / social enterprise suppliers 10% social value weighting in all contracts (yes/no) Average social value weighting across all contracts in last year, weighted by value of contract (%) % of annual addressable spend that is with local / target organisations Provisions for local community use including org strategy for new building & estates development (green space) % renewable electricity purchased Total carbon equivalent emissions resulting from building energy use % fleet vehicles that are LEV Interventions in place for staff, patients and community to promote sustainable travel options e.g. EV charging points, ride share, car pool schemes, bike parking; Staff business mileage claims by mode of transport 	<ul style="list-style-type: none"> Low birth weight Level of economic inactivity in young people Quality of housing Level of social isolation Air quality Households prevented from becoming homeless Excess winter mortality Admissions attributable to smoking Consultations engagement LDP engagement Play strategies which support young people develop skills Progress against Journey Checker baseline

4-Pillar approach to system indicators



Process measures → System indicators → Strategic indicators

	Healthcare provider	Employer	Anchor institution	Productive partnerships
<i>Example: Every child has the best start in life</i>				
Strategic indicator				Child poverty
Potential system indicators	Breast-feeding at 10 days Uptake of childhood immunisations Maternal smoking rates		Children who are obese	Low birth weight
<i>All children, young people and adults are enabled to maximise their capabilities and have control over their lives</i>				
Strategic indicator				Level of economic inactivity in young people Mental well-being in adults
Potential system indicators	Under 18s conception rate	Learners in apprenticeships	Adults with qualifications	
<i>Good work and fair employment is created for all</i>				
Strategic indicator				Level of unemployment Ability to live on income from employment
Potential system indicators	Number economically inactive long-term sick	Employees earning below real living wage Leaver rate Staff sickness absence	Pay gap between groups	
<i>A healthy standard of living is ensured for all</i>				
Strategic indicator				Ability to afford everyday goods Quality of housing
Potential system indicators	Disposable income available Households in material deprivation			
<i>Healthy and sustainable places are created through placemaking</i>				
Strategic indicator				Level of social isolation Air quality
Potential system indicators	Referrals to social prescribing	Method of travel to the workplace Volunteering	Procurement spend on suppliers in SBUHB footprint	Households prevented from becoming homeless Excess winter mortality
<i>The role and impact of ill-health prevention is strengthened</i>				
Strategic indicator				Gap in healthy life expectancy Admissions attributable to smoking
Potential system indicators	Preventable mortality Smokers making a quit attempt Mortality due to cancer and CVD	Self-reported good health Uptake of influenza vaccination		

The current list of potential indicators is available in Appendix B. These are still in development and have not yet been assessed for data quality and availability.

3. GOVERNANCE AND RISK ISSUES

This work is led by Strategy and there is oversight by Management Board within SBUHB.

Risks associated with the work include:

- Capacity and capability to undertake this work remains a constraint. Recruitment to increase capacity has not yet been approved / possible.
- Achieving change in the strategic indicators for Strategic Objective 1 requires collaboration with external partners across the system. Without this they are unlikely to change over time.
- Potential mis-alignment with the work of external partners such as the PSBs who are currently developing a set of health and wellbeing indicators for the local populations for use in future Well-being Assessments (see Appendix C).
- Data availability for the strategic and system indicators for Strategic Objective 1 relies on continued data collection and data sharing by external organisations. This may cease or vary in its timeliness in future. Regular review of the suitability of strategic and system indicators used is therefore recommended.
- The five Strategic Objectives focus on different elements of high quality. For example, Strategic Objective 1 focuses on the Health Board's responsibility for the health of the whole of the population of Swansea Bay. Strategic Objectives 2 and 3 focus on subpopulations of this who are in receipt of healthcare. Strategic Objective 4 focuses on Health Board staff as a subpopulation. While Strategic Objective 5 focuses on the Health Board as an organisation. This makes alignment between the strategic and system indicators challenging as they are often operating at different system levels.
- There are many factors that contribute to the health of the population and not all will be captured as indicators. It is important not focus action on a few selected system indicators and lose sight of the many other contributing factors to the strategic indicators. Otherwise work by the organisation on one contributing factor may be cancelled out by inadvertently worsening another contributing factor (that hasn't been identified as an indicator). For example, establishing a weight management service but providing unhealthy eating environments on site.
- There are increasing levels of expectations and scrutiny in terms of public sector spending that supports our approach to prevention and aligned with the well-being goals, the five ways of working and corporate areas of change.

4. FINANCIAL IMPLICATIONS

The initial financial commitment to progress this work has been outlined in previous papers. The proposals developed were intended to draw on the population health reserved funds, to meet the initial costs, recognising that any work arising out of the developmental programmes was not possible to predict or quantify currently.

As with all other Health Boards, we are facing significant financial challenges. This necessitated a review of timescales and reliance on existing capacity and capability only, to progress this work. This has led to delays and will continue to impact on the work/progress possible. A proposal is in place to recruit to create additional capacity, working jointly between Digital and Public Health, to take this work forward and add much needed capability and capacity. The job description has been developed and a decision is awaited on whether we will be able to progress to recruitment in the near future.

5. RECOMMENDATION

Members are asked to:

- Be **assured** of the work to date in development of strategic and system indicators to support Strategic Objective 1.
- **Consider** the constraints and risks to progressing the work at pace.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>	
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Identifying and monitoring strategic and system indicators by the organisation will enable overview of quality, safety and patient experience and help to identify suitable areas for action.		
Financial Implications		
This work is being undertaken internally and has no financial implications other than the redirection of staff resource within Public Health, Strategy and Digital teams.		
Legal Implications (including equality and diversity assessment)		
No legal implications identified. Identifying and monitoring the organisation's role in addressing the wider determinants of health and health inequity in our population supports fulfilling our legal duties under the Equality Act, Socioeconomic Duty and WCFG.		
Staffing Implications		
This work is being undertaken internally and involves the redirection of some staff resource within Public Health, Strategy and Digital teams.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Work to address indicators of population health and well-being incorporates a prevention ethos and delivery is contingent on collaboration among partners to deliver better outcomes for our population.		
Report History		
Appendices	APPENDIX A: Proposed content for Strategic Objective 1 dashboard APPENDIX B: Long-list of proposed system indicators for Strategic Objective 1 APPENDIX C: Compatibility with PSB collaboration on future Well Being Assessment indicators initial draft	