

## **A Healthier Gwent: Measuring Progress**

### **Situation**

At the June 2021 meeting of the G10 Group it was agreed that the next step towards 'A Healthier Gwent' was to agree some short, medium and long term objectives to reduce health inequalities across Gwent. To be an effective catalyst for transformational change, it will be important that any Healthier Gwent objectives are Specific, Measurable, Achievable, Relevant and Time-bound.

This paper describes the well-established, specific and measurable indicator sets that are already available for monitoring both the causes of health inequalities and whether inequalities are widening or closing at population level outcomes. Given the expertise and resource that has gone into the development of these indicator sets, the paper recommends selecting the most achievable and relevant indicators for Gwent as part of the development of the Gwent Public Service Board Wellbeing Objectives.

The short term (two years) and medium term (five years) objectives will need to focus on measures of system transformation and reducing inequality in uptake of preventative healthcare interventions e.g. screening, immunisation and smoking cessation services. The longer term (ten years) objectives should articulate the ambition in terms of reducing inequalities in population health outcome measures e.g. premature mortality, which will take longer to achieve measurable change.

### **Background**

#### Health Inequalities in Wales were Widening before the COVID-19 pandemic

A study by Cardiff University and Public Health Wales published in March 2021 concluded that even in the decade before Covid-19, the gap in life expectancy between people living in the most and least deprived areas in Wales was widening, particularly for women. Female life expectancy in the most deprived areas rose by 1.2 years between 2002 and 2018 but in the least deprived areas the increase was 2.53 years. For men in the most deprived areas, life expectancy rose 1.97 years between 2002 and 2018, whereas in the least deprived areas it increased by 3.02 years.

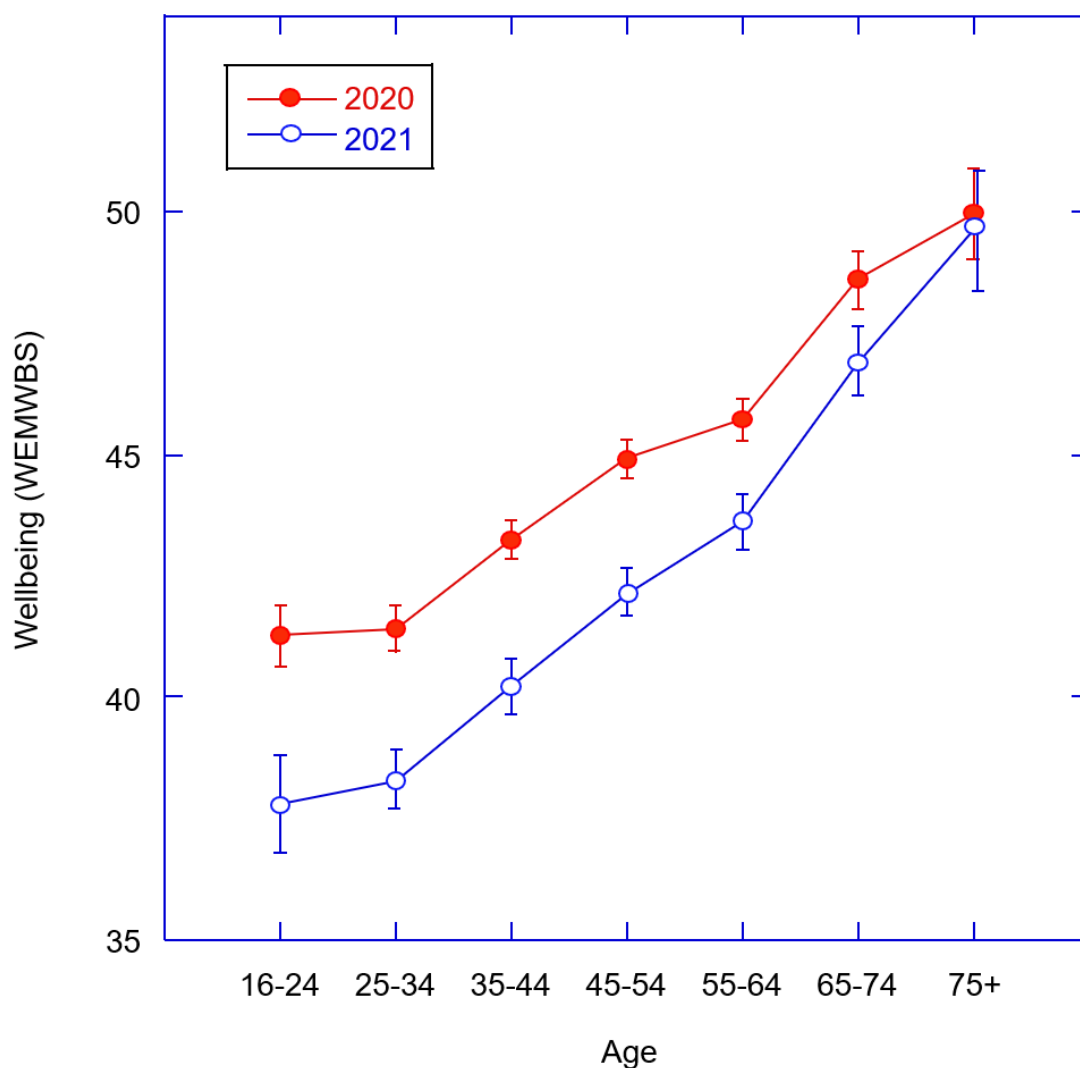
The widening of health inequalities in Wales in the decade before the pandemic is consistent with the findings of '*Health Equity in England: The Marmot Review 10 Years On*' (Instituted of Health Equity, February 2020). The report concluded that as in 2010, the more deprived the area, the shorter the life expectancy, but this social gradient had become steeper over the last decade. For women living in the most deprived 10% of areas in England, life expectancy fell from 2010-12 and 2016-18.

### The COVID-19 Pandemic has Widened Inequalities in Mental Wellbeing

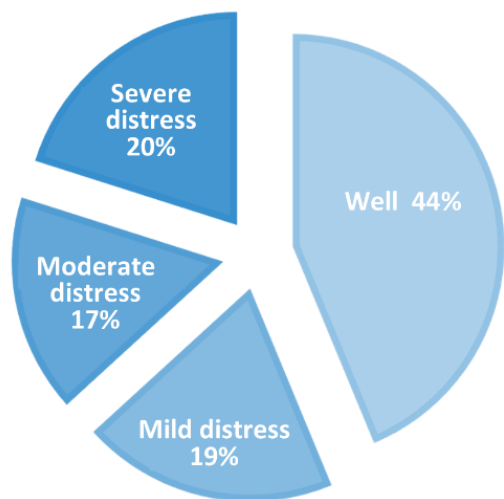
The key findings of a recent study conducted by Swansea University, Cardiff University and ABUHB were:

1. Levels of psychological wellbeing were lower in the second survey (January to March 2021) compared to the first survey (June to July 2020) which were already much lower compared to pre-COVID-19 data.
2. Wellbeing continues to be lower in women, young adults and individuals living in deprived areas.
3. The gap in wellbeing between younger and older adults continues to broaden.

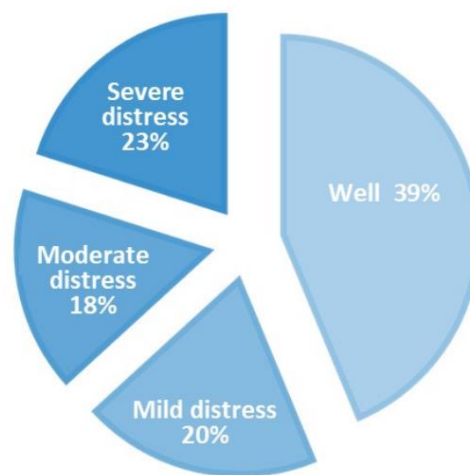
The Warwick-Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007) was used to measure changes in mental wellbeing between the first survey in June to July 2020 and the second survey in January to March 2021.



The Kessler Distress Scale (K10; Kessler, et al., 2002) was used to measure psychological distress.



June to July 2020



January to March 2021

The study found exposure to certain stressors increased the chances of someone experiencing moderate to severe psychological distress (K10 > 24). An odds ratio of 3.7 means being 3.7 times more likely to be experiencing psychological distress due to exposure to this stressor

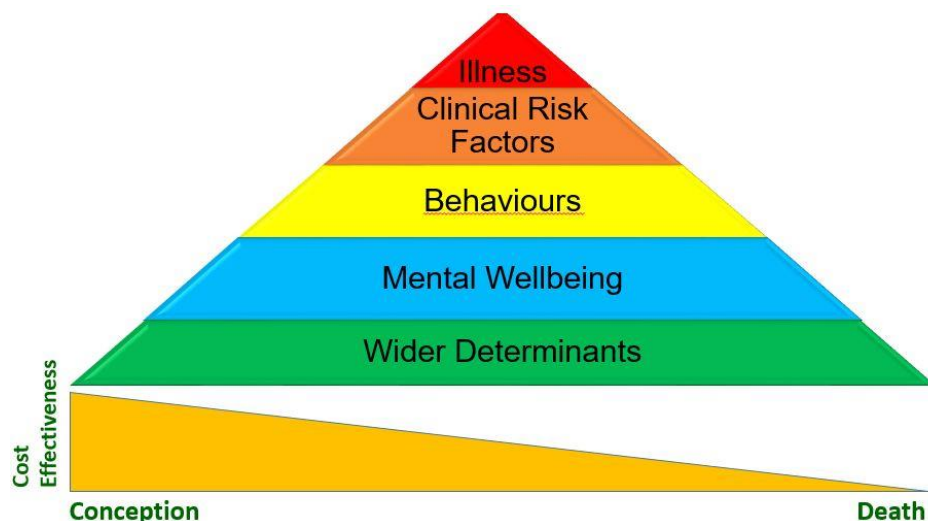
Stressor	Odds Ratio
<b>Food insecurity</b>	<b>3.7</b>
<b>Domestic abuse</b>	<b>3.4</b>
<b>History of mental health difficulties</b>	<b>3.2</b>
<b>Social Isolation</b>	<b>2.8</b>
<b>Relationship problems</b>	<b>2.6</b>
<b>Financial problems</b>	<b>2.3</b>
<b>Difficulty accessing healthcare</b>	<b>2.3</b>
<b>Major COVID-19 symptoms</b>	<b>1.7</b>

The study identified some factors that have helped to protect people's wellbeing throughout the stressful effects of the pandemic:

- Individuals with high levels of **hope for the future** were **7.8** times less likely to experience moderate to severe psychological distress.
- Individuals with high levels of **social connectedness** were **5.7** times less likely to experience moderate to severe psychological distress.
- Individuals with high levels of **resilience** were **4.8** times less likely to experience moderate to severe psychological distress.

### Good Mental Wellbeing is the Foundation for Good Physical Health

Mental wellbeing influences lifestyle behaviours which in turn determine risk of developing clinical risk factors such as high blood pressure which ultimately lead to illnesses such as cancer and cardiovascular disease.



Inequalities in the social (wider) determinants of health are the root cause of inequalities in physical health (illness) through their effect on mental wellbeing. The opportunities to effectively intervene to improve the wider determinants of health, particularly educational attainment and access to good work, are greatest early in life and reduce over the life course, as illustrated by the figure above created by Public Health Wales.

## **Assessment**

### Measuring Progress towards A Healthier Gwent

At the G10 June 2021 meeting, it was agreed that the next step towards achieving A Healthier Gwent should be to agree a collective set of short, medium and long-term strategic objectives to reduce health inequalities across Gwent. With the formation of the Gwent Public Service Board (PSB), there is an opportunity to incorporate the development of Healthier Gwent objectives into the process of developing and agreeing a collective set of Gwent PSB Well-being Objectives.

To be an effective catalyst for transformational change, it will be important that the Gwent PSB Well-being Objectives to reduce health inequalities are as Specific, Measurable, Achievable, Relevant and Time-bound as possible.

There are well established, specific and measurable indicator sets for monitoring both the causes of health inequalities and whether inequalities are widening or closing at population level outcomes (see sections below). Given the expertise and resource that has gone into the development of these indicator sets, it would seem prudent to follow a local process to select the most relevant and achievable indicators for Gwent, as happened in Greater Manchester (see section below).

The Director of Public Health (DPH) Annual Report '*Building a Healthier Gwent*' (July 2019) identified the evidence based, local actions that collectively have the potential to reduce health inequalities across Gwent. The involvement process that followed the publication of *Building a Healthier Gwent* sought to identify which of the range of potential evidence based, local actions summarised in the report seemed to people across Gwent to be the most relevant and achievable. A summary of the conclusions of that process was presented to G10 in December 2019. That involvement process was limited in scope and there is an opportunity to broaden the discussion as part of the Well-being Assessment process to inform the development of Gwent PSB Well-being Objectives.

In the short term (two years) to medium term (five years), objectives to reduce health inequalities will by necessity need to focus on measures of system transformation and reducing inequality in uptake of preventative healthcare interventions e.g. screening, immunisation and smoking cessation services. In the longer term (ten years) Wellbeing Objectives could articulate the ambition in terms of reducing inequalities in population health outcome measures e.g. premature mortality, which will take longer to achieve measurable change.

The ambition statement in the *Building a Healthier Gwent* report provides a starting point for discussion about what is achievable and realistic by 2030.



### Marmot Indicators

A set of 'Marmot Indicators' was developed to monitor progress in reducing health inequalities based on the recommendations in the original Marmot Review '*Fair Society, Healthy Lives*' (2010). Those indicators were:

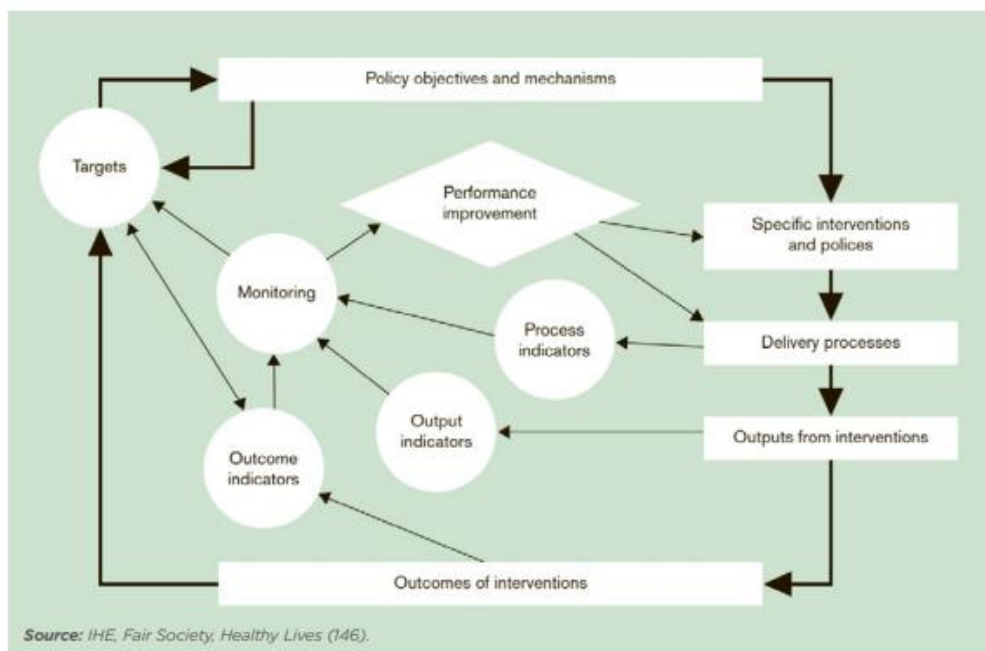
- Healthy life expectancy at birth – males and females
- Life expectancy at birth – males and females
- Inequality in life expectancy at birth – males and females
- People reporting low life satisfaction
- Good level of development at age 5
- Good level of development at age 5 with free school meal status
- GCSE achieved (5A\*-C including English & Maths)
- GCSE achieved (5A\*-C including English & Maths) with free school meal status
- 19-24 year olds who are not in employment, education or training
- Unemployment % (ONS model-based method)
- Long-term claimants of Jobseeker's Allowance
- Work-related illness
- Households not reaching Minimum Income Standard
- Fuel poverty for high fuel cost households
- Utilisation of outdoor space for exercise/health reasons

### Marmot Beacon Indicator Set

In June 2021, the Institute of Health Equity (IHE) published a further report 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives' (the Greater Manchester report). The purpose of the report was 'to provide evidence of the health inequality challenges the (Greater Manchester) City Region will face post-pandemic and to make recommendations to monitor and reduce them'.

The report suggests that (page 107): 'the success of any strategy that aims to reduce health inequalities requires, at a minimum, the monitoring of performance in addressing inequalities in health and its social determinants. In view of the often lengthy pathways from action on the 'causes of the causes' of health inequalities to their final impact on levelling up health outcomes, the indicators need to include those relating to input, output and outcomes. These need to be sufficiently timely to feed into a continual process of monitoring and review of the effectiveness of actions in contributing to achieving health inequality reduction. This is illustrated in Figure 55'

Figure 55. Framework for indicators and targets



Chapter 5 of the IHE's Greater Manchester report describes the process that was followed to develop a 'Marmot Beacon Indicator Set' through a local prioritisation process informed by a World Health Organisation (WHO) indicator set. Candidate indicators were grouped under the following subheadings (page 109):

- Health system activity
- Health system quality and quality of support services
- Non-communicable disease risk factors
- Mental health
- Human rights abuses and discrimination
- Safety in the home and in the community
- Community participation and perceptions around community cohesion
- Pollution and the environment
- Poverty and food scarcity
- Employment and social assistance programmes
- Transport and infrastructure
- Media and press monitoring

Public Health Outcomes Framework for Wales

The Public Health Outcomes Framework reporting tool contains more than 40 key indicators for monitoring health and well-being throughout Wales. The framework was developed and published by Public Health Wales in partnership with Welsh Government in March 2016 following 15 months of development, engagement and consultation.



Public Health Outcomes Framework reporting tool  
Indicator map

- ✓ = Data available
- ✓ = Data have been updated since last refresh
- NI = National Indicator
- \* = Indicator reports using pre-April 2019 health board boundaries

	Local and health board			Characteristics				Sub local authority			Evidence summary		
	Local authority	Health Board	Trend	Deprivation/FAS	Rural/Urban	Sex	Age breakdown	Disability	USOA	MSOA		LSOA	
1 Life expectancy at birth	✓	✓	✓	✓	✓	✓			✓	✓			
2 Healthy life expectancy at birth	✓	✓				✓							
3a Mental well-being among children and young people NI				Not currently available								✓	
3b Mental well-being among adults NI	✓	✓		✓	✓	✓	✓	✓					✓
4 The gap in life expectancy at birth between the most and least deprived	✓	✓				✓							
5 The gap in healthy life expectancy at birth between the most and least deprived NI				Not currently available									
6a Gap in mental well-being among children and young people				Not currently available									
6b The gap in mental well-being between the most and least deprived among adults				Not currently available									
7 Children living in poverty	✓								✓	✓			
8 Young children developing the right skills NI						✓							
9 School leavers with skills and qualifications NI	✓	✓		✓	✓	✓			✓	✓			
10 School leavers with essential literacy and numeracy skills				Not currently available									
11 People able to afford everyday goods and activities NI	✓	✓		✓	✓								
12 People in education, employment or training NI			✓			✓	✓						
13 Gap in employment rate for those with long term health condition	✓	✓		✓	✓	✓	✓						✓
14 A sense of community NI	✓	✓		✓	✓	✓	✓	✓					
15 People who volunteer NI	✓	✓		✓	✓	✓	✓	✓					
16 People feeling lonely NI	✓	✓		✓	✓	✓	✓	✓					✓
17 Quality of housing NI	✓	✓											
18 Quality of the air we breathe NI	✓	✓	✓						✓	✓			
19 Physical activity in adolescents	✓	✓		✓	✓								✓
20 Adolescents who smoke	✓	✓		✓	✓	✓							✓
21 Adolescents using alcohol	✓	✓		✓	✓								✓
22 Adolescents drinking sugary drinks once a day or more	✓	✓		✓	✓								✓
23 Adults eating five fruit or vegetable portions a day	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
24 Adults meeting physical activity guidelines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
25 Adults who smoke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
26 Adults drinking above guidelines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
27 Teenage pregnancies	✓	✓	✓						✓				✓
28 Smoking in pregnancy	✓	✓											✓
29 Breastfeeding at 10 days	✓	✓		✓	✓								✓
30 Vaccination rates at age 4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
31 Low birth weight NI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
32 Children age 5 of healthy weight	✓	✓	✓	✓	✓	✓			✓	✓			✓
33 Adolescents of healthy weight	✓	✓		✓	✓								✓
34 Tooth decay among 5 year olds	✓	✓		✓	✓								✓
35a Working age adults in good health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
36a Working age adults free from limiting long term illness	✓	✓		✓	✓	✓	✓	✓					✓
37a Life satisfaction among working age adults	✓	✓		✓	✓	✓	✓	✓					✓
38a Working age adults of healthy weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
35b Older people in good health	✓	✓	✓	✓	✓	✓	✓	✓					✓
36b Older people free from limiting long term illness	✓	✓		✓	✓	✓	✓	✓					✓
37b Life satisfaction among older people	✓	✓		✓	✓	✓	✓	✓					✓
38b Older people of healthy weight	✓	✓		✓	✓	✓	✓	✓					✓
39 Hip fractures among older people	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
40 Premature death from key non communicable diseases	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
41 Deaths from injuries	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
42 Deaths from road traffic injuries	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
43 Suicides	✓	✓	✓	✓	✓	✓	✓	✓					✓



**Recommendation**

**Gwent Public Service Board is asked to agree to:**

- 1. Use the specific and measurable indicator sets already available to select the most achievable and relevant indicators for monitoring progress towards reducing health inequalities across Gwent**
- 2. Follow a local process informed by the *Building a Healthier Gwent* report to select the most relevant and achievable indicators to measure progress towards reducing health inequalities across Gwent**
- 3. Incorporate the process of identifying indicators to measure health inequalities into the wider Wellbeing Assessment process to inform the development of short term, medium term and long term Gwent Public Service Board Wellbeing Objectives.**

Dr Sarah Aitken

Director of Public Health & Strategic Partnerships

Aneurin Bevan University Health Board

21<sup>st</sup> September 2021