Shaping Our Future
Population Health

Cardiff and Vale **long-term public health plan** 2024-2035

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team

Shaping Our Future
Wellbeing

Contents

Introduction and background

Improving health and reducing inequity

Cardiff and Vale University Health Board (UHB) set out its revised long-term strategy, Shaping Our Future Wellbeing, in 2023, with an ambitious vision for improving the health of our population. Outcome measures in the strategy include increasing life expectancy, reducing inequity, and shifting more of the Health Board's focus and spending to prevention.

This plan sets out in more detail how we aim to do that over the next 10 years, with a specific focus on population health, to help guide and steer our annual planning process.

Staying flexible

Much can change over the course of a decade in terms of trends in health, demographics, new and emerging issues, technologies and threats, and available funding. Therefore this plan is not set in stone and will remain flexible and adaptable, with regular checkpoints during its lifetime to update, revise and add more detail as appropriate.

It is primarily a set of principles and our general approach to tackling public health over the next ten years – allowing us to set our course while actively preparing to tweak and change this as we go along, in order to meet our vision.

With this in mind, we present more information on what we intend to do over the next 1-3 years, than later years. We will undertake a rolling programme to work up more detail on the areas of focus for each subsequent three year period, their justification and potential impact. This will help us to be more agile in responding to the changes described above.

Involving our communities

While we can get a broad understanding of the health needs of our populations from official statistics, surveys and medical data, it is only by engaging with and listening to our communities that we will understand the specific barriers and challenges people may have in staying healthy.

While many of these issues will be similar in communities here, across Wales and the rest of the UK, their exact nature and how to address them will often vary in each locality and for different demographic groups.

Therefore ongoing engagement with our communities, aligned with the Health Board's Co-production, Engagement and Consultation Framework, will be a core part of our work as we tackle the issues described in this plan.

Strategic context

National policy, legislation and plans

This plan aligns with Welsh Government's vision in A Healthier Wales, and that of the Future Generations Commissioner, for a 'wellness system' which focuses on anticipating health needs and preventing illness wherever possible.

Our work is also informed by a variety of legislation, including:

- Well-being of Future Generations (Wales) Act
- Social Services and Well-being (Wales) Act
- Environment (Wales) Act
- Active Travel (Wales) Act
- Socioeconomic Duty of the Equality Act (2010)

Our small specialist public health team are employed by Cardiff and Vale UHB. We work with partners to improve and protect the health of our local population. We also work with Public Health Wales (PHW) as a specialist national stakeholder and our planning complements the revised PHW long term strategy.

This plan aligns with Welsh Government's vision in A Healthier Wales for a 'wellness' system

Regional and local policies and plans

Within Cardiff and the Vale of Glamorgan, we contribute to the development and implementation of the Well-being Plans for Cardiff and the Vale through our membership of the Public Service Boards, and the Cardiff and Vale Area Plan through the Regional Partnership Board.

The Well-being Plans and the Area Plan bring partners together in our area to focus our joint efforts on maintaining health and well-being and preventing ill-health, and reducing inequalities, by taking action on the 'determinants of health' – these are the factors which affect well-being, such as the environment, housing, deprivation, people's behaviours, and health and social services.

The Well-being Plans and Area Plan are based on five-yearly assessments of the needs of our population: the Well-being assessments (for Cardiff and the Vale) and the Population needs assessment respectively. The timeframes of these plans complement the scope of this plan well.

Shaping our Future Well-being

Cardiff and Vale University Health Board (UHB) set out its revised long-term strategy, **Shaping Our Future Wellbeing**, in 2023, with an ambitious vision for improving the health of our population.

This plan sets out a more detailed vision and implementation plan to achieve a healthy population in our area, building on the framework set in Shaping our Future Well-being. This will contribute to our well-being objectives, particularly Putting people first, Achieving outstanding quality, and Acting for the Future.

The plan aims to achieve the outcomes below by 2035:

- **Life expectancy** for men will rise to 80.5 years, and for women to 85 years
- We will see a **reduction in inequity** in indicators for healthy behaviours and health outcomes
- The historic trend of a widening **inequality gap in life expectancy** will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women
- We will increase the **proportion of the Health Board's resources which support people to live healthy lives** and reduce the risk of ill health

In order to do this we need a significant scaling up of public health interventions over the coming decade to meet the challenges of changing demography, health needs, and widening inequalities. These are explored further in the next chapter.

The health of our residents – now and in the future

Demographics

Nearly 500,000 people live in Cardiff and the Vale of Glamorgan.

Cardiff has a relatively young population, mainly due to the student population in the City. The proportion of older people is slightly higher than the Wales average in the Vale; the number of older people and the proportion of people who are older is increasing across both areas.

Every year, people migrate into and out of both Cardiff and the Vale. In 2021-22 the net effect of this was around 500 people moving into each of our local authority areas from elsewhere in the UK; there was also a significant increase in the number of international migrants moving into our area, with a net effect of over 10,000 people moving into Cardiff and over 500 into the Vale from overseas. Combined, this made up over half the number of international migrations into Wales as a whole. Migration includes the reception of Ukrainian refugees, the Afghan Citizens Resettlement Scheme (ACRS) and other asylum seeker populations, supporting Wales as a nation of sanctuary.

Cardiff is more ethnically diverse than most of the rest of Wales, with just over a quarter of people identifying as not White British in the 2021 Census. The corresponding figure for the Vale of Glamorgan was 8%. In Cardiff this includes sizeable populations reporting Black African, Indian, Pakistani, Bangladeshi, Arab and Chinese ethnicity; along with non-British white ethnicities.

Both Cardiff and the Vale contain some of the most deprived areas of Wales, alongside some of the most affluent. In Cardiff, there are pockets of deprivation throughout the City but many are located in the 'southern arc', including Ely, Caerau, Grangetown, Riverside, Llanrumney and St Mellons; in the Vale again there are scattered pockets of deprivation throughout, with a higher concentration in the central Vale, in and around Barry.

Over the next 10 years

Previous **trends in population growth** in our area have slowed, with a projected increase of 3-4% over the next 10 years, or around 15-20,000 more residents. However, changes in planning, housing or migration policies could all impact this. The proportion of people in our area who are older is likely to continue to increase.

Both Cardiff and the Vale contain some of the most deprived areas of Wales, alongside some of the most affluent

It is estimated that over a fifth of deaths in England and Wales are avoidable, due to preventable or treatable conditions.

What contributes to our health

Our physical and mental health and well-being is determined by a wide variety of factors such as:

- Genetic make-up
- The physical and natural environment, our education, work, housing, community safety and household income ('the wider determinants of health');
- Health behaviours such as whether or not we smoke, our diet and how much physical activity we get, whether we get vaccinated – which may in turn be influenced by the wider determinants, above; and
- Timely access to high quality healthcare

These factors apply throughout life, from pre-conception (maternal health) through to our development in the womb, as children, adults and into our later years.

While it is not generally feasible to change our genetic risk factors for disease, the other three groups of factors (wider determinants of health, health behaviours and quality of healthcare) have the potential to be altered, with the possibility of improving quality and length of life; and even with genetic risk factors, for many diseases these can also be compensated for through healthy behaviours (see 'The case for investing in public health', below).

It is estimated that over a fifth of deaths in England and Wales are avoidable, due to preventable or treatable conditions, and 40% of cases of dementia could be prevented or delayed through changes in modifiable risk factors.

Over the next 10 years – an uncertain picture

Current trends suggest **smoking** in adults will continue to decline, though vaping (e-cigarette use) is a large and growing problem among young people in particular. UK-wide legislation may address both these issues if successfully introduced: the impact on adult cigarette smoking is likely to be positive and support further reductions in rates; the impact on vaping is currently unclear.

The proportion of adults who are **overweight and obese** continues to rise gradually, though trends since the pandemic are unclear due to changes in data reporting. While there is work happening at both a national and local level to address the multiple factors influencing obesity, given the complexity of the problem, seeing this trend flatten off (i.e. not increase further) may be more realistic than seeing declines in obesity and overweight. The recent trend for children is currently unclear, making forward projections difficult.

Uptake of routine **vaccinations** fell during and after the Covid-19 pandemic. While there are some signs of increasing uptake in the context of measles outbreaks in England and Wales in 2024, the underlying trend is a rise in vaccine hesitancy and continued spread of misinformation. This is likely to have an ongoing impact on the uptake of existing and new vaccines.

Alcohol use is lower among younger people than previous generations. While alcohol use was gradually falling among adults prior to the pandemic, the trend since and for the future is uncertain.

In terms of the wider determinants of health, **poverty** and the **cost-of-living** have a significant impact on health; these are largely driven by the UK national political environment and difficult to forecast, though policies by Welsh Government on devolved issues may have an impact on some factors.

We are likely to see increased periods of **extreme weather** in the coming decade due to climate change, with hotter summers and wetter winters contributing to extreme heat and flooding respectively. This will impact on individual health, particularly those already vulnerable due to multiple deprivation. Through adaptation planning broader societal effects should, for now, be attenuated. It is also possible we will start to see pockets of what to date have been **tropical diseases** within the UK, such as dengue fever.

The emergence of a **new pandemic** infection, or significant morbidity or mortality due to **antimicrobial resistance**, remains a significant threat.

Health in our area

We can get a picture of the health of our residents through assessments such as the population needs assessment for our region and the well-being assessments (see Strategic context, above), along with individual health needs assessments and routine and bespoke surveillance data.

Particular issues in our area which impact on people's health are:

Wider determinants

- Access to healthy and affordable food
- Access to affordable high quality housing
- Air quality
- Adverse weather events (heatwaves, flooding) due to climate change
- Access to nature and green spaces, and biodiversity loss
- High quality public transport, and walking and cycling networks
- Social isolation and loneliness

Health behaviours

- Tobacco and vape (e-cigarette) use
- Immunisation uptake
- Being physically active regularly
- Achieving and maintaining a healthy weight
- Alcohol consumption

Healthcare

- Timely access to primary and secondary care

Over three-quarters of adults (76%) in our area reported being in good or very good health, the highest in Wales. Nearly a third (31%) of people said they were limited by one or more long-term illness, though again this was the lowest rate in Wales. Life expectancy for men in our area is nearly 79 years, and for women nearly 83, both above the Wales average, though marginally below the England average.

Over the next 10 years

The number of people living with **long term conditions** is increasing, along with the **number of people living with more than one illness**. The number of new cases of type 2 diabetes in particular is forecast to increase significantly in the coming decade, with diet, smoking and overweight known risk factors.

As our population gets older on average, health issues associated with advancing age such as falls and **dementia** are likely to increase, although the population incidence of both can be reduced by addressing their respective risk factors.

There is the potential for **new pharmaceutical products** which become available in the coming decade to make a significant difference to the epidemiology of certain diseases, though there can be many hurdles between successful early stage trials and widespread use. Examples might include pharmaceutical interventions to aid in weight loss and new vaccinations.

Inequalities in health and health outcomes

Within Cardiff and Vale there is a stark difference in life expectancy between people living in our least and most deprived areas. If you live in one of our least deprived areas you can expect to live 8.3 years longer as a woman or 9.3 years longer as a man, than someone in our most deprived areas. Despite a concerted effort to reduce this gap over the past decade, the gap has actually increased.

This gap is even wider when looking at the years of life which are healthy – healthy life expectancy – for which people in our most deprived areas can expect to have between 14 and 18 fewer years of healthy life than someone living in our most affluent areas.

It is likely that the Covid-19 pandemic contributed to an already widening inequality gap, with the after-effects still being felt. Along with poorer health outcomes, the majority of the factors determining health described above are also worse in more deprived areas.

Over the next 10 years

Although historic trends of increasing life expectancy stalled in the decade 2011-2020, it is possible though by no means certain that the prior trend will reassert itself and **life expectancy** will gradually increase again.

Trends in the **life expectancy gap** between the most and least deprived communities suggest the gap will continue to increase without UK-level interventions. The last time the gap narrowed was in the period 2001-2011 which was an exceptional period of additional funding in relative terms for the NHS and on wider initiatives designed to tackle poverty.

A society with large differences in health and health outcomes leaves us **more exposed and less resilient to future shocks,** such as another pandemic or the effects of climate change.

Within Cardiff and Vale there is a stark difference in life expectancy between people living in our least and most deprived areas

Our health in numbers

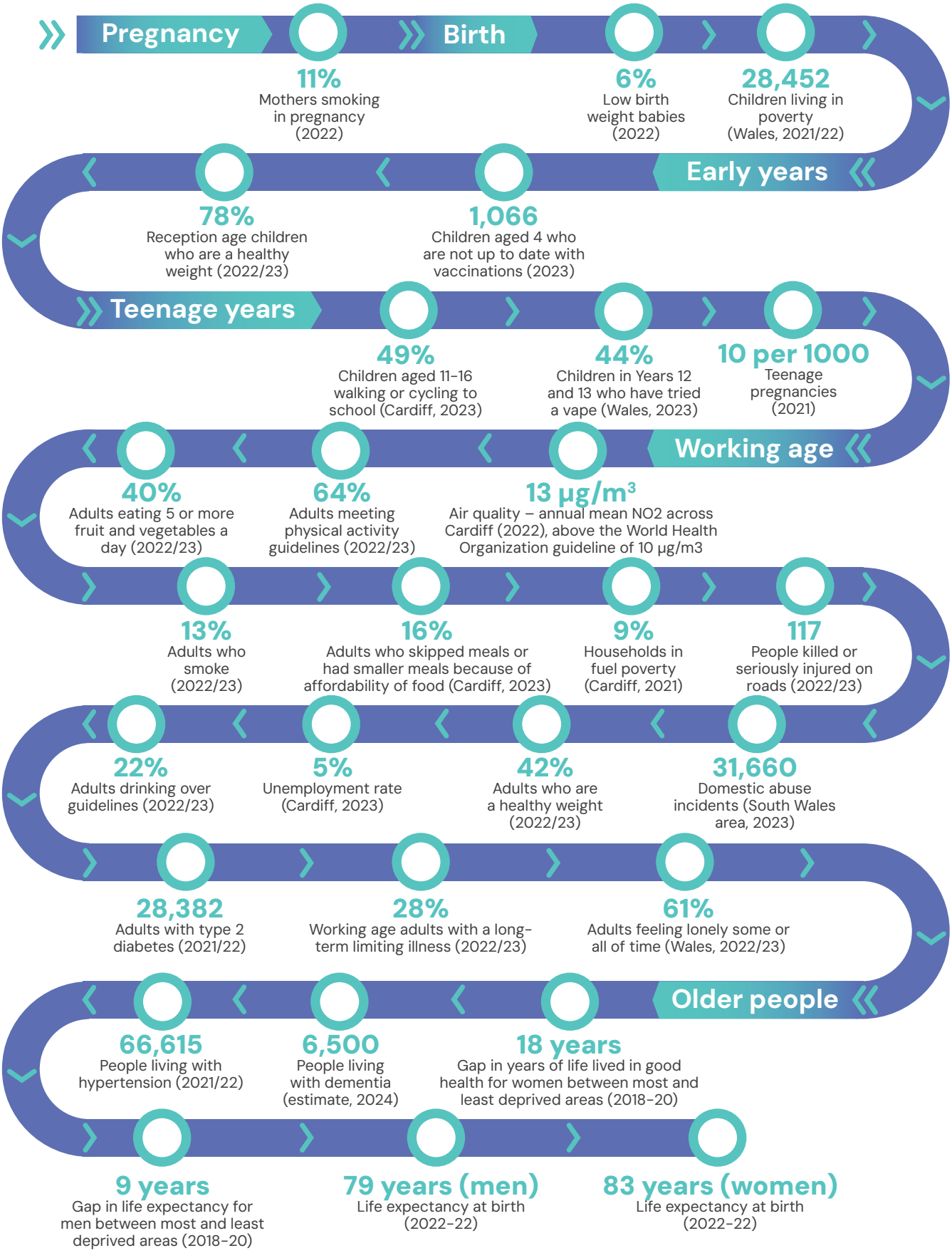


Diagram based on a concept by Aneurin Bevan Gwent Public Health Team. All figures are for Cardiff and Vale as a whole unless stated otherwise

The case for investing in public health

The best public health interventions are incredibly cost effective, saving on future healthcare costs as well as costs to wider society.

A £1 investment made in public health interventions returns £14 back to society

A study in 2017 found that a £1 investment made in public health interventions returns £14 back to society on average; and of the public health interventions examined by National Institute for Health and Care Excellence (NICE), it was found that three quarters have a cost per quality-adjusted life year (QALY) below the threshold for which they would judge a medicine effective (£20,000 per QALY), including one fifth which were net cost-saving.

And while people may feel that their efforts are wasted if they are stuck with bad genes, there is good evidence from a large cohort study involving over 300,000 people that healthy behaviours can offset the influence of genes on life expectancy. Indeed, while people identified as being genetically likely to lead a shorter life had a 21% higher chance of death during the study period than people with genes predisposing to a long life, poor health

behaviours increased the risk of death by 78% compared with those with optimal health behaviours.

In addition to the impact on individuals, health inequalities cost the NHS money. The annual cost associated with inequality in hospital services in Wales was estimated to be over £300m per year in 2018, or nearly 9% of annual spend on hospital services. This is due to higher healthcare need in areas of deprivation and different patterns in accessing services. Reducing inequalities can save money in our most pressured services

Many of our commonest diseases can be prevented by adopting some key behaviours: a healthy diet; regular physical activity; low alcohol intake and not smoking. Staying up to date with vaccinations is a safe and effective way to prevent many illnesses which could otherwise be life-threatening including serious respiratory conditions and some cancers.

While sometimes changes in behaviour can be brought about through knowledge and willpower alone, we now know that in many cases health behaviours are influenced significantly by people's environment, their levels of material wealth, perception of control in their life, educational attainment, and wider culture. Therefore if we are serious about helping to create a healthier population, we need to tackle these wider determinants in partnership with others.

Learning from modelling elsewhere in Wales where available, we will estimate the health outcome and financial impacts we would expect to see in healthcare services associated with changes in the incidence of different health behaviours in our area.

The annual cost associated with inequality in hospital services in Wales was estimated to be over £300m per year in 2018, or nearly 9% of annual spend on hospital services.

Our vision for public health in Cardiff and the Vale in 2035

We want to see...

Strong communities

- Strong, safe and cohesive communities valuing diversity and reducing stigma
- Spaces and places for young people to play and be with friends, and reasons to be optimistic about the future
- High quality housing and education
- Engagement and co-production of health and social care services
- Socialising without alcohol consumption is commonplace

People supported with healthy behaviours

- Residents are able to easily access healthy and affordable food, and have the knowledge and skills to make healthy choices
- People are physically active as part of their everyday routine
- High quality support for people to stop smoking, with legislation preventing the next generation from starting
- People understand the benefits of vaccination to protect themselves and their families
- Workplaces actively support their staff to be healthy, recognising the benefits of fair work to productivity and retention

A healthy environment

- Welcoming places – urban areas following the principles of healthy planning, including access to green spaces and facilities, easy availability of healthy food and opportunities for physical activity, and clean air
- Reduced car dependency, with more people walking, cycling and taking public transport
- Active and visible steps being taken to tackle the climate and nature emergencies

A high quality health protection system

- Systems are in place to rapidly detect and protect against outbreaks of infectious diseases and other environmental hazards

High quality healthcare

- Easy and equitable access to high quality healthcare, from primary care to acute care, with prompt investigations and diagnosis
- Mental well-being considered as important as physical well-being

Public health principles for planning

Rationale

Achieving a meaningful improvement in the health of our residents requires action across health and social care pathways and the wider determinants of health. While as a public health team we work with partners across many of these areas, we also want to support other teams in Cardiff and Vale, both within and outside the public sector, to take a population health approach to planning their services and client pathways.

Incorporating the following principles into service and pathway planning will help embed prevention and keep people healthier for longer.

Principles to apply

- **Identify opportunities for prevention throughout the pathway** or client journey
  - This may be primary prevention (predicting and preventing any problems in the first place), or secondary or tertiary prevention (reducing the risk of problems in someone who has already experienced an event or has specific risk factors)
  - By engaging a wider set of clients proactively, you may be able to reduce the number requiring more intensive support at a later stage

- **Monitor whether your service is being used equitably** by different population groups
  - Evidence suggests that people are more likely to have difficulty accessing a service or find it doesn't meet their needs if they are experiencing deprivation, are from an ethnic minority background, or have a disability (visible or not)
  - However for the majority of our services we don't currently measure or understand access, use and experience based on ethnicity, deprivation and disability
  - We often need to take a proportionate universalism approach to ensure that people with the greatest need have those needs met, while still providing universal services and not compromising our support for people with fewer needs
  - You can find more information and suggested actions in this toolkit (the toolkit specifically references clinical services but can be applied more broadly too)

- **Understand how demand might change for your service,** based on forecast changes in population size and health behaviours
  - See the 'Health of our residents' section earlier to understand some of these changes in broad terms – for example that our population is projected to increase by around 3-4% over the next ten years; get older on average; and long term conditions will become more common
  - Depending on your service there may be additional specific needs for your current and potential clients, or more specific data available to help project future need

- **Follow the evidence**
  - Use the highest quality evidence available when considering a change to a pathway – ideally meta-analyses and systematic reviews where these exist, or summaries of evidence by trusted organisations such as NICE (the National Institute for Health and Care Excellence)
  - Where evidence doesn't exist because something hasn't been tried before, or you are using lower forms of evidence such as case reports or reported 'good practice', start small and collect data as you go to ensure you see the impacts you're hoping for

- Understand and avoid any potential conflicts of interest when working with industry or private business

- **Understand the impact of any changes on health, cost, and carbon**
  - While it is a given that any changes should improve health outcomes, it is also important to take into account the cost of doing this (as there may be better uses for any additional investment required – the opportunity cost), and the impact on greenhouse gas emissions. The World Health Organisation has declared climate change the single biggest health threat facing humanity, with healthcare in the UK estimated to contribute over 5% of our overall greenhouse gas emissions. We should therefore endeavour to reduce our carbon emissions wherever possible when altering care pathways, otherwise we are putting future generations' health at risk
  - Adopting a value-based healthcare approach can help balance these factors when making decisions on investments and disinvestments in care pathways. Programme budgeting marginal analysis (PBMA) can be used to compare the value achieved from funding in different parts of a care pathway.

- **Involve people**
  - The best way to understand barriers people experience to staying healthy, or accessing healthcare, is to ask them; or even better involve them in developing changes to care pathways
  - While involving organisations acting on people's behalf can be helpful (e.g. Llais, charities for particular conditions), you may also want to involve people facing barriers, e.g. people from more deprived communities or ethnic minority communities
  - Communities already have extensive networks of knowledge and support; you should recognise, involve and support these networks as part of your work wherever possible (assets-based development) including relevant initiatives in the place-based planning programme

Our ways of working – now and in the future

Partnership working

We are a small specialist public health team in Cardiff and Vale UHB, based in Woodland House in Cardiff. Given the size of our team and the scale and nature of the problems we are trying to tackle, our work is usually in partnership with others, both in the wider health and social care system but also beyond, working with other public sector, third sector and private organisations, as well as education institutions. In doing this we recognise our role and responsibilities as an 'anchor institution' in our local communities.

As well as working through formal partnership mechanisms such as the Public Service Boards, Regional Partnership Board and primary care clusters, we set up and contribute to issue-specific partnership groups, work directly with individual organisations, or take a 'systems leadership' role, helping to influence and align work undertaken by others on a particular issue. This may include advocating for changes to Welsh national policy or legislation.

Some of our work is settings-based such as health-promoting schools or working with employers. Other work we lead or support is place-based in a particular geographic area.

Given the size of our team and the scale and nature of the problems we are trying to tackle, our work is usually in partnership with others

Taking action across the life course

Many of our interventions target particular age groups of the population, reflecting differing needs and environments people experience as they age.

Some of the actions at specific life stages are led via the Regional Partnership Board, through the Starting Well, Living Well, and Ageing Well partnerships, which include specialist public health input. This includes work led by partners and the Health Board on early years, and emotional and mental health.

Sustainability

With the World Health Organization declaring climate change the single biggest health threat facing humanity, sustainability is an important part of our work.

We work with partners and colleagues to ensure all elements of sustainability referenced in the Well-being of Future Generations (WFG) Act – cultural, environmental, social, economic – are considered in our joint work.

Healthcare is a major contributor to greenhouse gas emissions. Prevention of illness is both better for people, and often leads to far fewer carbon emissions than those associated with healthcare if a serious illness develops. Thus shifting our health system 'upstream' (i.e. increasing the focus on prevention, with less resources subsequently required for treatment) is a key action required to reduce carbon emissions from healthcare.

Prevention of illness is both better for people, and often leads to far fewer carbon emissions

Communications and engagement

Involving and engaging our communities is essential to much of our work. We therefore work closely with the UHB communications and engagement team, including funding dedicated public health capacity.

Over the next 10 years

In order to understand the day-to-day barriers people experience in undertaking healthy behaviours, we will undertake more detailed **engagement with our communities**, with a particular focus on marginalised groups and localities. This will enable us to better target our work to address these barriers.

We will work closely with **Clinical Boards and corporate departments** in the Health Board to facilitate and support a shift to prevention in care pathways, including implementing the planning principles (above) and our priorities in each phase of this plan.

It is likely that over the coming decade the **pattern of use of different online communications platforms such as social media** will continue to shift, as we've seen over the last 15 years. We will stay up to date with the latest usage patterns by our residents in order to be able to engage effectively, understanding that different groups within our population may favour different platforms. We will also ensure that we provide other means for engagement to avoid **digital exclusion**, particularly as our population ages; and review evidence of the **impact of social media on people's health,** particularly mental well-being in young people.

Misinformation on health topics is becoming more common online, making it difficult for people to know what information to trust and jeopardising gains in public health. We will ensure we are a source of reliable and evidence-based information on how to stay healthy.

As part of Welsh Government's target of one million Welsh speakers by 2050 and in line with the Welsh Language (Wales) Measure 2011 we plan to **increase the number of people in our team who are fluent in Welsh**, and increase our bilingual engagement with our communities. We will also increase the opportunities people in our team who are learning Welsh have to speak and practise in work. Given the ethnic diversity of Cardiff in particular we will also continue to engage in languages other than English and Welsh.

We will keep abreast of the benefits and risks of the use of **artificial intelligence (AI)**, in how we work as a team; within healthcare more widely (for example, in screening programmes); and among our residents (such as potential impacts on misinformation and access to reliable healthcare information).

As the evidence-base grows, we will give more focus to the influence of the **commercial determinants of health** on the well-being of our residents. We will seek to understand which elements of the commercial determinants can be influenced locally, and where appropriate advocate for changes to national policy and legislation for elements outside our influence.

Our approach to long-term planning

Partnership working

Our approach over the course of this plan will be to determine our priorities in rolling three to four year periods. In each period we will **take action** on our priorities for that period, **maintain** action on priorities from previous periods, and start to **identify** in detail our priorities for the next period. Throughout the plan period we need to ensure we have a strong health protection system.

This will allow us to be flexible in our approach given how much can change over a ten year period, while setting out our overall direction, vision and desired outcomes.

Our priorities for Phase 1

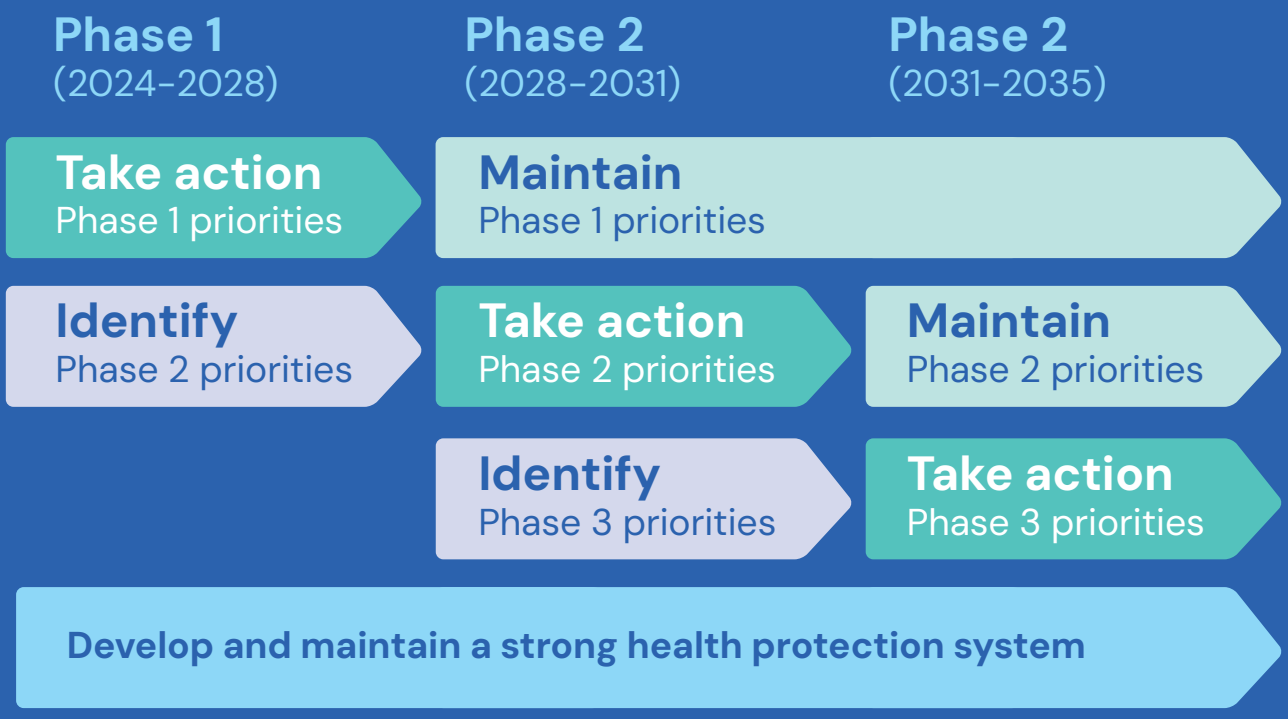
Our priorities for the initial three years of this plan are v**accination, smoking** and **obesity,** alongside **health protection**. More detail is given on these in the Appendix.

Governance approach

We will set out action on our priorities through our rolling **local public health plan**, which is updated annually. Our 'plan on a page' for 2024/25 is shown below. Delivery of joint actions with our partners on priority areas will be overseen by the **Amplifying Prevention Board**, aligning with and complementing the work of the Public Services Boards and their respective Well-being plans; the Regional Partnership Board and the area plan; and our two Councils' corporate plans. We will seek insights from partners as we develop our priorities for each phase.

Our workforce

We need to ensure our workforce continues to have an appropriate mix of skills and experience, and backgrounds. **Our public health team does not currently reflect the ethnic diversity of the population of**



Cardiff and Vale, and we have few Welsh speakers. We will therefore develop in the first three years of this plan a detailed approach to attracting a more diverse mix of people into our team, to better reflect our local population.

We will develop a detailed approach to attracting a more diverse mix of people into our team, to better reflect our local population

Funding for public health interventions

We will work with colleagues in the Health Board to support a shift in our spending towards 'upstream' (preventative) interventions over the course of this plan, as one of the key objectives in the Shaping Our Future Well-being strategy (see 'Strategic context').

We will also look at any additional opportunities for leveraging additional funding for public health interventions in our area for example through **research and development**, and **corporate social responsibility** schemes, where these do not pose a conflict of interest.

Public Health - Plan on a page 2024/25

<table>
<tr><th colspan="2">Purpose</th><th colspan="2">Design Principles</th><th>Priorities</th></tr>
<tr><td colspan="2">• To reduce health inequalities
• To improve and protect the health and well-being of our population
• To 'shift upstream' and prevent future disease and demand for health and care services</td><td colspan="2">Developing strong relationships with multiple partners to deliver outcomes
Utilising the 'Amplifying Prevention Board' to develop joint actions with the Local Authorities</td><td rowspan="2">The three areas of focus for 2024/25 are
1) Reducing smoking rates from 13% to 5% in five years
2) Increase vaccination rates to target levels and to achieve herd immunity
3) Reduce levels of obesity in both adults and children using a whole system approach
NOTE- team of 39 WTE > half funded by grants</td></tr>
<tr><th colspan="4">Deliverables</th></tr>
<tr><td>Direct delivery of stop smoking services
Advocating for national smoking policy change
Stopping children starting smoking and vaping</td><td>Understanding barriers to vaccination
Promoting uptake of vaccination to low uptake groups
Delivery of a community based vaccination service</td><td>Reducing unhealthy food advertising across C&V
Promoting sustainable food via Food Vale and Food Cardiff partnerships
Delivering the Move More Eat Well Plan
Delivering physical activity strategy</td><td>Protecting the health of our population
Outbreak control in the community
Supporting care homes, schools and settings to manage outbreaks
Eliminating Hep B/C
Focus on measles</td></tr>
</table>

Appendix 1
Areas of focus for Phase 1 (2024-2028)

Vaccination

Why is this an issue?

Immunisation is the most effective public health intervention after clean water, but v**accine hesitancy** is increasing. Uptake below **herd immunity** levels, especially for the most infectious conditions like measles, has a dramatic impact on the risk of experiencing **disease outbreaks** as we have seen in 2023 and 2024. Outbreaks impact people's health, education and employment; require significant NHS and environmental health resources to manage, and further widen the existing health inequality gap. We are currently experiencing uptake below target for all vaccinations, possibly the combined effect of pre-existing downward trends due to complacency, hesitancy, and 'vaccine fatigue' following the Covid-19 pandemic.

How many people does this affect in Cardiff and Vale?

Currently only 86.5% of children aged 5 have been fully immunised with the MMR (measles, mumps and rubella) vaccine. In pupils in schools at age 5, out of 5,431 primary school pupils 86.6% have received two doses of the vaccine, meaning every year 715 pupils are undervaccinated in Cardiff and Vale. Several years of undervaccination can cause a significant population effect.

What we would like to see – our vision for 2035

- A fully vaccinated population - achieve herd immunity for vaccine preventable diseases, and meet uptake targets for healthcare staff
- Reduced gap in uptake between different socio-economic groups and in ethnic minority communities
- Fewer communicable disease outbreaks and lower mortality
- Establish comprehensive and accessible digital records of staff vaccination
- More community engagement and co-production
- Better models of vaccine delivery, closer to the community, more flexible and acceptable
- Better information to schools, communities, families and individuals in forms and languages that are accessible and understandable.

Places and work we can learn from

- Other Local Health Boards in Wales - Health Visitors & Midwifery vaccination delivery at home
- Vaccination records on NHS App and NHS spine, patient held and shared (England)
- Provide vaccines in schools and nurseries as a routine catch up measure
- Improve vaccination booking system including digitisation, to tackle missed appointments (did not attends, DNAs) and loss to follow-up
- Implement follow-up calls and texts systems for call and recall system like piloted successfully in South West England
- Offer incentives to vaccination in certain ethnic minority communities including Gypsy Travellers

What are we recommending for Cardiff and Vale?

- Large communications campaigns with tailored messaging for different groups including low uptake areas and populations, and campaigns to address misinformation
- Review of invitation letters to ensure they are engaging, informative and accessible, review of languages in which we make information available
- Proactive follow-up of missed vaccination appointments, and invitation letters to which there is no response
- Health visitors and midwives to administer vaccines as part of routine assessments, home visits and antenatal appointments
- Delivery of vaccinations at additional settings such as preschool and nursery settings, Flying Start settings, libraries and community centres
- 'Immbulance' outreach van to make accessing vaccination more convenient

What additional funding is required?

The Health Board has allocated funding to this area for 2024/25.

What benefits would we expect to see?

A fully vaccinated population is less vulnerable to the spread of infectious diseases and outbreaks. This will translate into lower morbidity, mortality and in a reduced health outcomes gap across the socioeconomic deprivation gradient. Controlling infectious diseases through vaccination also translates into fewer avoidable admissions and reduced pressure on healthcare services, especially in the winter months. Vaccinating UHB staff for winter respiratory viruses (influenza and Covid-19) protects the workforce and patients from spread in hospitals and other clinical settings and reduces Health Board reliance on bank staff to cover unsustainable levels of sick leave. The societal return on investment from immunisation has been estimated as up to 19 times initial investment. Further local assessment is needed to quantify this specifically for the Health Board in terms of avoidable admissions, staffing costs, demand and pressures on services.

Some of our key stakeholders

Schools and pre-schools, Primary care, Public Health Wales, Welsh Government, NHS Wales Executive (Vaccine Programme Wales), media and social media platforms, Higher and Further Eduction, third sector, local authorities

Smoking

Why is this an issue?

Smoking is linked to a wide range of illnesses, including cancer, respiratory disease and cardiovascular disease, and is the **leading cause of preventable deaths in Wales**. Smoking is the cause of death in around half of all long-term smokers and is a **major cause of inequalities**. Exposure to second hand smoke cases significant harm, particularly to children. Tobacco production also has significant environmental impacts.

How many people does this affect in Cardiff and Vale?

Current estimates suggest 13% of the adult population aged over 16 years of age smoke. This equates to around 52,500 people in Cardiff and Vale.

What we would like to see – our vision for 2035

- The Welsh Government target of 5% smoking prevalence achieved by 2030 - this rate is understood to be the threshold at which the tobacco epidemic would become unsustainable.
- Substantially fewer people taking up smoking and more remaining smokers supported to quit, leading to an ongoing reduction in the number of people who smoke (prevalence).
- Downward trend in premature mortality from smoking related disease and a narrowing of inequalities
- Less smoking and smoking litter, leading to improved air quality, reduced environmental impact and improvement in the foundational economy
- Smoke Free Generation legislation implemented, meaning smoking would become illegal for people born after the agreed date

Places and work we can learn from

- Evidence suggests that smokers are three times more likely to quit smoking with face-to-face behavioural support from an expert service, combined with the provision of stop smoking aids.

- NICE has produced comprehensive guidance 'Tobacco: preventing uptake, promoting quitting and treating dependence'. This includes the recommendation that health and social care professionals should ask about smoking status at every opportunity and provide appropriate advice, particularly for people who are pregnant
- The World Health Organisation has identified the key measures to reduce the demand for tobacco. Those which we have influence over within our region include supporting tobacco users to quit, reducing exposure to second hand smoke, stopping illicit trade of tobacco products and understanding the harms of newer nicotine and tobacco related products
- International evidence will also be reviewed, most notably from countries with lower prevalence

What are we recommending for Cardiff and Vale?

- Expand smoking cessation services to allow a more flexible delivery model that can target inequalities
- Develop a comprehensive communications strategy that targets groups and communities with higher rates of smoking to inform them how they can access evidence-based support to quit.
- Scope whether there is a need for additional preventative initiatives or regulatory action to tackle exposure to second hand smoke and access to illegal tobacco and nicotine products.
- Deliver a programme to prevent smoking uptake in young people, by working closely with schools and young people
- Cardiff and Vale UHB to be an exemplar of good practice, by ensuring smoke free regulations on hospital sites are enforced, that a comprehensive smoking cessation service is delivered for patients, staff and local communities, and that the message that 'non-smoking is the norm' is consistently maintained

What additional funding is required?

An initial investment of £1m is required to expand access to smoking cessation services. It is expected that this enhanced investment will need to be recurrent in order to meet the 5% target.

What benefits would we expect to see?

- Achieve the Welsh Government target that 5% of current smokers should access smoking cessation services and set a quit date annually
- All Cardiff and Vale smoking cessation services continue to achieve the national target of 40% for 4-week CO validated quits
- Achievement of the Welsh Government target of a 5% prevalence of smokers in the adult population by 2030
- Reduction in incidence of smoking related morbidity and smoking related mortality
- Reduction in young people taking up smoking

Some of our key stakeholders

Public Health Wales (Help Me Quit), Primary care including GP surgeries and pharmacy, Shared Regulatory Services (Trading Standards), Local Authorities, Welsh Government, ASH Wales, Schools and early years settings, Higher and Further Education, Money advice services, Police, Customs and Border Control, Housing Associations

Obesity

Why is this an issue?

- Weight is often seen as a result of individuals' choices on diet, exercise and lifestyle; however what surrounds us, shapes us. Over time, society has been built to limit movement – through technology, labour saving gadgets, car use and sedentary workplaces – as well as provide us with an abundance of unhealthy food, through marketing, pricing, formulation and access.
- Obesity is the **second biggest cause of preventable cancer** in the UK and can lead to an increased risk of **type 2 diabetes** and **heart disease**. People who experience disadvantage are more likely to be affected by overweight and obesity and are more likely to experience health and wellbeing problems associated with their weight
- The costs associated with obesity in Wales have been estimated at £3 billion per year

How many people does this affect in Cardiff and Vale?

- One in 5 (21%) 4-5-year olds in Cardiff and the Vale of Glamorgan are already living with overweight or obesity when they start primary school. 8 children in a class of 30 are overweight or obese in more disadvantaged communities compared to 5 children in a class of 30 in less disadvantaged communities
- Fifty eight percent of adults (240,000 people) live with overweight or obesity in Cardiff and the Vale of Glamorgan. Older people, and those with a limiting illness or disability are more likely to be living with overweight or obesity. Our more disadvantaged communities have a greater proportion of adults that are living with obesity, around 4 in 10 adults, compared to 1 in 10 adults in less disadvantaged communities

What we would like to see – our vision for 2035

- Equal access to affordable and culturally appropriate healthy food
- Healthy food the norm in our workplaces, schools and community and leisure centres, and community spaces to grow food
- Healthier advertising on our streets
- Opportunities that support movement no matter where you live
- Affordable, reliable transport across an integrated network, and safe and connected walking, wheeling and cycling routes
- Housing developments with good public transport connections and workplace support for active travel
- Safe and inclusive spaces to play

Places and work we can learn from

Whole system approaches seek to influence and shift change across the multiple layers that make up the system: individual, social environment, organisation and institutions, physical environment, policy and cultural norms.

Amsterdam Healthy Weight Approach (AHWA) is a whole system approach to childhood obesity which commenced in 2013 aiming to improve children's physical activity, diet and sleep though action in the home, neighbourhood, school and city. AHWA has received substantial funding (over 4 million euros) and is operated by a mixed skilled team of approximately 80 staff (approximately 55 full time equivalents). During the time of the AHWA programme the

prevalence of 2-18-year-olds with overweight or obesity has declined from 21% in 2012 to 19% in 2017. The population of Amsterdam is just over double that of Cardiff and the Vale.

GM Moving in Action is **Greater Manchester'**s strategy for physical activity and a 'movement for movement'. GM Moving began in 2013, and takes a whole system approach to physical activity, creating the conditions where everyone can move and live a good life. Greater Manchester successfully reduced inactivity levels at two and a half times the national rate (dropped to 26%) and also recorded a closing of the gap in activity rates by socio-economic status. GM Moving receive funding from Sport England and additional funds of £2.1 million per year to become a place-based Local Delivery Pilot.

What are we recommending for Cardiff and Vale?

Progressing our local whole system approach through the delivery of our updated healthy weight framework for 2024-2030, 'Good Food and Movement'. This framework sets out where in Cardiff and the Vale of Glamorgan we will prioritise our collective efforts, and how we will work together.

- For **Healthy People** we want to ensure that in Cardiff and the Vale of Glamorgan there are accessible and affordable opportunities for good food and movement that are equitable and inclusive for everyone throughout their lives. We are taking a life course view, with recognition of the need to focus initial action in the early years.
- For **Healthy Environments** we want to create an environment that enables, supports and promotes opportunities for good food, and builds movement back into daily life.
- For **Healthy Settings** we want to create opportunities that enable, support and promote good food and movement in our schools, workplaces and community settings.
- In providing **leadership, and enabling change**, how we work is as important as what we do, and in taking a systems approach, we are also focusing action around strengthening our ways of working.
- We will also support a pathway approach to **diabetes** prevention and care within the Health Board. We will set up a Programme Board for diabetes, including a 'Maximising health outcomes in type 2 diabetes' workstream.

What additional funding is required?

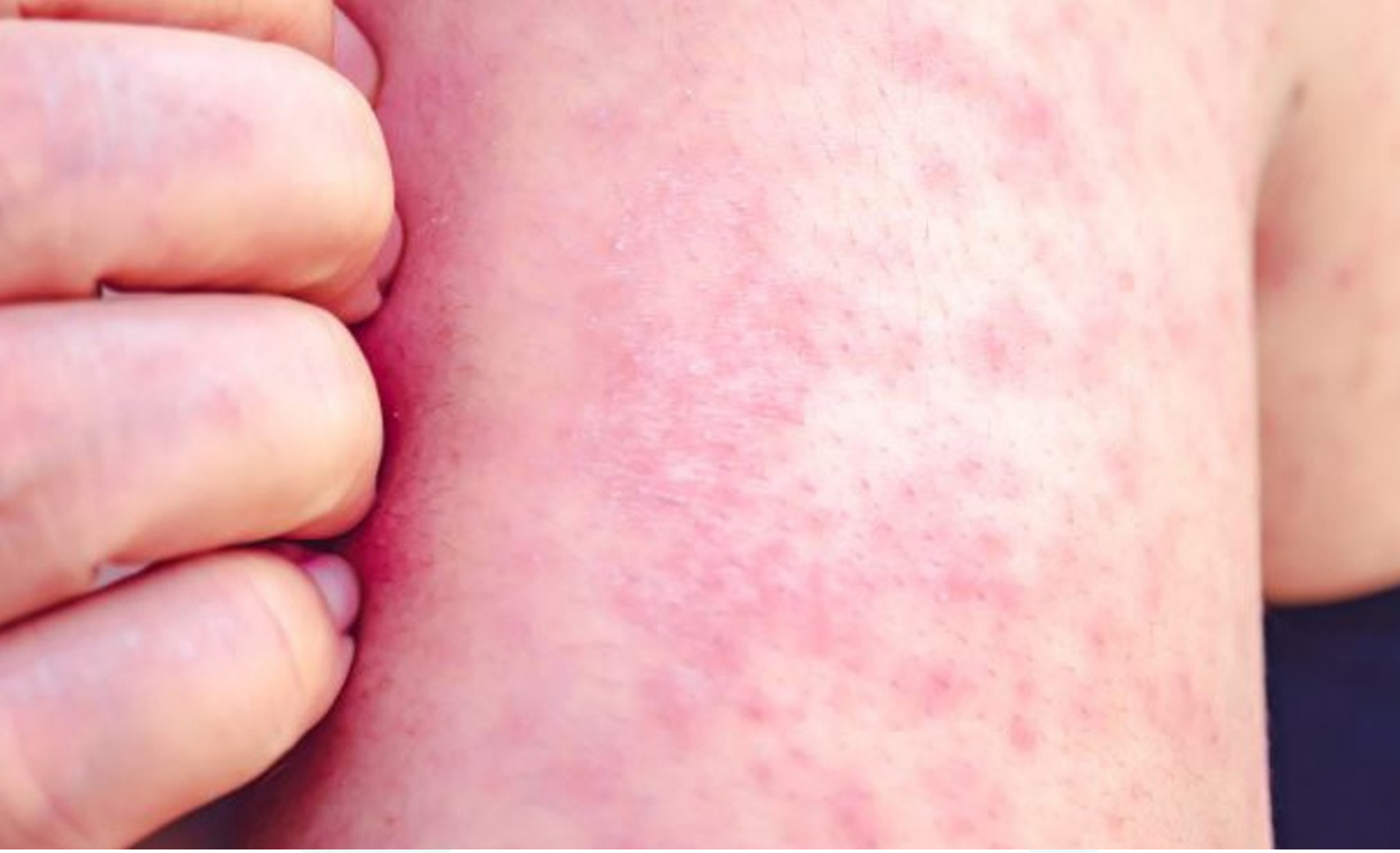
Resourcing and building capacity in the system aligned to our healthy weight framework that will enable and progress change, is estimated to require a £2m investment subject to detailed work up. It is anticipated that this investment would need to be recurrent in order to progress and sustain system change.

What benefits would we expect to see?

Short to medium term: system maturity (e.g. a more connected system, a growing system network and range of stakeholders, change being driven across the mulitple layers of the system, wide distibution of leadership, consistent use of our shared language)
Longer term: Reduction in obesity levels, particularly in our disadvantaged communities. Reduction of inactivity levels, particularly in our disadvantaged communities; increase in 5-a-day of fruit and vegetables consumption levels (a proxy measure for healthy food intake); particularly in our disadvantaged communities; cost-savings to the NHS and social care; plus wider savings due to increased productivity

Some of our key stakeholders

Our stakeholders are wide ranging from across the breadth and depth of the system; we will connect and work collaboratively with public, private, third sector, commercial actors as well as communities.



Health protection

Why is this an issue?

Health protection includes action for **clean air, water and food, infectious disease control, protection against environmental health hazards, chemical incidents and emergency response.** Health protection risks pose a significant threat to population health if not adequately controlled, for example Measles, TB, Hepatitis B and C, and HIV. Health protection action has proactive and reactive elements, and is a statutory function for some partner organisations. Regional partnership arrangements support this statutory response.

How many people does this affect in Cardiff and Vale?

Health protection hazards such as infectious disease are a risk for the whole population. Therefore all people who live and work in, or visit, Cardiff and the Vale of Glamorgan may potentially be impacted. However, it is well recognised that increased risks are associated with specific:

- Individuals – for example people who are immunosuppressed
- Groups – for example health inclusion groups and people living in more deprived communities
- Settings – for example closed settings such as prisons and nursing homes where people live together in close proximity

What we would like to see – our vision for 2035

- A fully vaccinated population, achieving herd immunity for all vaccine preventable disease
- Vaccine equity plan implemented
- 10% reduction in communicable disease incidence rates in currently established surveillance systems
- Less mortality from infectious disease
- Fully implement elimination plans (TB/HIV/hepatitis B and C/Measles)
- Fewer communicable disease outbreaks and concerns

Places and work we can learn from

Our health protection actions will be guided by national (Wales and UK) and international best **practice** guidance **and evidence**. National and international surveillance will inform our priorities.

What are we recommending for Cardiff and Vale?

Health protection priorities include:

- Maximising population vaccination
- Delivering national eradication plans for Hepatitis B and C, HIV and TB
- Confirming comprehensive arrangements for responding to communicable disease and environmental incidents
- Future pandemic preparedness

What additional funding is required?

The Health Board has allocated funding to this area for 2024/25

What benefits would we expect to see?

- Reduced number of infectious disease incidents, and less onward transmission where they do occur
- Fewer outbreaks
- Increased vaccination rates for all programmes.
- Reduced mortality from infectious disease

Some of our key stakeholders

Public Health Wales (including health protection, VPDP (Vaccine Preventable Disease Programme), microbiology and virology), Primary care, Shared Regulatory Services, local authorities, Welsh Government, emergency planning, other Health Boards and Executive Directors of Public Health, UKHSA, third sector, partners specific to any incident, schools, environment agencies, Higher and Further Education

Appendix 2

Potential areas of focus for Phases 2 and 3 (2028-2035)

Potential areas of focus for Phases 2 and 3

The following areas are among those which may be considered for future prioritisation. This list is in no particular order and not exhaustive. The actual priorities chosen will be dependent on the best evidence available at the time of prioritisation.

First 1000 days and early years

- The first 1000 days represents a critical period in a child's development, and positive and protective influences during this time enable babies and young children to have happy healthy childhoods.
- We know that the right support and services can make a real difference for babies, children and their families - evidence shows that investing in the early years is also critical in ensuring improved outcomes in later life, including health and well-being, educational attainment, and employment. From a population perspective, this investment can help create healthier and more resilient communities, and break the cycle of deprivation persisting from generation to generation
- Interventions during this period including support and advice on parenting, help during pregnancy, breastfeeding and nutrition advice, immunisation, oral health, and preventing childhood injuries; as well as taking action on the wider determinants of health including poverty, housing, air quality and transport.

Alcohol

- Alcohol prevalence, harm and related deaths are increasing in Cardiff and the Vale. This is causing increased pressures and costs to services. Hospital admissions linked to alcohol cost NHS Wales around £120 million per year. The majority (around three-quarters) of the cost to the NHS is incurred by people who are not alcohol dependent, but whose alcohol misuse causes ill health.
- Identifying risky drinking patterns earlier and providing targeted advice to individuals are both effective and cost-effective, and recommended in NICE guidance. Screening and giving brief advice can reduce weekly drinking by 12% on average and have the most impact when identifying and advising patients who are not dependent on alcohol, but whose drinking is increasing their risk of a wide range of health problems. The intervention may also identify dependent drinkers who need further specialist support.
- Routine alcohol screening should be embedded into practice and processes in primary care and secondary care. Dedicated alcohol care teams would provide a 7-day service in secondary care, and community services support patients in the community.

Social prescribing

- Social prescribing was highlighted as a key priority in Welsh Government's Programme for Government 2021-26. It enables health professionals to refer people to a range of local, non-clinical services. These might include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.
- Referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses. Social prescribing can be used with a range of patients, including people with mild or long-term mental health issues, vulnerable or isolated people, and people who are frequent users of primary or secondary mental health services. This approach recognises that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, and aims to support individuals to take greater control of their own health.
- Social prescribing is potentially a key mechanism to support prevention and address inequalities, and the subject of a current review within the Health Board.

Falls prevention

- Falls are a major public health concern, as it is estimated that one third of people over the age of 65 will fall every year, and half of people over the age of 80 will fall, many suffering injuries as a result.
- Falls can have major physical and mental health implications and can lead to loneliness and isolation. However, falls are not an inevitable consequence of ageing, and there is a great deal of evidence about reducing the risks of falls, including education and strength and balance exercise. Interventions to reduce the risks of falls can offer a significant return on investment in health and social care costs.

Housing

- Shelter is a fundamental human need, with access to affordable, safe and secure accommodation a pre-requisite for health and well-being.
- People who are homeless, including people sleeping rough, are highly vulnerable members of our society and often have complex health and social care needs; they are more likely to experience mental health issues and have difficulties accessing public services including healthcare than the rest of the population, and are four times more likely to attend Accident and Emergency. Domestic abuse is a key factor leading to homelessness, and substance abuse can be both a cause and consequence of homelessness. Housing is often seen as a key first step in accessing employment and public services.
- Seven per cent of adults in Wales have experienced homelessness. Adults who report four or more adverse childhood experiences (ACEs) are 16 times more likely to report homelessness than those without any ACEs

Population health management

- Population health management improves population health by data-driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population. It uses linked data to segment, stratify and model local 'at risk' and 'rising risk' cohorts – then designing, targeting and personalising interventions to deliver early intervention to reduce inequalities.
- Although a well-established approach in England, equivalent linked data is not available in Wales. Work is underway to develop and implement population health management in two other Health Board areas and nationally as part of 'Six Goals for Urgent and Emergency Care'. The Public Health Team will continue to engage with and monitor developments in this field

Data and digital transformation

- Health and social care are areas where quality of data and information suffers from poorly designed, partially digitized and weakly linked data collection. This severely limits their potential to be used for population health purposes.
- Clinicians should be able to access the records of individuals or create short lists of patients with specific needs to identify, prioritise, follow-up and monitor. Patients should be able to check their own (or a dependent's) record of vaccinations, prescriptions, images, results and referral letters, etc.
- It should be possible to monitor the health of the population as a whole to examine risk factors, and protective interventions; and perform trend analysis, resource allocation, prioritization, research and evaluation based on anonymised data.
- With robust data, it is possible for healthcare costs to be projected into the future, actuarially examine risks and invest in interventions which are demonstrated to be effective and high value
- Wales could be a pioneer in this field and accelerate the adoption of shared, integrated records for population health management purposes