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FOREWORD

I am delighted to present my first (interim) Annual Report, which covers the first nine calendar months of 2010.

This interim report comes at a time of great discussion on the provision of public services. It is therefore appropriate that this first (interim) report focuses on the health needs of our population in North Wales. The report highlights the challenges and variations in health outcomes which need to be addressed if we are to achieve an improvement in health and wellbeing.

The emerging financial position will bring further challenges. It is therefore essential that planning and decision making processes are informed by population health need assessment and include debate and understanding of the wider public health opportunities and consequences.

Local examples of partnership work to address the wider determinants of health have been included. It is important that we continue to develop this work within the context of the new public health strategic framework, ‘Our Healthy Future’, sharing best practice across organizations and communities so as to maximize impact.

Similarly if we are to address harm, waste and variation in health services, structured clinical engagement and the implementation of clinically led processes to inform best practice are needed.

There is therefore much to do. The recent Marmot Review of health inequalities has recommended that the role and impact of prevention and early intervention should be strengthened to help to stem the rising tide of ill-health which affects our population.

Improving public health is everybody’s business and there is a need for a renewed focus on implementing evidence based interventions in a systematic way to ‘prevent the preventable’ and achieve a step change in delivery and outcome.

I would like to thank our local Public Health team and the Public Health Wales Observatory for supporting the development of this report. Particular thanks to Dr Robert Atenstaedt for his role in co-ordinating and editing the report.

Andrew Jones
Executive Director of Public Health
INTRODUCTION

The last year has been a time of change for health services and partnership working arrangements in North Wales. The establishment of the new integrated Betsi Cadwaladr University Health Board, for the first time has brought public health, primary and secondary care together into a single organisation. This has created a significant opportunity to work even more effectively within the NHS and with our partners to improve the health and wellbeing of our population.

The University Health Board’s aim is to improve the physical and mental health of the population and sustain the general wellbeing of our citizens through good public health as well as safe and effective services (Betsi Cadwaladr University Health Board, 2009)

Working with our partners, the Health Board wishes to seek to enable our population to be well and healthy for as long as possible. We aim to decrease premature mortality and morbidity throughout the life course. We want to reduce harm, waste and variation in services, reducing health inequity and addressing health inequality wherever possible.

The interim report of the Executive Director of Public Health focuses on the first nine calendar months of 2010. It aims to start to set the scene for public health in North Wales. The report will be further developed with the full release of the annual report in July 2011.

The first sections of the report provide links to a detailed population profile, which describes the health needs of our population and the variation and inequalities which are evident.

The later sections of the report describe some of the public health challenges we face across the public health domains of health protection, health improvement and health services improvement.

Public Health – What is it?

Public Health works to:

- Protect health
- Promote health
- Promote healthcare quality
- Reduce inequalities in health
Public Health is defined as the “science and art of preventing disease, prolonging life and promoting health through the organized efforts of society” (Sir Donald Acheson, 1988). This simply means that it is everybody’s responsibility.

Many of the factors which combine to affect the health of individuals and communities are outside of the remit of the NHS. This highlights the need for effective partnership working to address these challenges and improve the health of the population. The role of Unitary Authorities is crucial in this respect and key to addressing the wider factors which impact on health.

There is much good partnership working underway across North Wales. We need to continue to strengthen partnership working arrangements across both statutory and non-statutory agencies so as to use our collective resources to maximum effect in influencing the wider factors which affect health i.e. ‘wider determinants of health’.

Public Health Wales, in providing independent, specialist and professional public health advice, will support our local work through the systematic assessment of population health and the development of evidence base to inform the development of effective interventions and services.

**Strategic Context**

Addressing these challenges at a population level requires a clear strategic vision and commitment.

In Wales we already have a strategic focus for this public health work. ‘Our Healthy Future’ (Welsh Assembly Government, 2009d) has set the direction for the next five years and has two central aims: to improve quality and length of life and achieve fairer outcomes for all. The aims are supported by six themes and ten priorities.
In his annual report for 2009 (Welsh Assembly Government, 2009c), the Chief Medical Officer for Wales has stressed the importance of the two overarching aims of ‘Our Healthy Future’. He has similarly highlighted the important role that clinicians can play in creating a sustainable health system by delivering efficient and effective health care and by focusing on upstream interventions for prevention and early intervention. It will be important that our approach to improving health fully embraces the skills of our colleagues in both primary and secondary care.

Over the next few months, using ‘Our Healthy Future’, we will continue to develop our local vision and strategic focus, together with priorities and a practical approach to achieve this.

The Ottawa Charter for Health Promotion (World Health Organisation, 1986) outlines the approach required for successful intervention:

Across North Wales, there is a need for us to develop such a systematic approach, using key settings such as workplaces, schools and communities, to invest collectively in the implementation of evidence based programmes, which are cost effective and have high and measurable impacts on health outcomes. The report contains some recommendations to inform this approach.
1 HEALTH OF THE POPULATION OF NORTH WALES

This information is taken from the recently completed ‘Population Profile of North Wales’ (Public Health Wales, 2010a).

Full access to the detailed profile is available at http://www.wales.nhs.uk/sitesplus/888/page/46346

1.1 Demography of North Wales

There are about 680,000 people currently living in North Wales. However, by the year 2033, this is predicted to increase to over 750,000. The number of households in North Wales is about 280,000; of these, 10% are lone parent households (Office for National Statistics, 2001).

The General Fertility Rate (a measure of births) for North Wales (61 per 1,000) is slightly higher than Wales (60 per 1,000), though there are large variations across the region. The percentage of low birth weight births at 5.5% is smaller in North Wales than in Wales as a whole at 5.8%. There is, however, considerable variation across Middle Super Output Areas (MSOAs), small area geographies with an average population of 7,500; the MSOA with the highest proportion of low birth weight babies is Denbighshire 006 (Rhyl South West) at 8.2% and the one with the lowest is Conwy OO3 (Llandrillo yn Rhos, Penrhyn) at 2.9%. There is a positive correlation between high social deprivation and low birth weight.

North Wales has a large population of older people. The percentage of people aged over 75 years in North Wales is higher than that in Wales as a whole, 9.2% and 8.6% respectively. There is variation across Unitary Authorities with the highest proportion of over 75 year olds residing in Conwy (11.7%). Just over 43% of people aged over 75 years live alone.

In North Wales, the Black Minority Ethnic (BME) population is approximately 1.0%, which is lower than Wales, 2.1%.

The percentage of people over the age of three years in North Wales who say they can speak Welsh is 39.1%, although there is wide variation across Unitary Authorities; in Gwynedd almost 72% of the population can speak Welsh.

In North Wales, there are 25,108 people registered on Unitary Authority physical/sensory disability registers (Data Unit Wales, 2009). This figure should be treated with caution as registration is voluntary and the way that data is collected and recorded may vary between Unitary Authority areas.
1.2 Major Causes of Death and Disability

Physical and mental well-being has a significant impact on how an individual functions on a daily basis. Whether someone suffers from ill-health or dies prematurely is influenced by a range of factors, some of which an individual can have a reasonable degree of control over such as lifestyle, keeping up to date with immunisations and screening opportunities, and others which individuals have very little control over, such as their social circumstances.

One measure of ill-health status is limiting long-term illness, which can be mental, physical or both. The percentage of adults reporting this in North Wales is 25%, which is lower than the figure for Wales, 27%. There is variation across the region but no Unitary Authority has a percentage above the Wales figure.

Death (mortality) rates provide a good picture of overall population health. Although the mortality rate from all causes for North Wales (617 per 100,000) is lower than the all-Wales rate (635 per 100,000), inequities still exist, even within a Unitary Authority area. The figure for MSOA Wrexham 004 (Gwersyllt North, Gwersyllt West) stands at 1,016 per 100,000 and yet the figure for MSOA Wrexham 018 (Bronington, Overton) is 427 per 100,000 population. This inequity, due largely to socio-economic factors, is both stark and unacceptable.

Life expectancy in North Wales at 77.2 years for males and 81.5 years for females is slightly higher than that of the Wales average (76.8 and 81.2 respectively), with some small but not significant variation across Unitary Authorities. Life expectancy is a broad indicator of population health and would not, for example, be used in isolation to determine programmes of health improvement.

The two big killers in North Wales are circulatory diseases and cancers, as shown in Figure 1. Deaths from circulatory disease (all ages), which include heart disease and stroke, are lower in North Wales at 210 per 100,000 compared to all Wales at 214 per 100,000. However, as with other causes of mortality, rates vary significantly across North Wales, due again largely to socio-economic factors.
Deaths from circulatory disease for under 75 year olds replicate the pattern above: the highest rate is at 171 per 100,000 in MSOA Wrexham 004 (Gwersyllt North, Gwersyllt West) and the lowest rate recorded in three MSOAs including Anglesey 008 (Braint, Cadnant, Gwyngyll, Tysilio), Gwynedd 004 (Bethel, Llanrug, Y Felinheli) and Wrexham 002 (Gresford East & West, Marford & Hoseley), all at 47 per 100,000 population. This is shown in Figure 2 below:
Cancer death rates (excluding non-melanoma skin cancer) in North Wales stand at 187 per 100,000, slightly higher than the rate for Wales, 186 per 100,000 population. There is, again, significant variation across Unitary Authorities and MSOAs.

### 1.3 Major Social Determinants of Health

The influence of social determinants on health, well-being and length and quality of life has long been recognised.
There are strong links between deprivation and poor health. The Welsh Index of Multiple Deprivation (WIMD), which is a tool to measure deprivation, identifies Rhyl West 2 Lower Super Output Area (LSOA) as the most deprived in Wales, with Queensferry 1 (Wrexham) and Rhyl West 1 and Rhyl South West 2 ranked third, fourth and fifth respectively. In North Wales, 49 out of the 425 LSOAs are in the most deprived fifth in Wales. Areas of deprivation often have higher levels of need in relation to many different measures of health such as levels of smoking related diseases, injuries, alcohol and drug related diseases, teenage pregnancy and mental health issues (Public Health Wales 2010a).

Figure 3 shows a map of North Wales with areas of high deprivation identified.

**Figure 3: Overall Welsh Index of Multiple Deprivation, fifths of deprivation, North Wales, 2008**

Educational achievement offers the greatest potential for improved social and economic circumstances and is a key element for reducing health inequities and improving population health. Those with no qualifications are significantly more likely to be economically inactive than those with qualifications. In 2008/09, 0.4% of pupils aged 15 years in North Wales left school without a recognised qualification; the highest percentage was in Denbighshire Unitary Authority, 0.9%, which is equal to the average for Wales (Welsh Assembly Government, 2009a).
Vehicle ownership can have significant advantages to an individual and household. Owning a vehicle can improve access to services such as healthcare, employment and leisure activities. Conwy and Wrexham Unitary Authorities have the highest proportion of households in North Wales with no car or van, 24%; this is lower than the average for Wales, 26% (Office for National Statistics, 2001).

The causes of crime are largely the same socio-economic factors that determine health and well-being. A safe environment, free of crime, contributes significantly to people’s sense of well-being. If the social environment becomes unsafe, mental health status is jeopardised; fear of crime is associated with increased anxiety and higher blood pressure, and is significantly associated with poor self-rated health. In general, North Wales has lower crime rates compared to the UK average.

The provision of, and access to, healthcare services has an important role in determining health inequities experienced in society. In North Wales, the rate of all hospital admissions among people aged under 75 years is lower than the average for Wales, 134 per 1,000 population compared with 139 per 1,000 population. Anglesey Unitary Authority has the highest hospital admission rates across North Wales and is higher than the rate for Wales. The Denbighshire MSOA which includes the electoral divisions of Rhyl West and Rhyl East has the highest hospital admissions rate in North Wales at 181 per 1,000 population, which is significantly higher than the average for Wales.
2 HEALTH PROTECTION

This section describes the work of the Health Protection Team of Public Health Wales in Betsi Cadwaladr University Health Board (BCU HB), supported by general public health specialists.

2.1 Communicable Disease

An important role of the Health Protection Team is to collate, monitor and act on notifiable diseases and syndromes. There are 31 notifiable diseases and syndromes with 60 causative agents. Not all diseases notified by clinicians are confirmed by laboratory tests; and not all diseases reported by the laboratories are notified. Table 1 shows diseases notified in North Wales in the first 9 months of 2010.

Table 1: Total number of selected diseases reported clinically or by laboratory: January – September 2010

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Total clinical and laboratory reports</th>
<th>Laboratory confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td>Meningococcal septicaemia / meningitis</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Food poisoning</td>
<td>766</td>
<td>E Coli 0157 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Salmonella 61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Campylobacter 631</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Mumps</td>
<td>68</td>
<td>7</td>
</tr>
<tr>
<td>Measles</td>
<td>21</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Invasive Group A streptococcal infections</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Hepatitis B (acute &amp; chronic)</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Legionnaires Disease</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

The Health Protection Team investigates outbreaks and other significant cases of infectious diseases in the community, and applies control measures to prevent further spread. It is also involved in the investigation of UK and national incidents and outbreaks. Significant incidents over the last nine months include:

- Outbreaks of diarrhoea and vomiting: 34 in nursing and residential care homes, 7 linked to hotels, and 2 in educational centres/schools
- Investigation of measles cases in a travelling community
- Management of a scabies outbreak in a school
2.2 Infection Control

Public Health Wales is represented on the BCU HB Improving Prevention and Control of Infection Sub-Committee. The Public Health Team is also currently involved in reviewing infection control resources in conjunction with BCU HB and also across Wales.

2.3 Environmental Public Health

Increasing numbers of environmental issues and incidents require a health protection response; Public Health Wales has been involved in the following incidents over the past nine months:

- 6 blue-green algae contamination incidents in lakes and reservoirs, with potential human implications
- Response to 8 chemical incidents – chlorine gas, lead, asbestos, heating oil
- 27 water contamination incidents connected with public or private water supplies
- Hanson Cement Investigation – in response to community health concerns

In March 2010, members of Pen-Y-Ffordd Community Council and Buckley Town Council expressed health concerns associated with the Hanson Cement plant in Padeswood, Flintshire. In response the Minister for Health and Social Services, Edwina Hart, asked Public Health Wales to work with partner agencies to gain a better understanding of the public health concerns of the local community and offer expert advice (Public Health Wales 2010b). In order to address the concerns, an investigation response team was established, made up of experts from:

- Public Health Wales including the Welsh Cancer Intelligence and Surveillance Unit
- BCU HB
- Health Protection Agency
- Environmental Agency Wales
- Food Standards Agency
- Flintshire County Council
Meetings took place in June and September between the Investigation Response Team and representatives of the local community to discuss public health concerns associated with Hanson Cement. These meetings have given the Investigation Response Team an opportunity to better understand the initial concerns that have been submitted, discuss the next steps and work with the local community representatives to help them to understand the progress of the investigation (Public Health Wales 2010b).

A period of public consultation and engagement is underway involving Public Health Wales and representatives of the local community and includes focus groups and drop in sessions (Public Health Wales 2010b).

The Investigation Response Team is conducting a review of plant emissions using data from many different local sources. Ways in which local communities may be exposed to, and affected by, these emissions will be a key part of the review. The review will also include an assessment of local air quality and environmental nuisance. Any associated public health risks will be identified and measured by making comparisons of the local data with other environmental health information (Public Health Wales 2010b).

The investigation team is producing a description of the health of the local community using existing data. Information on the health of the wider population across Flintshire and North Wales will also be included to put the community picture into context. Following this, further work may be needed (Public Health Wales 2010b).

### 2.4 Emergency Planning

Public Health Wales is involved in aspects of emergency planning including:

- Membership of the Local Resilience Forum (North Wales) and task groups
- Wylfa Level 3 exercise (January 2011) planning and response
- Membership of the BCU HB Civil Contingencies Group

### 2.5 Screening Programmes

This section describes two of the major screening programmes in Wales – breast and cervical. There are other screening programmes e.g. bowel screening.

**Breast Screening**

Breast Test Wales (BTW), part of Public Health Wales, provides the NHS Breast Screening Programme in Wales.
All women resident in Wales aged between 50 and 70 are invited to attend for screening once every three years. In addition, women aged over 70 are encouraged to request screening. Women under the age of 50 assessed as being at increased risk of breast cancer (as a result of their family history, or previous treatment with mantle radiotherapy for Hodgkin’s disease) are also offered mammographic surveillance. Currently around 100,000 women per year are screened for breast cancer throughout Wales; the figure for North Wales is around 20,000 per year (Public Health Wales 2010a).

The number of women screened each year is increasing because of the rise in the population in older age groups (approximately 2% per annum), the invitation of women up to the age of 67 from 2003, and the introduction of the service for women referred from the Genetics Service from 2001 onwards. From January 2006, the upper age for automatic invitation to screening was raised to 70 years across Wales. Wales is considered to have an excellent breast screening programme, which exceeds all the national cancer detection standards (Public Health Wales 2010a).

The prime objective of the programme is the reduction of breast cancer mortality. The two key measures in this respect are:

- **Coverage** – the proportion of eligible women in the population screened in a given time period
- **Uptake** – the proportion of invited women who attend their screening appointment in a given period of time

Although at first sight these measures might appear to be the same, because of the way the Breast Screening Programme is run, this is not the case. Women are invited every three years, with each General Practice being screened in turn, so there will always be some women who have become eligible (i.e. reached the age of 50), but have not been invited (Public Health Wales 2010a).

Breast screening standards have been set at 70% for each of the measures, but a target of 80% is desired. As coverage will always be lower than uptake (by around 5% because of the women in the 50 to 52 year age band who will be waiting for invitation), an uptake of at least 75% is needed to ensure coverage of 70%. A reduction in breast cancer mortality is likely at this rate (Public Health Wales 2010a).

BTW diagnose breast cancer in around 1% of women screened. Breast cancer incidence (new cases) has continued to rise since the 1970s, but mortality (death) rates are falling. As North Wales has generally reported relatively high levels of breast cancer incidence and mortality, continuous improvement in uptake is desirable (Public Health Wales 2010a).
Table 2 shows breast screening coverage by Unitary Authority; the highest coverage was recorded in Anglesey (77.6%) and the lowest coverage recorded in Denbighshire (70.7%) (Public Health Wales 2010a).

**Table 2: Coverage of women aged 53 to 64 years, North Wales, 31 March 2009**

<table>
<thead>
<tr>
<th>Eligible population</th>
<th>Number of women screened</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isle of Anglesey</td>
<td>5,824</td>
<td>4,548</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>9,584</td>
<td>7,255</td>
</tr>
<tr>
<td>Conwy</td>
<td>9,589</td>
<td>6,843</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>8,328</td>
<td>5,931</td>
</tr>
<tr>
<td>Flintshire</td>
<td>11,817</td>
<td>7,727</td>
</tr>
<tr>
<td>Wrexham</td>
<td>10,222</td>
<td>7,389</td>
</tr>
<tr>
<td>Wales</td>
<td>234,146</td>
<td>175,767</td>
</tr>
</tbody>
</table>

Source: Breast Test Wales

**Cervical Screening**

In Wales this programme is managed by Cervical Screening Wales (CSW), part of Public Health Wales. The most recent results relate to workload and performance for the financial year April 2009 to March 2010.

CSW operates the call and recall system which covers the target population of women between the ages of 20 and 64 years. Screening is offered once every three years in Wales (Public Health Wales 2010a).

The target coverage for 25 to 64 year olds in Wales is 80%. CSW report that uptake of cervical screening is low and falling in the 20 to 24 age group. Coverage rates for North Wales are just above the average for Wales but lower than the target, shown in Table 3.

**Table 3: Cervical screening coverage of target age group (25-64 years), 2009/10**

<table>
<thead>
<tr>
<th>Percentage tested within the:</th>
<th>Last 3 years</th>
<th>Last 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Wales</td>
<td>66.8</td>
<td>76.7</td>
</tr>
<tr>
<td>Wales</td>
<td>66.7</td>
<td>76.5</td>
</tr>
</tbody>
</table>

Source: Cervical Screening Wales

*A small proportion of women could not be allocated to a Health Board, but are shown in the total for Wales.*
2.6 Immunisation

Immunisation is one of the most important ways of protecting individuals and the community from serious illness (Public Health Wales 2010a).

The three main immunisation programmes include: Childhood Immunisations, Human Papillomavirus (HPV) vaccination and Influenza vaccination ('seasonal flu'). BCU HB has a duty to implement all Ministerial Letters setting out vaccination programme changes for different cohorts of the population. To help maximise the uptake of all immunisations a rolling programme of training on immunisation is provided throughout the year to ensure staff are up to date on all aspects of immunisation policy. This training is delivered in collaboration with Public Health Wales.

Childhood Immunisations

Immunisation uptake rates of less than 95% can leave communities vulnerable to outbreaks of serious infectious diseases. Children who miss immunisation for any reason remain without protection against serious childhood diseases such as polio, tetanus, pertussis (whooping cough), Haemophilus Influenzae, diphtheria, mumps, measles, rubella and certain types of meningitis (Public Health Wales 2010a). Immunisation has been shown to be cost effective and should be actively encouraged throughout North Wales (Richardson 2009).

Table 4 shows the most recent uptake of selected childhood immunisations across North Wales (Public Health Wales 2010c).

Table 4: Uptake of selected immunisations in resident children reaching their 1st, 2nd and 5th birthday between 01/04/10 and 31/06/10 and resident on 01/08/2010

<table>
<thead>
<tr>
<th>Area</th>
<th>5 in 1 (%)</th>
<th>MenC (%)</th>
<th>MMR1 (%)</th>
<th>MMR2 (%)</th>
<th>4 in 1 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wales</td>
<td>95.7</td>
<td>95.4</td>
<td>92.1</td>
<td>87.0</td>
<td>90.4</td>
</tr>
<tr>
<td>North Wales</td>
<td>96.2</td>
<td>95.7</td>
<td>92.7</td>
<td>89.7</td>
<td>92.2</td>
</tr>
<tr>
<td>Isle of Anglesey</td>
<td>97.3</td>
<td>97.3</td>
<td>91.6</td>
<td>90.1</td>
<td>91.7</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>96.4</td>
<td>96.0</td>
<td>94.2</td>
<td>87.5</td>
<td>93.8</td>
</tr>
<tr>
<td>Conwy</td>
<td>94.1</td>
<td>94.1</td>
<td>89.1</td>
<td>92.6</td>
<td>93.0</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>96.8</td>
<td>96.8</td>
<td>91.0</td>
<td>83.6</td>
<td>87.3</td>
</tr>
<tr>
<td>Flintshire</td>
<td>97.1</td>
<td>96.7</td>
<td>93.7</td>
<td>92.1</td>
<td>93.8</td>
</tr>
<tr>
<td>Wrexham</td>
<td>95.4</td>
<td>94.1</td>
<td>94.5</td>
<td>90.4</td>
<td>92.2</td>
</tr>
</tbody>
</table>

Source: COVER data

This illustrates the following:

- Conwy is the only Unitary Authority in North Wales not achieving the target immunisation rate of 95% for 5 in 1 vaccine (Public Health Wales 2010c)
• Across North Wales, we are not achieving the 95% target for the first dose of the measles, mumps and rubella immunisation (Public Health Wales 2010c).

• Many children in North Wales are starting school without receiving the recommended two doses of measles, mumps and rubella immunisation, leaving communities at risk of infection (Public Health Wales 2010c).

• Across North Wales, we are not achieving the recommended 95% rate of immunisation for the 4 in 1 vaccine (Public Health Wales 2010c).

BCU HB, in combination with Public Health Wales, is working hard to raise vaccination uptake rates, which are generally improving across all vaccination programmes in children under 5 years of age as demonstrated in Figure 4 (Public Health Wales 2010d).

Figure 4: Betsi Cadwaladr University Health Board childhood immunisation uptake quarterly trends

Source: Public Health Wales

Human Papillomavirus Vaccine

In 2007 the Welsh Assembly Government and other UK Health Departments announced that all 12 to 13 year old girls (School Year 8) would be offered vaccination against two types of a virus known as Human Papillomavirus (HPV) which are believed to cause 70% of cervical cancers. The programme was extended to include 17 to 18 year olds in 2008 and in Wales the HPV catch-up vaccination campaign was accelerated further in 2009. All girls and young women in Wales born between 1st September
1991 and 31st August 1995 should be offered the HPV vaccine during school year 2009-10 (Public Health Wales 2010a).

The results of the immunisation programme are shown in Table 5. The recommended target for receiving the three doses of HPV vaccine is 90%; across North Wales this is being achieved by Flintshire Unitary Authority (Public Health Wales 2010c).

Table 5: HPV Vaccine uptake in girls reaching their 14th birthday between 01/09/2009 and 31/08/2010 and resident on 01/08/2010

<table>
<thead>
<tr>
<th>1 dose (%)</th>
<th>2 doses (%)</th>
<th>3 doses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wales</td>
<td>89.7</td>
<td>89.1</td>
</tr>
<tr>
<td>North Wales</td>
<td>89.6</td>
<td>89.0</td>
</tr>
<tr>
<td>Anglesey</td>
<td>89.2</td>
<td>88.7</td>
</tr>
<tr>
<td>Conwy</td>
<td>88.0</td>
<td>87.8</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>90.0</td>
<td>89.2</td>
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<tr>
<td>Flintshire</td>
<td>93.0</td>
<td>92.8</td>
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<tr>
<td>Gwynedd</td>
<td>86.1</td>
<td>85.3</td>
</tr>
<tr>
<td>Wrexham</td>
<td>89.8</td>
<td>88.7</td>
</tr>
</tbody>
</table>

Source: Public Health Wales

Influenza vaccine

The aim of the seasonal influenza campaign is to minimize flu related morbidity, mortality and hospital admissions. The Welsh Assembly Government’s target for influenza immunisation has been set at 70%; this has now been raised for 2010-2011. The uptake target for all ‘at risk’ groups will increase from 70% to 75%, in line with World Health Organisation guidance (Public Health Wales 2010e).

Table 6 shows the immunisation rates for influenza immunisation in North Wales; Wrexham (70.1%) was the only unitary authority to achieve the national uptake target of 70% for 2009/2010 in adults aged over 65 years. In the under 65 ‘at risk’ group again Wrexham had the highest uptake rate at 57.8% (Public Health Wales 2010e).

Table 6: Uptake of influenza immunisation 2009/2010 in North Wales*

<table>
<thead>
<tr>
<th></th>
<th>65 years and over</th>
<th>Under 65 years ‘at risk’</th>
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<tbody>
<tr>
<td></td>
<td>% immunised</td>
<td>% immunised</td>
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<tr>
<td>North Wales</td>
<td>65.1</td>
<td>52.1</td>
</tr>
<tr>
<td>Isle of Anglesey</td>
<td>65.6</td>
<td>51.1</td>
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<td>Gwynedd</td>
<td>61.5</td>
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<tr>
<td>Conwy</td>
<td>64.3</td>
<td>49.6</td>
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<tr>
<td>Denbighshire</td>
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</tr>
<tr>
<td>Flintshire</td>
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<tr>
<td>Wrexham</td>
<td>70.1</td>
<td>57.8</td>
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</tbody>
</table>

Source: Public Health Wales
* This report reflects data on immunisations given and recorded on GP systems up to February 15th 2010, collated via Audit+. Data were received from 80% of practices in Betsi Cadwaladr University LHB at this time.

Figure 5 shows that among Health Boards across Wales, BCU HB achieved the highest rates of influenza immunisation in 2009/2010.

**Figure 5: Seasonal influenza vaccine uptake in Wales 2009/10**

Source: Public Health Wales
3 HEALTH IMPROVEMENT

3.1 Tobacco

Smoking is the largest single cause of avoidable ill-health and early death in North Wales and is a major contributory factor to inequities in health. In Wales, 37% of the population smoke in the most deprived areas compared to 14% in the least deprived areas.

Figure 6: Adult current smokers by Local Authority, age standardised, Wales: 2003/04 to 2008 & 09

Although recent trends have seen a decline in smoking rates in North Wales as shown in Figure 6 above, 24% of adults continue to smoke. Trends for smoking in young people aged 13 at an all Wales level remain higher for girls (12%); double the percentage for boys (6%). The number of non-smoking adults’ exposure to passive smoking indoors is 20% in North Wales compared to 22% in Wales.

Towards a Smoke Free North Wales – a call for further action on Tobacco Control

The first North Wales Tobacco Control Conference was held at Bangor University at the end of April 2010. The conference was organised by Public Health Wales in partnership with BCU HB, North Wales Unitary Authorities and Stop Smoking Wales. The morning was chaired by the Chief Executive, BCU HB and the afternoon session by Lead Council Member for Children and Young People, Anglesey County Council. The conference was a platform to reinvigorate and inspire local partnerships to move forward with renewed impetus to promote and deliver tobacco control programmes. The key conference message was the need for:
• Organisations to understand how smoking affects both the health of their employees and their families. They also have an important role in promoting consistent messages about tobacco/smoking.

• Public Services to give consistent messages to the public as well as their workforce in their day to day work, as they are especially well placed to do this.

Participants at the North Wales Tobacco Control Conference, including the Chief Medical Officer for Wales, the Chief Executive of BCU HB and the Executive Director of Public Health

BCU HB nominated Tobacco Control Champions

To support the local delivery of Tobacco Control, BCU HB has identified a Tobacco Control Champion for each of its 11 Clinical Programme Groups. Work has begun on the development of a Tobacco Control Plan for the organisation and groups have been established to take forward areas of work including; pre-operative smoking cessation, smoking and pregnancy, community pharmacy support and primary, community and specialist medicine.

Helping People to Quit Smoking

A total of 1,826 smokers in North Wales contacted Stop Smoking Wales (the specialist service run by Public Health Wales) between January and September 2010 wanting help to quit smoking.
Stop Smoking Wales continues to deliver their Brief Intervention training for all health and community workers who come into contact with smokers on a regular basis.

Stop Smoking Wales recently trained 74 in Brief Intervention training. The Training Day introduces a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up.

**SmokeBugs!**

Public Health Wales continues to support the delivery of the local aspects of the SmokeBugs! initiative in partnership with local Healthy Schools Scheme Coordinators. Smokebugs! is targeted at young people aged between 8 and 11 years to encourage and support a smoke free lifestyle. In North Wales, school children enjoy informative sessions such as a unique magic show using a combination of tricks that emphasises the message of staying smoke free. This is supported by an interactive health and safety session from the North Wales Fire and Rescue Service.

*SmokeBugs! members from Bodnant Junior School, Conwy, met the Canadian International Rugby players on 12 March 2010 at Eirias Park to celebrate No Smoking Day.*
No Smoking Day Activity – 11 March 2010

A variety of activities across North Wales supported the No Smoking Day Campaign 2010. Public Health Wales worked with a number of local partners through the multi-agency Tobacco Control Groups and others to raise awareness of the day and the free support available for people who want to stop smoking. ARRIVA buses, local supermarkets and colleges, school nurses and the North Wales Rugby Team were some of the people who got involved and helped raise awareness of No Smoking Day. Public Health Wales received a highly commended award for the ‘Best local media coverage’ category as part of the No Smoking Day Organiser of the Year Awards 2010.

3.2 Workplace Health

The workplace remains a high priority for health improvement in Wales. Public Health Wales facilitates a programme of health improvement in private, public and third sector workplaces in order to improve and maintain the health of the working population. This is achieved by delivering a number of workplace health improvement programmes on behalf of the Welsh Assembly Government including:

Corporate Health Standard Award

The Corporate Health Standard Award is the quality mark for workplace health promotion in Wales. It is presented in bronze, silver, gold and platinum categories to public, private and third sector organisations implementing practices to promote the health and well-being of their employees. It is a progressive programme and organisations are reassessed every three years. There are currently 30 large (50 or more staff) workplaces in North Wales signed up to the award - reaching a working population of over 65,000. BCU HB has made staff health and well-being a priority for action through their Annual Operating Framework. It aims to achieve platinum level of the award by March 2013.

Small Workplace Health Award

The Small Workplace Health Award was launched by the Welsh Assembly Government in 2009 and is designed to meet the needs of smaller (50 or less staff) businesses. There are currently 17 businesses in North Wales signed up to this award and we are currently planning the integration of this service with the Workboost Health and Safety Service.

Healthy Working Wales

This programme was established in January 2010 and was originally developed to increase the knowledge and usage of the ‘Back Book’ resource by GPs. The programme has been well received and, as a result, Public Health Wales are supporting GPs to utilise the tools and resources
available to them from Healthy Working Wales on the topic of health and work.

Other achievements from Public Health Wales include the production of a Workplace Health e-bulletin which is sent out bimonthly to over 400 individuals across Wales. The Public Health Team also supported the development of a Health and Work DVD produced by the Welsh Assembly Government which features organisations from North Wales.

### 3.3 Inequities in Health

Despite improvements in health, the gap between the least and most deprived in society appears to be widening at a national level. A key challenge for organisations is to ensure that sufficient focus is placed on the longer term aims of tackling health inequities – the difference in health experience between the most advantaged in our society and the least advantaged.

Regeneration tackles the root causes of ill-health, aiming to create healthy environments for people to live their lives. The most deprived parts of North Wales are benefitting from new investment from the Welsh Assembly Government; the ‘North Wales Coast’ and ‘Mon a Menai’ are two areas targeted for regeneration in North Wales.

Other initiatives go beyond the regeneration of areas to bring about opportunities for people to change their lives, projects to improve job opportunities, increase people’s skills and improve the energy efficiency of homes, examples of which are listed below:

- People who have been off work with health problems are being helped by the Fit for Work pilot service. The service is one of 11 in the UK and the only one is Wales, operating in the Rhyl, Colwyn Bay, Abergele and Pensarn areas. Public Health Wales and BCU HB worked in partnership with Rhyl City Strategy to develop the successful bid to the UK Department of Work and Pensions and Department of Health. The service provides support for employees who have been off work with health problems for 2 to 6 weeks. The team includes case managers, based at the West Rhyl Primary Care Centre, who refer clients to the NHS services they need such as physiotherapy and counselling and liaise with employers to support the transition back into work.
• Reducing long term economic inactivity is one of the aims of the Mon Menai Regeneration Strategy; initiatives to increase the skills of the workforce from inactivity to employment in ways that best meets the needs of both employers and individuals are being developed, supported by Public Health Wales.

• Housing is one of the key wider determinants of health. Areas across North Wales are also benefiting from Renewal Area status. A Health Impact Assessment informed the prioritisation of the Deeside Renewal area, covering parts of Connah’s Quay, Shotton and Queensferry. The Renewal Area supports local people to get involved and improve their local communities; measures include making homes more energy efficient and neighbourhood environmental improvements. Public Health Wales supports a working group specially set up to manage the work of the Renewal Area.

• Public Health Wales has contributed at both a strategic and operational level to build capacity in Wrexham to ensure that local community plans for health and development prioritise those with greatest need in order to ensure equitable access to health promotion, disease prevention and health care services. Working with partners has also included ensuring that the planning and delivery of projects and programmes are informed by public health principles, knowledge, skills and evidence of effectiveness. Local work has also been undertaken with Communities First, particularly with respect to the geographical areas of Caia Park and Hightown to ensure that public health concepts, including evidence of effectiveness, are included in service planning and delivery.

Maximising Opportunities: Preventing and Reducing Poverty and Disadvantage in Flintshire

Following a report submitted by Public Health Wales, Flintshire Local Service Board has established a priority work stream aimed at ‘Maximising Opportunities’ for local people disadvantaged by poverty. An approach has been adopted focussing on income, accommodation, fuel poverty, educational attainment and employment. All key partners and agencies in Flintshire are signed up to take relevant steps to address this key public health priority.

Promoting well-being in the Rhyl Community

Kids Fun Club volunteers in Rhyl teamed up with Public Health Wales and Llandrillo College for an eight-week health and well-being course, funded through Denbighshire’s Wellbeing Grant. Learners chose the topics which included healthy eating, physical activity, mental well-being and use of the internet to find health information. They also learned more about how
their local health services worked and how to get the best from the services. The group said that the new knowledge and skills supported them to make healthy choices and that they felt more confident about talking to GPs and other health professionals. The club now runs regular well-being sessions for volunteers and other members of the local community.

![Kids Fun Club volunteers in Rhyl with their certificate.](image)

### 3.4 Mental Well-Being

Mental well-being, or ‘positive mental health’ is about how we think, feel, behave and function. It is now well recognised as an essential component of overall health and well-being, underpinning healthy lifestyles, physical health, educational attainment, employment and productivity, relationships, community safety and cohesion, and quality of life. Improving mental well-being is fundamental to achieving a healthy, resilient and thriving population, contributing to a wide range of positive outcomes for individuals and communities, as well as a reduction of mental health problems.

Population data describing mental well-being is scarce. The Mental Component Summary Score (MCSS) reported in the Welsh Health Survey is commonly used, although it is not a very sensitive measure. The MCSS for all persons (age-standardised) ranges from 50.2 in Wrexham Unitary Authority to 51.6 in Gwynedd; the Wales score is 49.9. Higher scores are indicative of better reported mental health (Welsh Health Survey, 2009).

At the national level, a National Programme Board for Adult Mental Health has been established to ‘promote and protect the mental health and well-being of citizens’, as well as providing leadership, direction and support to ensure the delivery of high quality mental health services that provide value for money.
At a North Wales level, the BCU HB Mental Health, Learning Disability and Substance Misuse CPG, has the lead for the improvement of mental well-being within their Annual Operating Framework. There is public health representation on this Group and given the high priority for the implementation of ‘Talk to me – the National Action Plan to Reduce Suicide and Self-Harm in Wales 2009-2014’ (Welsh Assembly Government, 2009b), work has focussed on the development of a Self-harm and Suicide Prevention Training Strategy. The Public Health Wales Observatory has published ‘Suicide prevention: update of the summary of evidence’ (Public Health Wales, 2010f) and this has been shared with the members of the CPG and partners in order to help guide service responses and future development. Across North Wales, there are a broad range of policy initiatives and programmes, projects and interventions that contribute to improving mental well-being, including: perinatal mental health programmes; parenting programmes; early years support; Expert Patient Programme; schools counselling services, and programmes to improve nutrition and/or increase physical activity levels e.g. Exercise on Referral; substance misuse prevention and treatment programmes; and Mental Health First Aid.

‘Be a part, not apart’

A new initiative to increase understanding of how we can look after our own mental health and the mental health of others was launched in February 2010 by Public Health Wales in Flintshire. Under the title ‘Be a part, not apart’ this campaign aims to promote the ‘5 ways to well-being’ approach based on the evidence base developed by the New Economics Foundation. Being active, learning new things, ‘giving’, and ‘taking notice’ were identified as actions that are key to improving individual well-being. The fifth action – ‘connect’ – lies at the heart of the initiative, providing the theme which cuts across all of the campaign activities. Overall, the campaign aims to raise awareness of the links between taking these actions and improving positive mental health, and to encourage organisations and services to recognise how their core business can offer opportunities for people to engage in one or more of these, every day.

Launch of ‘Be a part, not apart’ campaign (February 2010).
3.5 Physical Activity

Regular physical activity has many benefits to both physical and mental health and well-being. In North Wales, 31% of adults currently meet physical activity guidelines of at least 30 minutes of moderate intensity physical activity on five or more days a week (Welsh Health Survey, 2009), whilst the Health Behaviour in School Aged Children Survey (HSBC) reports that 9% of girls aged 15 participate in moderate to vigorous activity daily, compared to 21% of boys of the same age (HSBC, 2005/2006).

People who are physically active can reduce the risk of developing some chronic conditions such as coronary heart disease, stroke and diabetes by up to 50%, and combining an increase in physical activity levels with healthy eating will maximise the potential benefits and help ensure long term sustainability of good health and well-being.

Some population groups continue to face barriers to accessing opportunities to be physically active, and Public Health Wales is working alongside colleagues from the Health Social Care and Well-being and Children and Young Peoples’ Partnerships, Unitary Authority service planners and providers, Sport Wales and Voluntary/Community groups to facilitate the development of inclusive interventions. This work aims to provide a diverse menu of options that will enable the population of North Wales to find and access something that suits their particular circumstances.

Public Health Wales are fully engaged in the development and implementation of the ‘Creating an Active Wales’ action plan for North Wales and support the various services that aim to increase participation in physical activity throughout the life course and across all settings.

3.6 Healthy Eating

A balanced diet is vital for good health and essential for healthy growth and development. In North Wales, 55% of adults are overweight or obese and only 37% report eating five portions of fruit and vegetables a day (Welsh Health Survey, 2009). The Health Behaviour in School Aged Children Survey 2005/6 reported that amongst 13 year olds 22% of boys and 17% of girls are classed as overweight and 4% of boys and 2% of girls classed as obese (HBSC, 2005/06).

Public Health Wales are actively engaged with key partners from Unitary Authorities, the voluntary sector and BCU HB in supporting joint working within the Children’s Young People’s Plans, Health Social Care and Wellbeing Plans and the Healthy Schools Scheme across North Wales. Action to promote healthy eating is embedded within these plans to
improve the nutritional status of the population in North Wales and optimise the potential for healthy development from birth to adult life.

**Confidence with Food Training Event (11 March 2010)**

Nutrition in infants and children affects health in later life and breastfeeding is the best way to feed a baby and gives significant health protective benefits to the mother and baby. Public Health Wales is a member of the North Wales Strategic Breastfeeding Steering Group, who were recently successful in a bid to the Welsh Assembly Government for breastfeeding initiatives.

In response to the Welsh Assembly Government All Wales Obesity Pathway, Public Health Wales is supporting colleagues in the Therapies and Clinical Support CPG in the task of identifying nutritional and physical activity programmes in the area. These programmes exist to provide opportunities for the people of North Wales to achieve and maintain a healthy body weight without the need to access specific health services, backed by the provision of a supportive environment. This will be used to further develop the multi-agency response to Obesity across North Wales.

**Gwynedd Obesity Conference**

Gwynedd Health Alliance hosted an Obesity conference in April 2010 in the beautiful setting of Plas Tan y Bwlch.

Delegates had the opportunity to hear from a range of speakers including the Chief Medical Officer for Wales and the Executive Director of Public Health. Speakers at the conference were able to describe the extent of the obesity problem, and suggest a range of approaches that could be used to tackle it.

In an interesting and varied day delegates learnt about the work of community dietitians, the National Exercise by Referral Scheme, food co-ops, and the ‘Change for Life’ campaign. There were also opportunities for those present to influence future work in Gwynedd by participating in a workshop session to identify priorities and good practice.
3.7 Alcohol and Drugs

The misuse of alcohol, drugs and other substances is one of the most devastating ways in which individuals can harm themselves, their families and the communities in which they live. In North Wales, 44% report drinking above the recommended guidelines and a further 27% admit to binge drinking (Welsh Health Survey, 2009).

Alcohol related hospital admissions are increasing and Anglesey Unitary Authority has the highest rate for males, with Conwy and Denbighshire having the highest rate of admissions for females. Anglesey hospital admission rates for males due to illicit drug use are nearly double the rate for North Wales (Public Health Wales 2010a).

Public Health Wales supports action to reduce the harm to individuals, their families and communities from alcohol and drugs, whilst not stigmatising substance misuse. The North Wales Substance Misuse Area Planning Board embraces the Wales Substance Misuse Strategy by working together to develop an integrated approach to equitable and improved access to the availability of education, prevention and treatments services and related support whilst making better use of resources.

3.8 Teenage Pregnancies

Teenage pregnancy can lead to both health and economic consequences. Children born to teenage mothers have 60% higher rates of infant mortality and are at an increased risk of low birth-weight; this impacts on the child’s long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to 3 years after their child’s birth. Teenage parents and their children are also at increased risk of living in poverty.

Public Health Wales helps to support young people to make better choices about sexual behaviour and becoming pregnant, by encouraging high quality sex education and relationships education in schools and other settings and by helping to plan accessible contraception services appropriate for the needs of young people. In some parts of North Wales, there have been gaps in services and Public Health staff have taken a direct role in training and service design, for example over condom distribution schemes.
Public Health Wales staff who are linked to the Healthy Schools Scheme have helped to prepare and disseminate bilingual teaching materials and school policies to promote good relationships and safer behaviour.

*Lead for Gwynedd Healthy Schools Scheme with Wales and International Rugby Player Scott Quinnell*

### 3.9 Accidents and Injuries

The most common type of injury resulting in accident and emergency attendances for the 0 - 5 year age group include poisoning/overdose, lacerations/wounds and scalds (National Public Health Service, 2006).

Data relating to the location of injuries shows that most people are injured in the home; the 0 - 5 age group are at the highest risk of injury in the home; rates for road traffic injuries peak in the 15 - 24 age group; while rates for people injured in public places peak in the early teenage years (National Public Health Service, 2006). In 2008, Anglesey and Gwynedd Unitary Authorities had significantly higher rates of emergency admissions for injury or poisoning for 0-18 year olds.

Preventing childhood injuries is a very cost effective public health measure. Injury prevention activity requires a partnership approach and is needed at many levels from changing individual behaviour, to making a child’s environment safer to live in, to making roads safer and limiting car speeds.

Training on reducing home injuries in the early years is a priority that has been progressed by partnerships across North Wales; this includes hints and tips on working with vulnerable families.
Injuries within the home occur at a higher rate in areas experiencing deprivation; some home safety equipment schemes within these areas of North Wales have undertaken a review of the equipment provided to ensure that it matches best practice. Safety gates, window restrictors, 5 point highchair harnesses all reduce falls, fire guards and smoke alarms prevent burns and cupboard restrictors reduce poisonings. These are all effective measures to prevent injuries in the early years.
4. HEALTH SERVICE IMPROVEMENT

This section highlights the importance of improving clinical effectiveness. BCU HB has a responsibility for the health of the local population and discharges this in part, through the provision of safe, high quality clinical services. At the same time it must ensure the efficient use of resources and value for money. Regular assessment of the evidence for the clinical and cost effectiveness of healthcare treatments (medical interventions, surgical interventions and drug therapies) is an important way of helping to meet both of these requirements. In driving improvements, where there is evidence of low effectiveness or no effectiveness at all, then the use of these treatments should be minimised.

Improving clinical effectiveness is a key objective of BCU HB’s approach to improving health. The University Health Board has adopted a clinically led model. 11 Clinical programme groups (CPGs), each led by a senior clinician (chief of staff) have been established and structured to focus attention on safe high quality services. Such a model provides great opportunity in the integration of public health, primary and secondary care. The CPG priorities have identified the need for ongoing review of key services. The section below summarises the contribution that Public Health Wales has made towards improving the quality of health services delivered to the population of North Wales.

4.1 Low Effectiveness Procedures/Variation

Reducing harm, waste and variation in the delivery of health services is a key driver for improvement in the NHS in Wales. Low Effectiveness Procedures (LEPs) are procedures that should either not be funded by the NHS or should only be undertaken in accordance with strict clinical criteria. During 2010, BCU HB requested support from Public Health Wales to compile a list of low effectiveness procedures and develop the Health Board’s Individual Patient Commissioning (IPC) Policy. Public Health Wales staff undertook a rapid review of the evidence to compile a list of over 70 LEPs, which was included as an appendix to the IPC Policy which has been adopted by BCU HB.

To support BCU HB to further understand the issue of variation in elective surgical procedures, Public Health staff, supported by staff in the Public Health Wales Observatory, also carried out detailed data analysis of 14 high volume (>20/year) elective surgical procedures. This builds on work done in England as part of NHS Better Care, Better Value Indicators (NHS Institute for Innovation and Improvement, 2008).
The report showed significant variation across all Health Boards in Wales, with rates of tonsillectomy, grommet insertion, removal of varicose veins, haemorrhoidectomy, apicectomy and Dilation and Curettage/hysteroscopy appearing to be statistically significantly higher for BCU HB than the Wales average (Public Health Wales, 2010h).

The aim of this report was to stimulate clinical discussion and engagement on the issue of variation in LEPs. The report, which included a review of the literature on demand and variation and the IPC policy, was presented at BCU HB’s Board of Directors meeting, Local Negotiating Committee of the BMA, Local Medical Committee, Medical Staff Committees and relevant CPG Board meetings.

Successful outcomes of this work include: the setting up of a BCU HB group to address variation, an urgent review of clinical pathways and waiting lists for LEPs and clinical engagement with GPs regarding referral processes. The report was used by other Health Boards in Wales to support their work on LEPs and was also used to inform the formal establishment of an all-Wales project to harmonise IPC. The report was also referenced in the CMO’s 2009 Annual Report chapter on controlling variation (Welsh Assembly Government, 2009c). The CMO made particular reference to the high rate of tonsillectomies done in BCU HB.

The work was completed to tight timescales which meant there were limitations to the process such as variation in data coding across Wales. The caveats were clearly stated in the report.

The Public Health Observatory has now turned the draft paper into an all-Wales resource (Public Health Wales, 2010i). This recommends that local services should review the variation in the provision of procedures within their areas, consider the need for further exploration of the variation and take appropriate action. It adds that understanding the potential reasons for variation and engaging with clinicians are essential to taking forward the report at a local level.

The key message from this work is the importance of clinical engagement and clinical development/ownership to promote agreed protocols and consistency in evidence base practice - thereby avoiding harm, waste and variation. This approach should be taken in all services/ pathways across BCU HB.

4.2 Support to North Wales Service Reviews

Public Health Wales staff, both local and national, have supported a number of North Wales Service Reviews including: review of the hospital element of unscheduled care; maternity, neonatal, gynaecology and child health review; surgical review.
Support to these reviews has included the production of population profiles, assessment of needs, examination of the evidence base around best practice and travel-time analyses. Staff of Public Health Wales have also presented key findings of their work at various Stakeholder meetings.
5. SUMMARY and RECOMMENDATIONS

Summary

- Betsi Cadwaladr University Health Board is the largest in Wales, both in terms of geographic area and population. It has a high proportion of older people and a rapidly aging population.

- Although the health status of the population is, overall, a little better than the Welsh average, it is poor compared with the best in the UK and Europe.

- There are stark inequalities in health outcome across communities in North Wales.

- There are a number of pockets of urban and rural deprivation, with their concomitant health problems. This includes differences in our population’s experience of the wider determinants of health including income, unemployment, crime, education and life choices.

- The major killers in North Wales are circulatory diseases, cancers and respiratory diseases. Risk factors for these diseases include poor diet, low levels of physical activity, tobacco smoking and high alcohol consumption. Injuries are responsible for 5% of deaths in North Wales.

- Immunisation is one of the most important ways of protecting individuals and the community from serious illness.

- Effective partnership working between statutory and non statutory agencies, communities and individuals is needed to improve health and well-being.

- There is a need to develop a systematic approach, and a collective investment in the implementation of evidence based programmes. These should focus on fewer agreed priorities, be cost effective and have high and measurable impacts on health outcomes.

- The use of key settings, workplaces, schools and communities provides good opportunities for engagement on ‘Our Healthy Future’ intervening early to educate children about healthy decision making is essential in setting them up for a healthy and long life. Health promotion in the workplace is one of the most cost-effective public health interventions.
**Recommendations**

- The University Health Board, Local Authorities and their partners must strive to improve the health of the local population through all aspects of their work.

- Effective partnership working arrangements must be prioritised and continue to be developed across North Wales with a clear focus on health improvement.

- As key risk factors for chronic disease and premature death, the strategic focus for this health improvement work should be on tobacco, food and fitness and alcohol.

- Smoking is the largest single cause of avoidable ill-health and early death in North Wales. As key advocates, public sector organisations across North Wales should seek to prioritise their existing work on tobacco smoking cessation and develop a systematic approach to collectively address this challenge.

- Continued focus on uptake of immunisations is required

- Evidence based practice must influence all service provision in order to ensure safe, effective and efficient use of resources. Where there is evidence of low effectiveness then the use of these treatments should be minimised.

- Effective clinical engagement with and between clinicians in both primary and secondary care is essential in improving clinical effectiveness of healthcare services.

The final Executive Director of Public Health Annual Report, due out in July 2011, will explore these issues further and provide an update on progress made during 2010.
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7. REFERENCES


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