GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Llywodraeth Cymru
Welsh Government

Measuring the health and well-being of a nation

Public Health Outcomes Framework for Wales

Date of issue: March 2016

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

 WG28216 Digital ISBN 978-1-4734-6298-4

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Ministerial Foreword

The purpose of this Public Health Outcomes Framework (PHOF) is to help us understand the impact which our individual behaviours, public services, programmes and policies are having on health and well-being in Wales. It was developed in the context of other national strategies and frameworks that seek to inspire and inform action to improve the health of the nation. In particular, it underpins the national indicators for the Well-being of Future Generations (Wales) Act 2015, by providing a more detailed range of measures that reflect the wider determinants that influence health and well-being.

The PHOF reflects both a life-course approach and the wider economic, environmental and social factors that can positively or negatively influence the health and well-being of an individual, community or society. From birth to older age, these determinants can only be tackled by concerted and collective action, by a range of services working in partnership at a local and national level.

The PHOF is not a performance management framework, it is a tool intended to be used by everyone involved in the design or delivery of policies or services which can contribute directly or indirectly to changes in population health, as well as in trying to achieve positive outcomes in population health.

It is pleasing to note that the development of this PHOF was informed by a wide level of engagement with people and organisations from across Wales. It was shaped by pre-consultation listening events, through formal consultation events and discussions with young people, as well as by the 67 written responses that were received to the formal consultation. Its development was also informed by a National Steering Group which included representation from Health Boards.

I would like to acknowledge the role played by Public Health Wales throughout the development of this framework.

Mark Drakeford AM
Minister for Health and Social Services

1. What we want to achieve

We want the Public Health Outcomes Framework to help us gain a shared understanding of the health outcomes that are important to the people of Wales. We want the framework to inform and inspire organisations, communities, people and government to work together now and in the future to improve health. This includes organisations that do not necessarily have health as their primary focus. The framework will not only demonstrate the challenges we have, but also reflect the assets that the people of Wales have to improve health.

Within the framework, each outcome has individual indicators. It is through these indicators that we hope to assess where we are now, and how we are progressing in improving health into the future.

Health depends on many factors and not just the presence or absence of disease. The wider, or social, determinants of health include the conditions in which people are born, grow, live, work and age that can promote or detract from their health and well-being. These are illustrated in Figure 1.

Figure 1: The determinants of health and well-being in our neighbourhoods

Source: Barton, Grant. A health map for the local human habitat. 2006[1]

An effective public health approach recognises that it is only through acting together on these many factors, that we can make inroads into improving health for the whole population.[2]

Everyone has a role to play in improving health in Wales. We hope that at whatever level, and in whatever way, organisations, agencies, communities and individuals can feel they have ownership of the framework and identify the part they can play to achieve the outcomes it describes.

2. The health challenge in Wales

In many ways, health in Wales is improving. People are living for longer; rates of some types of heart disease and cancers are coming down. Fewer babies are lost during pregnancy or in the first few weeks of life.

In spite of this, we still face challenges to protect the progress we have made and to make further improvements, and there are a number of areas where more progress can be made.

Looking to the future, we know that because people are living longer, the numbers of older people in Wales will continue to rise. It is important these years are lived in good health. The environment in which we currently live contributes to more people being overweight or obese, which will lead to increasing levels of chronic disease including diabetes, joint problems, heart disease and some cancers. These in turn can lead to disability and increased demands on health services. Although levels of smoking are falling, the reduction is slow and there is still considerable scope for reducing the impact of this major killer. Mental well-being is important for us all. We know, in addition, that poor mental well-being underpins a number of physical diseases, unhealthy lifestyles and drives social inequalities in health.

In many parts of Wales we know that the health of those who live in rural communities is generally good in comparison to those in a more urban setting. However, there are factors specific to a rural environment compared to those of urban environments that can impact on health more significantly and lead to inequalities and poorer health. These issues include for example, distance from public services and support, availability of transport, housing standards and the ageing population. It is important that we understand the challenges that rurality brings and look to ensure that we address these in order to improve health and well-being and reduce inequalities.

We need to continue to protect our population from both traditional and new threats from infectious diseases or environmental hazards, for example through vaccination programmes and action to ensure clean air and water supplies.

Tackling inequalities remains a priority. The gap in the number of years people live in good or very good health between the most and least deprived areas in Wales is 19 years for men and 18 years for women. This pattern between the most and least deprived areas of the country is repeated across many areas of health. For example, the incidence of cancer is 23% higher and cancer mortality is 48% higher in the most deprived areas compared to the least deprived areas. Similarly, 14% of all reception year children living in the most deprived areas of Wales are obese, compared to 9% in the least deprived areas.

We know that if we are to make a difference to health we need to support and enable people to be able to make healthy lifestyle choices for themselves and their families. We need to ensure that we give the children of Wales fair opportunities to grow up healthy,

happy and free from poverty. At the same time the economic climate remains challenging for individuals, public services, the private sector and Government alike. This means that our opportunities to improve health in Wales are increasingly challenged.

We have to find new and better ways of working together to tackle the burden of ill health that we face. We need to co-ordinate action across many different settings and groups – for example in workplaces and schools; across communities and third sector organisations; with local authorities; health services; industry and commerce, leisure settings and through working with Welsh Government to achieve effective national policy and legislation.

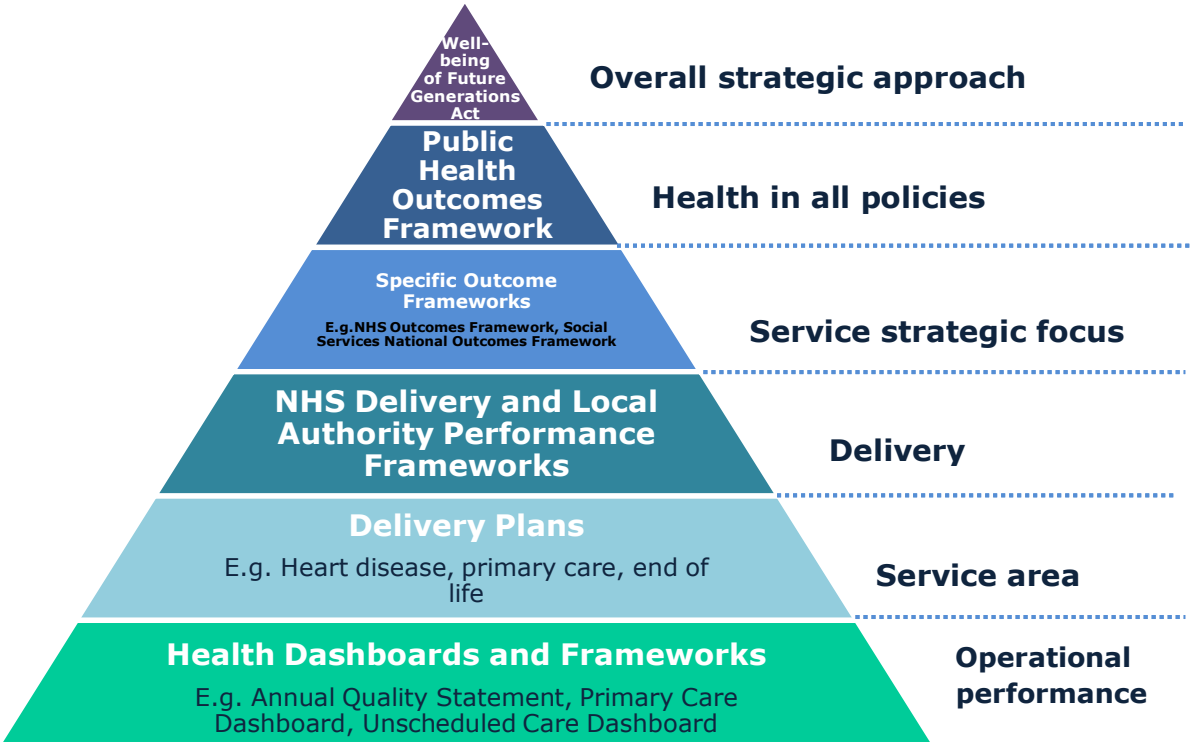
Being clear about the shared outcomes we want to achieve is a key step to help us to identify the most effective interventions in order to work together to improve health. This outcomes framework is intended to help us work together to address the health challenges we face in Wales.

3. How does this framework fit with other health and social services frameworks, policies and strategies?

This Public Health Outcomes Framework is developed particularly to underpin the national indicators of the *Well-being of Future Generations (Wales) Act 2015*[3] that measure whether Wales is achieving the seven well-being goals set out in the Act. These goals include achieving a prosperous, resilient, more equal and healthier Wales, through improving the social, economic, environmental and cultural well-being of Wales, both now and in the future.

This framework is informed by the broad context of a *health in all policies* approach, and also in the context of specific relevant legislation such as the *Social Services and Well-being (Wales) Act 2014.*[4]

Figure 2: Public Health Outcomes Framework: Links with some of the current Welsh Government health and social services strategic, policy and operational documents



The Public Health Outcomes Framework will provide us with the vehicle for capturing and monitoring the commitments set out in previous public health documents, and it will be used to inform our thinking as we prepare for the next phase in our strategic planning for the health system. It will also enable us to compare and contrast our efforts with wider European and international strategic responses.

The Public Health Outcomes Framework links closely to other outcomes frameworks including those for the National Health Service; the Social Services National Outcomes Framework; for early years and the Common Outcomes Framework for Communities First, Families First and Flying Start. There is a direct overlap with some indicators that are shared across these frameworks, whilst there are some indicators which are complementary to others. However, the Public Health Outcomes Framework is not intended to guide the activities of one sector or group of service providers. Rather, it is intended to support citizens and a range of sectors to come together to improve population health and well-being.

Having these frameworks in place will give us a coherent picture of progress as we work together to deliver the overarching well-being of future generations goals. We will also seek to identify and exploit future opportunities for integrated monitoring and reporting mechanisms to contribute to a joined up approach across different sectors.

In formulating this framework, international developments and measures were considered, in particular:

- The United Nations Sustainable Development Goals,[5] including their indicators;
- Health 2020: the European policy for health and well-being, including targets and indicators for Health 2020 (version 2, 2014).[6]

4. How we developed the framework

Listening to people in Wales

Public Health Wales, supported by Welsh Government, held seven listening events during August and September 2015. In total, up to 60 organisations were represented at the listening events, including representatives from the third/voluntary sector, health boards, housing associations, pharmacies, local government, Public Health Wales and other Public Bodies as identified in the *Well-being of Future Generations (Wales) Act.*[3]

Members of the public also attended open sessions linked to the listening events. The majority of these were members of the local community who wished to share their views. The listening events enabled the draft framework to be co-produced by residents, partner organisations and other key stakeholders. By putting residents and partners at the centre of the process, the agreed outcomes and indicators are not only supported by evidence and policy, but also driven by local experience and expertise. This approach is a reflection that public health outcomes cannot be solved by a single person or organisation. Delivery of public health outcomes requires co-operative action and responsibility across all parts of the system, including personal action by individuals, community involvement and closer partnership working with shared priorities across multiple organisations.

These listening events identified some particular themes that have been incorporated into the framework:

- **Wider (social) determinants** – the broad factors that can impact on health and well-being, including the social, physical and economic environment, such as housing, leisure, employment, income, crime, air quality and education.
- **Inequalities** – tackling the unfair and avoidable differences in health by improving people's social and economic prospects and by avoiding actions that can damage health.
- **Life-course** – ensuring that, where possible, the outcomes and indicators reflect the population across the full range of the life-course.
- **Individual responsibility** - empowering and enabling people to take personal responsibility for improving their own health.

Some outcomes were suggested that were felt to be important for health and well-being but which we are not currently able to measure. This could be for a variety of reasons, for example, that no organisation collects the data or that the data is not collected in a way which will enable it to be analysed. This is explored further in section 5.1.

A report giving fuller details about the listening events is available here.

Principles

Using feedback from participants in the listening events together with consideration of other relevant legislation, policies and frameworks, the following principles have been used to guide development of the framework:

The framework needs to be based on:

- **The sustainable development principle -** encompassing

    - **Taking a long term approach** – the *Well-being of Future Generations (Wales) Act 2015*[3] enables us to take a long term approach to health improvement, while recognising the need to see more immediate changes that indicate progress toward the longer term aims.

    - **Collaboration, partnership and involvement** – it is clear that the actions taken to improve the outcomes in the framework will only succeed through a collaborative approach, through working in partnership and actively involving organisations, individuals and communities. We must all play our part and contribute to improving health and well-being.

    - **Prevention** – focusing on preventing disease and illness before they occur will ensure people can live long and productive lives and reduce the need for healthcare. Better health positively impacts our communities and our economy.

    - **Integration** – the Public Health Outcomes Framework has to work and read-across with the other outcomes frameworks that are in use. Each must complement the other and not perversely affect outcomes for the other.

- **An assets-based approach** – reflecting, where possible, the strengths that support and promote health and well-being rather than solely focusing on needs and deficits.

- **Good quality evidence and data** – acknowledging that the information, data and analysis which inform the outcome measures must be of the highest standard in order to provide assurance that it is robust.

- **Prudent –** ensuring that services and care fits the needs and circumstances of the individual/community and actively avoids wasteful services or care that is not to the benefit of the person or community.

Criteria

Criteria were used to inform the selection of indicators for the framework. These criteria relate closely to those proposed by the Public Policy Institute for Wales to inform the

selection of the National Indicators to measure whether Wales is achieving the seven well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.[3]

The selected outcomes and/or indicators should:

Measure the right thing

- Measure outcomes important for the health and well-being of the people of Wales.
- Resonate with and matter to the public. The overall set of indicators must take account of the findings from the listening events and the related principles.
- Align with Welsh Government policy.
- Be amenable to interventions from public and other bodies that will lead to improved health and well-being, and reduced health inequalities.
- Be limited in number in order to be manageable.
- Form a coherent set, justified by a rationale and evidence base.
- Be amenable to change by collective action, for example through the Public Service Boards or sector specific responses.
- In principle, be sensitive to decisions made in Wales.

Measure the right way

- Be capable of being summed up briefly in a way that will be readily understood by all.
- Where possible, be able to show important variation between areas and detect change over time.
- Where possible, be comparable with similar measures used outside Wales.
- Be able to be produced in a timely way (and with a short time lag).
- Where possible, be able to be reported at either geographic areas and/or within specific groups or communities of interest.
- Minimise the potential risk of diverting attention from wider outcomes or of causing perverse incentives.
- Be statistically appropriate (that is, valid - measure what it is intended to measure, allow change over time to be detected to measure progress, and not vulnerable to perverse incentives).
- Be feasible to be produced, and where possible, use existing data collection and analysis systems. However, if systems do not currently exist to collect and analyse data of importance, consideration can be given to developing this over the coming years.

Consultation

A formal consultation on the draft Public Health Outcomes Framework was held between 3 December 2015 and 28 January 2016. This has enabled a further period of wider engagement and discussion in Wales, in order to increase ownership of the framework.

This consultation focused on both the broad approach to the framework, the outcomes included and the indicators themselves. For each indicator details were provided, including the definition, source of data, rationale and links with other frameworks and National Indicators.

Three consultation events were held, one in North Wales, one in South East Wales and one in West Wales. In addition, specific consultation events were held focussing on children and young people. The summary of the consultation responses is available on the Welsh Government website.

5. The Public Health Outcomes Framework

These are the outcomes and indicators for the Public Health Outcomes Framework.

The framework includes overarching outcomes and then further outcomes grouped under three domains:

A. Living conditions that support and contribute to health now and for the future
B. Ways of living that improve health
C. Health throughout the life-course

For each outcome there is one or more indicator. Some indicators (highlighted *NI* with the indicator text in red) are also national indicators to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.

Table 1 summarises the outcomes and indicators. A detailed summary of the outcomes and indicators, including rationale and details of data sources are available from page 12.

Table 1: Outcomes and indicators

Outcome		Indicator
Overarching outcomes		
Years of life and years of health	1	Life expectancy at birth
	2	Healthy life expectancy at birth
Mental well-being	3a	*Mental well-being among children and young people (NI)*
	3b	*Mental well-being among adults (NI)*
A fair chance for health	4	The gap in life expectancy at birth between the most and least deprived
	5	*The gap in healthy life expectancy at birth between the most and least deprived (NI)*
	6a	The gap in mental well-being between the most and least deprived among children and young people
	6b	The gap in mental well-being between the most and least deprived among adults
A. Living conditions that support and contribute to health now and for the future		
Children have the best opportunity for a healthy start	7	*Children living in poverty (NI)*
	8	*Young children developing the right skills (NI)*
Families and individuals have the resources to live fulfilled, healthy lives	9	*School leavers with skills and qualifications (level 2) (NI)*
	10	School leavers with essential literacy and numeracy skills
	11	*People able to afford everyday goods and activities (NI)*
	12	*People not in education, employment or training (NI)*
	13	Gap in employment rate for those with a long term health condition
Resilient, empowered communities	14	*A sense of community (NI)*
	15	*People who volunteer (NI)*
	16	*People feeling lonely (NI)*
Natural and built environment that supports health and well-being	17	*Quality of housing (NI)*
	18	Quality of the air we breathe
B. Ways of living that improve health		
Healthy actions	19	Physical activity in adolescents
	20	Adolescents who smoke
	21	Adolescents using alcohol
	22	Adolescents drinking sugary drinks once a day or more
	23	Adults eating five fruit or vegetables portions a day
	24	Adults meeting physical activity guidelines
	25	Adults who smoke
	26	Adults drinking above guidelines
Healthy starts	27	Teenage pregnancies
	28	Smoking in pregnancy
	29	Breastfeeding at 10 days
	30	Vaccination rates at age 4
C. Health throughout the life-course		
Health in the early years and childhood	31	*Low birth weight (NI)*
	32	Children age 5 of a healthy weight
	33	Adolescents of healthy weight
	34	Tooth decay among 5 year olds
Good health in working age	35a	Working age adults in good health
	36a	Working age adults free from limiting long term illness
	37a	Life satisfaction among working age adults
	38a	Working age adults of healthy weight
Healthy ageing	35b	Older people in good health
	36b	Older people free from limiting long term illness
	37b	Life satisfaction among older people
	38b	Older people of healthy weight
	39	Hip fractures among older people
Minimising avoidable ill health	40	Premature deaths from key non communicable diseases
	41	Deaths from injuries
	42	Deaths from road traffic injuries
	43	Suicides

If these outcomes improve, the experiences for the people of Wales also get better. For the overarching outcomes, that means the people of Wales:

- Continue to gain years of life and these years are lived with good health and well-being.
- Have positive mental health and emotional well-being, with a sense of confidence and value, and a greater voice and more control over their lives.
- Have the opportunity for good physical and mental health, irrespective of their backgrounds.

People living in conditions that support and contribute to health and well-being will:

- Be able to realise their economic and educational potential and are able to engage and make a contribution to what matters to them.
- Have the material means to meet essential needs and to support health and well-being for now and the long term.
- Live in well-designed, safe houses/accommodation which meets their needs.
- Belong, contribute and feel valued by a community and society which is empowered to take action, working with and influencing services.
- Live in a good quality, sustainable natural and built environment that contributes to their health and well-being.

People living in ways that improve health and well-being will:

- Feel they are able and motivated to take positive actions to keep healthy.
- Know and understand the value of taking action and feel supported and able to do so.
- Be supported by, and work with, services that help them act to improve their own and their family's health and well-being.
- Be surrounded by an environment that makes managing and taking actions to improve health and well-being easier.

People would experience good health and well-being from a healthy start in life through to healthy ageing and be free from preventable ill health.

5.1 Areas for future consideration/development

There are some areas where we have not included specific indicators in this framework, but would hope to do so in future. In some cases this is because data is not currently collected, in others because further work is needed to develop or select an appropriate indicator.

Over the next two years we intend to explore the development of indicators from existing data sources relating to:

- Natural and built environment in relation to health
- A health service that prevents ill health and promotes equity

- Employment that promotes health
- Health protection and sexual health
- Preventable cancer

In addition, the following areas will be considered for commissioned work, including possible new data collection:

- Adverse childhood experiences (ACEs)
- Information on protected characteristics and health, including learning disability
- Preventable sight loss
- Indicators of income inequality for Wales
- Citizens and services engaged together in creating good health and well-being

6. How will the framework be presented?

In line with feedback from the listening events, it is intended that the framework data is:

- Presented in a way that is meaningful, accessible and easy to use.
- Analysed to show inequalities in health (variation by deprivation) where possible.
- Presented at different levels, e.g. geography, rurality (i.e. urban and rural), age group, sex, and other protected characteristics, where this is feasible and adds value.
- Updated on a rolling basis, as new data becomes available.

Following feedback at the engagement events and from the consultation, it is intended that the framework as a whole is reviewed every five years. This also fits with the timing and pattern of review and reporting that will be used for the Future Generations work. Mechanisms will also need to be established for the collation, analysis and presentation of data, together with communication and engagement with those who will use this information. In addition, responses to the consultation also recommended a review after two years of publishing the data. However, as other frameworks are reviewed on an annual basis, this timescale will be reviewed, as sooner may be more appropriate.

This format does not preclude the potential for making a small number of key changes to the framework if areas for future development are identified as important due to key public health events/emergencies/emerging evidence. However, it must be borne in mind that the framework is intended to provide a focus on shared outcomes and is not intended to be an exhaustive list of indicators.

To support public sector bodies and others to take effective action, we will explore how we can further link the presentation of outcome indicators with presentation of evidence on effective action to improve health and inequality outcomes. Through collective action, informed by evidence, we can improve our health outcomes in Wales, now and for the future.

7. Detail of overarching outcomes and indicators

Years of life and years of health

1	**Life expectancy at birth**
Measured by	The average number of years a new born baby can expect to live if current mortality rates continue.
Source	Public Health Deaths (Office for National Statistics (ONS)) Mid year population estimates (ONS)
Rationale	The indicator measures how many years a new born baby is expected to live on average given current age-specific mortality rates. Life expectancy at birth is an indicator of mortality conditions and, by proxy, of health conditions. It summarises the mortality pattern that prevails across all age groups - children and adolescents, adults and the elderly.
Shared with	NHS Outcomes Framework Social Services National Outcomes Framework World Health Organization (WHO) targets and indicators for Health 2020

2	**Healthy life expectancy at birth**
Measured by	The average number of years a new born baby can expect to live in good or very good health if current mortality and morbidity rates continue.
Source	Public Health Deaths (ONS) National Survey for Wales (Welsh Government (WG)) Mid year population estimates (ONS)
Rationale	This measures how many years of good or very good health on average a new born baby is expected to have, given current age-specific mortality, morbidity and disability risks. Healthy life expectancy at birth is an indicator of health conditions, including the impacts of mortality and morbidity.
Shared with	

Mental well-being

3a	**Mental well-being among children and young people (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.

3b	**Mental well-being among adults (NI)**
Measured by	The Warwick-Edinburgh Mental Well-being scale (WEMWBS) is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental well-being. Indicator covers persons aged 16+. Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	National Survey for Wales (WG)
Rationale	Mental well-being is more than just the absence of disease; it is a positive state of mind and body, underpinned by social and psychological well-being. It enables and supports good relationships, improved resilience, improved health, meaning, purpose and control. Mental well-being is an important aspect of well-being and highlights the importance of positive mental health in people's overall well-being. The WHO supports this view and suggests that mental health is "the foundation for well-being and effective functioning for an individual and for a community". The WEMWBS was developed to enable the monitoring of mental well-being in the general population and is a validated consistent and reliable tool. For more information on the WEMWBS scale see http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/
Shared with	Well-being of Future Generations national indicator Social Services National Outcomes Framework

A fair chance for health

4	**The gap in life expectancy at birth between the most and least deprived**
Measured by	The gap (in years) in life expectancy at birth (between the most and least deprived) as measured by the slope index of inequality (SII).
Source	Public Health Deaths (ONS) Mid year population estimates (ONS) Welsh Index of Multiple Deprivation (WIMD) (WG)
Rationale	There is a well-documented social gradient in health across Wales. The average life expectancy for people in the most deprived areas in Wales is significantly lower than for people living in the least deprived areas. Consequently, there is a need for a robust method for analysing and monitoring the socioeconomic inequalities in health over time. This indicator is a single summary measure of the social gradient in health – it measures the gap in years of life expectancy between the most and least deprived. This indicator provides a measure of the health inequalities that helps focus attention on taking steps needed to reduce this gap.
Shared with	NHS Outcomes Framework Social Services National Outcomes Framework, Communities First, Families First and Flying Start programmes Common Outcomes Framework

5	**The gap in healthy life expectancy at birth between the most and least deprived (NI)**
Measured by	The gap (in years) in healthy life expectancy at birth (between the most and least deprived) as measured by the slope index of inequality (Sii). Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015.*
Source	Public Health Deaths (ONS) Mid year population estimates (ONS) WIMDWIMD (WG)
Rationale	There is a well-documented social gradient in health across Wales. The average healthy life expectancy for people in the most deprived areas in Wales is significantly lower than for people living in the least deprived areas. Consequently, there is a need for a robust method for analysing and monitoring the socioeconomic inequalities in health over time. This indicator is a single summary measure of the social gradient in health – it measures the gap in years of healthy life

	expectancy between the most and least deprived. This indicator provides a measure of the health inequalities that will enable actions to be taken to reduce the gap.
Shared with	Social Services National Outcomes Framework Communities First, Families First and Flying Start programmes Common Outcomes Framework

6a	**The gap in mental well-being between the most and least deprived among children and young people**
Measured by	The gap in mental well-being scores (between the most and least deprived).
Source	As for indicator 3a and WIMDWIMD(WG)
Rationale	The social gradient in health and well-being extends to mental health. Poor mental health is also a driver of physical inequalities in health. It is important that policies and initiatives aimed at reducing inequalities in health focus on mental as well as physical health.
Shared with	

6b	**The gap in mental well-being between the most and least deprived among adults**
Measured by	The gap in mental well-being scores (between the most and the least deprived).
Source	National Survey for Wales (WG) WIMD (WG)WIMD (WG)
Rationale	The social gradient in health and well-being extends to mental health. Poor mental health is also a driver of physical inequalities in health. It is important that policies and initiatives aimed at reducing inequalities in health focus on mental as well as physical health.
Shared with	

A. Living conditions that support and contribute to health now and for the future

Children have the best opportunity for a healthy start

7	**Children living in poverty (NI)**
Measured by	The percentage of children and young people living in poverty, as measured for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	Department of Work and Pensions Her Majesty's Revenue & Customs
Rationale	Child poverty remains stubbornly high in Wales. There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. Action to address health and education inequalities will improve the lives of children and their outcomes in the longer term. The Wales Child Poverty Strategy also prioritises five key areas where commitment is made to shorter term outcomes such as tackling food poverty, childcare, in-work poverty, housing and regeneration, and mitigating the impacts of welfare reform.
Shared with	Communities First, Families First and Flying Start programmes Common Outcomes Framework Relates to United Nations (UN) Sustainable Development Goals indicator

8	**Young children developing the right skills (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	Initially, Foundation Phase Baseline Assessment (WG)
Rationale	Development at the early years is critical for health and education outcomes and subsequent life outcomes. The evidence[7] shows that high quality early years interventions provide lasting and significant long-term effects on young children's development. An earlier development measure relates to the importance of the 1001 critical days:

	http://www.1001criticaldays.co.uk/
Shared with	Well-being of Future Generations national indicator Early Years Outcomes Framework Social Services National Outcomes Framework

Families and individuals have the resources to live fulfilled, healthy lives

9	**School leavers with skills & qualifications (level 2) (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	Welsh Examinations Database
Rationale	Achievement of educational outcomes in school is a strong predictor of future social and economic outcomes.
Shared with	Well-being of Future Generations national indicator Social Services National Outcomes Framework Communities First, Families First and Flying Start programmes Common Outcomes Framework

10	**School leavers with essential literacy and numeracy skills**
Measured by	Exact measure to be confirmed.
Source	Welsh Examinations Database
Rationale	Low levels of literacy and numeracy are strongly linked to socioeconomic status and employability, while low levels of health literacy impact on the ability to access appropriate services, including preventative health programmes, all of which result in poorer health outcomes.
Shared with	Relates to UN Sustainable Development Goals indicator

11	**People able to afford everyday goods and activities (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	National Survey for Wales (WG)
Rationale	Material deprivation which measures whether households can

	afford necessary goods and activities, can affect educational, health and behavioural outcomes.
Shared with	Well-being of Future Generations national indicator Social Services National Outcomes Framework

12	**People not in education, employment or training (NI)**
Measured by	Annual measures of those people Not in Education Employment or Training (NEET) for different age groups. Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	Labour Force Survey/Annual Population Survey (ONS)
Rationale	Whatever the cause, spending a long period of time out of employment, education or training is harmful to a person's future life chances and there is a strong evidence base showing that employment is generally good for physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment - having a beneficial effect on mental health, boosting a person's confidence and self-esteem, whilst unemployment is associated with social exclusion, which has a number of adverse effects, including reduced psychological well-being, greater incidence of self-harm, depression and anxiety.
Shared with	Well-being of Future Generations national indicator Social Services National Outcomes Framework WHO targets and indicators for Health 2020 Relates to UN Sustainable Development Goals indicator

13	**Gap in employment rate for those with a long term health condition**
Measured by	The gap between the employment rate for those with a long-term health condition and the overall employment rate in persons aged 16-64.
Source	Annual Population Survey (ONS)
Rationale	Work is generally good for both physical and mental health and well-being. This indicator provides a good indication of the impact a long term health condition has on employment among those in the working age life stage.
Shared with	

Resilient, empowered communities

14	**A sense of community (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015.*
Source	National Survey for Wales (WG)
Rationale	A sense of community is a key indicator of well-being, research has shown that belonging to a neighbourhood is important to personal well-being and also beneficial to the wider community as people are more likely to live, work and invest in an area where they feel they belong. Creating supportive environments and resilient communities is one of four Health 2020 priority areas. Resilient and empowered communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and cope better with crisis and hardship.[6]
Shared with	Well-being of Future Generations national indicator Social Services National Outcomes Framework

15	**People who volunteer (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*
Source	National Survey for Wales (WG)
Rationale	There is good evidence that volunteering brings benefits to both the person volunteering and the people and organisations they support. Health benefits of volunteering can include – improved life satisfaction, improved quality of life, increased self-esteem and confidence, better social interaction, integration and support, and decreased anxiety. The Five Ways to Well-being are a set of evidence-based actions which promote people's well-being. They are: Connect, Be Active, Take Notice, Keep Learning and Give. These activities are simple things individuals can do in their everyday lives and volunteering covers many aspects of these five actions.
Shared with	Well-being of Future Generations national indicator Communities First, Families First and Flying Start programmes Common Outcomes Framework

16	**People feeling lonely (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
Source	National Survey for Wales (WG)
Rationale	There is a clear link between loneliness and poor mental and physical health. Tackling loneliness and social isolation will lead to improved health and well-being. A large body of studies demonstrate how loneliness and social isolation can lead to a number of physical and mental health problems. High levels of loneliness are associated with depressive symptoms, deliberate self-harm and cognitive decline. Social isolation and loneliness are both associated with increased risk of premature mortality, elevated blood pressure, heart problems, declining physical functioning, physical disability, unhealthy behaviours and worse overall self-reported health. A significant pattern is that both loneliness and isolation appear to increase with age, and among those with long-term health problems.
Shared with	Well-being of Future Generations national indicator Social Services National Outcomes Framework

Natural and built environment that supports health and well-being

17	**Quality of housing (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act 2015.*
Rationale	The quality of the home has a substantial impact on health; a warm, dry, energy efficient, sustainable and secure home is associated with better health – not only for the occupants but for the wider environment and community.
Shared with	Well-being of Future Generations national indicator Relates to UN Sustainable Development Goals indicator

18	**Quality of the air we breathe**
Measured by	Measured as for national indicator to monitor the well-being goals of the *Well-being of Future Generations (Wales) Act*

	2015.
Source	UK-AIR: Air Information Resource , DEFRA
Rationale	Poor air quality is a major environmental risk to health. By reducing air pollution levels, the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma can be reduced. The lower the levels of air pollution, the better the cardiovascular and respiratory health of the population will be, both long- and short-term. Whilst air quality has improved considerably over the years, problems still persist at a local level in areas. Most sources of outdoor air pollution are beyond the control of individuals and require action on emissions from sources such as power stations, industrial processes, traffic and household heating and indirect results of chemical reactions in the atmosphere.
Shared with	Relates to UN Sustainable Development Goals indicator

B. Ways of living that improve health

Healthy actions

19	**Physical activity in adolescents**
Measured by	The percentage of children aged 11/12 to 15/16 who were physically active every day (for at least 60 minutes each day) in the past week.
Source	Health Behaviour in School-aged Children Survey (WG)
rationale	Physical inactivity is among the top ranking risk factors for premature death and disability in the UK.[8] Many instances of the leading causes of ill health in today's society, such as coronary heart disease, cancer and type 2 diabetes, could be prevented if more inactive people were to become active. In addition to reducing premature death and the incidence of disease, participating in physical activity also has benefits for mental health, quality of life and well-being and maintaining independent living in older age. It can also play a key role in reducing health and social inequalities. Physical inactivity also has a significant burden on healthcare costs and the economy.
Shared with	Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for children)

20	**Adolescents who smoke**
Measured by	The percentage of children aged 11-16 smoking at least once a week.

Source	Health Behaviour in School aged Children Survey (WG)
Rationale	Tobacco ranks as the single highest risk factor for premature death and disability in the UK.[8] It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas in Wales.[9] The WHO advises that among young people, the short-term health consequences of smoking include respiratory and non respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Cigarette smokers have a lower level of lung function than those persons who have never smoked. Smoking reduces the rate of lung growth.
Shared with	Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for children)

21	**Adolescents using alcohol**
Measured by	The percentage of children aged 11 to 16 drinking alcohol at least once a week.
Source	Health Behaviour in School aged Children Survey (WG)
Rationale	Early alcohol use is associated not only with more regular and higher levels of alcohol use and dependence in adulthood, but also with poor mental health and social harms.
Shared with	

22	**Adolescents drinking sugary drinks once a day or more**
Measured by	The percentage of children aged 16+ who reported consuming five or more.
Source	Health Behaviour in School-aged Children Survey (WG)
Rationale	Consuming too many foods and drinks high in sugar can lead to weight gain (which in turn increases the risk of heart disease, type 2 diabetes, stroke and some cancers) and related health problems, as well as tooth decay. Consumption of sugar and sugar sweetened drinks is particularly high in school age children.
Shared with	

23	**Adults eating five fruit or vegetables portions a day**

Measured by	The age-standardised percentage of persons aged 16+ who reported consuming five or more portions of fruit and vegetables the previous day.
Source	National Survey for Wales (WG)
Rationale	5 A DAY is based on advice from the WHO, which recommends eating a minimum of 400g of fruit and vegetables a day. This arises from studies which show an association between the consumption of more than 400g of fruit and vegetables a day and lower levels of death from chronic diseases such as heart disease, stroke and some cancers by up to 20%.
Shared with	Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for adults)

24	**Adults meeting physical activity guidelines**
Measured by	The age-standardised percentage of persons aged 16+ who met physical activity guidelines in the previous week (at least 150 minutes of moderate/vigorous physical activity).
Source	National Survey for Wales (WG)
Rationale	Physical inactivity is among the top ranking risk factors for premature death and disability in the UK.[8] Many instances of the leading causes of ill health in today's society, such as coronary heart disease, cancer and type 2 diabetes, could be prevented if more inactive people were to become active. In addition to reducing premature death and the incidence of disease, participating in physical activity also has benefits for mental health, quality of life and well-being and maintaining independent living in older age. Increasing activity can also play a key role in reducing health and social inequalities. Physical inactivity also has a significant burden on healthcare costs and the economy.
Shared with	Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for adults)

25	**Adults who smoke**
Measured by	The age-standardised percentage of persons aged 16 and over who reported being a current smoker (smoking daily or occasionally).
Source	National Survey for Wales (WG)
Rationale	Tobacco ranks as the single highest risk factor for premature

	death and disability in the UK[8]. It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas.
Shared with	Relates to UN Sustainable Development Goals proposed indicator Well-being of Future Generations national indicator

26	**Adults drinking above guidelines**
Measured by	The age-standardised percentage of persons aged 16 and over drinking above guidelines recommended by the Chief Medical Officers for Wales
Source	National Survey for Wales (WG)
Rationale	Regularly drinking more than the recommended levels not only harms the individual through a wide range of shorter and longer term health effects (including liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attacks), but damages relationships and society in general in terms of violence and crime, accidents and drink driving.
Shared with	Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for adults)

Healthy starts

27	**Teenage pregnancies**
Measured by	The teenage conception rate among females aged <18 expressed as a rate per 1000 females aged 15-17.
Source	Conceptions data and mid-year population estimates (ONS)
Rationale	Teenage pregnancy is a key indicator of health inequalities and child poverty. Reducing under-18 conceptions has important benefits for short and long term health outcomes. Data consistently shows that rates of teenage pregnancy are far higher in deprived communities so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged. Teenage mothers are less likely to finish their education, more likely to smoke during pregnancy, are less likely to breastfeed, have higher rates of post natal depression and a higher risk of poor mental health for three years after the birth. Children of teenage mothers are generally at increased risk of poverty (63%), low educational

	attainment, poor housing and poor health, and have lower rates of economic activity in adult life.
Shared with	Relates to UN Sustainable Development Goals indicator

28	**Smoking in pregnancy**
Measured by	The percentage of pregnant women who are smokers at 36-38 weeks. Wherever possible, data informing this indicator will be validated via carbon monoxide testing (i.e. CO-validated). Where not CO-validated, this will be the self-reported smoking status of the mother.
Source	Maternity indicator data set (NHS Wales Informatics Service (NWIS), from April 2016).
Rationale	Smoking during pregnancy can cause serious pregnancy-related health problems. These include: complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%.
Shared with	Linked to Early Years Outcomes Framework.

29	**Breastfeeding at 10 days**
Measured by	The percentage of babies exclusively breastfed at 10 days following birth.
Source	National Community Child Health Database (NWIS)
Rationale	Breastfeeding is the healthiest way to feed a baby. Exclusive breastfeeding (giving breast milk only) is recommended for around the first six months (26 weeks) of a baby's life. Breastfed babies have: less chance of diarrhoea and vomiting and having to go to hospital as a result, fewer chest and ear infections and fewer visits to hospital as a result, less chance of being constipated, less likelihood of becoming obese and therefore developing type 2 diabetes and other obesity-related illnesses later in life. Breastfeeding also benefits the mother by: lowering the risk of breast and ovarian cancer, using up to 500 calories a day, economically saves money, and can help build a strong bond between mother and baby.
Shared with	Early Years Outcomes Framework Communities First, Families First and Flying Start programmes Common Outcomes Framework

30	**Vaccination rates at age 4**
Measured by	Percentage of children who received the following scheduled vaccinations at age four: • 4-in-1 pre-school booster (against diphtheria, tetanus, pertussis and polio) • Hib/Men C booster (against Haemophilus influenzae type b (Hib) disease and meningitis C disease) • Second dose of MMR (against measles, mumps and rubella)
Source	National Community Child Health Database (NHS Wales Informatics Service (NWIS))
Rationale	The two public health interventions that have had the greatest impact on the world's health are clean water and vaccines (WHO). Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease. This indicator covers vaccination programmes to the age of 4 years of age which provide early protection against infections that are most dangerous for the very young.
Shared with	Early Years Outcomes Framework NHS Outcomes Framework Social Services National Outcomes Framework Communities First, Families First and Flying Start programmes Common Outcomes Framework WHO targets and indicators for Health 2020 Relates to UN Sustainable Development Goals indicator

C. Health throughout the life-course

Health in the early years and childhood

31	**Low birth weight (NI)**
Measured by	Measured as for national indicator to monitor the well-being goals of the Well-being of Future Generations (Wales) Act 2015.
Source	National Community Child Health Database (NWIS)
Rationale	Low birth weight has long been considered important as a public health indicator. Low birth weight has strong links to poorer health outcomes and is associated with material deprivation later in life.
Shared with	Well-being of Future Generations national indicator Early years outcomes framework NHS Outcomes Framework Social Services National Outcomes Framework

32	**Children age 5 of a healthy weight**
Measured by	The percentage of children in reception year (age 4-5 years) who are of healthy weight.
Source	Child Measurement Programme (Public Health Wales)
Rationale	Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, it can also lower the risk of many different cancers. Obese children can experience adverse health and social consequences during childhood, they are also more likely to be obese in adulthood.
Shared with	Early Years Outcomes Framework NHS Outcomes Framework Communities First, Families First and Flying Start programmes Common Outcomes Framework

33	**Adolescents of healthy weight**
Measured by	The percentage of children aged 11-16 who are of healthy weight.
Source	Health Behaviour in School-aged Children Survey (WG)
Rationale	Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, it can also lower the risk of many different cancers. Obese children can experience adverse health and social consequences during childhood, and they are also more likely to be obese in adulthood.
Shared with	

34	**Tooth decay among 5 year olds**
Measured by	The average number of decayed, missing or filled teeth in children aged 5 years.
Source	Welsh Oral Health Information Unit (WOHIU)
Rationale	The effects of poor dental health include; Pain and infection which can lead to difficulties with eating, speaking and sleeping. Treatment may be required with fluoride varnish, fillings or even dental extraction. School may be missed due to the pain or for attending treatment. Children who experience early childhood caries are much more likely to develop

	subsequent problems including an increased risk of further caries in both their primary and permanent teeth. Where dental extraction is required children are more likely to develop orthodontic problems as the premature loss of primary teeth can affect the alignment of permanent teeth. Poor dental health is the most common single reason why five- to nine-year-olds are admitted to hospital. In some cases children are admitted for multiple tooth extractions under general anaesthetic, despite tooth decay being almost entirely preventable.
Shared with	Early Years Outcomes Framework NHS Outcomes Framework

Good health in working age

35a	**Working age adults in good health**
Measured by	The percentage of adults aged 16-64 reporting being in good or very good health.
Source	National Survey for Wales (WG)
Rationale	Self-reported general health is an important measure of the health of the population. It represents physical, emotional, and social aspects of health and well-being. How people feel about their own health is seen as a good indication of the burden of disease. The self-reported health status indicator complements the life expectancy indicator, by placing an emphasis on quality of life.
Shared with	NHS Outcomes Framework (adults) Social Services National Outcomes Framework

36a	**Working age adults free from limiting long term illness**
Measured by	The percentage of adults aged 16-64 reporting they are free from limiting long term illness (LLTI).
Source	National Survey for Wales (WG)
Rationale	LLTI means a Limiting Long Term Illness - this being physical or mental health conditions or illnesses long-lasting in nature (that is, lasting or expected to last for 12 months or more) i.e. this is a long-lasting condition which the person is likely to have for the remainder of their lives, and is likely to require some level of assistance and treatment over a long period of

	time such as diabetes. Levels of LLTI are generally seen to increase with age.
Shared with	

37a	**Life satisfaction among working age adults**
Measured by	The percentage of persons aged 16-64 who rate their satisfaction with their life as 7 out of 10 or higher.
Source	Annual Population Survey (ONS)
Rationale	Well-being is about more than merely the absence of illness. This indicator provides a more direct measure of personal well-being. The survey includes four questions which are used to monitor personal well-being: 1. Overall, how satisfied are you with your life nowadays? 2. Overall, to what extent do you feel the things you do in your life are worthwhile? 3. Overall, how happy did you feel yesterday? 4. Overall, how anxious did you feel yesterday?
Shared with	Social Services National Outcomes Framework Communities First, Families First and Flying Start programmes Common Outcomes Framework WHO targets and indicators for Health 2020

38a	**Working age adults of healthy weight**
Measured by	The percentage of adults aged 16-64 who are of healthy weight (BMI >=18.5 and <25)
Source	National Survey for Wales (WG)
Rationale	Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, it can also lower the risk of many different cancers.
Shared with	WHO targets and indicators for Health 2020 Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for adults)

Healthy ageing

35b	**Older people in good health**
Measured by	The percentage of persons aged 65+ who report their health as good or very good

Source	National Survey for Wales (WG)
Rationale	Self-reported general health is an important measure of the health of the population. It represents physical, emotional, and social aspects of health and well-being. How people feel about their own health is seen as a good indication of the population burden of disease. The self-reported health status indicator complements the life expectancy indicator, by placing an emphasis on quality of life.
Shared with	

36b	**Older people free from limiting long term illness**
Measured by	The percentage of persons aged 65+ who report they are free from LLTI.
Source	National Survey for Wales (WG)
Rationale	LLTI means a limiting long term illness - this being physical or mental health conditions or illnesses long-lasting in nature (that is, lasting or expected to last for 12 months or more) i.e. this is a long lasting condition which the person is likely to have for the remainder of their lives, and is likely to require some level of assistance and treatment over a long period of time such as diabetes. Levels of LLTI are generally seen to increase with age.
Shared with	

37b	**Life satisfaction among older people**
Measured by	The percentage of persons aged 65+ who rate their satisfaction with their life as 7 out of 10 or higher.
Source	National Survey for Wales (WG)
Rationale	The rationale for this measure is explained under indicator 35a. Here the focus is specifically on personal well-being among older people.
Shared with	WHO targets and indicators for Health 2020

38b	**Older people of healthy weight**
Measured by	The exact measure to be confirmed.
Source	National Survey for Wales (WG)
Rationale	'Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, it can also lower the risk of many different cancers. Being underweight can also be serious for older people. It increases the risk of health problems including bone fractures from falls, the risk of osteoporosis, it can weaken the immune system and increases the risk of being deficient in important nutrients such as vitamins and minerals'.
Shared with	WHO targets and indicators for Health 2020 Well-being of Future Generations national indicator (as part of the composite lifestyle indicator for adults)

39	**Hip fractures among older people**
Measured by	The age-standardised rate per 100,000 of emergency admissions for hip fractures in persons aged 65+
Source	Patient Episode Database for Wales (NWIS) Mid year population estimates (ONS)
Rationale	The majority of hip fractures in older people occur as a result of a fall. Approximately one in three people over the age of 65 will suffer a fall each year, with more women falling than men. Once an older person has had a fall it can impact on their self-confidence and can result in social isolation, an increased fear of falling again, depression and a reduced quality of life. Only 1 in 3 sufferers return to their former levels of independence and 1 in 3 ends up leaving their own home and moving to long term care (resulting in social care costs). However many falls are preventable by such things as: increasing physical activity, reviewing medications and making modifications to the home to improve safety.
Shared with	

Minimising avoidable ill health

40	**Premature deaths from key non communicable diseases**
Measured by	The age-standardised mortality rate per 100,000 in persons aged 30-70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory disease.
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)
Rationale	Premature deaths are deaths that occur before a person reaches an expected age. Many of these deaths are considered to be preventable. Premature mortality is an important indicator of the overall health of the population. Higher rates of premature mortality are related to inequalities in health. This indicator will help monitor general population health, as well as progress in reducing health inequalities.
Shared with	Relates to UN Sustainable Development Goals indicator

41	**Deaths from injuries**
Measured by	The age-standardised mortality rate per 100,000 from external causes.
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)
Rationale	Injuries represent a major cause of years of life lost. As death through injury affects people when they are potentially most productive, they are a cause of high economic loss, resulting in high societal costs. Deaths are only the tip of the iceberg, and for every injury death there are an estimated 30 hospital admissions, 300 emergency department attendances and many thousands more who seek help from their general practitioner or self treat.
Shared with	WHO targets and indicators for Health 2020

42	**Deaths from road traffic injuries**
Measured by	The age-standardised mortality rate per 100,000 from road traffic injuries.
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)
Rationale	Road safety is an issue that affects everyone in Wales. We all need to use the roads to get around, whether as a driver,

	passenger, cyclist or pedestrian. Roads therefore need to be safe. Road accidents in which people are killed result in high social and economic costs including a devastating impact on families and communities, damage to vehicles and property, loss of productivity, and use of emergency and health services.
Shared with	Relates to UN Sustainable Development Goals indicator WHO targets and indicators for Health 2020

43	**Suicides**
Measured by	The age-standardised rate of deaths from intentional self-harm aged 10+ and from intentional self-harm or injury/poisoning of undetermined intent aged 15+ per 100,000, males and females aged 10+.
Source	Public Health Mortality (ONS) Mid year population estimates (ONS)
Rationale	Suicide is one of the three leading causes of death in the most economically productive age group (15-44 years); the other two being road traffic injuries and inter-personal violence. Notably it is the second leading cause of death among young people in the 15-19 years age group. Suicide and self harm are largely preventable, if risk factors at the individual, group or population level are effectively addressed. This requires a public health approach, broader than focussing on services for mental health service delivery, and which demands collective action by individuals, communities, services, organisations, government and society.
Shared with	WHO targets and indicators for Health 2020

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