Welcome

This month’s e-bulletin focuses on Health and Social Care following on from a very successful conference held on the 13 March 2019 entitled ‘Public Health Research Showcase - Bringing Together Health and Social Care: A Revolution in Transformation’. Further information about the conference can be found further on in the e-bulletin.

The ‘Shaping Our Future Conference’ was also held in March at the All Nations Centre in Cardiff.

Public Health Wales and the Office of the Future Generations Commissioner came together to arrange this conference in order to offer all public bodies the opportunity to hear about futures approaches and tools: how they can use them and why they are vital for good decision-making in the Welsh public sector. More information will be available in the next bulletin.

We are always looking for information and events which we can include in the e-bulletin as well as on the website so please get in touch with us at publichealth.network@wales.nhs.uk.

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Healthcare Services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health (WHO, 2015).

Healthcare is delivered by practitioners in allied health, dentistry, midwifery, medicine, nursing, optometry, pharmacy, psychology and other health professions and can refer to work being carried out in primary care, secondary care, tertiary care and public health.

Worldwide, it is estimated that over one billion people lack access to essential health services. In many countries health services can be too far away (accessibility barrier), or poorly staffed with long waiting hours (availability barrier), or do not conform to people’s cultural, ethnic or gender preferences (acceptability barrier). Even when people do access services, those are often of poor quality, and in some cases, even harmful. (WHO, 2015)
Public Health Wales Research and Development Division worked together with the Public Health Wales Networks team to deliver their most successful annual conference to date, on Wednesday 13 March 2019 in the Hadyn Ellis Building, Cardiff. Entitled, ‘Bringing together health and social care research: A revolution in transformation’ a bold and diverse programme was promised, and the speakers did not disappoint. With over 140 registering to attend the day, and a further 60 viewers following on the Twitter live stream, there was plenty for everyone.

The opening address was delivered by Ifan Evans, Director of Technology & Transformation (Health & Social Services Group, Welsh Government). Ifan spoke about the bold forward-looking plan for health and social care, ‘A Healthier Wales’. A thought provoking talk highlighting what all research should strive to achieve. That is to say, the value of research comes from when you use it and translate it into products and services that benefit patients. He also spoke about the need to shift the focus from the acute sector – primary and secondary care, to prevention and wellbeing. There is still much to do to achieve this ambition and it is important to show the cost savings and wider benefits to individuals and society from adopting a preventive rather than treatment approach.

Robin Miller, Head of Social Work & Social Care at Birmingham University talked about ‘Adding value through evaluation: learning from the pacesetter programme’. Robin’s research relate to new models of collaboration between health, social care and other sectors, and how we can successfully introduce multi-agency innovations within local contexts. He explained his experience of undertaking the pacesetter evaluation in Wales – in particular Wales’ flexible commissioning, willingness to share the good & bad, and excellent project management support.

Daisy Fancourt (University College London) gave a tour de force presentation on the long-term public health impact of arts & cultural engagement. She explained in detail how beneficial the arts could be for our health. For instance, primary school children engaged in arts were associated with high levels of self-esteem, particularly if their parents are engaged with them. And the focus is on engagement, you don’t have to be good at it. She also explained how the arts and culture can help improve mental, physical and cognitive health in all age groups. The value of the arts and cultural engagement was beautifully demonstrated when the Tenovus choir enchanted the audience and viewers with some stirring songs to close the first session.
The entire day continued to provide an opportunity for PHW researchers and our collaborators and colleagues to present on their latest research findings and network together. For the first time at this event, there was a breakout session with the option to attend a series of talks relating to either ‘Digital Health and Big Data’ or ‘Promoting Healthy Behaviours’.

Further details on the day can be found on Twitter @PHRWales, #RIW2019, where a live stream of the event can still be viewed. And if you visit the website www.publichealthresearchwales.co.uk all the presentations will soon be made available here too.
In January 2014, the Welsh Government commissioned the Welsh Institute for Health and Social Care (WIHSC) to explore the options for the provision of a high quality, sustainable healthcare service in Mid Wales, which resulted in the publication of a Mid Wales Healthcare Study (Prof. Marcus Longley, Oct. 2014), containing twelve key recommendations.

The twelfth recommendation of the study was that the three Health Boards covering the Mid Wales area, working with the local universities and other partners, should develop and support a “centre of excellence in rural healthcare”. The recommendation for this centre was that it should focus on “research, development and dissemination of evidence in health service research that addresses the particular challenges of Mid Wales”. It was noted that such a centre would have great potential to carry out work of relevance internationally.

A Centre for Excellence in Rural Health and Social Care (CiERH) was thus set up and formally launched by Professor Mark Drakeford AM, Minister for Health and Social Services, on 24th March 2016. A two year Memorandum of Understanding was drawn up that confirmed the intent of the signatories, who were also members of the Management Board, to co-operate in the establishment of the CiERH and to work together for the benefit of the rural population of Wales. The Memorandum of Understanding took effect as from 1st June 2016 and was signed by three Health Boards (Hywel Dda, Betsi Cadwaladr and Powys Teaching Health Board), Welsh Ambulance Service NHS Trust, three County Councils (Ceredigion, Powys and Gwynedd), Y Coleg Cymraeg Cenedlaethol and five Higher Education Institutions (Aberystwyth University, Bangor University, Cardiff University, Swansea University and the University of Wales Trinity Saint David).

In February 2017, staff were employed by CiERH to deliver work programmes outlined by the Management Board and the Mid Wales Healthcare Collaborative (now the Mid Wales Joint Committee for Health and Social Care). In March 2017, the name of the CiERH was amended to “Rural Health and Care Wales”.

Ambitious Vision, Aims and Objectives were adopted for Rural Health and Care Wales (RHCW) in 2017 that recognised its significant role and potential to be an exemplar in rural health and care within Wales, the UK and world-wide, as outlined below:

RHCW Vision, Aims and Objectives

Vision
• to become a world-leading organisation in rural health and social care research, training, recruitment and best practice

Aims
Rural Health and Care Wales’ prime aims are to:
• provide a focal point for the development and collation of high quality research pertinent to rural health and wellbeing
• improve the training, recruitment and retention of a professional workforce within rural communities
• be recognised as an exemplar in rural health and wellbeing on the international stage

Objectives
1. to establish a network of individuals and groups that support research, innovation and development in rural health and social care
2. to work collaboratively with international partners on rural health and social care research projects and the development of best practice models
3. to influence and instigate the practical application of research findings and innovative practices that will positively impact rural health and wellbeing
4. to work with professional bodies and Higher Education Institutions (HEIs) to ensure that relevant education, training and CPD programmes are available to equip health and social care professionals with the skills and knowledge required to deliver high quality care in rural areas
5. to collate and undertake research that informs models of prevention, treatment and care that will improve the health and wellbeing of rural communities
6. to engage proactively with the public and local communities in the development of rural health and social care initiatives and research
7. to advise on the development and delivery of accessible services, based on informed patient choice, prevention, diagnosis and self-care
8. to support decision-makers and policy colleagues to be fully cognisant of the scope, opportunities, issues and challenges in implementing prudent health and social care in a rural environment

The work undertaken by RHCW to date has been extensive despite the organisation still being in its infancy. Research has been undertaken into the recruitment and retention of health and social care professionals in rural areas, which has influenced policy and supported an increasing provision of “local” training in the Mid Wales region for both medical and nurse students. Early research was also conducted on the population assessments and wellbeing plans across Mid Wales as a region and a series of research booklets is currently in production on 5 key areas of work.

Innovative approaches to health and wellbeing are being piloted by RHCW with the intent to influence future processes. A social prescribing pilot project was conducted in Mid Wales in conjunction with PHW and Aberystwyth University (WARU) in 2018, with a larger scale research grant application submitted to further develop a robust evidence base. Another project currently in its consultation phase is looking at installing static bikes that charge mobile devices across Ceredigion, with the intent being to encourage physical activity in 14-25yr olds. Other research projects under development include a community resilience pilot and a potential digital project that will link district and community hospitals.

RHCW also stages a very successful annual Rural Health and Care conference in Wales, which has been very well received, with the intent being to stage a two-day event this coming November (see https://ruralhealthandcare.wales/public-staff-engagements/events/rhcw-conference-2018/).

“We have a very busy, multi-dimensional work programme for 2019/20 which is challenging but also exciting,” said Anna Prytherch, RHCW Project Manager. “There is so much work and potential development in health and care in rural areas, the problem is in being selective in what we do pursue and prioritise for the future. We need to capitalise on our natural “green” environment and work holistically to integrate health and well-being into our everyday lives, encouraging greater self-responsibility and community resilience. Greater co-ordination between health and care provision is currently being strategically driven, however seamless integration of both is of particular significance to people living in rural areas, where communities also play such a key role in people’s wellbeing and quality of life”

Further information on Rural Health and Care Wales can be found at www.ruralhealthandcarewales or contact 01970-635918.
Healthcare goes digital and Digital goes healthcare: a win-win for everyone

Author: Stephen J Magowan

Our good health and wellbeing is fundamental to our productive capacity for value creation for ourselves and to support our societal construct. Maintaining or improving our health and wellbeing is increasingly recognised globally as essential in order for governments to be able to continue to deliver on their obligations in an era of adverse demographic trends. The challenge is to correct the negative imbalance between spending and value in most existing healthcare models. The title of this article reflects the new dynamic that is driving new business and operating models in healthcare involving new participants and technology to address this challenge. What then is digital health technology?

‘Digital health technology’ primarily comprises information, knowledge and learning, and communication, in electronic form. It utilises suitable secure infrastructure, hardware and software for capture, curation, access and display. In healthcare as in literally every other line of business today, the appropriate use of digital technology for consumer benefit unleashes potential – for increased efficiency, effectiveness and productivity, and for new services. Consumers (here, the citizen or patient) will receive new services and benefit from digital ways of accessing services generally. Likewise, clinicians and other healthcare workers will get digital tools to better perform their jobs and achieve improved outcomes for consumers. Their employing organisations will get efficiency, effectiveness and productivity benefits that may advance the organisational culture, improve the morale, and yield the financial savings that together facilitate serving their consumers sustainably.

For all that technology may be focused on the consumer however, a unilateral approach will not resolve the spending versus value imbalance. Consumers must reciprocate, by acknowledging the importance (at least to them) of investing in their productive capacity and engaging in their health and wellbeing to an extent or in a way that they have not done under existing models. This consumer engagement is a key characteristic of any strategy for the comprehensive use of digital technology in healthcare, and it will be predicated on achieving proactive management by consumers of their own health and wellbeing. This is because health and wellbeing management is ideally suited to being served, and is possibly only able to be continuously and sustainably supported, through digital media. It requires suitable educational health literacy and call-to-action communication by the health service as a whole about the need for consumers to act and how to act, together with incentivisation to support consumers to sustain this more extensive or new approach over time. The purpose is to enable consumers to lead healthier lives, and seek to avoid avoidable harm.

Transformed information flow is another hallmark of a digital strategy in healthcare. This will be predicated on achieving a fully electronic personal health record, understood, if not owned by, each citizen, and, with his or her consent, able to be securely shared as necessary whenever treatment or care is required. Information flow also covers decision-support information and the associated approaches to learning and knowledge creation, workflow and the use of analytics. The strategy should therefore also address the need for continuously-enhanced, electronic decision-support information, evidence-based and patient-focused, to be available to clinicians. It should address the digitalisation (including use of robotics) of processes for everything from staff rostering to recording of vital signs to prescription fulfilling. It should address how the full gamut of analytics will be applied as needed to answer appropriate questions in all these areas.
A third key characteristic of a strategic digital healthcare landscape is the expanded range and real time and remote accessibility of communication options available to all healthcare participants. These options are audio-visual, or use sensors – these will eventually operate through the ‘Internet of Healthcare Things’. This characteristic will be predicated on being able to use consumers’ own electronic devices and internet access wherever (and increasingly, whenever) is convenient for them, or on providing convenient access to communication points, close to consumers, which may offer better or specialised facilities, and likewise mobilising healthcare workers. The point is to facilitate the primary care sector becoming the locus of initial engagement for consumers for all their healthcare concerns and needs apart from serious accidents and emergencies.

Traditional healthcare system organisations are well-placed to evolve as leaders in the changed landscape and sustain their brand equity. Their unique purview is population health and the systemic integration of care for a sustainable future. They must transition from a focus on disease and the delivery of ever more effective treatments to a focus on engaging citizens with health and the overall coordination of care. Such coordination may involve commissioning one or a few suppliers for the pathway management of a single disease. More strategically, it may involve driving collaboration or partnership with academia, life science and technology companies, device and pharmaceutical manufacturers and so on to combine analytics, devices and precision medicine with digital services in pursuit of optimised consumer benefit for their population or community subsets. The aim in all cases should be value and a win-win for everyone. If they do not make this transition, or do not adapt astutely and nimbly as the landscape further changes, other companies, presumably supported by enlightened and constructive policy makers, will find ways to compete and step in.

In the context of these transitional demands, a strategy for the comprehensive use of digital technology is only meaningful if appropriately funded and co-located with Prudent Healthcare and the integration of health, care and wellbeing at the nexus of the organisational strategy, all supporting improved consumer outcomes. In developing a digital strategy (and a supporting IT strategy), the intended capability and capacity of each of these aspects informs planning for the capability and capacity of the others, and boards, executives and their management teams must be able between themselves to visualise, and create and execute plans to achieve, a desired future state from these disparate, complex components.

As noted above, a digital strategy for a population identifies pre-conditions and novel opportunities in self-service and self-care, information use and two-way communication. The pre-conditions must be met and then services designed with user interfaces that drive preference for their use. Assisted digital solutions must be provided for consumers in that population who need them. Healthcare workers must adopt and become fully conversant with interacting with digital processes, with the benefit in some cases of being able to do so in more places and at more times that are convenient to them. Digital health technology in all its forms is a naturally lean enabler, and a unique enabler in healthcare in which the economics of investment can scale exponentially. A bright future is in prospect for consumer experience, population health and sustainable affordability from its appropriate and comprehensive use.
The National Exercise Referral Scheme (NERS) programme aim is to reduce the inequalities in ill health by offering a supervised physical activity and behavioural change intervention across Wales to people aged 16+ with or at risk of developing a chronic condition.

Since its inception the NERS Programme in 2007-8 there have been 259,579 referred to NERS. Of these a total of 152,371 people took up the NERS programme. It is widely recognised that the NERS Programme can only influence those who take up the programme and that is why we use those figures to base our percentage retention and outcome measures on.

On average approximately 16,000 people take up NERS programme from across all pathways each year.

Of people taking up the programme over the period since the RCT Evaluation we have increased retention year on year from 44% to 55% as taken from the 2017 Calendar Year Report.

Referral rates into NERS rise year on year as shown in Fig 1 and Fig 11 below and whilst this data is not the retention detail, just purely monitoring of consultations over the period, the increase in 1st consultations, take up of programme and 16-week consultations is indicative of the continuing cost saving benefit of NERS.

Fig 1

![NERs Productivity Year on Year not Reflective of Retention](image.png)
In the financial year of 2017-18 there were 33,249 people referred to NERS across all pathways. The completed outcome measures report for those referrals are not yet available due to rolling 16-week programme and delay by some people taking up the programme.

However, there are some key findings the 2017-18 financial year data that are indicative of the continued improvement in delivery.

**KEY FINDINGS FROM 2017-18 REPORT**

Data extracted from the NERSDB for the All Wales Calendar Year of 2017 report has indicated the following significant improvements for people referred across all pathways:

- The referral rate continues to rise, however despite the limited resources NERS continues to have a positive impact on people’s health and wellbeing.
- The % of NERS grant from WLGA and some of the local authorities used to upskill NERS Exercise Professionals and access appropriate CPD has enabled the NERS team to better engage with people and increase their retention.
- Other than Mental Health and the Pregnancy pathway all pathways have exceeded the 44% retention rate achieved in the random Control trial which showed the NERS programme to be cost effective and marginally cost saving for those who completed the 16-week programme above the results of the Random Control Trial which indicated a cost saving for those who completed the programme.
- Mean average retention across all pathways currently stands at 55.42%.
- 98% of people referred would not have taken up physical activity with the support of the NERS programme.
- 3,121 NERS graduates recorded a mean average increase in their leisure activity minutes of 333 minutes per week is well over the CMO recommended guidelines to improve health and wellbeing.
- The EQ-5D Quality of life measure has shown significant improvements in the mean average QOL from a pre-programme score of 130.00 improving to 138.85 post-programme across all pathways.
- The corresponding Visual Analogue Score which is a sliding scale of 0-100 allowing a person to score how they feel on that day has shown a mean average improvement from 61 pre-programmes to 73 post-programme across all pathways.
- Cardiac has shown a significant mean average reduction in Systolic Blood Pressure, some 13.00mmHg (Millimetres of Mercury)) which would indicate improved Cardiac health and function which may indicate a reduced risk of further cardiac events. This is result of almost 80% of NERS Exercise Professionals holding the level 4 Cardiac Rehabilitation Qualification.
• Stroke has shown a significant mean average reduction in Systolic Blood Pressure, 13.00mmHg (Millimetres of Mercury)) which would indicate improved Cardiac health and function which may indicate a reduced risk of further Stroke or associated Cardiac events. This is a result of almost 50% of NERS Exercise professionals holding the level 4 Stroke Rehabilitation Qualification.
• Generic Pathway graduates recorded a mean average increase in leisure activity of 405 minutes weekly.
• Weight Management programme has seen a mean average reduction in BMI of 1.86 and a recorded increase in leisure minutes of 402 minutes weekly.
• Cancer graduates have recorded a mean average increase of leisure activity of 319 minutes weekly.
• Back care graduates have recorded a mean average increase of leisure activity of 341 minutes weekly.
• Mental health has recorded significant improvements in the mean average EQ5D measure QOL from a pre-programme score of 123.42 improving to 139.07 post-programme.
• Pulmonary has shown a mean average reduction in the resting heart rate of 6 beats per minute.
• Falls Prevention recorded a mean average 4 second reduction in the TUAG test post programme, whilst this seems a small increase it is worth acknowledging that for every one second of reduction equals a reduced risk of falls by 2-3% in short term but 9% in the long term follow up. This is clinically useful and associated with improvement changes in balance, confidence and reduced NHS and Health and Social Service use, frailty and mortality.
2017-18 Participant 16 Week Evaluation Questionnaire

Please tick as many statements as you feel are true of how you feel since you have been exercising regularly

100%
- Said that they felt safe and comfortable whilst exercising.

86.7%
- Felt that their programme was reviewed regularly.

100%
- Felt that the session time suited them.

94.7%
- Felt that they received enough information about opportunities for exercise in the future.

100%
- Felt that they received enough information about NERS before starting.

100%
- Said that their experience of being on the programme was a positive one.

100%
- Said that other staff they came into contact with made them feel welcome.

Results taken from sample 16 week evaluation questionnaires
Welcome to our new PHNC Podcast Page of the Ebulletin. Here you can listen to the the previously released Podcasts. Currently we have several podcasts in the pipeline on topics such as Health and Housing, Health Impact Assessments, Workplace Health and Cardiovascular Disease.

This month’s podcast we are talking to British Heart Foundation Cymru about the work they undertake in Wales.

If you are interested in recording a podcast with us in the future, please contact us via email: publichealth.network@wales.nhs.uk
Welcome Press Play, here you can get the latest PHNC videos from youtube! Every month we will add new videos as they get uploaded.

We have a number of events planned over the next few months so keep your eyes peeled for the latest streams on our twitter feed or come back and visit Press Play after the event!

Old and Alone: Not an Isolated Incident
Workplace Mental Health and Wellbeing
Contribution of Allied Health Professionals to Public Health

Sustainability Showcase 2018
Sexual Health Conference 2018
Public Health Network Cymru Roadshow Video 2018

Check out the PHNC Sound and Vision Pages for more videos
Natural Resources Wales (NRW) is launching the first ever Wales Outdoor Learning Week with the Wales Council for Outdoor Learning. The campaign, which runs from 1 – 7 April, encourages teachers, learning groups and families across Wales to make outdoor learning part of everyday life. It aims to celebrate and promote the multiple benefits of a classroom without walls while sharing practical outdoor activities to try at home or at school.

Sue Williams, Senior Education and Skills Advisor for Natural Resources Wales said:

“Evidence shows that learning in the natural environment improves knowledge and understanding, helping us recognise the impact we have on the environment now and in the future.

“It can also improve our health and wellbeing by helping to guard against obesity, increase physical activity and reduce the symptoms of stress.

“This is why we are asking teachers, parents and learners of all ages to get outside, enjoy and connect with the natural environment.

“Education groups can use the great outdoors all year round to teach a wide range of subjects, from measuring trees in maths to studying sand dunes in geography.

“While families could try making bird feeders, creating natural art or going for a walk to see which animals or plants they can spot along the way.”

During the campaign NRW will host training events for teachers and group leaders to help raise awareness of the outdoor classroom and its benefits.

A celebration event is also being held in Clocaenog Forest, North Wales, where schools will plant oak trees grown from local acorns.

The acorns were collected during the annual Acorn Antics campaign which asks schools and education groups to collect acorns and help NRW plant trees that have been grown from local seed.
Sue continued:

“This is an amazing opportunity to showcase Wales’ largest and best classroom – our natural environment.

“We hope to see lots of schools and families from across Wales getting involved and sharing their experiences.”

People can share their outdoor learning pictures with NRW and the Wales Council for Outdoor Learning by using the hashtag #WalesOutdoorLearningWeek.

From strategy to action: how digital technology can enable the integration of health and care

Author: Stephen J Magowan (the following section was originally published in the Abertawe Bro Morgannwg University Health Board Digital Strategy, March 2017)

Digital is about the means by which we all interact with each other and with everything around us, as shown in the figure below.

In healthcare, using digital technology, citizens and patients will be able to receive and share information online about their health and well-being, communicate by audio, video, secure email and messaging, and participate in peer-to-peer support groups, in trials, and in health and care decision-making with their clinicians. Health and care teams will use digital technology to become more data-driven and evidence-based, with a robust and ever-expanding decision-support capability.

At the same time, almost everything we can think of will be made digitally-interactive, with sensors, displays, moving parts and controls, on-board analysis and memory, and the ability for remote control. Most important, they will be connected to us, either attached or implanted for a specific purpose or more casually wearable, and able to transmit to central units for storage of data or further analysis possibly in real time e.g. to provide targeted advice, or to raise an alert about an urgent need or situation.
Management of our health and well-being is ideally suited to being served, and likely is only able to be supported sustainably, with digital technology. Digital technology can provide the capability for professionals to serve citizens and citizens to support themselves at times and in places which are more convenient for them and their families or carers.

To become digitally-enabled we will all need to adopt new health and care digital-related behaviours, in terms of the way we do things, and in terms of those with whom we work or interact. People’s different life experiences with digital (our collective cognitive diversity) are vital to us helping each other to achieve the new health and care system that digital technology enables.

The use of digital technology spans a continuum from being a substitute for paper-based information to be an agent for valuable new services not possible by any other means. Digital technology is poor at just replicating the use of paper in a previously manual process. That can even increase non-value-adding processing time. However, once information on paper needs to be comparable, customisable, editable, organisable, remotely accessible, reproducible, researchable, searchable, shareable, standardisable, storable or transportable, a digital alternative starts to create value. Blend digital technology ingredients and use digital technology to manipulate immense data repositories and large real-time data flows predictively and prescriptively and achieve interoperability between digital systems and digital connectivity between people, and entirely new health and care capabilities emerge as shown in the figure below.

How can this digital integrated health and care system be progressed?

At the core must be a straightforward interface for citizens and health and care professionals. A citizen-facing digital portal and platform for health and care and an ecosystem of health and care partners and organisations providing information, signposting, learning zones, software applications and bots, and connectivity with all types of technology-enabled care devices, such as smart speakers, for it are therefore required. Each citizen or health and care professional can access those services that matter to them, indicated by the red and green lines in the figure below.
The portal and platform will be for all citizens in Wales and open to all Health Boards, Trusts, local authorities and partner and third sector health and care organisations for the provision of digital services to citizens and their staff. Some of the services are currently available but not all of them are consistently and comprehensively deployed, adopted and utilised in our health economy. Others are in development and only expected to be deployed by NHS Wales organisations or their partners or expected to be brought into public use by other organisations, in the next five years or more. Together they have the potential to provide complete end-to-end digital processes in health and care, with a focus on prevention as much as on treatment. They will provide a significant new opportunity for local technology companies in alignment with, and leveraging City Deals, and offer the opportunity for Wales to showcase a world-leading citizen-centred system.
Assembly Committee Recommends School Sport Enhancements

£2m to Improve Mental Health and Well-Being at Welsh Universities

Michael Sheen leads launch of Wales’ Youth Homeless Helpline

One in Thirty Children Starting School in Wales is Severely Obese – New Report

Caerphilly school awarded Sustrans Silver School Mark

Children’s health in Wales facing national crisis
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Shaping our future in Wales