



Llywodraeth Cymru  
Welsh Government

# Chief Medical Officer's Annual Report 2015

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**Welsh Government**



# Purpose of CMO Annual Reports



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- An annual opportunity to talk about the health and well-being of the country
- Independent view for Government
- Traditionally focused on messages about prevention and timely intervention

# 2015/16 CMO Annual Report



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- Joint report authored by CMO and DCMO



- A slightly different approach focusing on the social gradient and what this might mean for NHS services

# Social gradient



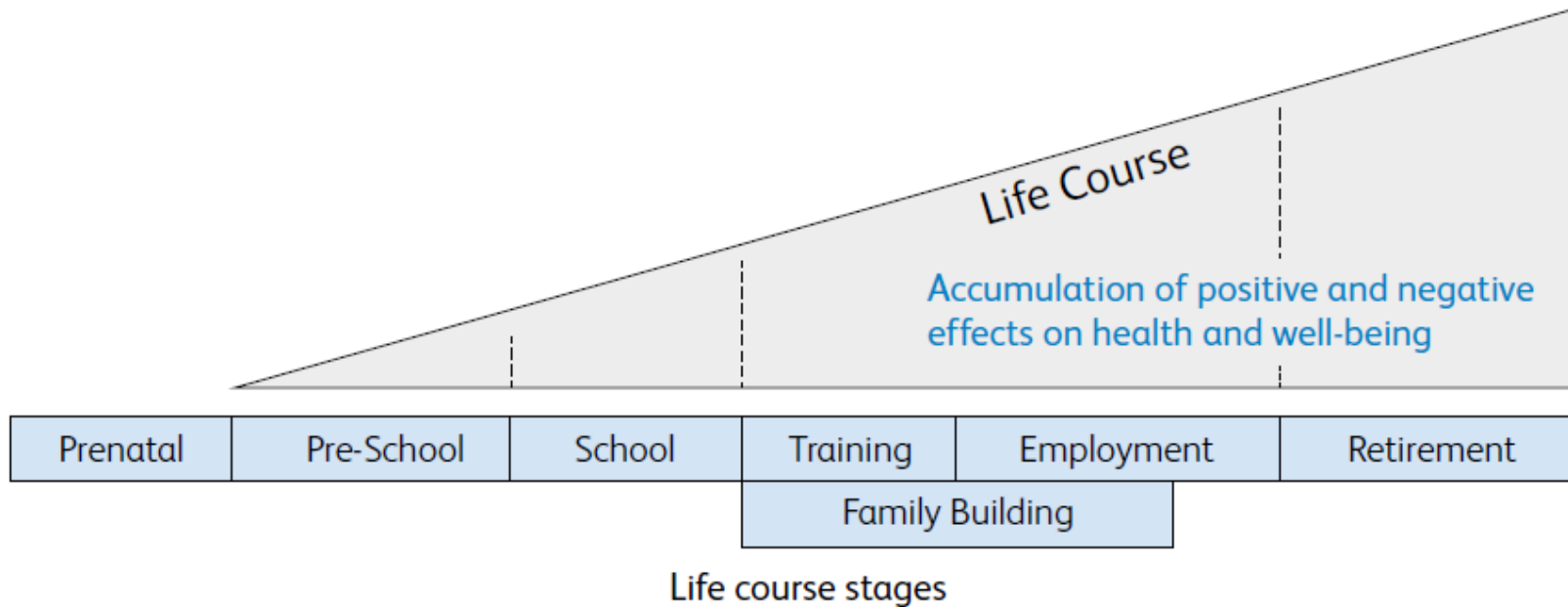
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- More socio-economically disadvantaged groups show:
  - A higher prevalence of lifestyle-related and social harms
  - More illness and earlier death



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# Social gradient builds throughout life

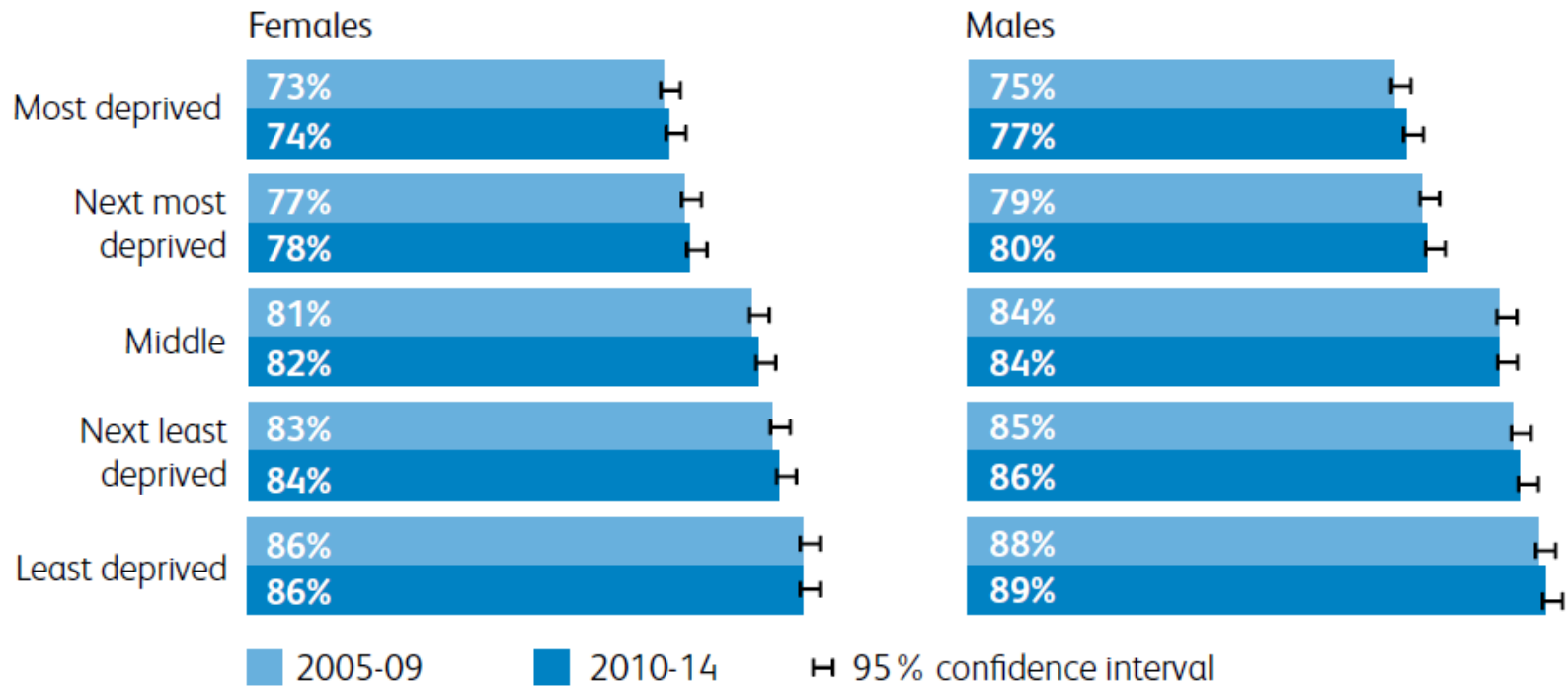


# Life Expectancy



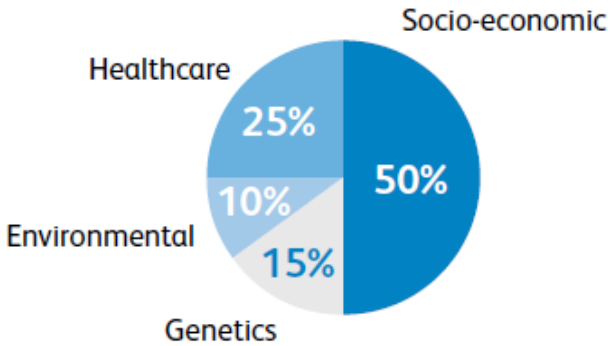
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Figure 1: Percentage of life expectancy in good health by deprivation fifth, Wales, 2005-09 and 2010-14

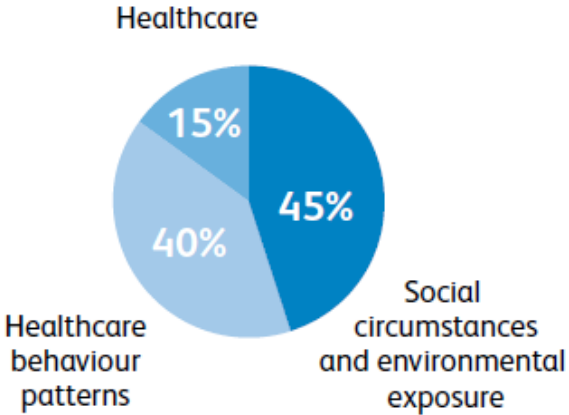


# NHS contribution to public health

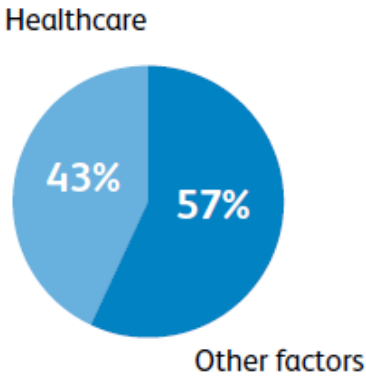
Bunker et al  
(1995)



McGiniss et al  
(2002)



Canadian Institute of  
Advanced Research  
(2012)



# What it means for NHS Wales



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- Need to do things differently – a population based approach
- Move from crisis management to prevention
- Embrace prudent healthcare
- Focus on where the need is greatest



# Create health and wellbeing



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- Understand and work with communities
- Find out what matters to individuals and build services around them
- Help build relationships
- Use social prescribing and co-produce care to improve confidence, hope and self care
- De-medicalise care

# What about NHS services?



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- Usually offered regardless of socio-economic circumstance
- Not everyone accesses services equally
- Services could increase inequality
  - Flu vaccination
  - Cancer screening
  - Smoking cessation
  - Healthcare related harm
- Better if focus on population?

# Focus on service demand



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- Challenge the inverse care law where more care provided to those in least need
- Tackle poly pharmacy
- Address complex care
- Reduce the low value demand we create

# Health professionals



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- Focus on health inequality
- Social history
- Holistic view
- Work in and with communities
- Refer across the public sector
- Note role of NHS as an employer reducing inequality

# Recommendations



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- A “life course” approach
- Better partnership working
- Co-production with communities
- Population based finance and measurement
- Health professional education and training
- Health Services Research

Which services will be most related to the social gradient?

How should services change to  
lessen the social gradient?

How should we encourage health services research to reduce inequalities?