Title: Consensus for the priorities for health in Wales- engaging with health professionals in 2015

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Aim: To undertake three NHS Wales engagement events to ask “how do public health nurses, midwives and allied health professional In Wales see their role for improving the health of the population?”

Introduction: Nurses, midwives and allied health professionals in Wales have a key role to play in the future of public health as frontline professionals and as members of the community. In Wales our public health challenges include:
- 22% of its children living in poverty
- The highest proportion of underage drinkers in the UK
- Over 50% of adults overweight or obese
- 48% of adults being treated for a chronic illness (PHWO, 2013).

Method: During 2015 the team at the University of South Wales were invited to undertake three engagement events. A total of approx. 100 participants attended in Swansea (6th March), Cardiff (March 26th), Llandudno (27th April).

Consensus methodology: A modified Nominal Group Technique captured the expertise from professionals (Fink et al,1991; Kenkre et al, 2013).

Part one: ‘setting the scene’ presentations and Activity One group work – Participants were asked to consider the question ‘what would you see as your role for improving the health of the population in Wales?’

Part two: Comprised of an expert patient experience of living with a long term condition and three embedded activities. Activity two- Group work (The consensus method), the attendees were asked to discuss and suggest three ways that they individually, their organisation or community could improve the health of the nation of Wales. Activity three- presentation and rating- participants were asked to vote for their individual top three choices using sticky dots. The idea with the greatest number of dots was the idea rated highest by the group. Activity four- What can you do? Each individual was asked to consider the actions suggested by the participants and to select a single activity that they would return to action either at home or in the workplace.

Conclusions: Health professionals in Wales see their role for improving the health of the population in Wales both as part of a social movement to build a culture of positive health messages and as an individual having responsibility to promote change. To enable the role modelling to occur, employers need to give employees permission to participate as role models. The role model is needed to engage with the community through innovative methods such as pop –ups shops, stalls in the high street and the use of third sector high street shops to provide messages on healthy living, screening and prevention.

Recommendations: 1)Organisations should promote a change from the unhealthy habit of working through or eating food at the desk. 2) Leadership through a social and behavioural change communication strategy is required to promote a consistency in the values and normality of healthy living, which are expected in NHS Wales. 3) To develop a co-productive and prudent approach to health improvement in Wales using staff as role models to engage with the community through innovative methods such as pop –up shops and stalls in the high street.

Results: Participants saw their role within the complex system of community responsibility for health (figure 1). This was through formal and informal layers of individual (home and community) and work (their role within the team). The role should be non-judgemental, support change through small steps and communicate good behaviours (figure 2). It was agreed that a change of culture is required. There were four prominent themes:

Theme 1: Individual role models-Promoting a culture of healthy behaviours
- Society should be clear about everyone’s role in promotion of their own health and supporting others in doing so.
- These good behaviours predominantly included all forms of exercise, a healthy diet and creating sustainable hobbies.

Theme 2: Promoting healthy behaviours through family time
- Family time is important to ensure family physical and emotional health and normalise healthy behaviours as enjoyable.
- A balanced work/ family lifestyle encouraged health and wellbeing but difficult to achieve because of work pressures.

Theme 3: Managing your healthy work time
- Managing healthy work time is both organisational and individual responsibility, by leading through example.
- Individual ‘workaholic’ behaviours were not healthy.
- Leadership is key to cultural change and essential that it is visible at board level.

Theme 4: A systems approach to improving health in Wales
- Health is everyone’s business for example education (the ‘golden thread’ through home, schools, early years, and university), social media such as twitter.
- It needs clear leadership to guide a cultural change (figure 3).

The single activity which participants stated they could do to improve their health was taking a lunch break every day (figure 4). It would provide individuals with time to inspire healthy behaviours such as undertaking exercise, eat healthily and socialising. A change to the unhealthy habit of working through or eating food at the desk is required and desired.

References: