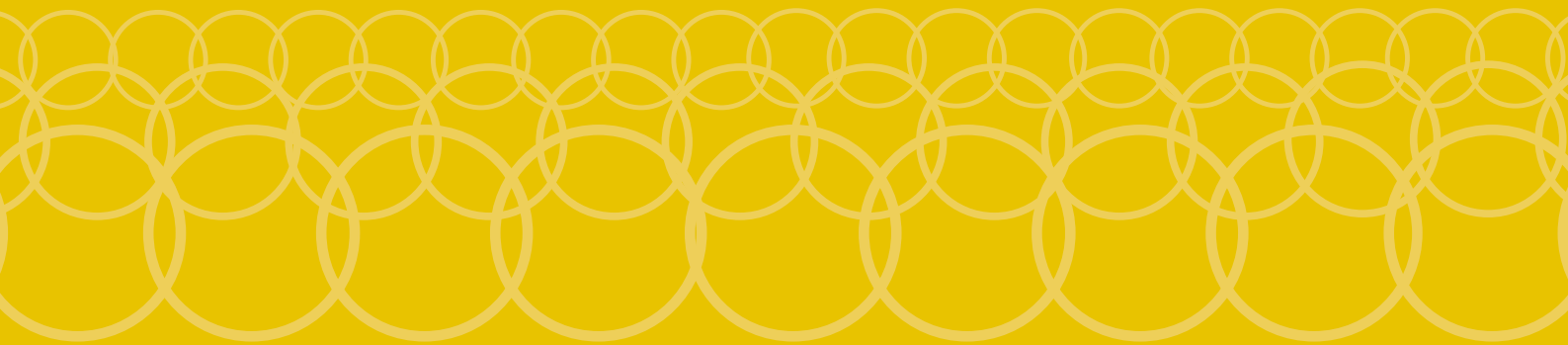


Well Being in Wales Well Being in Wales Well Being in Wales



# Well Being in Wales

Consultation document



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

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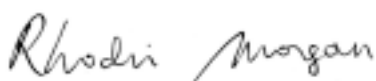


## Foreword

As First Minister and Minister for Health and Social Services we are very pleased to see the increasing recognition that action to prevent ill health is as important as better diagnosis and treatment of illness and the improvement of care services.

Over and above the demand on health and social care services, ill health has a huge impact on individuals and their families, on businesses and on the economy. Not all ill health can be avoided, but some of it can. In recent years, *Better Health Better Wales* has done much to raise awareness of the social, economic and environmental factors that affect people's health. It has also helped many organisations, particularly local authorities, to develop their role in helping people to improve their health.

This document builds on the foundation laid by *Better Health Better Wales*. It develops further the Assembly Government's work to improve health and to reduce inequalities through an integrated approach to policies and programmes. This integrated approach is endorsed by Professor Peter Townsend in his report *Targeting Poor Health*, which has been adopted by the Assembly. It recommends action to tackle inequalities in access to health care services, which is the particular role of the NHS. It also recommends wider action to tackle the underlying socio-economic determinants of poor health across the Assembly Government's policy areas in partnership with local government and other organisations.

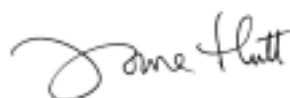


**Rhodri Morgan**  
First Minister

We have made good progress on building health into other policies and programmes and this document captures that, but there is more we can do. Health is not the responsibility of the NHS alone.

The improvements which the Assembly Government is putting in place for the NHS will improve further the quality and the effectiveness of health care, and will ensure fairer and better access to hospital services. For the new Local Health Boards, promoting health and well being and preventing disease will be as important as ensuring effective and efficient health services. This will be reinforced by the joint duty upon Local Health Boards and local authorities to prepare local health, social care and well being strategies in conjunction with other organisations and through consultation with local people. This document provides direction and a national context for these local strategies.

*Well Being in Wales* is another significant step forward in our efforts to improve health and to reduce the inequalities in health that exist between communities. It can help to build bridges between organisations and sectors for more joint action to increase well being across communities. We urge you to take on board this approach, to consider what you can do to help and to respond to this consultation.



**Jane Hutt**  
Minister for Health and Social Services

# 1. Introduction

1.1 The Welsh Assembly Government is committed to using its policies and programmes together to promote equality of opportunity, social inclusion and sustainable development. Through this, it will achieve:

- A prosperous Wales.
- A fairer Wales.
- A Wales that is fit for the future.

1.2 Complex problems require solutions that cut across what in the past have often been seen as quite separate policy areas. The Assembly Government’s approach recognises that to address the challenges, new ways of delivering policies, programmes and public services are needed in order to make a real difference to the people of Wales. The way forward lies in an integrated approach in which different policies and programmes add value to each other. This document sets out how the connections can be made by focusing on the importance of health and well being.

1.3 This intersectoral approach is reflected in the Assembly Government’s strategic plans<sup>1,2</sup> and is reinforced by the recommendations of the Townsend Review on the allocation of NHS resources<sup>3</sup> which the Assembly Government has adopted.

**Diagram 1: Organisation of policy responsibilities and crosscutting challenges**

Policy	Policy	Policy	Policy	Policy	Policy	Policy
Economic Development	Agriculture & Rural Affairs	Training & Education	Health & Social Services	Transport & Environment	Culture, Arts and Sport	Communities (including Housing)
<b>Challenges and Solutions</b>						
Poverty – ill health – social exclusion – equal opportunities – sustainable development						

1.4 Nutrition is a good example of an issue that cuts across policy areas. It is a major influence on people’s health at all ages yet in many disadvantaged areas, diets are poor. Improving people’s diet relies on learning in schools and in the community as well as access to food. Food production is an important part of rural economies and bringing together food producers with people who need access to fresh, affordable fruit and vegetables can satisfy economic, health and community regeneration objectives. Farmers’ markets, where local produce is available to local communities, are a step in this direction. Physical activity, including sport and other forms of exercise, also has significant benefits for the physical and mental health and well being of people of all ages. It too cuts across policy areas such as transport, sport, the environment and communities.

1.5 Progress has been made on bringing together policy areas, for example, in the


*Communities First* and *Objective 1* programmes, in education through the *Welsh Network of Healthy Schools Schemes*, and in strategies such as the National Economic Development Strategy *A Winning Wales* which features the Welsh Assembly Government's *Corporate Health Standard*. Other strategies and frameworks such as the National Housing Strategy *Better Homes for People In Wales*, the strategy for older people *When I'm 64 and More*, the *Children and Young People's Framework* and *Farming for the Future* also feature action related to health. But there is more to do.

## Health and well being

- 1.6 The concept of well being provides a strong test of the extent to which policies are coming together to reduce inequalities and to achieve sustainable development. A high level of well being is a feature of strong and vibrant communities.
- 1.7 An individual's or a community's well being depends on several things. These include (in no specific order of priority):
- People's interests and the extent to which there is a sense of engagement in, and access to, the community.
  - Happiness and feelings of confidence and self-esteem.
  - Health and safety.
  - Security - financial and otherwise.
  - The services, facilities and opportunities available to everyone.
  - The care and support that is available when needed.
  - People's comfort and overall quality of life.
- 1.8 The mix of social, economic, environmental and cultural factors that affect individuals' lives determines their health and well being. We can only improve well being in the long term by addressing these factors.

## Sustainable development

- 1.9 Wales needs to be fit for the future and the Assembly Government has a duty to promote sustainable development. All developments have social, economic and environmental dimensions and can only be sustainable if there is a balance between the different factors that contribute to overall quality of life. Sufficient social, economic and environmental resources need to be made available to future generations in order for them to enjoy levels of well being at least as high as our own. People's health is intimately linked with sustainable development.<sup>4</sup>

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- 1.10** Developing people is critically important and is the key to improving well being as part of sustainable development. This, and wider action to strengthen communities, is as important as repairing the health damage caused by disease and years of poor lifestyle. Underpinning the Assembly Government's approach are two things. First, a commitment to a long-term view and to investment in public services that support people, prevent problems and create opportunities. Second, a commitment to fairness so that all people can access the services and opportunities needed for a satisfying and healthy life.

## This document

- 1.11** This document is a further step forward in the Assembly Government's focus on a more integrated approach to achieving policy outcomes. Not only is this approach effective,<sup>5</sup> it will help Wales to implement European Union policy, which requires health to be taken into account in other policies and programmes.<sup>6</sup> An integrated approach to policies and programmes built around strong partnership is at the heart of the Assembly Government's approach. This document positions health, public health and social care services in that context. Published for consultation, it is the result of discussion with organisations and groups from across Wales. It:

- Highlights the relevance of health to well being for all policy areas and emphasises the importance of people's health to the economy.
- Sets out proposals for action by the Assembly Government to work with the wide range of organisations and groups that can help to reduce the inequalities in health that exist between people in different communities and between different groups within the population.
- Asks health, public health and care services to make significant contribution to building strong communities and to the objectives of other policy areas through their day to day roles.
- Provides national direction and context for *Local Health, Social Care and Well Being Strategies* which, from April 2003, Local Health Boards and local authorities will be under a joint duty to produce in conjunction with other organisations and through public consultation.

- 1.12** The document is aimed at all organisations and groups that can contribute in some way to improving people's well being.

## Foundations

- 1.13** *Better Health Better Wales*<sup>7,8</sup> first highlighted the need for a cross-cutting approach to protect and improve people's health. It played a significant part in raising awareness of the social, economic and environmental factors that affect health. It also helped many organisations outside the NHS to develop their role in helping people to improve their health, including local authorities, voluntary organisations and employers.
- 1.14** This document is not a new strategy. It builds on the foundation set by *Better Health Better Wales* but takes it further by expressing well being as a core aim around which a concerted effort can be developed across policy areas. As part of this it provides a platform for further joint action to protect and improve people's health by the Assembly Government, the NHS, local authorities, voluntary sector organisations, employers and other public private sector organisations.

## Consultation

- 1.15** Copies of this document can be downloaded from the Assembly Government's website at the following address [www.wales.gov.uk/wellbeinginwales](http://www.wales.gov.uk/wellbeinginwales). Extra copies are available on request from Nicole Jones (Tel: 029 2082 5659). Also available is an Executive Summary and a public leaflet. Large-print, Braille and cassette tape versions of this document are available on request.
- 1.16** Written comments are invited from organisations and groups, and from members of the public. A list of consultation questions is provided in Appendix 1. The deadline for responses is 19<sup>th</sup> November 2002. Comments should be sent to Heather Giles, Public Health Strategy Division, in any of the following ways:

E-mail: [Heather.Giles@wales.gsi.gov.uk](mailto:Heather.Giles@wales.gsi.gov.uk)  
 Post: Public Health Strategy Division,  
 Office of the Chief Medical Officer,  
 Welsh Assembly Government,  
 Cathays Park,  
 CARDIFF CF10 3NQ  
 Fax: 029 2082 5779

- 1.17** All responses will be acknowledged. The Welsh Assembly Government intends to publish the responses to this consultation. Normally, the name and address (or part of the address) of its author are published along with the response. If you do not wish to be identified as the author of your response, please state this expressly in your response.

## 2. Health as part of well being

- 2.1 Health has a direct impact on well being by affecting people's quality of life, their ability to work and therefore their income, and their comfort and happiness. Action to provide care for people and help for them to improve their health makes a significant contribution to well being.

### What affects people's health?

- 2.2 People's health is affected, directly or indirectly, by several interrelated factors:
- The overall impact of the economy, culture and the environment.
  - Income and whether or not they have a job.
  - The conditions in which they live, and support available from family and friends.
  - The services available to them, such as health, care, public transport and education.
  - Personal skills, knowledge and lifestyles.
  - Age, sex and the genes they inherit from parents.
- 2.3 Some factors such as age and sex are outside our control. But individuals or governments can exert some control over other factors, for example, income and education; lifestyle choices such as smoking, and access to services.<sup>9</sup>

### Challenges

- 2.4 Good health is an aim that should be pursued in its own right but it also has wide economic and social impacts. Poor health impacts on people and families and on the Welsh economy. This includes the cost of health and care services and the costs to employers of lost production and lost skills. It also affects people's ability to take advantage of opportunities. People with poorer health risk losing their job and slipping into unemployment and inactivity, which in turn affects their health and that of their family.
- 2.5 The number of people of working age in Wales who are not looking for work is relatively high, with almost 100,000 more people 'economically inactive' than would be the case if Wales conformed to the UK average. Many of these individuals are caught in a cycle of poor job opportunities, poor lifestyles and health problems. In February 2002 192,500 people in Wales were drawing incapacity benefit.
- 2.6 The population of Wales is getting older. By 2016, one in five people will be aged 65 or over. We are increasing the capacity of health and care services, but helping people



to live longer and healthier is equally as important, if not more so. The Treasury's Wanless Report<sup>10</sup> points out that more success in preventing ill health can reduce the future resource requirements for health care, and it recommends proactive policies to reduce key health risk factors.

## Inequalities in health

- 2.7** Life expectancy in Wales is rising but good health is not evenly distributed across the population. Average life expectancy in some parts of Wales is 5 years less than in others and there are marked differences between different social groups. That is unacceptable. The term '*inequalities in health*' describes the difference in health between different communities or groups within the population and is measured typically by mortality (death rates) and morbidity (levels of illness).
- 2.8** The factors listed in paragraph 2.2, or more precisely, variations between them, are the root of ill health and inequalities. These factors often have a cumulative effect over people's lives. Good health is often taken for granted. The health of children and young people is particularly important because health in childhood is a predictor of health in adult life. Children and young people are our future workforce and, therefore, an investment in their health is an investment in the future economic and social well being of Wales.
- 2.9** Inequalities in health often start from childhood because some people face poorer economic circumstances and environments, and fewer opportunities. Poverty and deprivation disadvantage people. They affect health and well being which affect education and economic prospects, which in turn affect health. The risk of unhealthy lifestyles becoming permanent is greater for young people in such circumstances. Recognition of children as individuals who have rights and needs of their own is important, as are the specific needs of disadvantaged groups such as travellers, black and ethnic minority communities, and people with learning and other disabilities. Appendix 2 sets out, for information, the Assembly Government's core aims for activity for children and young people.

## Who is responsible?

- 2.10** Responsibility for health and well being does not rest with the Welsh Assembly Government or the NHS alone. Everyone needs to recognise that we all share responsibility for health and well being. This involves individuals and organisations,

including all arms of local authorities, public bodies, community and voluntary organisations, employers, and businesses. Local government has a major part to play given their community leadership role and the breadth and depth of their services. Voluntary organisations also have a major role to play in improving people's health and well being. The establishment of the Voluntary Sector Partnership Council puts the voluntary sector on an equal footing with local government and business in their partnership arrangements with the Assembly. Some individuals can, through their role, help others to improve their well being, for example: local councillors, community leaders, teachers, managers, and community workers to name but a few.

### 2.11 Broadly speaking, the shared responsibilities are:

- The Assembly and organisations in the public, private and voluntary sectors, including employers - for providing opportunities and services, and for creating the conditions to help people to safeguard and improve their health.
- Individuals - for their own health and that of their children.

### 2.12 It is more difficult for some people to improve their health due to their circumstances, which can be barriers to healthy living and which can override concerns about ill health that may catch up with them some years later. The effects of some diseases build up over people's lives and can lead some people to ignore the risks or to set them aside. Heart disease for example, leads to a gradual decline in health and quality of life over a long period. In order to do more to improve their health, people need greater awareness of health and to realise that action to improve physical and mental health can also help them to address other problems. This can help build momentum for change as it is clear that public pressure and support is vital for success in improving well being.<sup>11,12</sup>

### 2.13 The challenge of improving people's well being and of reducing health and other inequalities means that success is well beyond the achievement of single organisations working alone. Success hinges on effective partnership working and this is continuing to develop in Wales. All organisations and groups – local authorities, NHS Trusts, and Primary Health Care Teams and other NHS organisations, employers, national agencies, and community and voluntary organisations – can play their part by thinking 'outside the box' to consider the impact that their services and actions have, or could have, on improving people's well being. The proposals set out in this document describe action in which local and national organisations need to be engaged.

## Health and care services in a new light

- 2.14** Health, public health and social care services are essential elements of the more integrated approach to policymaking that is needed. Unfortunately, to many people, the terms 'health' and 'NHS' are still synonymous with 'ill health' and 'treatment', or 'hospitals'. Through no fault of their own, the NHS and social services tend to be regarded as a cost as opposed to an investment in developing a stronger, fairer and more prosperous country. This may be true for the costs of treating ill health that could be avoided, but overall the services constitute a major investment in our future. They look after the health of mothers-to-be and babies and help parents to bring up children - our future workforce and upon whom our economic prosperity rests. They contribute to the economy by helping to keep people in work, by helping them back to work and by helping people to live longer and to be independent in old age.
- 2.15** Health and care services are under immense pressure. Some of the pressure results from continuing innovation in drugs and treatment, which means that more can be done than before. Some of it stems from rising public expectations while some is the result of an ageing population. Medical admissions for those over 75 years of age have increased by 13% in the last 5 years with increasing lengths of stay in hospital.<sup>13</sup>
- 2.16** A substantial part of the services' work involves treating accidents and injuries, and the outcome of smoking, alcohol and drug abuse, and other risks that people take with their health. There is huge potential for reducing the risks. Not all ill health can be avoided, but a great deal can be prevented.
- 2.17** Health and care services tend to be taken for granted. The essential role they play usually comes to the fore only when they are needed personally, or by family or friends. The Assembly Government is committed to effective and efficient health and care services that not only treat problems but also help to avoid problems in the first place. More needs to be done to protect and improve health. That means helping people take greater care of their health so that they have better chances of economic independence and social opportunities.
- 2.18** Current developments will improve further the quality and effectiveness of health care services. They will strengthen family health services and extend the range of free services provided by the Assembly Government. They will ensure fairer and better access to hospital services and lead to even more effective joint working. NHS Trusts, Primary Health Care Teams and care services will, through these arrangements and through developments such as the *Primary Care Strategy*, expand their role in preventing ill health as part of wider community regeneration activities. The new Local Health Boards will mean more local decision making on health services. For them and

their partners, preventing disease and proactively helping people to improve their health is an equal priority alongside effective and efficient provision of health and care services.

- 2.19** Health and care services are major employers and purchasers of goods and services. They contribute directly to local and national economies and offer significant opportunities for Welsh businesses. Employment in health related activities now stands at just over 8% of Wales' total employed workforce. Over and above being a major part of this, the NHS is a major traffic generator, waste producer, and energy consumer<sup>14</sup> and therefore can make a major contribution to other policy objectives. This is part of our integrated approach.

## The words are different but the goal is the same

- 2.20** Many terms are used to describe public services and action. Take health for example. Common terms include '*public health*', '*health promotion*', '*health care*', '*social care*', and '*social services*'. Take this a stage further and in local government, '*environmental health*' and '*public protection*' are key roles, and for businesses, '*health and safety*' is an important requirement.
- 2.21** The terms are grounded in the organisations and people with the necessary expertise, and in strategies and plans that set out priorities for action. Unfortunately, it appears that this multiplicity of terms can cause confusion or can create artificial barriers to partnership working. In interpreting the terminology, there is a need to bear in mind that the ultimate goal – protecting and improving health - is the same.

## The way forward

- 2.22** If Wales is to prosper, a healthier population is not an option but a necessity. This message is gaining momentum but needs to be reinforced through a concerted effort across all policy areas. The following sections describe the 'win-win' opportunity that exists for health, public health and social care services to work with other policy areas. This includes increasing individuals' confidence and self-esteem as the basis for further development, helping people into jobs by addressing their immediate health and related problems, and by creating the right conditions for health.

**2.23** The Assembly Government's approach comprises five strands, each of which has its roots in internationally recognised best practice.<sup>15</sup>

- Ensuring that all public policies and programmes, not just health policies, contribute in some way to improving people's health and well being.
- Creating social and physical environments that encourage and support well being.
- Developing people's personal skills and knowledge so that they can take greater responsibility for health and make informed choices for their health and their children's health.
- Strengthening communities as a critical factor in improving people's well being.
- Ensuring health services are effective, efficient, and accessible to all, and have a stronger role in preventing illness and disease.

**2.24** Action needs to address factors that may be within the control of individuals such as some lifestyle choices and the risks they take with their health. It also needs to address factors that are beyond individuals' direct control, for example, social and economic factors. The Assembly Government's approach encompasses both. Action to promote healthy lifestyles is important but only as part of wider action to tackle people's social and economic circumstances and the conditions in which they live. For young people this is the essence of *Extending Entitlement*,<sup>16</sup> which reflects the Assembly Government's commitment to improving access to services and opportunities for all young people.

## Infrastructure and skills

**2.25** A sound infrastructure and effective planning is needed to support action. The National Public Health Service that is being developed as part of the restructuring of the NHS in Wales will have the expertise to support multi-disciplinary action that cuts across policy and organisational boundaries. This will extend from improving health to the consideration of potential threats to health. The new Wales Centre for Health will provide an independent source of advice and support on protecting and improving public health. The developments will help to develop further the evidence base and an evaluative culture, and will help to demonstrate a return on investment over time.

**2.26** Local Health Boards and local authorities will have a joint duty to produce health, social care and well being strategies in conjunction with others. This will help to drive forward the well being agenda. It will also ensure that action addresses the range of

health determinants and is coherent with, and contributes to, other mechanisms including, for example, Community Strategies and Unitary Development Plans. It provides an opportunity to further develop accountability and performance frameworks. The *Police Reform Bill*, which is in its final Parliamentary stages, means that Local Health Boards will be expected to make a full contribution to the formulation and implementation of the *Crime and Disorder Reduction Partnerships* statutory *Substance Misuse Strategy*. The use of tools such as health impact assessment can assist the process, as will the use of new developments such as the *Children's and Young People's Partnerships* which will offer a means of reaching key groups.

## Targets and indicators

- 2.27** The plan for the NHS in Wales included a commitment to review existing health targets, to establish new targets for the period 2002-2007 and to develop indicators of the determinants of health. An Expert Group has taken this work forward through a two-stage consultation process. It has reviewed progress against existing targets and examined the application of current and proposed targets at national and local levels. Following workshops held in different parts of Wales, a consultation document was published.<sup>17</sup>
- 2.28** The proposed framework comprises health outcome targets and indicators of inequalities in health, thus combining health improvement with the aim of narrowing the gap between communities with the best and worst levels of health. The proposed health outcome targets and the health inequality indicators will provide long-term measures of health improvement. They are linked to the Assembly Government's priorities of coronary heart disease, cancer, mental health, older people and children and young people. Shorter-term measures will distinguish between social factors which affect health directly (such as income and education), individual risk factors which are influenced by social determinants and which have a direct impact on health (such as smoking), and service-related factors (such as access to health care). These determinants of health indicators will be selected and monitored in parallel with the new health gain targets. A published document is expected at the end of March 2003.

## Welsh language

- 2.29** The Assembly Government is committed to improving the provision of services through the medium of Welsh, and ensuring that the specific care needs and experiences of Welsh speakers are adequately reflected in general activities such as drafting strategies



and collecting information about patients' experiences. In its recent policy statement on the Welsh language, *Dyfodol Dwyieithog: A Bilingual Future (2002)*, the Assembly Government noted the importance of being able to deliver services in the service users' language of choice in areas such as health and social care, and would work with service delivery organisations to help them achieve this aim. In 2002, NHS Wales formed an All Wales Task Group for Welsh Language Services to provide greater impetus towards a bilingual service, and ensure that users can receive their services in their preferred language.

## This document

**2.30** The following sections cover, in turn, each of the Assembly Government's policy areas. Each section describes the links to health and well being, illustrates the impacts using available evidence, and provides examples of progress made towards integrated policies and programmes. Each section concludes with two themes. First, proposals for action in other policy areas that can contribute to health and well being, which will involve organisations and groups from the public, private and voluntary sectors. Second, what the NHS and social care organisations will be asked to do to contribute to the achievements of the objectives of other policy areas.

### 3. Spreading prosperity

**3.1** Poor health is recognised as a barrier to economic development but perhaps not to the extent that it should be. A healthy population is crucial to reducing poverty and to sustainable economic development and growth. People's health and well being is the basis for job productivity and longer life, which means more years of earning power, consumption and leisure. Giving people opportunities and helping them to realise their potential is the key to this. The economics literature on the value of life has a very strong and consistent conclusion – an extra year of healthy life is worth considerably more to the national economy than the extra income that that individual will earn in that year.<sup>18</sup>

#### What are the links?

**3.2** Ill health is linked to the economy in several ways and the economic costs of ill health are considerable:

- Disadvantage and deprivation damage people's health and well being, which affects their economic prospects, which in turn affects their health and well being.
- Avoidable ill health incurs a loss of income and skills and experience to the economy and to individuals, and soaks up resources that could be used more productively.
- An estimated 100,000 people in Wales suffer from work-related illness.<sup>19</sup> Some 1.1 million days of work are lost annually,<sup>20</sup> costing employers in Wales about £500 million.
- Absenteeism from work reduces employers' productivity and competitiveness.<sup>21</sup>


**3.3** Musculo-skeletal disorders – sprain, strain and overuse problems affecting the body's muscles and joints – are the most common form of work-related ill health. Stress is the second most common. Poor mental health and well being can impede economic development through lost production when people are unable to work, or through reduced productivity from people who are unable to function effectively.<sup>22</sup>

**3.4** Helping more people into jobs to bring down the levels of economic inactivity is a key objective of *A Winning Wales* – the Assembly Government's national economic development strategy. The Welsh economy is under-performing. Gross Domestic Product (GDP) per person is just over 80% of the UK average. One of the main reasons for this is the relatively low number of people of working age who are available to the labour market. Wales' economic inactivity rate of just under 26% is significantly higher than the UK average of 21%.

- 3.5** Long term sickness accounts for the majority of the economically inactive people in Wales. Inactivity is particularly concentrated in the upper South Wales valleys where, in some areas, more than a quarter of the population of working age are receiving incapacity benefit. This is the highest level outside areas in Liverpool and inner London. While most health indicators have shown marked improvements over the past 30 years, the proportion reporting as long-term sick has increased over the same period. While health appears to be the principle barrier, this may be a symptom of underlying social and economic issues.

## What are the main impacts?

- 3.6** Broadly speaking, people in work are healthier than people who are unemployed. A job provides income, which helps counter poverty. It gives structure to the day, a sense of purpose, and interaction with others which counters isolation. Some jobs involve physical activity which protects against, for example, diabetes and heart disease, while some jobs also involve greater risk of injury than others. Labour market changes in past decades have impacted on both.
- 3.7** There is a direct link between ill health, life expectancy and long periods of unemployment. Increases in unemployment rates can be measured by elevated death rates 10-15 years later.<sup>23</sup> Unemployed people experience higher overall death rates<sup>24</sup> including suicide<sup>25</sup> and higher rates of physical and mental ill health.<sup>26</sup> People with health problems are more likely to lose their jobs. Unemployment can increase the impact of health problems which in turn, can decrease the chances of future work.
- 3.8** Unemployment and economic inactivity can lead to depression, anxiety, loss of opportunity and social contact, social stigma, financial worries and loss of a sense of self-worth. Reduced income also affects people's diet, which is a significant influence on health, and their home environment.<sup>27</sup> Redundancy has a negative impact on health with some evidence of a 20% increase in illness between the times when jobs are secure to the time when job losses are imminent or when they occur.<sup>28</sup> There is a knock-on effect on families, particularly women, and the children and spouses of unemployed people experience more ill health than those of employed people.
- 3.9** A lack of job security may cause stress, which contributes to work-related illness and sickness absence. It has been shown to increase anxiety and depression, self-reported ill health, and risk factors for heart disease.<sup>29,30,31</sup>

- 
- 3.10** Help for people to balance work with their care responsibilities for children or other dependants also helps to reduce stress and is therefore good for mental health and well being.
  - 3.11** Job quality and working practices also affect health. The more control people have over their work the better. Lower job-control is associated with absenteeism rates 30% higher than those who have greater control.<sup>32</sup> Low control and lack of opportunities to use skills are associated with low-back pain and increased risk of heart disease. Improved communications in organisations and more support for employees can help to increase their sense of control, which is a positive influence on overall health.<sup>33</sup>
  - 3.12** Several studies have indicated a relationship between shift working and heart disease. Digestive problems are considered to be the most adverse consequence of shift working but education, a healthy diet and regular exercise can help overcome this.<sup>34</sup> Although of greater significance for some jobs, more attention given to hazards and safety at work is essential to avoid accidents and injuries and to reduce the incidence of work-related ill health.<sup>35</sup> Action to improve the management of workplace absence is also required. Safe workplaces and healthy employees contribute to competitiveness and productivity<sup>36,37</sup> but there is more to do in order to raise awareness and to bring home the benefits to employers and employees alike.
  - 3.13** Over a third of those who are economically inactive have no qualifications and would have difficulty commanding a living wage in the local workforce as there are fewer openings for those without qualifications. Most of those who become inactive do so after becoming unemployed and there is a strong role for action to help people to retain employment or to help them back into employment.
  - 3.14** Sixty per cent of employees who are off work due to illness for more than 5 weeks do not return to work, and 80% of people moving on to incapacity benefit never return to work. Much of this is preventable through early intervention by occupational health services, rehabilitation and through links with local health services. The UK Government has recognised the advantages of a single organisation to service people of working age who are claiming a wide range of benefits. From April 2002, *Jobcentre Plus* – the merger of the Employment Service and the Benefits Agency – will offer work-focused interviews to people claiming incapacity benefits for the first time in order to help them to return to the labour market instead of slipping into economic inactivity. Claiming Incapacity Benefit suggests that many people are suffering ill health to such an extent that they may never work again. However, with appropriate advice and support, many people can and should be able to re-enter the labour market.

## Demonstrating an integrated approach

- 3.15** Tackling economic inactivity and helping more people into work is a major theme of *A Winning Wales* and its sister document *The Skills and Employment Action Plan*. It is also a central thrust of the European Structural Funds programmes. The aim is to achieve a more prosperous Welsh economy that is dynamic, inclusive and sustainable. Action to encourage and support business growth and development, to support individuals and help to create strong communities will help to tackle the underlying social, economic and environmental factors that result in inequalities in health between different parts of the population. Action to improve the health of employees through the Assembly Government's *Corporate Health Standard* is an integral feature of *A Winning Wales*.
- 3.16** The *Skills and Employment Action Plan*, derived from the Assembly Government's overall strategy for training and education entitled *The Learning Country*, includes *New Deal* pilot projects delivered by *Jobcentre Plus* to help people overcome drug abuse, and action to network employment organisations and health services. *New Deal* offers tailored, practical help and support to improve job prospects and is founded on partnership action. Action by Careers Wales is addressing barriers to progression such as issues of confidence and self-esteem. *The Learning Country* will also lead to policy development for 14-19 year olds while guidance on *Extending Entitlement* sets out the Assembly Government's commitment to improving access to services and opportunities for all young people across policy areas. Action to help people to overcome health related barriers to training and work is also part of the *Objective 1* programme which itself has a strong multi-agency approach.
- 3.17** The Assembly Government is working with the Health and Safety Executive to reduce levels of work-related sickness and to rehabilitate people back to work by improving access to occupational health services.
- 3.18** At the UK level, government action is helping to address low income through, for example, the *Working Families Tax Credit*, increasing income support for families and working in partnership to increase the take up of the *Minimum Income Guarantee* for pensioners, and through the *National Minimum Wage*.

## Action

- 3.19** To spread prosperity and to improve health and reduce inequalities in health, the Assembly Government will:



- Improve arrangements for helping people with health problems or disabilities to remain in, or return to, employment by establishing better connections between health professionals and *Jobcentre Plus*, the National Council for Education and Training for Wales, Careers Wales and other organisations.
- Work with Local Health Boards to develop projects that engage GPs and other members of Primary Health Care Teams in initiatives that help people back to work.
- Work with trade unions and employers on programmes that bring together employers and health services.
- Work with the Health and Safety Executive to reach the UK targets for improving health and safety in the workplace.
- Expand the *Corporate Health Standard* to help employers in disadvantaged areas to review working practices and to improve the health and well being of their employees.
- Ask all public sector organisations to achieve the *Corporate Health Standard* as a means of improving health and reducing sickness levels.
- Improve occupational health capacity in Wales by re-instating occupational health training in conjunction with the University of Wales College of Medicine.
- A 3-year programme to reduce the incidence of work-related musculo-skeletal disorders in Wales, and to raise public awareness of how to look after your back.
- Explore opportunities with the Economic Research Advisory Panel for further research into the economic impact(s) of health policies and the wider economic impact(s) of health services expenditure.

**3.20** We will ask the NHS and social care services to contribute to economic objectives by:

- Developing the talents and the skills of their employees as part of the broader, all-sectors effort to raise skills and qualification levels in Wales.
- Establishing better connections with the National Council for Education and Training for Wales and providers of education and training.



- Working with other agencies to promote jobs - for example, by encouraging participation in the *New Deal* and other initiatives aimed at helping unemployed people into work - to people who are disadvantaged in the labour market. Particular emphasis will be placed on identifying opportunities for those living in the *Communities First* areas.
- Subject to value for money requirements, using their purchasing power to contribute to local economies by sourcing goods and services locally where possible.
- The NHS continuing to work with the Welsh Development Agency and its *Source Wales* programme - a supplier sourcing and development initiative - to highlight the purchasing opportunities for businesses in Wales presented by the NHS.
- Encouraging business innovation through scientific and technological collaboration between the NHS, higher education and Welsh businesses and involvement in spin-off ventures.

## 4. Lifelong learning as a cornerstone of well being

- 4.1 The two cornerstones for people to realise their potential and to contribute to national prosperity are health and education. Economic growth requires healthy individuals educated<sup>38</sup> through a lifelong learning approach that extends beyond education in schools to formal and informal learning throughout life, at home, in the workplace, and in the community.

### What are the links?

- 4.2 There are strong links between people's health and education and lifelong learning. The main ones are:
- Educational attainment, which affects employment and thus earnings potential.
  - Schools, as a key means of helping children to maintain or improve their health and well being.
  - The capacity to grow intellectually, physically and emotionally which shapes attitudes to, and personal behaviours on, many things including health.
  - Lack of basic literacy and numeracy skills as a barrier to understanding and taking on board information on health.
  - Skills and knowledge gained through formal education, work, training, adult and community education, and through community and voluntary activities, and leisure interests.
- 4.3 Education and lifelong learning policies, and the providers that deliver them, are not only important channels to reach people with information on health and well being and to help them develop the skills they need to make informed choices for the future. They can also convey positive health messages through the provision of supportive environments and services. Schools are recognised as an important means of reducing inequalities in health by addressing issues such as smoking, healthy eating and physical activity. Learning for a healthy life needs to start at the earliest possible age and needs to continue throughout life. *The Learning Country* sets out the Assembly Government's overall strategy for education and lifelong learning in Wales. It provides the essential framework of requirements amplified in the *Basic Skills Strategy*, the *Skills and Employment Action Plan*, the strategy for higher education and in the activities of sponsored bodies such as the National Council for Education and Training for Wales.

## What are the main impacts?

- 4.4** Formal and informal education, training, and other learning opportunities, for example, through voluntary work, have a positive impact on health. Good health and well being helps educational attainment which in turn is an influence on people's health. They increase the prospects of employment, career progression and earning capacity. Greater personal knowledge and skills can help people adopt healthier lifestyles and can also enable them to make more informed use of health services. Tailored assistance aimed at reducing exclusion can help individuals to overcome health issues such as lifestyle factors, that pose barriers to employment and training.
- 4.5** People's general knowledge of how to stay healthy and of specific issues such as smoking, physical activity, food hygiene and healthy eating, alcohol and drug misuse, and sexual health can help them to make informed choices at all ages. Skills such as problem solving, decision making and communications skills contribute to self-esteem and mental health and well being by enabling people to cope throughout life.
- 4.6** Training increases an individual's capacity to adapt to, respond to, and control life's challenges and changes.<sup>39</sup> This means that a person is better able to influence and exert some control over the circumstances in which they live. There is a correlation between basic skills needs and depression. Learning has been linked to better physical health, people feeling less ill, managing pain more effectively and feeling less tired.<sup>40</sup> This might also be expected to have spin-off benefits for other family members as parent's skills and knowledge is fundamentally important to help children to develop intellectually, physically and emotionally.
- 4.7** Childhood and adolescence are critical periods of intellectual and physical development during which lifelong social and health skills are acquired. Young people's ability to make decisions about their behaviours is greatest when they can influence their own environment.<sup>41</sup> Bullying and other pressures can have negative effects on well being, hence the importance of prevention strategies and help for young people to develop their coping skills. Some young people, such as those who are looked after by local authorities, may need particular attention if they are to realise their full potential.
- 4.8** Understanding gained through advice and guidance services and through informal learning in the community can also benefit health. Time spent with individuals helps them feel listened to and valued. By being helped to work through issues, people feel in more control of their lives, which is a positive step towards well being.
- 4.9** Learning programmes can help reduce the barriers that prevent participation in learning and which damage self-esteem. The barriers include the inability to pay for

courses, lack of child care, insensitive publicity, intimidating environments, inconvenient times and the manner in which learning is delivered.<sup>42</sup> Such action can help individuals to think through their personal circumstances and raise their self-esteem. Poor self-esteem has been reported as one of the biggest barriers to making changes in one's life. Increasing a person's self-esteem helps them to take greater responsibility for their health, to adopt healthier lifestyles and provides a platform for further personal development and participation in learning and labour market activities.

- 4.10** Nutrition is a priority for young and old alike. There is a lack of cooking skills and knowledge. This is one factor behind poor diet which effects health and the ability to ward off disease and illness. A lack of knowledge of the part played by diet in health is also unhelpful when faced with the overwhelming commercial pressures which promote unhealthy diets.<sup>43</sup> Learning can help develop well-informed consumers who can influence food and drink choices. Learning programmes are needed in family and community settings, in schools and through community education, while professional education programmes can cover caterers, health care providers and others.

## Demonstrating an integrated approach

- 4.11** The *National Basic Skills Strategy for Wales* recognises the impact of a lack of basic skills on people's quality of life and aims to reduce significantly the numbers of people in Wales that struggle with reading and writing and figure work. The *Nutrition Strategy for Wales* will cover issues such as food production, and education and community developments and therefore will cut across policy areas.
- 4.12** The National Council for Education and Training for Wales' corporate strategy includes a focus on the part learning can play in ensuring equal opportunities and social inclusion, both of which affect health and well being, and on understanding and promoting the contribution that lifelong learning can make. Provision will take into account people's lifestyles, and participation in learning can itself be an important influence on lifestyle. It can be facilitated by the *Learning Communities* approach which is, like health, a core component of *Communities First* and can help to reach isolated groups, the inactive and disaffected young men. The *BeWEHL* project, part of the *Sustainable Health Action Research Programme (SHARP)*, is exploring the extent to which adult learning is impacting on health and well being of socially excluded women. And from September 2002, new means-tested *Assembly Learning Grants* are being made available to higher education students and to further education students aged 18 and over, to help people on low incomes to access learning in Wales.

- 4.13 *The Narrowing the Gap* project has set out to identify the factors which contribute to the gap in performance between schools, particularly those in prosperous and deprived areas, and to identify the key factors which contribute to consistently good performance so that best practice can be shared. The *Welsh Network of Healthy School Schemes*, which currently involves more than 300 schools, harnesses the potential of schools to improve the health of young people as an integral part of their education and personal development. Also for young people, *Extending Entitlement* combines themes such as tailored education, training and work experience with health and other factors that affect health. Nutritional standards for school meals have been reintroduced.

## Action

- 4.14 To encourage lifelong learning and to improve health and reduce inequalities in health, the Assembly Government will:
- Ensure that targeted education and learning is delivered through a national nutrition strategy so that consumers of all ages are well informed and can make choices that are good for health.
  - Develop learning activities in disadvantaged communities, as part of a national nutrition strategy to provide the skills and knowledge required for a good diet.
  - Extend the *Welsh Network of Healthy Schools Schemes* and support the development of healthy colleges and lifelong learning environments.
  - Ensure that a statutory *Children's Partnership and Young People's Partnership* is established in each local authority area.
  - Consult on the development of policy for 14-19 year olds.
  - Explore the idea of *Learning Centres* in hospitals so that patients and their families can understand more about their illness and how to manage their treatment effectively.
  - Extend smoking prevention and cessation initiatives for young people.
  - Develop further action to reduce teenage pregnancy as part of the sexual health strategy and joint services to help teenage mothers to continue their education.

**4.15** We will ask the NHS and social care services to contribute to education and lifelong learning objectives by:

- Promoting personal development and lifelong learning for staff, helping them to increase their qualifications and skills, through training and development.
- Increasing staff awareness of learning strategies as a means of helping people to improve their health and their use of services.
- Supporting community action to raise people's self-esteem, which can help to widen participation in formal and informal education.
- Consider the provision of young people's clinics associated with new-build schools.

## 5. Strengthening communities


- 5.1 Communities are where many of the conditions for health – or ill health – are created and therefore, the development of effective community-led action is a critical success factor.

### What are the links?

- 5.2 The community affects people's health and well being in several ways:
- Levels of poverty and income, which are associated with higher death rates,<sup>44,45</sup> poorer physical health<sup>46</sup> and poorer mental health.
  - A home is a factor that can affect people's health, particularly the condition of housing and, in terms of independent living, its design.
  - The availability of, and access to, shops and public recreation, leisure and other services, particularly health, care and welfare services.
  - The support available from family, friends or neighbours, or from other support mechanisms, such as voluntary organisations and interest groups.
  - The degree of isolation felt by individuals and their involvement with others, which may relate to a lack of social links or practical transport difficulties.
  - Safety and security, including people's perceptions of crime as well as actual crime, cultural factors, and accidents and injuries at home or leisure.

### What are the main impacts?

- 5.3 Friendship, good social relations and strong community support are good for health, particularly for vulnerable groups such as older people and children. They help to reduce depression and anxiety, and help people cope with illness.<sup>47</sup> Research has claimed that a lack of social support can increase the chances of death from heart disease by up to 4 times.<sup>48</sup>
- 5.4 Strong communities can influence lifestyles in a number of ways. They can help to increase access to local services and amenities, provide individuals with sources of mutual respect, provide a channel for disseminating information and can help to influence behaviours that can damage people's health. For those involved in community activities, personal benefits include skills and a sense of purpose.

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- 5.5** Poverty is an important factor in poor health, particularly for children and for their subsequent health as adults. Parental poverty has been said to start a chain of risk starting in childhood with reduced readiness for, and acceptance, of school, and leading on to poor behaviour and attainment in school.<sup>49</sup> This increases risks of unemployment or low status, low-control jobs in adult life. Poverty has a major impact on people's nutrition and diet. Although important to everyone, it is particularly important for mothers to be and children.
- 5.6** Lifestyles can be an additional cause of hardship for some families. For example, smoking can drain a relatively high proportion of net disposable income, while drug abuse also links to crime, which impacts not only on the health and well being of the individual but on that of others in the community as well.
- 5.7** Accidents and injuries - at home and during social and leisure activities - place a huge demand on health services. Each year, about 1,100 people in Wales die as a result of an injury. Road traffic accidents, falls by the elderly and suicide are three of the major causes. Many injury-related deaths occur early in life and, over and above the personal impacts, many years of life and economic input are lost.<sup>50</sup>
- 5.8** Home safety measures, preventive education and advice on parenting have helped but have not eliminated the wide social differences in accident and injury rates across all age groups. Children from deprived areas have 5 times the death rate from injury than those from the most affluent areas. Pedestrian injuries and assaults in all age groups are of concern, and burns and scalds are significantly higher in socially deprived areas. Domestic violence impacts on the health and well being of individuals and families, and on health and social services.
- 5.9** People living in the most deprived areas in Wales are 5 times more likely to suffer a fire related injury than those in the most affluent areas. In 2000, there were more than 3,000 domestic fires in Wales. Only 44% were in properties with fire detection equipment such as smoke detectors, but in a quarter of those properties, it was not working.
- 5.10** There is a strong correlation between poor health and high levels of crime and poverty. Crime has both direct and indirect effects on health. The health of individuals is affected directly through violence, injury and other offences. People are also affected indirectly through the physical and psychological consequences of injury, victimisation and the isolation that can result from the fear of crime. Crime reduces the effectiveness of health services through violence against staff, damage to property and the costs of replacements, and the cost of security. These, and alcohol-related crime, dangerous driving and drug dependency are all preventable health burdens.<sup>51</sup> Providing timely



access to substance misuse treatment services will help people lead drug free lives and, in case of offenders, crime free lives.

- 5.11** Not all children have families to look after them. Some are in the care of local authorities and are severely disadvantaged. Research shows that this group of young people is among the most socially excluded. Their welfare is one of the Assembly Government's priorities. There is clear evidence that children looked after away from their homes have greater health needs than their peers and yet are least likely to receive adequate care, including mental health care and monitoring.
- 5.12** Homeless people suffer from numerous health problems, including poor mental health with chronic illness rates 2-3 times those of the general population. Homeless families living in cramped conditions suffer higher rates of illness including respiratory and gastrointestinal illnesses and mental illness related to stress. Children are more susceptible to poor eating and higher rate of accidents and infectious disease through sharing facilities with other families.
- 5.13** Life's events, for example, transition from childhood to adolescence, school to work, marriage, parenthood, retirement, can have an influence on health and well being and people's ability to cope, and the support and services they can access is important.<sup>52</sup> Mental health and well being is a critical factor but the emphasis needs to move away from purely a mental illness and disease approach and the notion of mental health services to one that makes the links between good mental health and the quality of life of individuals and communities.<sup>53,54</sup>
- 5.14** For action on both physical and mental health, projects that are integrated with work already underway in the community are more likely to reach the target group than those that are not linked with existing services. Programmes that build on existing health and other services are more effective than one-off programmes.<sup>55</sup>

## Demonstrating an integrated approach

- 5.15** Health is one of the core components of *Communities First*, the Assembly Government's flagship regeneration programme. The *Primary Care Strategy* and programmes such as the *Inequalities in Health Fund* are helping to develop the health component of *Communities First*. *Promoting health and well being*, the Assembly Government's national health promotion strategy and action plan, has a community focus on smoking, healthy eating, physical activity and sexual health issues, and on help for specific groups such as older people. For example, the *Community Food Initiative* is supporting a variety of projects including breakfast clubs and fruit tuck shops for

children, community cafes, food growing schemes and initiatives focusing on teaching cooking skills.

- 5.16** Health features in the national housing strategy *Better Homes for People in Wales* and fuel poverty strategy and specific programmes such as the *New Home Energy Efficiency Scheme* and *Care and Repair* recognise the part they play in improving people's health, safety and well being. The *Rapid Response Adaptations Programme* is a new Welsh Assembly Government initiative introduced in accordance with the national housing strategy. It will aim to ensure that older and disabled people who are to be discharged from hospital have a safe home to which to return. It also has a significant role in preventing hospital admissions by addressing problems of homes that are no longer safe or appropriate for older and disabled people. The housing research programme is supporting two new projects that address housing, health and care issues, while a programme of action to prevent accidents and injuries caused by fire is also underway. A *Community Food Initiative* has been developed to improve nutrition in disadvantaged areas.
- 5.17** The *Keep Well this Winter* campaign involves organisations from several sectors in combined action to look after the health of older people, to improve their safety and security and to prevent accidents and injuries. Action targeted at the needs of older people will be enhanced as a result of the national strategy for older people, in which health features prominently. Pilot projects to deliver advice on welfare benefits through doctor's surgeries are being piloted while on a broader note, the health, social care and well being strategies being developed as part of new arrangements for the NHS in Wales will reinforce the importance of action at the community level and the involvement of communities in the planning of action and services.

## Action

- 5.18** To strengthen communities and to improve health and reduce inequalities in health, the Assembly Government will:
- Reinforce its integrated approach by working across policy areas and by continuing to develop the health component of *Communities First*.
  - Examine the scope to bend existing funding and support programmes towards crime and community safety, jobs and business, education and training, the environment, health and well being, and engaging communities as a means of achieving greater integration of action through *Communities First*.



- Review NHS strategies and programmes – including *National Service Frameworks* - to ensure that they reflect crosscutting issues and other policy areas that impact on health.
- Ensure that the new Local Health Boards adopt a proactive approach so that action to promote health and to prevent disease and ill health sits alongside effective and efficient health services as an equal priority.
- Monitor the development and implementation of local health, social care and well being strategies and facilitate the sharing of innovation and best practice.
- Establish integrated centres in all local authority areas to improve the life chances and opportunities for infants, children and young people.
- Ask all community projects funded by the Assembly to consider the contribution they make, or could make, to improving people's health and well being.
- Develop and implement a programme of equity training grants and advocacy grants.
- Extend people's access to services to help them to stop smoking
- Enhance the *Community Food Initiative* as part of a national nutrition strategy in line with recommendations from the review of the current scheme.
- Further develop integrated funding approaches through the unified grant 'Cymorth' the children and youth support fund.
- Improve health surveillance systems including the system for accidents and injuries.
- Consider recommendations of the *Working Group on Domestic Violence and Violence against Women in Wales* for all-Wales initiatives to help reduce domestic violence.
- Work with the Police through *Crime and Disorder Reduction Partnerships* to stifle the availability of illegal drugs especially heroin and crack cocaine.
- Extending programmes of action to improve the health of older people and of disadvantaged groups.

**5.19** We will ask the NHS and social care services to contribute to community regeneration objectives by:

- Making communities a key focus of health, social care and well being strategies and ensuring that the strategies dovetail effectively with Community Strategies.
- Reaching out to local people to discuss the needs of communities and the services that would help them to improve their health and well being.
- Being proactive in engaging with *Communities First, Objective 1* projects and other action, so that action on health is built in as an integral part of wider community regeneration activities.
- Ensuring that specialist skills, expertise and support is available to local communities and to organisations working with communities.
- Develop their role within the community by providing jobs and opportunities for people who are unemployed or economically inactive to get back into work.

## 6. Transport

6.1 Transport is a fundamental part of everyday life and affects health in several ways.

### What are the links?

6.2 The main links between transport and people's health and well being are:

- The access that transport provides to jobs, education and learning opportunities, shops, leisure, health and other services.
- Road traffic accidents and injuries.
- The increasingly sedentary lifestyle that car ownership has triggered and the effect that has on risks of heart disease.
- The role of transport policies in encouraging cycling and walking.
- Exposure to air pollutants generated by traffic, and noise in some cases.


### What are the main impacts?

6.3 Transport has positive and negative effects on health. It enables people with cars or with access to good public transport to benefit from services, work and leisure opportunities, but accidents bring a high toll of death and injury. They impact disproportionately on children, elderly people and women.

6.4 Pollutants from vehicles can reduce air quality. In high levels, they may contribute to asthma, other respiratory conditions and increased rates of illness. Noise from traffic can be a nuisance for some people, affecting mental health and heart disease while busy traffic routes can sever communities.

6.5 In 2000, 168 people were killed on Welsh roads and 13,974 injured. The costs are estimated at £1.26 million per fatality, £146,890 per serious injury and £14,540 per slight injury.<sup>56</sup> Most collisions happen in built up areas. Reducing collisions can save money and reduce pressure on health and care services.

6.6 The risk of casualties increases with traffic volume, and high density of kerb parking. Streets with less traffic - speed and volume - have better quality of life. The occurrence of child pedestrian casualties is strongly linked to social deprivation.

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- 6.7** International evidence suggests that the use of local and variable speed limits can lead to a 30% reduction in collisions, resulting in reduction in severe injuries and speed in residential areas. A 25% reduction in deaths is estimated when average speed is reduced by 5 km/hour. Speed cameras and highly visible random breath testing can contribute to reductions. Other evidence suggests that transport and land use policies, environmental and engineering measures to redistribute or slow down traffic are effective in reducing child pedestrian and cyclist injuries.<sup>57</sup> The involvement of parents, and discussion and demonstration activities with children on road safety are more effective than lecturing.
- 6.8** Public transport improvements will benefit people's health, particularly those living in disadvantaged and isolated areas, by improving access to employment and training opportunities, shops, health and other services, and by reducing isolation. Feedback from young people suggests that transport is particularly important in this respect, for example, the availability of public transport may affect participation in out of school hours activities such as school clubs. Public transport can also encourage people to take more exercise by walking to their boarding point and to their destination from where they alight. Public and non-motorised transport offers opportunities for regular physical activity integrated into daily life at minimal cost for large segments of the population.
- 6.9** Regular sustained physical activity – including cycling and walking – can bring about a 50% reduction in risks of coronary heart disease, diabetes, and obesity, a 30% reduction in hypertension and anxiety. Physical activity also helps to prevent falls among elderly people.<sup>58</sup> Walking is most beneficial to older people and young and middle aged adults.

## Demonstrating an integrated approach

- 6.10** The *Transport Framework for Wales* recognises that the need for transport improvements is often driven by other strategies. Health is mentioned in this context. Over and above action to improve people's access to public transport, reducing traffic noise and improving air quality, it includes targets to reduce road accidents and injuries and the development of a strategy to increase the amount of walking and cycling by people for all or part of their journey. The provision of free bus transport for people of retirement age is a major contribution to well being by improving access to services and countering the effects of poverty, and reducing isolation. Contributing to health and well being is a key feature of the *Safe Routes to School* initiative while the *Welsh Network of Healthy Schools Schemes* provides the opportunity to address road safety as an integrated part of a whole school approach.

## Action

6.11 To improve health and to reduce inequalities in health, the Assembly Government will:

- Publish a *Road Safety Strategy for Wales* to improve the safety of road users.
- Develop public and community transport for isolated communities.
- Take action to encourage people to build exercise into their daily travelling.

6.12 We will ask the NHS and social care services to contribute to transport objectives by:

- Preparing travel plans to promote the use of public transport, walking and cycling.
- Reducing congestion and pollution from the cars of patients, visitors and staff.
- Using cleaner energy technologies, for example, liquid petroleum gas and emission control devices, for the transport used by the services.

## 7. The environment

- 7.1 Both the natural and the built environments are relevant to people's health and well being.

### What are the links?

- 7.2 Over and above the broader longer-term effects of climate change, the main links between the environment and people's health and well being are:
- The impact of environmental pollution on people's health and the benefits of the natural environment for leisure and recreation.
  - The design of the built environment, and housing, business and industry, retail, and leisure developments, all of which can affect people's health and well being.
  - A home and its condition.
  - Small-scale environmental renovation projects – gardens for example – developed in communities or around existing premises.

### What are the main impacts?

- 7.3 Over and above global environment issues, the main impacts relate to the local environments. Environments damaged by air, water and soil pollution may pose risks for people's health. The natural environment provides opportunities for recreational and leisure pursuits and as the basis for the tourism industry in some areas, is a source of jobs and income which indirectly benefit people's health and well being.
- 7.4 Although developments such as unleaded petrol and catalytic converters have had some benefits, motor vehicles are the main sources of air pollution.<sup>59</sup> Air pollution, including passive smoking causes chronic bronchitis in adults, bronchitis in children and asthma attacks. There is an association between respiratory disease and proximity to busy roads and those travelled by high numbers of heavy vehicles.
- 7.5 Poor housing conditions such as damp, mould and cold can cause respiratory problems, higher rates of asthma, chronic sickness and disability and affect the physical, social and emotional development of children. Low income households with no paid workers including unemployed, retired and single parents are the most




vulnerable. Housing renewal can benefit health and can reduce anxiety and depression, and improve people's self-esteem. It can also reduce fear of crime and increase the perceived friendliness of an area.<sup>60</sup> Any negative short-term effects on people's mental health and well being while renewal is taking place can be minimised by involving them in the decision-making process.<sup>61</sup>

- 7.6** The association between housing and health is well recognised but other aspects of the built environment are also important, as are the health needs of people without permanent homes. Adequate health and welfare services, public transport, shopping and recreational facilities and effective control of pollution and noise are essential for a healthy home environment. Access to safe play space is important for children and their parents, and street design and lighting influence the risk of crime and more importantly the fear of crime.
- 7.7** Good urban design encourages social contact and contributes to mental health and well being. The built environment includes issues of design and planning, noise, smell, air and water quality, physical appearance/view and outlook. People are more likely to take up physical activity such as cycling and walking if activities are easy to access, and take place in pleasant and safe environments. Fear of accidents and street violence, and congested roads, are barriers<sup>62</sup> as are broken pavements, traffic fumes and pollution, bad weather, and the risk of bike theft.
- 7.8** Small-scale environmental projects such as gardens and greenhouses can have a therapeutic value for people in health and care establishments while at the same time providing learning on environmental issues. They can also provide the basis for health-related community development activities such as fruit and vegetable production.
- 7.9** Wales produces too much waste and recycles too little, and concerns exist on the possible health effects of sites where waste is buried. The NHS alone produces 7,000 tons of clinical waste, some 14,000 tons of other waste and huge quantities of materials that could be recycled.

## Demonstrating an integrated approach

- 7.10** The *Wales Waste Strategy* recognises the importance of health and requires those developing plans to consider the potential impacts on people's health. *Planning Policy Wales* includes health as a relevant factor although the scope to strengthen this has been identified.

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- 7.11** NHS organisations are working to improve energy performance of the NHS. This includes a target of 15% reduction in primary energy consumption between 2000 and 2010 and improved performance for new buildings. A pilot study is being undertaken by Gwent NHS Trust and the Carbon Trust with the aim of producing a generic set of energy saving initiatives that can be applied to NHS properties throughout Wales.

## Action

- 7.12** To improve health and to reduce inequalities in health, the Assembly Government will:

- Improve the way people's health is taken into account as part of planning policy and planning decision making.
- Raise awareness of the risk to health of passive smoking, particularly in relation to the effects on children.

- 7.13** We will ask the NHS and social care services to contribute to environmental objectives by:

- More effective waste management strategies including action to reduce the amount of waste generated, to recycle waste, and to ensure safe processes for removing hazardous waste.
- Greater use of recycled products.
- Introducing energy efficiency measures and reviewing these periodically as new technologies are developed, including transport.
- Good building design and procurement practice.
- Promoting sustainable development and sharing good practice to promote the take up of new ideas.

## 8. Agriculture and rural affairs

- 8.1 The agricultural sector and rural areas more generally have been subject to severe pressures and considerable change in recent years. Health and well being is a theme that cuts across both, and some of the issues covered earlier as part of the theme of strengthening communities are also relevant to rural areas.

### What are the links?

- 8.2 The main links between agriculture and rural affairs and well being are:
- Food production and food safety.
  - Health and safety of farmers, their families and others working in agricultural and rural areas.
  - Poverty and deprivation in some areas, and difficulties in accessing services.
  - The countryside as a source of leisure and recreation activity.

### What are the main impacts?

- 8.3 The employment factors summarised in Section 3 are also relevant to the agriculture sector and to rural areas more generally, as is access to services, which is considered in several parts of this document. However, the operation of equipment and machinery and the use of chemicals pose specific risks for the health of people and their families. Economic pressures and animal diseases such as BSE and foot and mouth disease have had major impacts on farmers and a knock-on effect on the lives of those living and working in rural areas.
- 8.4 The impact on people's mental health and well being that stem from the above combination of pressures is recognised as having an impact on the mental health and well being of people in rural areas. Suicide among the farming community alone is a significant cause of premature death, with 17 incidences in 1999.
- 8.5 Food production is a key economic issue for farmers but in terms of nutrition and diet, it is also critical to good health for the population and their ability to avoid infection and disease. Diet is an important influence on health. A good diet is important at all ages but particularly for children and older people. There are marked variations in diet across the population and these variations mirror the incidence of heart disease.<sup>63</sup> Consumption of fruit and vegetables is relatively low particularly in deprived communities.
- 8.6 Poverty is one cause of poor diets but others include, in some communities, a lack of access to retailers that carry a wide variety of healthy and affordable foods. People on low incomes spend a higher percentage of their income on food and many of the cheap high calorie foods available are also high in fat and sugar.

## Demonstrating an integrated approach

- 8.7 *Farming for the Future* report recognised the pressures on people in rural areas and the impact these pressures could have on their mental health and well being through stress. A *Rural Stress Helpline* was established as part of the *Community Advice and Listening Line* network run by health authorities. The report also highlighted the need to explore how food-related studies in schools could be enhanced. In 2001, the Welsh Assembly Government implemented the free milk scheme for all Key Stage 1 pupils at school in Wales.
- 8.8 It is estimated that half the population of Wales regularly visit the countryside. Initiatives such as *Walking the Way to Health Scheme*, promoted by the Countryside Council for Wales and the British Heart Foundation, help to maximise the benefits of countryside recreation to people's health and well being.

## Action

- 8.9 To improve health and to reduce inequalities in health, the Assembly Government will:
- Improve the availability of fresh and affordable fruit and vegetables to disadvantaged and isolated communities by bringing them together with farmers and food suppliers.
  - Consider the need for further action following the report of the health impact assessment on the effects on mental health and well being of foot and mouth disease.
  - Work with farming organisations and others to promote effective health and safety practice.
- 8.10 We will ask the NHS and social care services to contribute to rural affairs objectives by:
- Involving farmers on projects that aim to increase the consumption of fruit and vegetables in disadvantaged communities thus contributing to farm business and food marketing initiatives.
  - Subject to value for money requirements, using their purchasing power to contribute to local economies by sourcing goods and services locally where possible.
  - The NHS continuing to work with the Welsh Development Agency and its *Source Wales* programme - a supplier sourcing and development initiative - to highlight the purchasing opportunities for businesses in Wales presented by the NHS.

## 9. Culture, sport and active lifestyles

- 9.1 Culture, in particular arts, and sport, have many positive benefits for people's well being and, as part of that, their health, but might not be immediately recognised for this. Physical activity and all forms of exercise are particularly important to people's health and well being at all ages but particularly so for children and young people.

### What are the links?

- 9.2 Arts, culture, sport, and an active lifestyle more generally, are connected to people's health and well being in a number of ways:
- Exercise through sport and physical activity as part of daily life and through, arts and cultural activities such as dance.
  - Sporting interests as a source of social interaction, so helping to prevent social isolation which damages mental health and well being.
  - Performing and visual arts as a means of influencing people on health and health-related issues.
  - Benefits to people's mental health and well being through participation in arts activities, and the use of arts in occupational health therapy.
  - Arts as a means of improving the way people feel about the environments in which they live and public buildings including health and care establishments.
  - The knowledge and information provided through libraries and museums, which contribute to learning and development, and mental stimulation.
  - The ways in which people's cultural outlook affects their access to, and use of, public services, including health, social care and other services such as leisure.

### What are the main impacts?

- 9.3 Arts and cultural activities provide education and interests that contribute to a sense of well being. This, and involvement in arts, represents gentle exercise of the mind and are therefore good for health and well being. There is some evidence to suggest that participation in arts projects can help raise people's self-esteem, which is a building block for people to take greater control of their health. This can influence the

take-up of health messages and the adoption of healthier lifestyles – and people's use of social and cultural facilities which, in countering isolation, is good for health.<sup>64</sup>

- 9.4 The arts – through drama for example – can be a medium through which health messages and learning on health can be transferred. Arts can also be used therapeutically, providing opportunities for learning often in a communal setting which helps to prevent isolation. Cultural and arts activities as part of direct patient care have given positive results as regards the health of patients. The healing and rehabilitation potential of arts and cultural activities is thought by some to be undervalued.<sup>65</sup>
- 9.5 Arts and cultural activities bring people together and help to counter isolation. They are also one route to personal development of people for all ages. There is some evidence to suggest that the use of arts can make clinical environments more acceptable and welcoming to patients, particularly children.<sup>66</sup>
- 9.6 Providing health and social services that are culturally and linguistically sensitive can make a significant contribution to well being. However, the Welsh Consumer Council report, *Welsh in the Health Services* (2000), emphasised that there is a lack of services available through the medium of Welsh and highlighted the need for greater sensitivity towards the care needs of Welsh-speaking patients.
- 9.7 Inactivity and an increasingly sedentary lifestyle, particularly in children and young people, make a significant contribution to the burden of disease in Wales and need to be addressed. Participation in various forms of sport at all levels and for people of all ages and abilities is important for health and well being. However, all forms of physical activity, including regular gentle exercise, can benefit both physical and mental health and well being.
- 9.8 Although sport can be a source of accidents and injuries including dental injuries, the risks can be reduced by the use of, for example, mouth guards. Depending on the sport, other protective equipment is important to accident and injury prevention. Overall, the balance is by far towards all types of sport being a major contributor to good health, both mentally and physically. Sport also provides a pastime and interest to many people, which is also good for mental health and well being.
- 9.9 As well as the environmental barriers highlighted above, barriers to access to sport can also include time and access to facilities. Cost appears to be a deterrent but mainly in the sense of reducing the frequency of participation rather than stopping people from participating at all. Promotion of physical activity needs to extend beyond sport to encompass activities that require a lower financial outlay and are accessible to more



people and promote greater levels of activity. This could include greater availability of footpaths and cycle paths to encourage people to take up moderate forms of regular exercise.

## Demonstrating an integrated approach

**9.10** The Arts Council for Wales' strategy promotes the benefits of the arts so that artists and arts organisations have a valid contribution to make to Wales and in its widest sense, this includes action that contributes to people's health. As highlighted in paragraph 2.29, the Assembly Government is committed to improving the provision of services through the medium of Welsh. The Assembly Government is working in partnership with the Welsh Language Board and other organisations to address the shortcomings in the NHS with regard to Welsh language provision. In 2002, NHS Wales formed an *All Wales Task Group* for Welsh Language Services to provide greater impetus towards a bilingual service. The *NHS Plan for Wales* recognised the need for health services to meet the needs of local people and for them to be delivered in culturally appropriate ways. The *Inequalities in Health Fund* is supporting action to improve access to health services for people from black and ethnic minority communities. The *Sustainable Health Action Research Programme* includes research into the needs of similar communities and into effective action to improve health.

**9.11** The *Physical Education and School Sport Task Force* report provides a platform for the improvement of standards in school physical education and the provision of sport and activity in all schools. This is complemented by the work of a Task Force on healthy and active lifestyles which brought together the Sports Council for Wales and other key agencies to examine what should be done to increase levels of physical activity in Wales. The Transport Strategy included measures to promote cycling and walking for short journeys and the availability of footpaths and cycle paths, and initiatives such as the *Safe Routes to School* initiative are also relevant.

## Action

- 9.12** To improve health and to reduce inequalities in health, the Assembly Government will:
- Launch a new small grants scheme, targeted at disadvantaged areas, to promote increased physical activity.
  - Encourage more physical activity in primary schools by, for example, increasing the number of schools in disadvantaged areas with playground markings.



- Work to change people's attitudes towards physical activity and to raise awareness of how exercise can be built into everyday life.
- Publish a play policy.

**9.13** We will ask the NHS and social care services to contribute to arts, culture and sports objectives by:

- Developing the use of art for patients for therapeutic purposes and as a means of enhancing building interiors.
- Using drama groups as part of education and community development activities to transfer knowledge on health and related subjects.
- Promoting arts and culture and associated facilities to their staff.
- Encouraging staff to learn the Welsh language.
- Considering sports and physical activity projects as a means of promoting health and well being as part of wider community regeneration action, over and above the use of exercise for rehabilitation purposes.

## Appendix 1

### Consultation questions

Written comments are invited from organisations and groups, and from members of the public. The following is offered by way of a structure for responses and will aid the analysis. The final question allows open comment on any aspect of *Well Being in Wales* or issues relevant to its approach.

1. To what extent do you agree with the approach, which recognises that action needs to cut across policy areas and which seeks to ensure that different policies and programmes add value to each other?
2. How can all organisations and groups be encouraged to do more to help people to improve their well being?
3. What can be done to encourage more partnership between organisations?
4. How can people be encouraged to take greater responsibility and to do more to maintain or improve their health?
5. What else could to be done in each of the following policy areas?
  - a. Economic development
  - b. Training and education
  - c. Communities
  - d. Transport
  - e. Environment
  - f. Agriculture and rural affairs
  - g. Culture and sport
6. What else needs to be taken into account to improve people's well being and to reduce inequalities?
7. What other points would you like to make in relation to this document, the approach or issues relevant to it?

Full information on the consultation, including contact details and closing date for comments, are set out in paragraphs 1.15 – 1.17.

## Appendix 2

### Welsh Assembly Government's core aims for all activity for children and young people


The Assembly Government's strategy for Children and Young People – Framework for Partnership, is founded on *UN Convention on the Rights of the Child*. *Local Children's and Young People's Partnerships* have been asked to draw up *Early Entitlement* and *Extending Entitlement Plans* covering all services that impact on children and young people. The Assembly Government has identified the following core aims for all of its activity for children and young people:

- Ensure that all children have a flying start in life and the best possible basis for their future growth and development.
- Ensure that all children and young people have access to a comprehensive range of education, training and learning opportunities, including acquisition of essential personal and social skills.
- Ensure that all children and young people enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation.
- Ensure that all children and young people have access to play, leisure, sporting and cultural activities.
- Ensure that all children and young people are listened to, treated with respect, and are able to have their race and cultural identity recognised.
- Ensure provision of a safe home and a community that supports physical and emotional wellbeing.
- Ensure that all children and young people are not disadvantaged by child poverty.

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