

THE SOUTH WALES VALLEYS

IMPROVING HEALTH AND WELL BEING AND REDUCING INEQUALITIES IN HEALTH

1. Background

1.1 The relatively poor state of health in Wales is well documented. Although overall levels of health have improved in past years, the gap in health status between the most deprived and the least deprived communities has widened.

1.2 Evidence of the existence of inequalities in health was brought to the fore by the independent Acheson report (1998). This acknowledged that factors influencing inequalities in health extend across policy areas and highlighted poverty and perceptions of well being as key issues.

2. Influences on health and well being and inequalities

2.1 Factors which affect health and well being are complex and not always within the direct control of the individual. The main factors, which are interrelated and interdependent, are:

- Biological and genetic, including gender and race
- Social and economic
- Environmental
- Individual lifestyles
- Availability of, and access to, health services in relation to need

2.2 Factors which influence health and which are amenable to change include poverty, deprivation, social class, poor housing, unemployment, availability of social support mechanisms, and educational attainment. Individuals' behaviours and lifestyles – which are often linked to individuals' socio-economic circumstances - can also be improved; for example, stopping smoking, increasing exercise and physical activity, and improving diet can all contribute to improved health and well being. Encouraging healthy lifestyles is important but only as part of wider action to address

the social and economic factors which affects people's health.

2.3 Factors which influence health and which cannot be changed include gender, race, and genetic factors. However, issues related to some of these factors – for example, accessibility to services, the responsiveness of services, and other barriers which sometimes gives rise to direct or indirect discrimination – can be addressed and pose a challenge to all organisations.

3. Improving health and well being and reducing inequalities

3.1 Almost all health indicators confirm the relationship between the prevalence of ill health and poor social and economic circumstances. This relationship means that action to reduce inequalities cannot be done in isolation. It needs to be viewed within and as an integrated part of targeted economic development and community regeneration.

3.2 *Better Health Better Wales*, and now *Better Wales*, provide the strategic base for continued progress. *Better Wales*, the Assembly's strategic plan, has three major themes - sustainable development, anti-poverty and equal opportunities. Better health and well being is one of the strategy's five priorities. The action set out under this priority - together with action to strengthen the economy, improve learning and quality of life – will help to reduce inequalities and improve health and well being in Wales.

3.3 The relationship between health and socio-economic circumstances works both ways. More jobs and better jobs arising from economic growth and regeneration will lead to improvements in health. However, poor health and well being and problems stemming from certain behaviours and lifestyles may prevent some individuals from participating in labour market activity and from taking advantage of increased job opportunities and training programmes. Likewise, the productivity and competitiveness of businesses in Wales may be reduced by absences that are the result of preventable sickness and ill health.

3.4 Unless considered and addressed as an integral part of future social and economic development programmes, poor health and well being and inequalities in health will act as a brake on, or barrier to, economic regeneration. People's health and well being, particularly in our most deprived communities, is fundamental to economic growth and regeneration as people underpin the wealth creation process.

4. Strategic action

4.1 Most policies and programmes are geared to action across Wales. The need to improve health and well being and to reduce inequalities in health is not limited to the South Wales Valleys.

4.2 At the strategic level, Health Improvement Programmes are the main vehicle for delivering health improvement and improved health services. These three to five year plans are co-ordinated by health authorities working in close partnership with NHS Trusts, local government, the voluntary and independent sector, businesses, communities, and others. They include a comprehensive profile of health needs with a particular emphasis on inequalities among specific groups and specific areas, a framework for considering proposals to tackle inequalities and root causes of ill health, and action to promote health and independence. Plans also include a service strategy that underpins the health improvement agenda.

4.3 Complementary to Health Improvement Plans is the national strategy to promote health and well being. This has been the subject of a consultation exercise. The strategy document emphasises the importance of partnership and a community-focused approach to improving health and to reducing inequalities in health. It provides direction and a framework for organisations in the public, private and voluntary sectors to consider how they can contribute to a co-ordinated and sustained effort to promote health and well being.

4.4 For the South Wales Valleys, the European Structural Funds Objective 1 programme is a major opportunity to address strategically the broad range of social, economic and environmental issues which impact on health and well being and, as part of this, direct action to improve people's health and well being. However, success will hinge on a coherent and co-ordinated approach by the Assembly and all partners and potential partners in the public, private and voluntary sectors. Health and well being features within the Single Programming Document which sets out the priorities for the programme but the main challenge is now to translate this into high quality integrated programmes of action.

4.5 Action which will be crucial to future success as part of implementing strategies include:

- **Partnership and collaboration** - Local Health Alliances led by local authorities are designed to ensure effective partnerships exist to address the social and economic determinants of health. Alliances have already been established in Merthyr, Caerphilly and Torfaen and are in the process of being established in other areas.
- **Research** – action to increase understanding of the relationships between health and health inequalities and wider social and economic factors and our ability to measure the effects. It also includes the identification of effective action to improve health and well being in communities and the Sustainable Health Action Research Programme, which has been the

subject of a recent bidding exercise, will address this point.

- **Health impact assessment** will help to ensure that health and well being is taken into account in policy and programme development. The Assembly is committed to the use of health impact assessment across all policy areas and a development programme is underway to facilitate this. The use of health impact assessment within the Objective 1 programme will be particularly important.
- **Fairer allocation of resources** – is a theme running through much of the research on inequalities. Action is in hand to have in place a fairer formula for both health services and local government

5. Action in the South Wales Valleys

5.1 Action specific to the South Wales Valleys is limited to one pilot project. That said, the participation of Valleys communities in Wales-wide action can be identified for a number of programmes and projects.

- *Health at Work* – a three-year pilot project specific to the Merthyr Tydfil and Cynon Valley areas. The project, which is part of Bro Taf Health Authority's *Healthy Hearts* initiative, aims to reduce the risk of employees in 40 small businesses of developing cardiovascular disease.
- Investment for health – Caerphilly County Borough Council is piloting the World Health Organisation's *Verona Initiative*. This seeks to benchmark local investment for health. Similar work is planned with Bro Taf Health Authority and with the City and County of Swansea.
- *The Class Moves* – new materials to promote exercise for primary stage children are being trialled in 6 schools in the South Wales Valleys.
- *The Smokefree Class Competition* – 5,000 pupils from secondary schools in the South Wales Valleys have taken part in this year's project which aims to prevent young people from starting to smoke. A class from Afon Taf School from Merthyr Tydfil was the winner of a subsidiary competition for the best school smoking project and will represent Wales at a young people's conference in Berlin.

5.2 An action plan for the South Wales Valleys is provided overleaf. This should be seen as complementary to, and an integral part of, Wales-wide strategies and action

to improve health and well being and to reduce inequalities in health.

IMPROVING HEALTH AND WELL BEING

ACTION PLAN FOR THE SOUTH WALES VALLEYS

<u>PRIORITIES</u>	<u>RESULTS BY MARCH 2003</u>	<u>DELIVERY AGENT(S)</u>
Reducing inequalities in health		
1. Strategy to promote health and well being	<ul style="list-style-type: none">• Extensive involvement by organisations, groups and communities in action and programmes	<ul style="list-style-type: none">• All organisations and groups in the public, private and voluntary sectors
2. Establish Local Health Alliances		<ul style="list-style-type: none">• Local authorities
3. All policies and programmes to be subject to the use of health impact assessment	<ul style="list-style-type: none">◦ Health impact assessment to be incorporated into organisations' planning and decision making processes	<ul style="list-style-type: none">• Assembly• Health authorities• Local authorities

- Health impact assessment utilised within Objective 1 programme development and management processes
- Welsh European Funding Office (WEFO)
- Assembly

4. Increase number of healthy schools schemes

- Local authorities
- Health authorities
- Schools

5. Corporate Standard for Health

- All health authorities covering Valleys area to achieve by March 2002
- All NHS Trusts covering Valleys area to achieve by December 2002
- All local authorities in Valleys area to achieve by December 2002
- Health authorities
- NHS Trusts
- Local authorities
- Assembly

6. Sustainable Health Action Research Programme (SHARP)