

Improving Health

Department of Health and Social Services, Office of the Chief Medical Officer and Office of the Chief Nursing Officer

6.23 Improving health in Wales is a strategic priority for the Assembly Government. We have made progress and there are now 7,300 more nurses and 450 more consultants working for the NHS than in 1997. Improvements have been made in hospital waiting times, and the prescription charge has been reduced to £3 from April 1st 2006, and we are on course to abolish them altogether by 2007. Capital investment in the Health Service is being trebled and 7 new community hospitals are on their way. We have invested nearly £10m to provide free swimming in local authority pools for children and young people and for older people aged 60 and over. Free Swimming is our largest health intervention initiative and the first national initiative of its kind in Europe. ^[Para 57]

Current data

- 6.24 There is substantial variation in the levels of health, and levels of ill health remain relatively high. The 2001 Census for England and Wales^[12] asked about people's general health: seven of the nine worst scoring authority areas were in Wales and the percentage of people saying that their health was 'not good' was in excess of the English average in every Welsh local authority area. Inequalities in health between different groups need to be seen against this background.
- 6.25 Key statistics from the most recent Welsh Health Survey (October 2004-September 2005)^[17] indicate that 23% of adults reported being treated for either a heart condition, high blood pressure or both, 14% reported being treated for a respiratory illness and 12% for back pain. Limiting long-term illness was reported for 27% of adults and 4% of children, as would be anticipated, this increases with age. The percentage of adults who reported long-term limiting illness was 11% in the age range 16-44, 33% within the range 45-64 and 54% in the age range 65+. These results were broadly the same for both male and female respondents.
- 6.26 In terms of health service usage, 17% of adults reported talking to a GP about their own health in the past fortnight and 19% reported being outpatients at a hospital during the three months prior to the survey taking place. When asked questions about their lifestyle, 28% of adults said that they currently smoked. The proportion of smokers in the population decreases with age with 33% of adults in the age range 16-44 being smokers, 28% in the age range 45-64 and 15% aged 65+. There were slightly more male than female smokers in each age range.

Our response

- 6.27 The Inequalities in Health Fund (IiHF)^[65] was established in 2001. There are currently 62 live projects across Wales's most disadvantaged communities, and projects cover most Communities First areas. The IiHF^[65] was recommended by the Townsend Report 'Targeting Poor Health'^[66] in order to improve access to services and reduce inequalities. Projects are focusing on coronary heart disease and are providing access to a range of services and activities for people with heart disease or considered to be at risk.
- 6.28 The core principle of the Fund/projects is that they are helping to tackle inequalities in services and access to advice on healthy lifestyles. Some projects are delivering improvements by health screening delivered in primary care or community settings for hard to reach groups. Others are engaging in setting up disease registers and others in referrals for lifestyle advice. There are four projects focussing on minority ethnic communities, one project which focuses on gypsy travellers, and other projects include activities geared towards children and/or adults considered at risk of chronic heart disease.
- 6.29 All of these projects are providing evidence that they are making a positive difference to individuals and helping to tackle inequalities e.g. access to services or advice previously not available. Examples include:
- Providing screening and assessment services in areas where they did not exist before.
 - Helping people to lose weight through advice on diet and exercise and improving people's health and well being.
 - The minority ethnic projects have succeeded in developing gender specific exercise classes and in tailoring advice about health and well-being in a culturally sensitive way.

Individual projects collect data on outcomes and independent evaluation is on-going. A position report 'Inequalities in Health Fund – Making a Difference' published February 06 provides further examples of some outcomes to date. In addition to this data, quarterly monitoring returns have added a question to record uptake by people with a disability.

- 6.30 We are actively seeking to redress the balance in health outcomes for people living in areas of poverty and deprivation and the link with the Communities First Programme ensures that health inequalities are tackled in areas where poverty and deprivation are highest. The recent equality audit identified the Inequalities in Health Fund^[65] as providing an excellent portfolio of good practice and raising the profile health inequality. It also praised the specific actions relating to diverse groups, such as our guidance for parents from minority ethnic backgrounds.

Equality Training and Advocacy Grants

6.31 A number of specifically tailored activities were undertaken to improve services for minority groups. Through our Equity Training and Advocacy Grants, a total of 25 projects were funded to address inequalities in access to health care and to develop advocacy for better health within different organisations. There are a number of actions specific to the target group, examples include:

- Multi-professional cultural diversity training;
- Training addressing health needs of asylum seekers and the gypsy & traveller population;
- Provision of Somali interpreters for antenatal drop-in clinics and Maternity Arabic Advocacy Service.

Training and practical input has promoted cultural competence by increasing awareness regarding the needs of minority ethnic groups and has provided means to identify ways to overcome cultural and linguistic barriers.

Guidance on health services for minority groups

6.32 We have developed Service Development & Commissioning Guidance for Selected Minority Groups. The guidance covers healthcare access for four selected minority groups:

- Gypsies & Travellers
- Asylum Seekers & Refugees
- Homeless
- Minority Ethnic Communities

The guidance contains key actions and examples of best practice with a maturity matrix to assist organisations focus actions to address the following issues:

- Access to Primary Care (including issues regarding information)
- Lack of involvement in planning and development of services
- Culturally alien services
- Discrimination

The guidance has been produced and disseminated at regional workshops in July, however it is currently too early to measure the impact which this has made.

Case Study - Health Challenge Wales Grant Scheme^[67]

The aim of the scheme is to develop the capacity and capability of national voluntary organisations in Wales by working in partnership with the Welsh Assembly Government in promoting health and well-being. Due to the nature of the grant scheme most recipients work with disadvantaged groups thus addressing inequalities.

The grant scheme is still running and each initiative has put evaluation plans in place. Progress reports received so far, indicate that in the main, the projects are producing successful outcomes. There are currently 19 organisations receiving funding. Examples include:

MEWN Cymru is using the grant to fund an ethnic minority women's health project. They are delivering training to health professionals about the issues faced by minority ethnic groups. They are also delivering health information sessions directly to the women. The project has established credibility in the field and health organisations are requesting the training. Trust has also been built up with minority ethnic women and MEWN Cymru has been able to get across important health messages.

Other examples include: Innovate Trust who have a project for people with learning disabilities informing them of the importance of keeping active and looking after their health and well-being and the National Federation of Women's Institutes is working with disadvantaged young people teaching them how to cook inexpensive healthy meals. This course has proved successful and requests are being received to extend the course to older clients. The Terrence Higgins Trust receives support for the Wales HIV Network project.

Case Study - Free prescriptions

The abolition of prescription charges was a manifesto commitment to ensure equal access to medication for all in Wales.

The policy is being introduced by a series of staged reductions in prescription charges. On 1 April 2005 the charge was reduced again in Wales to £4 per item as oppose to £6.50 in England with pre-payment certificates also proportionately reduced to £57.46 (£93.20 in England).

From 1 April 2006 the prescription charge will be reduced again to £3 (£6.65 in England) with pre-payment certificates reduced to £43.09 (£95.30 in England). Entitlement cards will also be introduced from 1 August 2006 to ensure that those living in Wales who are registered with GPs in England will benefit from the lower Welsh charge.

Complete abolition of charges in Wales will take place on 1 April 2007.

Smoking cessation

- 6.33 Our Service Level Agreement with the National Public Health Service (NPHS)^[68] for smoking cessation services in Wales highlights the need to target clients from socially disadvantaged groups. The NPHS^[68] has been requested to pay particular attention to pregnant smokers and smokers from manual socio-economic groups to tackle inequalities in health and reduce social exclusion.

Strategy for Older People

- 6.34 The aims and objectives of our Strategy for Older People^[69] are set in a context of equality. The Strategy makes clear that in addressing the implications of an ageing population, we must take full account of equality of opportunity for all. As part of the Strategy for Older People in Wales, the Assembly Government commissioned a Research Project looking at the specific needs of Black and Minority Ethnic elders.
- 6.35 The research project was undertaken by Salford University following a competitive tendering exercise. A total of 677 older people (aged 50 and over) from a broad range of the BME communities across Wales were interviewed. Following this exercise, 5 focus groups with a selection of the interviewees considered the issues that arose from the interviews in more depth. A total of 43 older people were involved in the group discussions, with participants from a range of BME communities.
- 6.36 It identified the needs of BME elders and made recommendations for service provision and policy. The work was completed in March 2006. The report is currently out for consultation until December 2006, and recommendations will be forwarded to Ministers following the completion of the consultation phase. Under the Strategy, we have also undertaken a Literature Review/Scoping Study on researching the needs of Lesbian Gay, Bi-sexual and Trans-gender older people. Funding from the Strategy has also been utilised by Age Concern Cymru to establish networks for organisations concerned with the interests of BME and LGBT older people in Wales.

National Service Framework for Children, Young People and Maternity Services in Wales

- 6.37 The National Service Framework (NSF)^[70] is our 10-year strategy, which will have a strong influence on the health & well being of children and young people through setting national standards. It contains key actions to improve equality of access to services, equal opportunities and inequalities of health. It identifies a specific focus on disabled children and children in special circumstances, and also places a strong emphasis on the need for social inclusion. A web based self-

assessment audit tool (SAAT) has been developed, for local partnerships to use in determining progress in implementing NSF actions. Progress on implementation of the standards will be monitored and evaluated at both local and national levels.

Mental health services

- 6.38 A Race Equality Action Plan for Adult Mental Health Services^[71] in Wales has been developed. The Action Plan^[71] contains a series of key actions for local health and social care organisations to deliver in order to provide equitable, accessible and appropriate mental health services (inpatient and community) for people from minority ethnic backgrounds. The Action Plan^[71] will be issued across Welsh NHS Trusts, Local Health Boards and the relevant Local Authority Departments (i.e. Community Mental Health Teams) in September 2006. The recent Equality Audit has acknowledged the real progress made with regard to mental health services in Wales in terms of good practice and the use of data.

Case Study - Expert Patients Programme (EPP) Wales

The Expert Patients Programme is a course for people living with long term conditions and has helped people change their lives for the better. The course is currently available in 10 languages, Braille, audio and an online system is under development. The following is the view of a course participant, volunteer tutor and now an Expert Patients Programme (EPP) member of staff:

“Since childhood I have lived with Diabetes and Asthma. There were often difficult times when I felt very unwell and unable to play a part in day to day activities. It hit me quite hard when at the age of eighteen my illnesses prevented me from going to University to study law, this was something that I had always wanted to do.

Sometime later when my health began to improve, I decided to find a job. It was a real shock to me when an employment adviser said that ' I would be lucky to get a job' and proceeded to give information about benefits that I was entitled to. It felt as if I had been labelled 'unemployable' and 'disabled', something that I had never considered. This experience led to a downward spiral and I became very depressed. Over the years I found living with depression very difficult, it robbed me of my personality, joy and self worth and made me feel very vulnerable.

About two years ago just at the time when my confidence was at rock bottom, I heard about the Expert Patients Programme (EPP) Wales, and decided to train to become a volunteer tutor. I found the course very empowering. It helped me to understand that feelings of helplessness and frustration with my illnesses were quite normal. The course gave me an opportunity to learn new skills to manage my symptoms, which helped me to move on and to minimise the impact of my long-term health condition on my daily life.

As a volunteer tutor I have really enjoyed delivering EPP courses within the local community. The opportunity to connect with people living with many different health conditions continues to be of immense value. I have learned that whatever long-term health condition/s a person is living with, that the challenges are the same, e.g. dealing with pain, fear, uncertainty, anger, eating healthily, taking regular exercise and planning for the future. Being able to express my feelings in a supportive environment of a course has enabled me to gain confidence, energy, humour and sense of peace. Furthermore the self -management skills that I have learned have for me become a way of life. I have learned the art of setting realistic goals and to control how I respond to these.

Whilst attending a course the tutor gave me a contact to seek help with finding work. It was good to have advice and support about how to apply for a job and to prepare for an interview. I am now 39 years of age and have just completed my first ever year of employment. Being in a job which I enjoy means so much, has made a real difference to my life”.

