

CONTENTS

[Foreword](#)

[1. Setting Out a New Approach](#)

[2. The Legacy of Ill-Health](#)

[3. Sustainable Health and Well-Being](#)

[4. Healthy Lifestyle](#)

[5. Healthy Environment](#)

[6. Partnerships for Health](#)

[7. Measuring Progress](#)

[8. Investing in the Future](#)

[Glossary and Technical Terms](#)

[Sources](#)

[Questionnaire: Your Views on Improving Health and Well-Being](#)

[Previous](#)

[Next](#)

Prepared 14 May 1998

FOREWORD

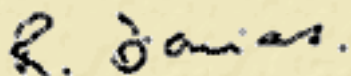
Our election manifesto and the work we have made a priority in Government, make plain our commitment to improving health in Wales. Our vision is to improve the health and well-being of people in Wales through strategies which promote and protect health, reduce inequalities in health and inequities in access to health services, and provide effective and efficient health services.

We recognise that there are special circumstances in Wales which have generated wide variations in health experience from one community to another. The evidence of growing inequalities in Wales is stark and must be addressed with decisive action which has both an immediate and long term perspective.

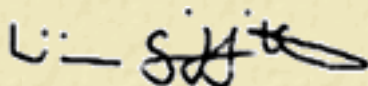
Health is influenced by a complex interaction of lifestyle and environmental factors which must be taken into account if real improvement is to be achieved. This is a long term challenge, which will involve collaboration across public services, voluntary and private sectors, and communities.

We have much to build upon, and many sectors are already planning action based on new government policies, which will contribute to health improvements - such as those which address social exclusion, economic development and environmental controls. The NHS in Wales is being restructured in order to enable it to be more responsive to local needs, in particular through the creation of Local Health Groups (LHG) with commissioning responsibilities for primary as well as community and hospital-based services, and strengthened requirements for co-operation with Local Authorities and other organisations.

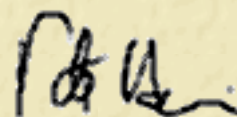
We recognise that more must be done to bring the levels of health in Wales to match those of the best in Europe. We invite individuals, community representatives, local government, industry and voluntary groups to respond to the new opportunities to think creatively and join new partnerships for better health.



Ron Davies
Secretary of State
for Wales



Win Griffiths
Parliamentary Secretary
Welsh Office



Peter Hain
Parliamentary Secretary
Welsh Office

[Previous](#)[Next](#)

1. SETTING OUT A NEW APPROACH

This chapter sets out aims for sustainable health through collaborative action.

1.1. The Government wishes to tackle the underlying causes of ill-health through a new approach which recognises and addresses the factors which impact on health. We are pledged to improve the health and well-being of the people of Wales. *Better Health - Better Wales* sets out the basis of our new approach and seeks views on how this can be taken forward.

1.2. This paper proposes a broad range of areas where new and concerted action could make a significant difference to health and well-being. This has drawn on advice from both the Welsh Office and a wide range of key organisations in the public and voluntary sectors. The purpose of this consultation is to engage everyone in the debate about the best ways to improve people's health. We hope that individuals, community leaders, employers and those responsible for services will respond. Those responses will inform the development of an Action Plan which will be published in Autumn 1998.

Aims

1.3. This next stage is of crucial importance to enable the formulation of collaborative policies which will contribute to:

- setting a strategy for national, regional and local action which will be taken forward by the National Assembly for Wales;
- preventing disease and substantially improving the health and well-being of people in Wales;
- bringing the level of those with the poorest health up to the level of those with the best health;
- improving the health and well-being of children;
- encouraging individual responsibility for health;
- improving the health and safety of people at work;

by:

- ensuring that health impact is a consideration on everyone's agenda in policy development and implementation;

- using new forms of collaboration to achieve better results and better value for money;
- directing efforts at local level to ensure health and social care decisions are taken together by local representatives, professionals and administrators;
- making better information on health at local levels available to the public and others to inform healthy choices;
- directing research programmes to address the links between poor health and other factors which contribute to health and well-being in Wales.

1.4. The values under-pinning this new approach are:

fairness - everybody should have access to treatment and services according to their needs - health and well-being should not depend on where you live;

effectiveness - health policy should be based on the most up-to-date information and practice in order to prevent disease and promote health;

efficiency - the public, private and voluntary sectors should use their resources to achieve best value for money to reduce avoidable ill-health;

responsiveness - individuals should have access to the information they need to make informed choices about health and social care;

integration - inter-agency collaboration through shared decision-making should improve the health and well-being of individuals and communities;

accountability - each organisation should be accountable for its responsibilities for health and well-being;

flexibility - management systems must be flexible enough to respond to local circumstances and needs while also enabling private, public and other organisations to deliver health improvements.

Health and well-being

1.5. Good health may not be possible at every stage in our lives. There will be times when we are more vulnerable, perhaps in the early years of life, or as older people. We cannot always avoid ill-health or disability. However, we can aim for **well-being**, that is to live life as fully as we choose. When we are ill, we may need access to health and social care services. The Welsh Office recently set out its proposals for services in the new NHS in Wales in *Putting Patients First* (January 1998).[cm](#)

Sustainable health

1.6. A cornerstone of our new approach is to put in place new partnerships and real collaboration

aimed at **sustainable health and well-being**. At the local level, each of the determinants of health affected by public policy - environment, employment, housing, access to leisure, health and social care, education and other services - should be considered together rather than as separate policies, taking into account their potential impact on health.

1.7. One way of achieving this would be the introduction of **health impact assessment**. For example, housing developments could be designed to take account of community safety requirements. New industrial estates and economic development should not jeopardise a clean environment. Tourism should be planned to minimise nuisance, stress and hazards from increased traffic, noise and litter. Damaged and contaminated environments should be reclaimed in ways which take account of safe maintenance.

1.8. These and other objectives are encompassed with the Government's promotion of, and commitment to, **sustainable development**. The Government's consultation paper *Opportunities for change (1998)*^{at} seeks views from all sectors in preparation for a UK Sustainable Development Strategy to be published by the end of 1998. The paper identifies that sustainable development is about ensuring a better quality of life now and for generations to come. The Government's vision of sustainable development is based around four key objectives:

- social progress which recognises the needs of everyone;
- effective protection of the environment;
- prudent use of natural resources; and
- maintenance of high and stable levels of economic growth and employment.

1.9. At a local level **Local Agenda 21** (see Glossary) strategies provide a focus for application and delivery of sustainable development. These are starting to involve local people in improving and maintaining the environmental, social and economic fabric of communities; the sustainable health of communities should also be taken into account. Our aim is to ensure that all policies contribute to health and well-being, and avoid harm.

Integrated Working and Collaborative Investment

1.10. *Better Health - Better Wales* sets out a new approach to preventing disease and promoting health and well-being through working together. It appears easy in principle but has proved difficult to achieve in practice. Everyone has a part to play - individuals, communities, business, public and voluntary services. In order to do this, it will be necessary to bring about changes in our approach to many social and economic issues which affect health.

1.11. A key part of the strategy will be based on collaborative investment between voluntary agencies, local government and the NHS. Integrated working already occurs at many levels, but not uniformly across public services. To ensure the aims of the new strategy are met, the Government is proposing a new duty of collaboration on both Local Authorities and on health bodies. There must be agreed responsibilities and accountabilities for promoting improvements in health. This means that agencies should agree, and monitor together, how their separate functions

should support the health and well-being of individuals and communities.

1.12. Employers at all levels, including the NHS and local government, will be encouraged to promote healthy workplaces. A shared understanding of what can be done to reduce health inequalities, backed by research and improved training and education will be essential to making improvements.

Informed Choices

1.13. At the same time, information should be readily available to enable individuals and families to make informed choices about their health. Health promotion work should be further developed in schools and colleges to ensure that young people understand lifestyle choices and their health consequences. Local Authorities, Health Authorities, voluntary organisations and other agencies should ensure that local communities are informed and consulted on developments which might impact on their health.

1.14. The Welsh Office proposes to build on existing sources of information about health status and related issues through a comprehensive **Health of Wales Information System (HOWIS)**. In addition to providing valuable information for planning and developing services, it will also provide the means to link data related to health, illness and health services, and to improve the range of information available to individuals and communities.

Sustainable Health Action Research Programme

1.15. The key to reducing illness and improving life expectancy for those with the poorest health will be targeting resources where they can be most effective. However, we do not yet know enough about the links between poor health and poor living conditions to be able to implement new programmes with confidence. A first step must be to obtain first-hand information on what works effectively. The Welsh Office therefore proposes to set up a 5 year action research programme to address the links between poor health and other factors which contribute to health and well-being within Wales (see paragraphs 8.5 - 8.6).

Health Gains

1.16. We are not starting from scratch. The NHS is already working towards 15 **health gain targets** for the next 5 years published by the Welsh Office in June 1997 (see Glossary). Taken together, these are comprehensive and ambitious targets by which we can gain an overall measure of progress towards better health in Wales. However, we cannot rest only on what the NHS can do. Achieving long-term gains in health and well-being goes much wider. It involves an informed response from women and men, community groups, voluntary agencies, other agencies, and local and central Government.

The Strategy

1.17. The Government believes that a medium to long-term strategy is essential to tackle the causes of inequalities in health status. The strategy will require short, medium and long-term aims with appropriate indicators and targets to monitor progress and demonstrate achievements. The starting point will be:

- planning health improvement beyond the next 5 years;
- building on existing health gain targets;
- researching the links between poor living conditions and poor health;
- developing additional indicators/targets relating to inequalities and health determinants;
- partnership and collaboration at community, local and central levels;
- innovative use of available resources across boundaries;
- promotion of joint professional training, research and development, and information sharing;
- appropriate structural and organisational development.

Any additional resource pressures resulting from the Welsh public health strategy will be funded from within existing resources.

1.18. This strategy will be taken forward under the arrangements for the National Assembly for Wales from 1999. To provide the basis for action, the Welsh Office will publish an Action Plan in September 1998 based on the framework outlined in this document and informed by responses to the consultation.

[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

2. THE LEGACY OF ILL-HEALTH

This chapter describes the major inequalities in health status within Wales and between Wales and other countries.

The case for better health in Wales

2.1. Despite recent improvements, the health of people in Wales is poor compared with that in the majority of European countries and in other parts of the UK. Within Wales a significant proportion of the population remain deeply disadvantaged in terms of expectation of life and health-related quality of life, and there are wide variations between those with the poorest health and those with the best.

2.2. In the last 25 years, death rates from avoidable diseases have fallen steadily and life expectancy has increased. Across Europe, **life expectancy** at birth for both men and women has increased by about 5 years. Throughout that period, life expectancy in Wales has been amongst the worst in Europe at approximately three to four years less than in the best countries. Life expectancy in some areas of the South Wales Valleys is about five years less than in some other parts of Wales.[cl](#)

2.3. There has also been a reduction across Europe of about a quarter to a third in overall **mortality rate** (see Glossary), but again Wales compares poorly with most other countries. Compared with England, the mortality gap in Wales has widened over the last decade from 5% to 9%.[cl](#)

2.4. **Infant mortality** (deaths in the first year of life) in Wales, although having declined by over a half over the last twenty years, remains higher than in the majority of European countries.[cl](#)

2.5. **Heart disease** is the major cause of death in Wales. Although the death rate in Wales has declined considerably in recent years, it remains substantially higher in Wales and the UK than in many European countries, particularly France, where the rate is approximately one third that in Wales.[cl](#)

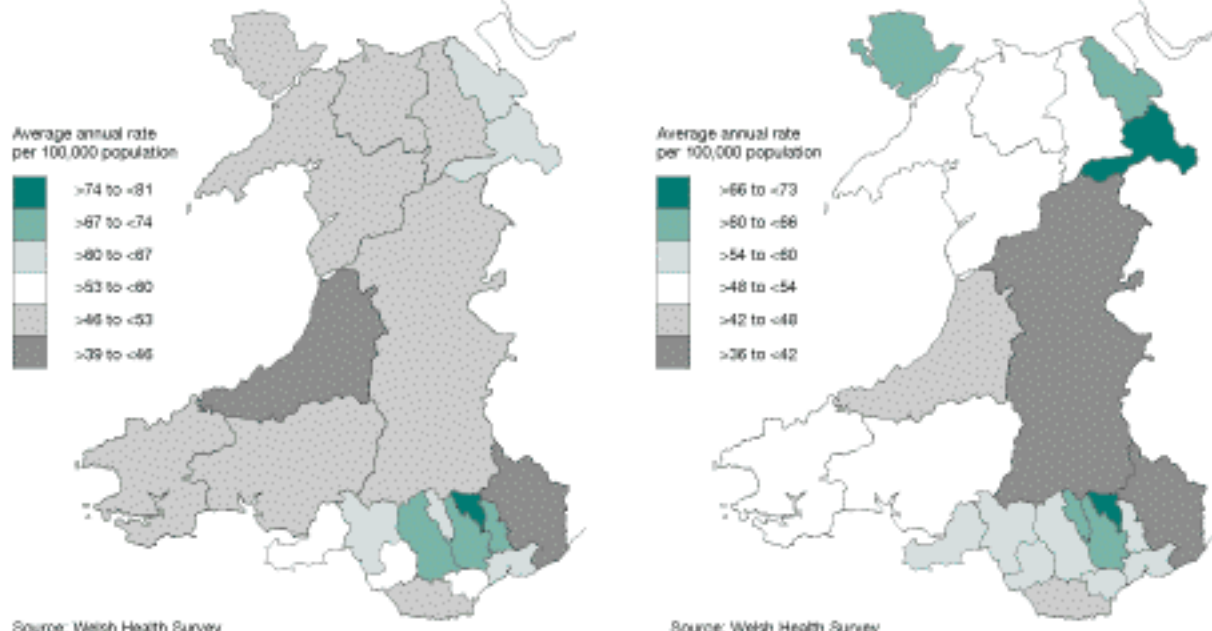
2.6. Wales has amongst the highest rate of **cancer** registrations in the European Union, with rates about 50% higher than some other countries.[cl](#)

2.7. Premature deaths from various causes vary widely between Local Authority areas. Consistent poor health is seen particularly in the South Wales Valleys. In Blaenau Gwent the death rate for heart disease for people under 65 is twice the rate in Ceredigion. For lung cancer, the death rate in Blaenau Gwent for men under 75 years is around twice that in Powys.[bm](#)

Figure 2.1

Coronary Heart Disease Mortality Rates under the age of 55, by Local Authority Area 1990 to 1995

Lung Cancer Mortality Rates among men under the age of 75, by Local Authority Area 1990 to 1995



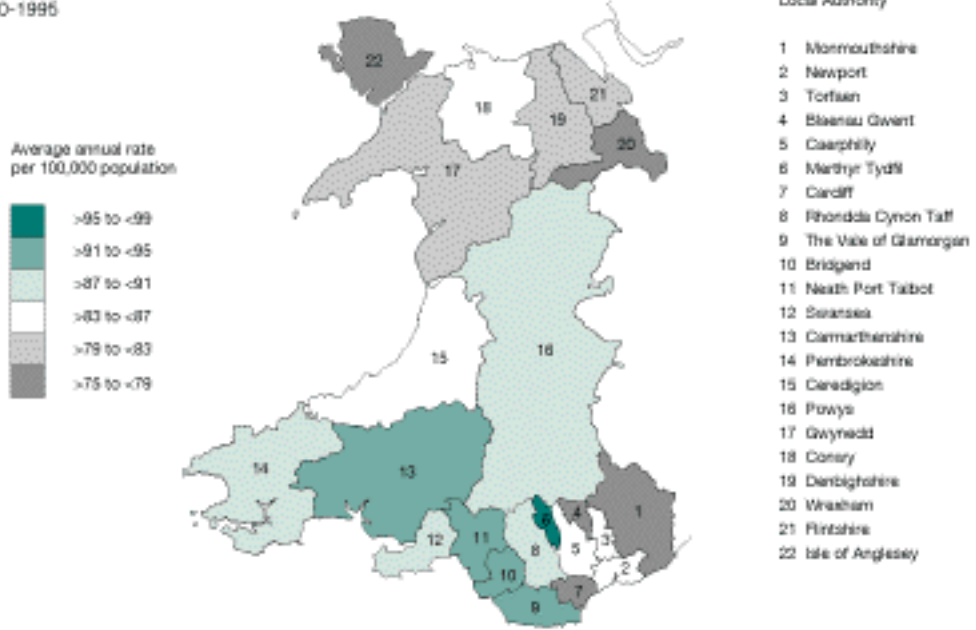
Source: Welsh Health Survey

Source: Welsh Health Survey

Figure 2.2

Average Annual European Age-Standardised Mortality Rates for Cerebrovascular Disease ('Stroke') for persons by Local Authority Area over the 6 year period 1990-1995

Local Authority



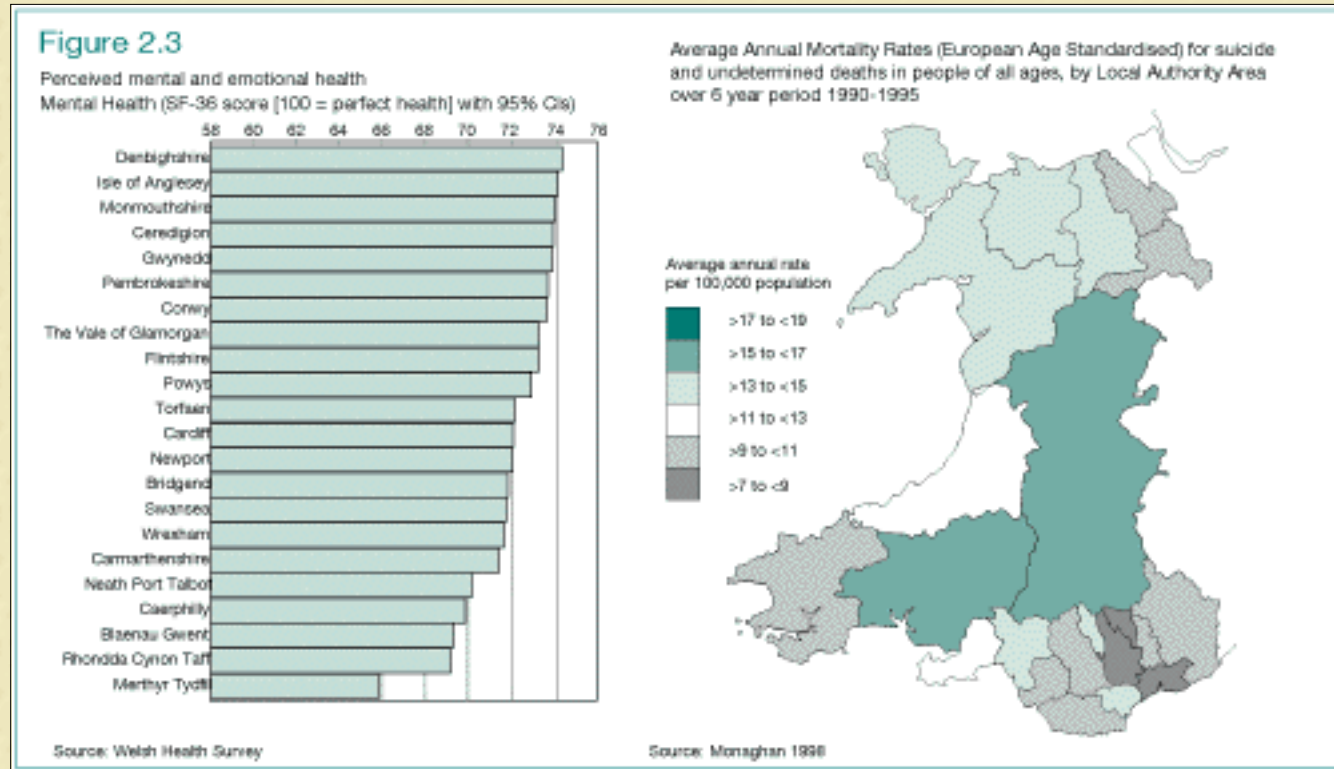
Source: Monaghan 1998

2.8. Compared with English regions, Wales has higher levels of people needing treatment for **high blood pressure** - a significant factor in many cases of heart attack and stroke. Again, rates vary between Local Authority areas with the death rate from strokes being around a quarter higher in Merthyr Tydfil than in Anglesey.[bm](#)

2.9. One in nine people suffer from **mental health** problems and one in two hundred has a severe mental illness which may require substantial health and social care. Merthyr Tydfil, Blaenau Gwent and Rhondda Cynon Taff tend to have lower mental health scores than other parts of Wales

for example, Monmouthshire, Anglesey and Denbighshire. [bm](#)

2.10. Mental disorder and substance misuse can increase the risk of **suicide**, however, not all deaths due to suicide and self-inflicted injury occur in people suffering from a mental illness. There were 240 male and 52 female deaths recorded as due to suicide and self-inflicted injury in Wales in 1996. An increased risk is also seen in some occupational groups, such as farmers. Rural authorities whose population densities are lower than the Wales average, tend to have higher than average suicide rates. [bm](#)



[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

3. SUSTAINABLE HEALTH AND WELL-BEING

This chapter considers factors which prevent illness and promote health and well-being.

3.1. Sustainable health is achieved when people and communities can take control of their lives and are able to live their lives to the full. The factors contributing to a state of well-being include feeling safe, having the security of a home and enough to live on, satisfying relationships, interesting and varied activities, and having a sense of moving forward.

3.2. A person's social and economic circumstances are probably the strongest influence on health, avoidable sickness and premature death. There are strong links between the pattern of deprivation and the pattern of ill-health and disease. Where you live and whether you are in work, influences diet, smoking, stress and lifestyle. Where you work, how well the risks at work are controlled, and to some extent where you live, can influence exposure to environmental hazards, including hazards in the working environment.

3.3. A marked pattern of ill-health, sickness and absenteeism can be seen in Wales and may be partly explained by a history of heavy industry. In the past, reliance on industries such as coal and steel made for differences in education, skills and aspirations. When the industries closed down, people were not well-equipped to take other jobs and the former mining areas were not seen as good places for investment by new industries. An economic regeneration strategy has been in place for many years, but the interaction between social, economic, environmental and health issues is not always well understood.

3.4. Long-term action is needed to tackle the root causes of health and economic inequality. This may mean a new approach to maintaining health and to using health and social care services as a community resource. The introduction of health impact assessment, health promotion that addresses the pressures of multiple disadvantage in some communities, and refocused professional responsibilities may all be needed. A major priority is to recognise the importance of sustainable health in economic and social regeneration.

Employment

3.5. On the whole, being in work is healthier than being unemployed. Meaningful work, whether paid or unpaid, is protective of mental health and fosters a sense of self worth and belonging. Employers have a legal duty to ensure work places and work practices are safe and healthy. Employers can also have considerable influence on the overall health of employees.

Welfare to Work

3.6. Central to everyone's sense of well-being and to the creation of sustainable communities is the assurance that comes from playing a useful part in the life of the community, usually through work. The New Deal for the long-term unemployed is about improving people's employability and helping them into sustainable employment. Welfare to Work is designed to focus the help available on the needs of individuals; to foster a sense of ownership among its clients and to deliver its objectives through partnership working. Further help will be available in the North West Wales Prototype Employment Zone. This is one of 5 prototypes in which local partnerships aim to draw together various strands of help to create a more coherent package, focused on the individual.

Healthy Workplaces

3.7. For people who work, the working environment is an important influence on their health. For many people, going to work is a positive part of their lives, and it helps them to stay healthy. But we need to make sure that work doesn't make people ill, and that they leave work at the end of the day at least as healthy as when they arrived. Factors such as how well workplace risks are controlled in accordance with health and safety law play their part in creating healthy workplaces. The Health and Safety Commission (HSC) and Executive (HSE) are developing a *National Occupational Health Strategy* and expect to issue a discussion paper during 1998. This strategy will complement and contribute to the strategy for a healthier Wales.

3.8. The Health and Safety Executive recently published the results of a survey of self-reported work-related illness.^{as} This estimates that 100,000 people in Wales (4.7 per 100 people who have ever been in employment compared to 4.8 per 100 in Great Britain) suffer from work-related illness. However people in Wales took more days off work per worker as a result of these illness (0.84 days per worker, compared with 0.71 days per worker for Great Britain as a whole). The personal suffering that this represents, and the economic cost to Wales of the 1.1 million days lost annually, could be reduced.

3.9. HSE's Good Health is Good Business campaign seeks to raise awareness of health risks at work and to help small firms control the health risks in their workplaces. Campaigns such as this have an important role to play in ensuring good health in Wales. Current national initiatives, such as *Health at Work: The Corporate Standard* developed by the Health Promotion Authority for Wales, provide practical assistance and guidance on best practice. HSC is also looking at ways of driving forward a flexible framework of occupational health services that will address possible inequalities of access to occupation health advice.

3.10. Employers can be influential in promoting health through providing a supportive environment for people who want to give up smoking, healthy choices of foods in catering facilities and promoting cycling, walking and public transport as alternatives to car travel to work. Health promotion in the workplace can improve productivity, improve morale, reduce absenteeism and staff turnover, improve organisational image and help to attract high-calibre staff.

How can more employers, employees and organisations such as trade associations and trade unions make even more effective contributions to controlling workplace risks and ensuring sustainable health in the workplace?

Community Safety

3.11. A safe environment free from crime (or fear of crime) contributes significantly to an individual's sense of well-being. Victims of violent crime (which, fortunately, is rare) experience significant health effects. One in five adults questioned in the *British Crime Survey (1996)* were very worried about being burgled, mugged or having their car stolen, and one in three women continue to be anxious about rape. Reducing crime and the fear of it is important. Combating crime requires joint working at many levels in order to reduce offending behaviour and to prevent re-offending. It is significant that three-quarters of young people convicted of the most violent and serious crimes have themselves been victims of physical, sexual or emotional abuse.

3.12. The Crime and Disorder Act (1998) will place new obligations on local authorities and the police, ('the responsible authorities') to:

- review levels and patterns of crime and disorder;
- publish a report analysing the audit's implications for a crime reduction strategy;
- consult with partners prescribed by the Home Secretary (police authorities, Health Authorities and probation committees) and others with an interest:
- formulate and publish a strategy for the reduction of crime and disorder.

Subject to parliamentary approval, provisions of the Act will be enacted from 1 September 1998. Partnerships are expected to start work on the community safety strategy and audit immediately, with strategies in place, supported by audits, by 1 April 1999. In Autumn 1998, the Home Office will also publish a *Strategy On Violence against Women*.

3.13. Possible ways of breaking into the cycle of anti-social behaviour and tackling known risk factors for offending include:

- reducing teenage and unwanted pregnancies and developing schemes to improve parenting skills;
- focusing services on areas of deprivation to help vulnerable young people and to encourage them to take part in activities that will promote self-esteem and social skills;
- ensuring that preventative treatment of, and rehabilitation from, drug and alcohol misuse is a priority;
- ensuring child and adolescent mental health services have expertise in dealing with conduct disorders and aggressive or hyperactive children.

Personal and Family Support

3.14. Networks of families, friends and social institutions (e.g. churches, clubs, sports facilities, voluntary organisations) can be important in developing self esteem and confidence and in providing support. These traditional networks have become less effective over recent years with the changing patterns of employment and entertainment.

3.15. New parents can gain support from talking to other parents, from links with the wider family and from schemes to help increase their knowledge and skills in parenting; these can come from a range of agencies.

3.16. An intimate confiding relationship with a partner or close friend is a known protective factor against mental illness. Breakdown of relationships and divorce have profound consequences for the individuals concerned. These include reduced income and diminished economic activity, particularly for women. The children of such relationships are more likely to show emotional disturbance and subsequently to divorce as adults.

3.17. Effective interventions in these areas might include:

- support for marriage counselling and mediation services;
- promoting education for parenting, support programmes and befriending schemes for isolated parents;
- making unmarried and separated parents assume greater parental rights and responsibilities;
- reducing the number of unwanted pregnancies;
- supporting youth and family groups at the community level;
- strengthening the role of Health Visitors and midwives in supporting families and parents;
- addressing issues of citizenship, parenthood, sex and relationship education in schools;
- tackling domestic violence and homelessness;
- promoting parental leave and family-friendly employment practices;
- encouraging community support networks.

Children

3.18. Children's health is an important indicator of health in later life. High levels of poor health among adults has a damaging effect on their children's health. The major causes of illness in children are acute respiratory infections and ear disorders. Accidents are the major cause of death. Relatively high numbers of children are referred for accident and emergency treatment.

3.19. The Welsh Office intends to focus on children's health and well-being as an investment in the future. The Welsh Office will build on *The Health of Children in Wales (1997)*[cn](#) to develop a comprehensive strategy to improve children's health.

How should public policy protect children and families and how can all sectors of the community develop caring roles?

Social Exclusion

3.20. Unemployment, poor skills, low incomes, poor housing, high crime environments and family breakdown, as well as bad health or disability, can lead to individuals and communities failing to participate fully in society.

3.21. Some communities and families are isolated by their race, colour or religion. Others are unable to access a full range of opportunities because they are in remote areas. These are socially excluded not because of individual problems, but because of circumstances. Addressing health inequalities through comprehensive and integrated policies must include the perspective of ethnic and other minority groups.

3.22. The Welsh Office has announced funding for co-ordinators to work with communities to devise Local Action Plans which address social exclusion. Proposals must take account of the partnership and collaborative working within Local Authorities and other agencies. This work complements the Social Exclusions Unit's work in England and the public health strategy in Wales.

How should minority groups be included in policies for improving health and well-being?

[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

4. HEALTHY LIFESTYLE

This chapter identifies major lifestyle determinants of health.

4.1. Whether a person chooses to smoke, exercise frequently, or follow a healthy diet, affects health and well-being. Lifestyle is not only a matter of knowledge and choice - evidence suggests that it is strongly influenced by wider factors related to local and personal situations including educational level, personal skills, peer pressure, and social, economic and cultural factors.

4.2. Access to appropriate information about healthy lifestyles helps people to make choices, but information on its own may not be sufficient to support change. This requires individuals and communities to participate in decisions affecting their lives. Such change can only be brought about by working with individuals and communities in such a way that the problems and solutions are owned by them.

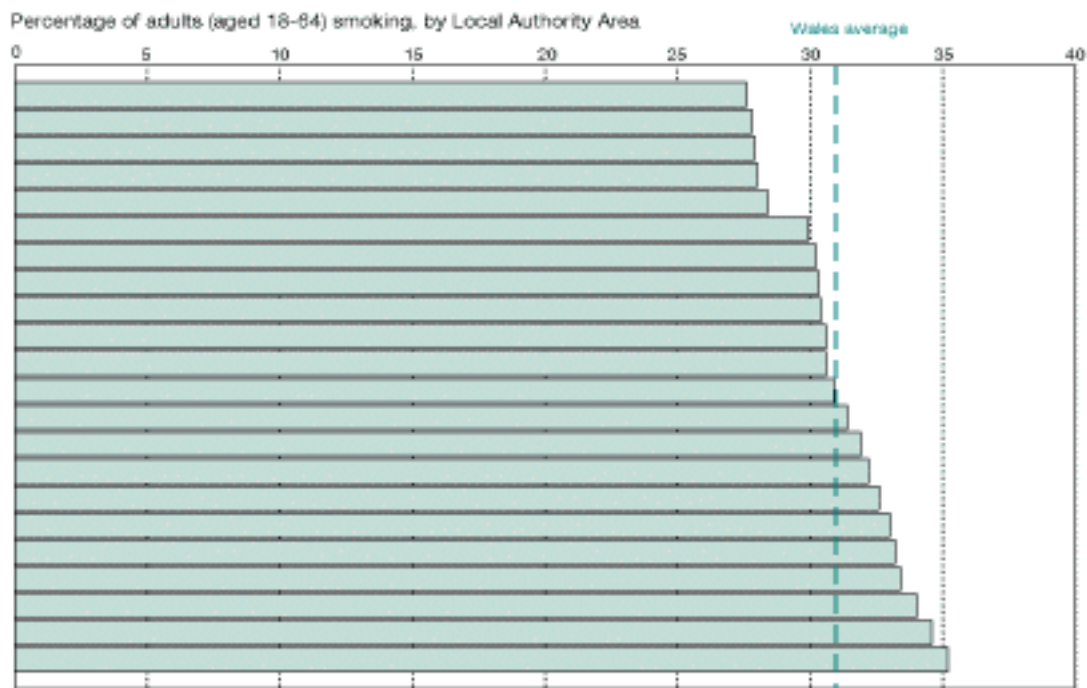
Smoking

4.3. Tobacco use is the single largest cause of premature death and preventable ill-health in Wales. Smoking is the predominant cause of lung cancer and also increases significantly the risk of mouth, stomach, kidney, bladder and pancreatic cancers. Smokers are more likely to suffer heart disease and chronic bronchitis. Non-smokers who are in contact with smokers also suffer an increased risk of lung cancer and heart disease.

4.4. Pregnant mothers who smoke are more likely to have smaller babies, who are more likely to experience poor health. Cot deaths in infants of mothers who smoked in pregnancy are more common than in babies of non-smoking mothers. Children of smokers have a higher risk of respiratory complaints.

4.5. In Wales, between 1985 and 1996, the proportion of men who smoked every day declined from 35% to 28% and from 30% to 26% for women. Smoking rates among teenagers have peaked and troughed over the last 10 years. For teenagers aged 15, the proportion of boys who smoke was 16% in 1986, fell to 12% in 1988 and rose to 23% in 1996. For teenage girls the figures are higher, but the pattern is the same. The level in 1986 was 20%, falling to 19% in 1988 and rising to 29% in 1996.^{aq} Effective strategies to reduce smoking levels are essential to future health.

Figure 4.1



Source: 1990, 1993 and 1996 Health in Wales Surveys (Health Promotion Authority for Wales)

4.6. Action to reduce the prevalence of smoking could include:

- enforcement of legislation on sales of tobacco;
- smoke-free policies in the workplace and public places;
- stopping people from starting - school health education programmes, smokebusters' clubs, smoke-free schools;
- helping people to stop - smoking cessation programmes;
- stronger health promotion messages;
- addressing the issue of why more girls than boys smoke.

Smokebusters

Smokebusters is a national programme which aims to promote a positive image of being smoke-free among 9-13 year olds. Membership of the club, which is open to any young person who pledges to remain a non-smoker, is fast approaching 20,000.

Smokebusters is co-ordinated nationally by the Health Promotion Authority for Wales and run locally by health promotion workers.

4.7. In July 1997 the Chancellor pledged to increase taxes on tobacco by 5% in real terms each year. The Government has also taken decisive action to secure an end to tobacco advertising and sponsorship, whilst providing time for all sports to find alternative sources of sponsorship.

Agreement has been secured at the European Health Council on a Tobacco Advertising Directive banning both advertising and sponsorship within the European Union. The Government will publish a White Paper in 1998 with proposals for taking forward this ban within the UK as part of a comprehensive and integrated range of measures to combat smoking and reduce associated ill-health and premature death.

4.8. The *Scientific Committee on Tobacco and Health (SCOTH) Report* was launched on 11 March 1998. It provides key messages on active smoking, passive smoking and nicotine addiction. It also contains recommendations to address areas such as restrictions on smoking in public areas and work places, the protection of young people from tobacco promotion and advertising, health education and the provision of increased smoking cessation services.

Nutrition and Diet

4.9. A healthy, balanced diet is a major factor in maintaining health. Vegetables and fruit provide vitamins and fibre and are thought to be protective against bowel diseases and cancers in general. High levels of saturated fatty acids cause heart disease and strokes, and high salt intake contributes to high blood pressure levels, which in turn lead to strokes. Saturated fat intake in the UK over the last 10 years, as a percentage of energy from fat, has remained around 40% and shows no signs of declining to the recommended level of 35% of food energy. The *Welsh Health Survey (1995)*^{ct} showed that the people in South Wales Valleys areas ate less fruit and vegetables and more lard than in other areas of Wales. Overweight and obesity levels in Wales are increasing with 51% of females and 53% of males classified as overweight or obese in 1996.

4.10. A healthy diet is an important way of promoting growth and development. Proper nutrition can help children and young people's concentration in the classroom as well as helping to prevent ill-health in later life. The White Paper *Building Excellent Schools Together* stated the Government's intention to introduce nutritional standards for school lunches. These will build on existing good practice on provider framework in which caterers can offer school lunches which are both healthy and enjoyable.

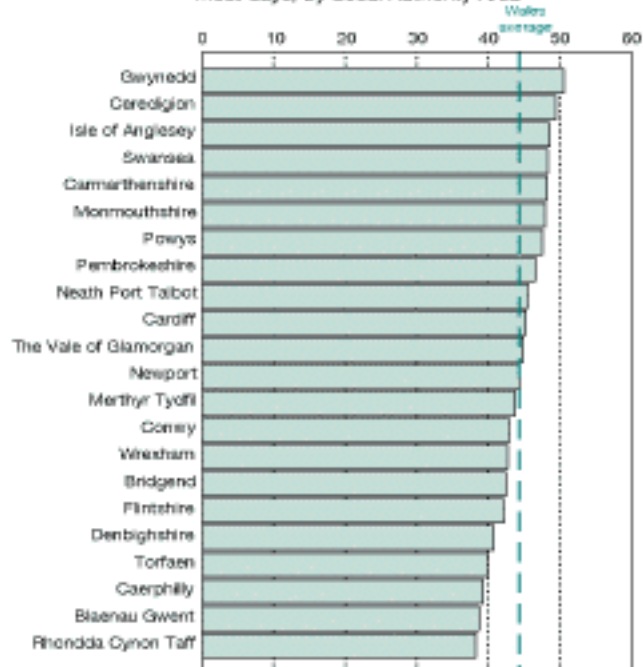
Figure 4.2

Percentage of adults (aged 18-64) eating green veg/salads most days, by Local Authority Area

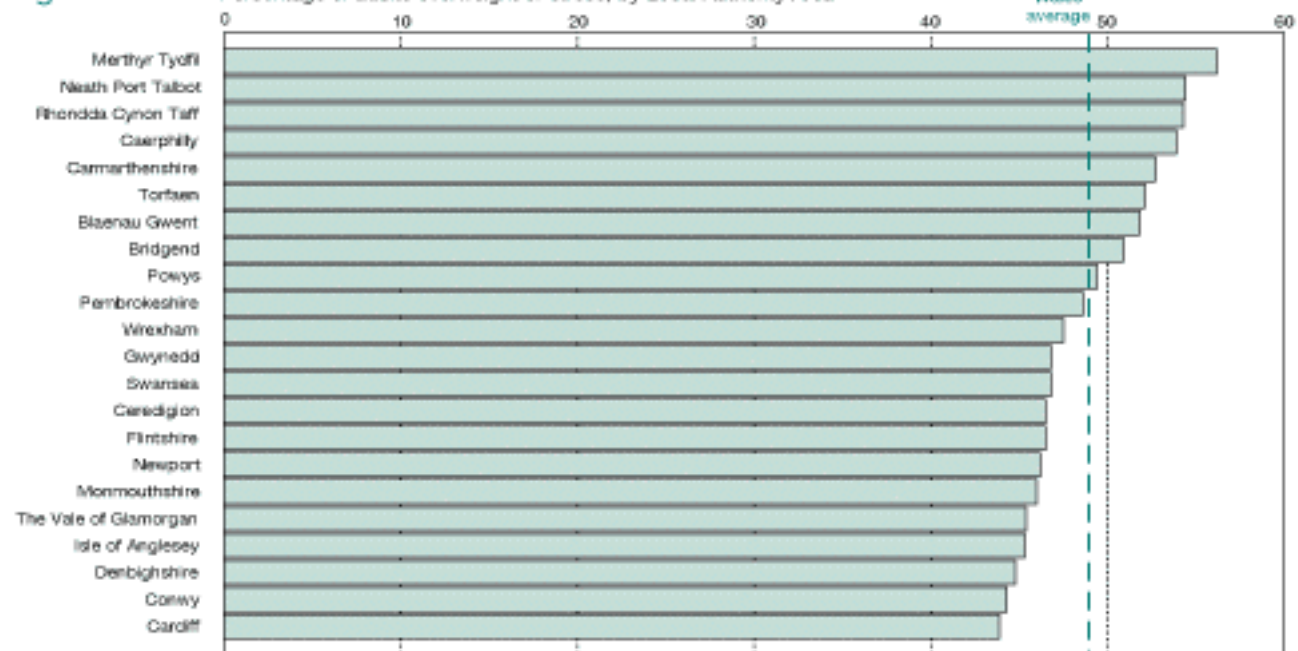


Source: 1990, 1993 and 1996 Health in Wales Surveys (Health Promotion Authority for Wales)

Percentage of adults (aged 18-64) eating fruit most days, by Local Authority Area

**Figure 4.3**

Percentage of adults overweight or obese, by Local Authority Area



Source: 1990, 1993 and 1996 Health in Wales Surveys (Health Promotion Authority for Wales)

4.11. It is important that everyone has easy access to sources of a wide variety of food that is both nutritious and reasonably-priced so that everyone can afford to 'eat for health'. As well as the raw ingredients, people need access to sources of advice regarding food preparation methods that maintain nutritional value and safety. This is particularly important for vulnerable groups such as children (e.g. through school lessons), expectant mothers (e.g. pre-conception and 'parenting' classes) and older people.

[Previous](#)[Contents](#)[Next](#)

Prepared 14 May 1998

5. HEALTHY ENVIRONMENT

This chapter identifies major environmental determinants of health.

5.1. The physical environment is an important determinant of health. Where we live, and where we work, can expose us to a variety of environmental hazards. The Government's commitment to working towards the goal of sustainable development where economic, environmental and social needs are seen as inter-related, will contribute to health and well-being in the longer term.

5.2. Many of the environmental factors affecting health in the UK as a whole are discussed in the National Environmental Health Action Plan drawn up under the auspices of the World Health Organisation, which the Government intends to review ahead of the next WHO Ministerial Conference on Environment and Health to be held in London in 1999.

Healthy Homes

5.3. The association between poor housing conditions and poor health has long been recognised. Generally, those living in good housing are in better physical and mental health than those who are not. Houses that are damp, cold and poorly-ventilated create conditions which generate ill-health. Insufficient heating and poor ventilation often impact most on older people and may lead to hypothermia and an increase in respiratory problems. Research has shown that the most significant health risks from poor housing are associated with cold and damp: from January to March there are typically about 40,000 more UK deaths than the average rate for the rest of the year. Energy efficiency measures are necessary, particularly in the homes of older people and the most vulnerable. People in overcrowded houses have greater incidence of mental illness and domestic violence is more prevalent. Siting of housing and other services can enhance access or may lead to greater use of cars to take children to school and other daily journeys. The design of houses, particularly kitchens, can reduce accidents.

Oakdale Housing Renewal Area

Here the Renewal Area Local Authority, other public agencies, the private sector and the community work together to develop a strategic approach to improve housing together with environmental, social and economic conditions. Co-ordinated action addresses fuel poverty and fire risks, crime, damp, traffic flows, poor housing fabric and recreation areas.

5.4. Local Authorities are responsible for administering home renovation grants and have certain statutory responsibilities towards homeless people. Wales has a higher than average proportion of owner-occupiers living in 19th century houses, often in areas of high unemployment where owners are less able to afford to renovate and maintain their houses. The *Welsh Housing Condition Survey (1993)*^{bs} found that 13% of homes failed to meet the fitness standard. The Government's comprehensive spending review is considering the costs to health and other services of poor housing and how resources might be better targeted.

Social Housing

5.5. Social housing can make an important contribution to health. Local Authorities are landlords for 204,000 homes, 16% of all dwellings and 57% of the rented market. Registered social landlords manage 48,000 homes - approximately 12% of the rented market.^{bq} The majority of housing allocations are to families with children or to those who are vulnerable. Over 80% of new tenants of registered social landlords receive housing benefit.^{bo} The Welsh Office and Tai Cymru encourage all social landlords to involve their tenants in the management of their estates.

Tai Cymru's

Tai Cymru's standard house plans, building specification and good practice guidance ensure that social housing design in Wales reflects a commitment to health and safety, and provides opportunities for future adaptation as the needs of occupants change. Houses are designed to minimise risk of accidents in hazardous areas e.g. kitchens and stairs, and to be economical to heat. Both the dwellings and their surrounding estates provide high levels of accessibility to visitors with a wide range of disabilities and incorporate a comprehensive range of crime prevention measures.

How can social landlords and tenants' organisations develop their role in strengthening communities?

How can they make a more positive impact on the health and well-being of people?

Homelessness

5.6. People sleeping rough, especially for long periods, are particularly at risk from poor health. In Wales, a snapshot survey by Shelter Cymru and the Special Needs Housing Advisory Service,

funded by the Welsh Office, found that 77% of those sleeping rough were under the age of 35. 44% said that they had physical or mental health problems, including drug and alcohol misuse. Access to health services and other services is a particular difficulty for those who sleep rough regularly, or who do not have settled home.

5.7. Young homeless people are likely to have had previous adverse life experience including periods in care. They are more at risk from drug and alcohol misuse, prostitution and sexually transmitted diseases. Children living with parents in hostels for the homeless are also at risk of delayed development and behavioural problems. Homeless men and women are marginalised from society. Lack of suitable housing only partly accounts for homelessness; it is firmly rooted in the lack, or breakdown, of family and other relationships.

How should housing policies be developed to take account of community safety and sustainable health, particularly where there are concentrations of sub-standard houses?

Clean Air

5.8. Poor air quality aggravates conditions such as asthma, chronic bronchitis and emphysema. The Government is committed to reducing atmospheric pollution from transport and industrial sources and is undertaking a range of actions to improve air quality, including:

- an accelerated review of the National Air Quality Strategy to be completed by the end of the year;
- Statutory Air Quality Objectives introduced in December 1997;
- a new public information system for air pollution announced on 19 November 1997;
- a comprehensive Department of Health/Department of the Environment Transport and the Regions/Medical Research Council research programme on outdoor air.

5.9. Local Authorities have a major role to play, supported by the *Welsh Air Quality Forum*, which collates information across Wales. Since December 1997, Local Authorities have been required to monitor air quality in their area and to initiate appropriate action where specified objectives are not met.

5.10. The Government is interested in effective and innovative approaches to tackling congestion and pollution. Local Authorities may well benefit from participating in the *Car Free Cities* project, or other similar schemes. But such decisions are best taken at the local level, as Authorities consider how best to meet their statutory duties under the Environment Act 1995.

5.11. Poor air quality inside buildings, at work, leisure and at home contributes to ill-health. The build up of gases such as carbon monoxide, for example, can have serious implications for health. Radon is a naturally-occurring gas in many parts of Wales. It is thought to be the second most

important cause of death in the UK from lung cancer after smoking, around 5% of annual lung cancer deaths in the UK.^{bn} Mapping the incidence of radon is now complete and further surveys are being carried out to identify the dwellings with highest radon levels. Additional areas will be designated in 1998. The Welsh Office will promote awareness of radon areas and of the forms of assistance available to householders to protect against emissions.

Safe Water

5.12. The widespread provision of sewerage and of clean water supplies was the most important public health achievement of the last 100 years. The maintenance of these systems remains crucial today. Although standards of water quality are generally high, there is no room for complacency. As well as continuing to protect against traditional threats to water safety, suppliers have to respond to newly identified threats such as the cryptosporidium organism. Industry, including agriculture, has responsibility for preventing pollution of water supplies.

5.13. Although action has been taken to reduce lead levels in the environment, for instance from vehicle exhausts and paints, lead from any source can be harmful. For example, studies have shown that even small amounts of lead can have a harmful effect on the mental development of children. The Government is determined that levels of lead in drinking water should continue to be tackled. Water providers must treat water supplies to reduce its ability to dissolve lead and for most properties this will ensure that levels at the tap - that is after contamination by lead plumbing maintained by property owners - do not exceed 25 micrograms per litre. The Government intends to set a stringent standard of 10 micrograms per litre of drinking water provided to homes, to be met in 15 years, and will prepare advice to householders to help them take an informed decision on whether to replace lead pipes in their homes.

5.14. Over recent years there has been a dramatic improvement in the quality of bathing waters on the Welsh coastline and, in 1997, 60 of 64 monitored under the European Directive met its mandatory standards. This improvement is set to continue. The *Green Sea Initiative* is aiming for 50 Blue Flag beaches in Wales (compared to 9 in 1997) and, as part of this, water quality at these beaches will need to meet the much more stringent guidelines set by Europe. Last year, 31 Welsh bathing waters met these much tougher European standards. As part of the *Green Sea Initiative*, Dwr Cymru/Welsh Water intends to introduce disinfection treatment at all its coastal sewage discharges. But if we are to have 50 Blue Flags in Wales, others will need to play their full part, for example in keeping beaches free of litter and waste, including from dogs.

Land Use

5.15. There are many areas of derelict and contaminated land in Wales, with the risk of contamination of surface and ground waters. Particular examples are water discharges from abandoned coal and metal mines. The Welsh Development Agency has been at the forefront of land reclamation in Europe and, since 1976, has invested over £300 million reclaiming over 17,300 acres of land, providing land for factories, homes, hospitals, country parks and playing fields. The Agency attaches high priority to this work and will continue its substantial land reclamation programme.

5.16. The decline in the deep-mine coal industry in Wales has led to an increased demand for coal from open-cast mines. Applications to develop new mines should be considered in the context of Welsh Office planning policies and those in local development plans. The issues should be fully debated with local communities. The Environment Agency, Local Authorities and the industry must work together to secure and implement any necessary controls to protect surrounding communities and the environment.

5.17. A considerable amount of solid waste is generated and must be disposed of safely. Currently much of this goes to landfill sites. This often leads to controversy about the safety of such practices but alternatives often raise as many objections. Town and country planning schemes provide an overall direction for the regulation of land use. Local Authorities should consider the health aspects of planning as part of their overall strategy.

5.18. Recycling is an important way of reducing material that has to go to landfill or incineration, thereby reducing the burden on disposal sites and making best use of existing resources. Recycling also opens up opportunities for innovation and employment through the development of new technology. Commensurate improvements to the environment will further the aims of sustainable development and contribute to improvements in public health.

5.19. It is also important to minimise the amount of waste generated in the first place. The Welsh Office encourages recycling and would like to hear views on the wider use of recycled products and innovative community recycling schemes. Local Authorities, industry, small businesses and households all need to find ways to reduce waste. The Welsh Office welcomes views on the methods used to dispose of waste and on how technology can be developed to deal with this in the future.

Reducing Industrial Waste in Wales

Cambrian Stone Ltd. reprocesses the blast furnace slag which is produced as a by-product of the manufacture of steel. The slag is recycled and used to make a variety of industrial materials including replacement cement, thermally insulated blocks and loft insulation. The manufacture of replacement cement, for example, minimises the use of quarried stones which contributes to the preservation of the environment.

Chemical and Hazardous Incidents

5.20. The use and movement of dangerous substances increasingly poses questions about the safety and health of the public, operators and emergency services. The Health and Safety Executive is the health and safety enforcing authority for major hazard sites and the transport of dangerous substances, and a consultee on land-use planning issues around major hazard sites. A

number of organisations will also provide the National Assembly for Wales with excellent resources to ensure that Wales manages well the health aspects of emergency and long-term incidents involving dangerous substances. These include the *National Focus for Chemical Incidents* which is based in Cardiff, but serves the UK, the *World Health Organisation (WHO) Collaborating Centre for Chemical Incidents*, which is also based in Cardiff and has an international role, and the *Chemical Incident Management Support Unit* in Wales. The Welsh Office intends to build on work already in place and, in consultation with Local Authorities, Health Authorities and emergency services, to design a strategic framework for guidance and monitoring.

How can we develop our priorities to ensure a sustainable balance between the protection of public health and the environment?

[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

6. PARTNERSHIPS FOR HEALTH

This chapter draws together some unifying themes to identify levels at which action needs to be taken.

6.1. Action is needed across a broad front extending well beyond the NHS to tackle the inequalities in health and poorer health experienced by Wales relative to the best in Europe. This will require a long-term strategy and a structured approach to decide what needs to be done and who should do it. Some aspects will be addressed more appropriately by central Government, some at the all-Wales level, and some at local level.

6.2. Developing appropriate policies and tackling the problems will not be easy. Everyone will have a contribution to make particularly to encourage individuals to take action to promote their own health and well-being. Forging new effective partnerships across a wide range of agencies, including central and local Government, commerce, industry and voluntary organisations will be essential.

How should responsibilities for identifying and acting upon inequalities in health status be shared by different agencies?

Individuals

6.3. Each of us has a responsibility to maintain our health and avoid factors which cause illness. Avoidable ill-health wastes lives, squanders NHS resources and reduces our economic prosperity and well-being. The Welsh Office believes that individuals and families should have ready access to good information on healthy lifestyles and should be supported in communities, in the workplace, in schools and in public settings of all kinds to make the best of the opportunities for health and well-being.

How best can individuals be encouraged to look after their own health within communities, workplaces, schools and other environments?

Community and Voluntary Organisations

6.4. The role of the churches, women's, youth and children's groups, sports and activity groups, and voluntary organisations (in which women are particularly active) will be important to the success of the new framework for health and well-being. Social relationships and support are key to ensuring that everyone is able to enjoy an active life.

6.5. In the spirit of the compact which is being developed between the Welsh Office and the voluntary sector in Wales, productive partnerships between statutory services and community and voluntary organisations should maximise all the resources in a community. The Welsh Office is interested in innovative volunteering schemes which provide help to local people when they need it. Such schemes must be properly monitored and evaluated and participants must be trained and have the support of appropriate professionals.

How can voluntary organisations play a full part in improving the health and well-being of their communities, in partnership with professionals and other services?

Local Authorities

6.6. Local Authorities are responsible for major services such as social services, housing, transport and planning. They also exercise important public health functions. These include controls on occupational and environmental health, food hygiene and infectious disease. Maritime districts also have port health responsibilities. Local Authorities are also a major employers.

6.7. Local Authorities have a community governance role, often through the funding of voluntary organisations and the development of corporate strategies. The role of elected members is important, both because of their local knowledge of their ward community, their specific expertise e.g. Chairs of Environmental Health/Public Protection Committees, and their contribution to corporate strategic agendas.

6.8. To help the development of shared responsibility for broad improvements to people's health, and the well-being of local communities, a new duty to engage in partnerships will be introduced for both Local Authorities and the NHS. Local Authorities will be significant partners in the development and delivery of health improvement programmes.

6.9. The Government is considering the introduction of a requirement for **Health Impact Assessment** to be conducted for major new service developments, including those which are the responsibility of local government. It also intends to review the present allocation of functions between Health Authorities and Local Authorities for the control of communicable disease.

6.10. Local Authorities play an extremely important part in the lives of a wide range of people. Social Services Departments can make an important contribution to supporting people at home and promoting their independence, frequently through partnership with health services.

6.11. Effective joint working at this level can achieve substantial benefits for individuals and ensure the efficient use of all the available resources, for example, by preventing the need for admission to hospital and by supporting patients on their discharge from hospital. Through their

day to day contact with many of the most vulnerable people, social services can play an important part in identifying problems early. They can help people to access the appropriate services and find their way round the system. They can:

- assist with access to health services;
- ensure people receive benefits and services for which they are eligible;
- work with education services and the NHS to promote the well-being of children and families;
- support people to live independently as far as possible in their own homes in the community;
- recognise the value of carers and promote services to support them.

6.12. The Welsh Office will consider what changes are necessary to **planning guidance** to ensure that health impact is taken account of in local social and economic development plans.

6.13. Other forms of collaboration which could be considered include:

- formal joint bodies structured on existing models, including representatives of the voluntary sector;
- more effective joint working both to define and to deliver statutory social care plans in each Local Authority area, for example by ensuring an interchange of Health and Local Authority staff;
- joint consultation with local communities to involve local people with the development of plans of both Health and Local Authorities, including the wide-ranging community plans which Councils are likely to be empowered to prepare;
- Local Authority Public Protection and Environmental Health Officers to advise Health Authorities and Local Health Groups;
- Directors of Public Health to develop their role in providing independent advice to both Health Authorities and Local Authorities;
- Health Impact Assessment of major developments to have input from a range of professionals;
- joint appointments by Health and Local Authorities, including recruitment of public health specialists to work with Local Authorities.

How best can Local Authorities play a full part in improving the health and well-being of their populations, in particular responsibilities for identifying and acting upon health determinants, such as housing, which impact on health?

The NHS

6.14. *Putting Patients First (1998)*^{cm} sets out a framework for replacing the internal market in NHS Wales with a system of integrated care. The new structure is intended to concentrate resources on direct patient care and enable each professional to contribute to cohesive services. Local doctors, nurses and other healthcare professionals will take the lead in shaping local services to meet patients' needs.

6.15. The new focus of NHS Wales will be on collaboration rather than competition and on improving health as well as treating sickness. Sustainable health requires integrated services involving a range of health professionals including nurses, doctors, pharmacists, school health services, dentists, opticians and a range of specialist services.

6.16. The public health role of NHS Wales needs to be strengthened to ensure that all parts of the health service become more focused on preventing ill-health by:

- tackling inequality by ensuring that services reach areas of greatest need and that the services available are of a better quality;
- ensuring the right mix of local services;
- ensuring the NHS sets an example as a good employer, showing that it is serious about environmental health and occupational health and safety.

How should these duties be carried out, in particular responsibilities for identifying and acting upon inequalities in access to acute services and differing outcomes for patients?

Health Authorities

6.17. Health Authorities have a major role in preventing disease and health improvement, and holding hospitals and other health care providers to account for their contribution to making people healthier. Directors of Public Health are responsible for communicable disease control, effective immunisation, vaccination and screening programmes, and for independent reports on the health of their populations. Expertise in public health needs to be strengthened in all sectors. It is fundamental to the new approach to promote an increased awareness of public health issues so that they permeate health professionals' and non-professionals' understanding and culture.

6.18. Public Health Professionals have a key role in facilitating new relationships with local government and local agencies. In order to strengthen our existing knowledge base, the Government will exempt public health professionals from the definition of Health Authority management costs, so that efforts to curb bureaucracy in the NHS do not create a perverse incentive to weaken public health expertise at local level. Public health is a long-term investment, not an administrative overhead.

6.19. Health Authorities will have new duties of partnership, particularly with Local Authorities and the voluntary sector, to improve the health of their populations. The Welsh Office, in consultation with service managers, will develop frameworks for collaboration and mechanisms for identifying and requiring action on health inequalities. In particular, the framework for allocating resources between Health Authorities and within areas served by the Health Authority, will need to take account of work to tackle inequalities in health status and access to services. The particular needs of women and of special groups within the community must be separately identified and addressed.

6.20. The new priorities for Health Authorities will require them to become more strategic and more focused on improving health. They will retain many of their existing responsibilities which were not associated with the internal market. Unless otherwise revised, these include agreeing to what needs to be done to improve the health and health care of local people, the measurement and public reporting of health status and epidemiology, the provision of independent medical, dental, pharmaceutical and nursing advice and a range of functions to protect public health and to respond to outbreaks of disease.

Local Health Groups

6.21. Implementation of *Putting Patients First (1998)* will lead to the setting up of **Local Health Groups**, based upon Local Authority boundaries. Local Health Groups will be the vehicle for local collaboration between services affecting public health. The Groups will have representation from public services outside health and will provide real leverage on services and resources for a wide range of services. It will be important that the Local Health Group has access to information about health status, particularly where this is below the national average, and the resources to make a real difference over time.

6.22. Although Local Health Groups will bring decision-making closer to local people, they will be too large to represent small-area health issues. It is intended to use the experience of the **Sustainable Health Action Research Programmes** to develop ways of effectively under-pinning the planning and decision-making powers of Local Health Groups.

How best can Local Health Groups be equipped to undertake this work, in particular responsibilities for identifying and acting upon inequalities in health status and actively promoting health improvements?

NHS Trusts

6.23. NHS Trusts as the main employers of NHS staff have a particular responsibility for setting an example as good employers and ensuring high quality occupational health services (both as employers of staff and as providers of occupational health services for others). They also have responsibility for ensuring hospitals are healthy places, through rigorous measures to prevent

cross-infection.

Primary Care

6.24. 90% of contacts with the NHS are made with primary care services such as general practitioners, community nurses, health visitors and midwives. GPs, practice nurses and other members of the primary care team, are in an ideal position to act as the patients' advocate, helping them through the system, pointing them in the right direction, making the right contacts. The co-location of health and other community services can provide easy access and 'one stop shops' so that people can discuss issues such as benefits with social security representatives, social care for vulnerable children and adults with social service staff, and seek advice on other issues from Citizen's Advice Bureaux personnel, as part of wider health care.

6.25. GPs also provide specific information on the health status of patients for the purposes of access to housing, transport (DVLA), insurance, and benefits (e.g. Incapacity Benefit and Disablement Allowance). They play a particularly significant role in relation to Statutory Sick Pay and short-term state Incapacity Benefit since the medical evidence they provide to their patients usually acts as the initial entry route to benefit. They also play an important role in the assessment of patients for placement in long-term care (particularly older people) and the identification of the needs of carers along with other local health services. Joint management of services to patients between health and social services, such as integrated support for patients leaving hospital, is crucial both to sustaining health and well-being and to the effective use of resources. The Welsh Office intends to consult Health Authorities, NHS Trusts, Local Authorities, other interested bodies and individuals on ways of achieving greater support and integration.

Crosshands Surgery Healthy Community Project

The Crosshands Surgery Healthy Community Project was set up to address community needs in the Upper Gwendraeth Valley using a community co-ordinator model. The identification of local health needs and the development of inter-agency alliances to meet those needs are key features of the project.

The initiative involved the appointment of a health community co-ordinator based at one of the local GP practices. The role of the co-ordinator is to identify the needs of local communities and address the needs by working in partnership with members of local communities, health and other professionals and voluntary agencies.

6.26. GPs, nurses, health visitors, midwives, dentists and pharmacists also provide patient

education on lifestyle matters that has as much to do with disease prevention as disease management. Advice on exercise, safe sex, diet, smoking, safety and food preparation are relevant here. There is strong evidence (e.g. smoking cessation) that advice and health promotion interventions given by health professionals are well received and effective.

Healthy Living Centres

Wales will receive nearly £20 million for the establishment of a network of healthy living centres spread over the years to 2001-02. £300 million will be provided across the UK for Healthy Living Centres from Lottery Funding via the New Opportunities Fund. (The establishment of the Fund was set out in the White Paper The People's Lottery, published in July 1997.) The funding for Healthy Living Centres is a massive opportunity to improve the health of the people of Wales. Healthy Living Centres will be aimed at those communities, both urban and rural, which experience the poorest health.

Healthy Living Centres will help people to maximise their health and well-being whatever their capacity for 'fitness' in the traditional sense. But Healthy Living Centres will not just be fitness centres. Their focus will be on health as a positive attribute which helps people to get the most out of life, embracing both physical and mental well-being. They will be relevant to people of all ages: a healthy start in life for children, a healthy life for adults of working age, and a healthy retirement for others. There are already many examples of innovative local initiatives designed to improve people's health across Wales and they provide a solid platform for the development of a network of Healthy Living Centres.

Healthy Living Centres will need to create partnerships between local communities, voluntary organisations, and statutory bodies such as Health Authorities and Trusts, Local Authorities, including their social services and education departments. They may also need to involve, health promotion specialists, GPs and primary care services, universities, schools and private sector organisations.

Healthy Living Centres will be locally based, aimed at meeting specific local circumstances. Active local participation through volunteer effort, and a sense of ownership by local people will be essential to make Healthy Living Centres a valued community resource which can attract people who may not be accessing existing services.

Health Promotion

6.27. Effective health promotion at every level is another key element of the new approach. Many agencies have a role to play in providing information, advice and cultural change programmes aimed at improving health. Health Authorities and NHS Trusts provide specialist health promotion units. Health professionals in many settings are important sources of advice and support on aspects of a healthy lifestyle. Local Government has a strong health promotion role. In future, local health promotion initiatives should be co-ordinated across a range of services, within a national strategy.

6.28. Parents, with the support of schools, have the major role in educating children about healthy living, avoidance of harm and dangerous substances, and living safely. A review of the Personal, Social and Health Education curriculum is underway to consider how children can be educated for health and well-being.

6.29. In addition to Education, many other aspects of local authority services promote health and well-being through their work on food safety, road safety, trading standards, environmental protection and personal social services.

6.30. The Health Promotion Authority for Wales (HPAW) runs national programmes and works in partnership with other organisations in the health service and elsewhere to further the promotion of health and well-being. The Secretary of State has asked the Health Promotion Authority for Wales, under the guidance of a multi-agency steering group, to review existing health promotion activity in Wales in preparation for a national strategy to be taken forward by the National Assembly. The review and strategy will take into account the role of local government, the voluntary sector and others involved in health promotion and the need for greater collaboration:

- developing the contribution of health promotion to health improvement and tackling inequalities in health status through:
 - relating public policy towards improving health;
 - enhancing people's skills to improve their health and well-being;
 - strengthening the capacity of communities to achieve health gains;
 - maintaining living and working conditions which promote health;
 - orientating health and social care services towards enhancing health and well-being.

6.31. The review will be subject to wide consultation, leading to an agreed strategy to be published as part of the *Better Health - Better Wales Action Plan* in September 1998.

Research and Development

6.32. Sustainable health and well-being for individuals and communities, alongside the provision of appropriate health and social care, must be based on the best available evidence of effective public policy and practice. To do this, the strategy must be informed by best practice elsewhere in the UK and internationally through strong academic and research links with Europe.

6.33. Following the establishment in 1995 of the Wales Office for R&D (WORD), Wales is developing standards and evidence-based practice designed to underpin health and social care. Refocusing research on public health issues will be important to achieving improvements in health. The Secretary of State has asked WORD, under the guidance of a multi-agency steering group, to develop a strategic framework for promoting high quality research and development to support evidence-based approaches to health improvement. The framework will include recommendations for priority-setting and a support programme to be taken forward by the National Assembly. The strategic framework and support programme will consider the contribution research and development can make to health improvement and tackling inequalities in health status, and effective health and social care, through evidence-based support for:

- refocusing public policy towards improving health;
- providing appropriate and effective management and treatment of ill-health and disability;
- enhancing people's skills to improve their own health and well-being;
- strengthening the capacity of communities to achieve health gains;
- maintaining living and working conditions which promote health;
- orientating health and social care services towards enhancing health and well-being;
- identifying the separate health needs of women.

6.34. This agenda for the review reflects unique arrangements in Wales which bring health and social care research closely together. The review will be subject to wide consultation, leading to an agreed strategy to be published as part of the *Better Health - Better Wales Action Plan* in September 1998.

Collaborative Networks

6.35. A new agenda for *Better Health - Better Wales* needs collaborative action across a broad front. Collaboration already exists in a wide variety of settings; examples of networking are:

- inter-sectoral and interdisciplinary groups such as the Welsh Public Health Network, Welsh Collaboration for Health and Environment, Welsh Food Microbiological Forum and the Welsh Air Quality Forum; and
- professional groups such as the Society of Directors of Public Protection in Wales, Directors of Public Health Medicine, Designated Doctors (Child Protection), Designated Nurses and Midwives (Child Protection), Immunisation Co-ordinators, All-Wales Chief

6.36. The Welsh Office is considering the need for a collaborative network at National Assembly level to which all stakeholders would be expected to contribute. In addition to those listed at 6.35 there are a number of educational establishments, research networks and voluntary organisations who have much to contribute to the debate, the development of policy and its implementation. The National Assembly for Wales could benefit from an arrangement which facilitated the active collaboration of all these groups, underpinned by a comprehensive health information system such as HOWIS. Discussions are at an early stage and suggestions of how such a network might be developed and possible membership are welcome.

How can professional groups play a full part in meaningful collaboration which will improve the health and well-being of communities, in partnership with voluntary and community groups?

The National Assembly for Wales

6.37. Subject to Parliamentary approval, the establishment of the National Assembly for Wales in 1999 will transform public life in Wales and introduce for the first time democratic control of the resources for health. The White Paper, *A Voice for Wales*, outlined the Assembly's intended health functions:

- to monitor the health and well-being of the Welsh population and respond with policies to promote health and tackle ill-health;
- to decide the scale of financial resources for health within its overall budget;
- to identify and promote good practice in health services and hold NHS bodies in Wales to account for their performance;
- to canvass and act upon the views of patients, staff and carers on the quality of NHS services;
- to ensure that NHS Wales has a workforce of well-trained staff.

6.38. In setting the strategic framework for the improvement of health in Wales, the Assembly will require the following:

- information about the health of people in Wales at a national, regional and local authority level;
- guidance and directions to set standards for housing, transport networks, environmental controls, health care and health promotion, and access to health services;
- feedback on the level and achievements of public services in terms of health gains;

- all-Wales services such as research and development for health and social care; and health promotion.

6.39. The objective will be to improve health across Wales and tackle inequalities in health status and in access to appropriate services. The Government believes that this can be achieved by ensuring that health effects are taken into account in other agendas, and by new forms of collaboration. This is not a new idea and we all know how difficult it is in practice. What is new is the encouragement of inclusive policies which operate with the active participation of individuals, local agencies and Government.

6.40. To start to break down the barriers to collaboration at the heart of Government, the Prime Minister has appointed a new Minister for Public Health and appointed a senior Cabinet Committee for Public Health with representatives of 12 Departments. The Welsh Office health minister takes forward this work in Wales. The Social Exclusion Unit is charged with taking action to address inequalities affecting the most vulnerable groups in our society.

6.41. The Welsh Office, in preparation for the National Assembly, is undertaking a fundamental review of the structure of the Health Group, looking specifically at the Assembly's remit for health improvement and tackling inequalities. Mechanisms for cross-departmental working are being developed with the absorption of Tai Cymru Housing for Wales into a new Housing Department and parts of the Welsh Health Common Services Authority and the Health Promotion Authority for Wales coming into the Assembly.

How should collaboration in the context of the National Assembly for Wales be strengthened to ensure that better health drives major policies?

[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

7. MEASURING PROGRESS

This chapter discusses targets and ways of measuring health gain.

7.1. The strategy for *Better Health - Better Wales* must set milestones by which progress can be assessed. This is the issue of quantifying, measuring, and setting goals for, progress towards improving health and well-being and reducing inequalities. We wish to build on the **Health Gain Targets** to measure progress (see Glossary), and to provide a framework against which local targets can be developed that are sensitive to the variety of local circumstances across Wales.

Criteria for setting targets

7.2. In selecting a set of targets for this strategy, the Welsh Office considers that targets should:

- measure significant areas which will progress the achievement of the strategy;
- use established data sources;
- be challenging, but achievable;
- be seen not as a precise measure of progress, but as an indication of the progress that the Welsh Office considers to be possible.

Development of targets

7.3. The Welsh Office intends to establish an expert group to consider further the development of:

- national targets for reducing health inequalities;
- national targets for improving the determinants of health.

7.4. The Welsh Office proposes that Directors of Public Health, in collaboration with Local Authorities, should report to the Chief Medical Officer on progress towards national and local targets, annually; these reports should be based on 3-year rolling Health Improvement Programmes. The Chief Medical Officer will report accordingly on progress throughout Wales to the National Assembly for Wales. The Reports of the Directors of Public Health will continue to provide a means of monitoring at a local level.

7.5. The Chief Medical Officer's independent Annual Report will provide an overview of progress on improving health and reducing health inequalities.

National health gain targets

7.6. The Welsh Office published a set of fifteen **Health Gain Targets** for Wales in June 1997 (DGM (97)50). Health Authorities are expected to work with other local agencies to develop plans for health improvement that cover the targets, and which address inequalities in health between Local Authority populations within each Health Authority. The targets cover:

lung cancer	back pain
breast cancer	arthritis
cervical cancer	mental health
heart disease	smoking
strokes	consumption of fruit and vegetables
accidents	consumption of alcohol
suicides	dental caries (tooth decay)
low birth weight	

A full list of the targets, with their technical specifications, is included in the Glossary.

7.7. This set of targets was developed to include: a broad range of conditions that cover premature death, quality of life, and lifestyles; that are of importance in Wales; where improvement was thought to be realistic; and which are measurable, with a known baseline. The target levels take account of past experience in Wales, in other parts of the UK, and in other comparable countries in Western Europe. These comparisons give a realistic idea of the scope for improvement and of the time-scale over which improvements can be expected.

7.8. It is not a comprehensive list of important conditions, and is not a list of priorities - either for the health service, or for other agencies. What it does represent, taken as a package, is the best available set of indicators and targets for overall improvement of health and well-being in Wales. Most of the targets were set for the year 2002, tied to a five year action programme.

7.9. Recognising the work in progress, the Welsh Office has decided to focus on the 15 **Health Gain Targets**, with the addition of targets for children's health and well-being, for the medium term, recognising that the long-term aim of the strategy will extend well beyond 2002.

National targets for reducing health inequalities

7.10. The Welsh Office is concerned not only with improving the health of the population as a whole, but also in pursuing policies that will have maximum impact on those sections of the population that suffer the worst health. It is proposed to develop, in consultation with key agencies, a number of priority targets for the reduction of inequalities in health in Wales.

National targets for improving the determinants of health

7.11. Although the health of the population as a whole is improving steadily, inequalities in health are widening. This is because the underlying cause of health inequalities lie in the social, economic, and physical environment, and they take time to change. The reality is that a reversal of this trend of widening inequality in health will not become apparent for a number of years. For this reason it is proposed to develop, in the light of comments received during the consultation period, a number of national targets for action on the determinants of health, to act as intermediary indicators of progress with the strategy.

Local targets

7.12. The national targets are intended to monitor progress at the national level. At the local level, there is flexibility through Health Improvement Programmes to develop local strategies and local targets for meeting the national targets, as well as flexibility to develop additional targets to tackle pressing local priorities.

Health Improvement Programmes

7.13. Health Improvement Programmes in each Health Authority area will be in place by late 1999. We envisage that Health Improvement Programmes will:

- give a clear description of how the national aims, priorities and targets for health and well-being will be tackled locally;
- set out a range of locally-determined priorities, with a particular emphasis on addressing areas of major health inequality in local communities;
- specify agreed programmes of action to address these national and local health improvement priorities;
- show that the action proposed is based on evidence of what is known to be effective;
- show what measures of local progress will be used, including those required for national monitoring purposes;
- indicate what local organisations have been involved in drawing up the plan, what their contribution will be and how they will be held accountable for delivering it;
- ensure that the plan is easy to understand and accessible to the public;
- be a vehicle for setting strategies for the shaping of local health services;
- using a process of risk assessment, decide local priorities for occupational health and safety.

7.14. The new arrangements will mean that a collaborative approach to housing improvements, integrated transport schemes and improved local services can be considered within the same local

frameworks as health and social care. On the local government side, this approach will be underlined by the Government's intention to impose a duty to achieve Best Value across the full range of services, including those which Councils deliver as part of Health Improvement Programmes. Community and voluntary groups will also be given important opportunities to influence and evaluate Health Improvement Programmes. These will be the main planning tool for improving health and targeting health inequalities.

How should Health Improvement Programmes be carried out?

In particular how should responsibilities for identifying and acting upon inequalities in health status be used effectively?

[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

8. INVESTING IN THE FUTURE

This chapter describes proposals for taking the broad public health gain agenda forward.

8.1. Despite the considerable reduction in premature mortality across the whole population, the gap between those with the best health and those with the worst is widening. Health improvement and narrowing of health inequalities between social groups is likely to be achieved primarily by economic, social, environmental and public health policy rather than by medical or other personal health care services.

8.2. The evidence that death rates in a substantial minority of the Welsh population are not declining as fast as those in the majority should be a matter of public concern and debate. Instead of achieving the World Health Organisation (1995) target of reducing health inequality by 25% by the year 2000, it is likely that there will have been an increase of 25% in inequality.

8.3. The continuing economic differences in Wales suggests that the mortality divide between poor and wealthy areas may increase, unless decisive action is taken to redress the balance.

8.4. The aim of *Better Health - Better Wales* is to improve the health prospects for our children and young people and to extend the active and productive lives of everyone. This means safe environments, healthy housing, schools, workplaces and public places and healthy lifestyle, including access to work and leisure opportunities. When this is not possible, we should ensure that the best care is provided that adds quality to life as well as extending life.

Sustainable Health Action Research Programmes

8.5. The Welsh Office proposes to set up a 5 year action research project designed to show the most effective ways of breaking the cycle of poor health in Wales. The project will focus on communities with the highest incidence of ill-health and premature death, social exclusion and poor life chances. Areas will be chosen to reflect urban and rural issues. Action will focus on learning lessons about what works in addressing the effects on health of housing, unemployment, social distress and poor access to services in a variety of settings. The information gained will be used, as it becomes available, to inform decisions about resource allocation and future development.

8.6. The criteria for the project will:

- include Wales-wide action research;
- focus on small communities with significant poor health;
- include small-scale actions which are replicable in a variety of settings;

- take account of the culture and geography of Wales;
- build on successful community regeneration schemes;
- involve local women and men, local agencies and professionals in the design and delivery;
- involve local agencies and professionals;
- test a range of assumptions about what works to build healthy communities.

How should Sustainable Health Action Research Programmes be designed to harness skills at every level and make the best use of resources in reducing inequality?

Health Impact Assessment

8.7. All policies impact on people's lives, some to a greater extent and with more immediacy than others. The health experience of a population, at national or local level, can reflect the impact of such policies. Except in a relatively few examples the causal relationship between policies and health or well-being of a population is rarely direct and simple. Nevertheless comparisons of the health effects of policies over time and in differing political contexts enables judgements to be made on the possible outcomes of policy choices.

8.8. Health Impact Assessment is a relatively recent idea which is designed to be supportive but critical, and to inform the policy making process. Over the past decade Health Impact Assessment has been adopted in the European Union, Canada, Australia, New Zealand and by countries in the developing world. In England a formal health impact assessment of Manchester's proposed second runway led to the implementation of all the recommendations made to safeguard health while realising the economic benefits of the development.

8.9. The essence of Health Impact Assessment is:

- applying screening criteria to help select policies or projects for Health Impact Assessment;
- profiling the areas and communities affected;
- applying a pre-defined model of health to predict potential impacts;
- evaluating the importance, scale and likelihood of those impacts;
- option appraisal and recommendations for action.

8.10. The purpose is not to obstruct but to facilitate policy creation by identifying, early on, possible adverse health impacts and how to overcome them. At its simplest, this may mean long-term surveillance of health effects with mechanisms for early and corrective measures to be taken.

8.11. Health Impact Assessment can also be a useful tool to define the likely effect of policies on the health of populations. The methodology is well-defined and tested and can be readily implemented.

How should health impact assessment be used in setting public policy in Wales?

Information and Communication

8.12. To help support and improve health, patients and individuals will increasingly demand and expect information about:

- general health matters, health promotion, ill-health avoidance and self care;
- specific conditions;
- types of NHS services available, and how and when best to access these services;
- choice of services available with information on quality, effectiveness, waiting time etc.

8.13. They will also expect the information to be presented through a number of different ways but in a consistent, accessible and attractive manner. This will help them to access and use services more effectively and give them more control over their circumstances.

8.14. It is also important to ensure that the NHS community itself is well informed. Having the most appropriate and best available information to hand when making decisions helps ensure that these decisions are correct and appropriate, from the best treatment for a particular patient with a specific problem through to the information needed to help reduce variations in health and ensure appropriate services are made available according to the health needs and status of local populations.

8.15. Many organisations and individuals play a part in providing this information, including government, the media, voluntary groups, women's organisations, school, telephone health information services, and those working in the NHS. The information comes from a variety sources, including:

- locally-collected information relevant to service needs;
- centrally-collated data based on extracts from locally-captured information and other external sources;
- multiple data bases, surveys and systems: such as the Health of Wales information system (HOWIS) proposed in the White Paper *Putting Patients First (Cm 3841)*,[cm](#) which will give access to aggregated anonymous data in easily understandable formats; or the new national survey of patient and user experience which will be introduced at Health Authority level from 1998.

8.16. There is already a bewildering amount of information available to the public and the NHS. However, much of it is of questionable quality and is often conflicting in nature. The NHS needs to co-ordinate its information resource more effectively, making best use of new forms of communication such as the Internet and digital communications services, to provide the information in a form that can be used by individual citizens, healthcare professionals, service providers and policy makers alike.

8.17. Information on its own is not enough. We need a communication strategy which will ensure:

- use of data to provide information relevant to service providers, commissioners, users/clients/patients, in a user-friendly format adjusted for particular 'receiver's' perceptions and needs;
- collaborative work with the media - developing the 'action plan', monitoring progress and getting key health messages across to the general public;
- an effective 'marketing' strategy - local newspapers (including the free newspapers/radio/TV), the Internet, shopping centres, libraries;
- effective risk communication - how do we communicate risks to health in a clear and easily understood way which enables individuals and communities to take appropriate action to improve their health status?

8.18. If the public health strategy is to be successful it will depend upon access to accurate information. This will require a more effective corporate and co-ordinated approach. Without access to information from a wide range of sources it will be very difficult to assess the health of the population and the effectiveness of the public health strategy in addressing problems.

What information would make you more informed about health and how would you wish to see it provided?

What information is needed to help bring about improvements in the health of the people of Wales?

What information is needed to help inform debate about public health issues in Wales?

Summary

8.19. There is a need then, to develop a health improvement strategy that takes account of the profound inequalities in health within Wales, and of the variation in health determinants that have led to them; a strategy which truly reflects the 'organised efforts of society'. Failing to tackle this issue would be a wasted opportunity to address the significant differences in the opportunities and problems existing in Wales.

[Previous](#)[Contents](#)[Next](#)

Prepared 14 May 1998

GLOSSARY AND TECHNICAL TERMS

Health Gain Targets

These were developed by an expert group and announced by the Secretary of State for Wales in June 1997. Together they are intended to measure progress towards improved health in Wales. The NHS are expected to develop plans to address these targets over the next 5 years.

<u>Indicator</u>	<u>Target</u>	
1.	Cancer of trachea, bronchus, lung. ICD 162	<ul style="list-style-type: none"> a. Reduce European standardised mortality rate for lung cancer in men under the age of 75 by at least 54% by 2010 (from 49.2 per 100,000 in 1995 to no more than 22.6 in 2010). b. Reduce European standardised mortality rate for lung cancer in women under the age of 75 by at least 21% by 2010 (from 23.0 per 100,000 in 1995 to no more than 18.2 in 2010). <p><i>In addition, the smoking targets 12(a) and 12(b) are to be regarded as interim measures of progress in 2002.</i></p>
2.	Cancer of female breast. ICD 174	Reduce the European standardised mortality rate from breast cancer in women age 50 to 74 by at least 30% by 2002 (from 83.9 per 100,000 in 1995 to no more than 58.7).

3.	Cervical cancer. ICD 180	<p>Reduce the European standardised registration rate for invasive cervical cancer in women by at least 50% by 2002 (from 21.9 per 100,000 in 1990 to no more than 11.0).</p> <p><i>The target set will be reviewed in the light of more up-to-date and validated data from the Wales Cancer Registry, when they become available.</i></p>
4.	Coronary heart disease (Ischaemic heart disease). ICD 410-414	<ul style="list-style-type: none"> . Reduce the European standardised mortality rate from coronary heart disease for people aged under 65 by at least 50% by 2002 (from 50.3 per 100,000 in 1995 to no more than 25.2). b. Reduce the European standardised mortality rate from coronary heart disease for people aged 65 to 74 by at least 25% by 2002 (from 820 per 100,000 in 1995 to no more than 615).
5.	Cerebrovascular disease (strokes). ICD 430-438	<ul style="list-style-type: none"> . Reduce the European standardised mortality rate from stroke in people aged under 65 by at least 20% by 2002 (from 11.5 per 100,000 in 1995 to no more than 9.2). b. Reduce the European standardised mortality rate from stroke in people aged 65 to 74 by at least 25% by 2002 (from 218.4 per 100,000 in 1995 to no more than 163.8).

6.	Accidents. ICD E800-949	<p>Reduce the European standardised mortality rate for accidents, for all ages, by at least 15% by 2002 (from 20.7 per 100,000 in 1995 to no more than 17.6).</p> <p><i>The possibility of using the All-Wales Injuries Surveillance System to set and monitor a target for the incidence of serious injuries resulting from accidents will be kept under regular review.</i></p>
7.	Suicide and undetermined deaths. ICD E950-959, E980-989	<p>Reduce the European standardised mortality rate from suicide (including undetermined deaths) by at least 10% by 2002 (from 12.3 per 100,000 in 1995 to no more than 11.1).</p>
8.	Low birth weight.	<p>Reduce to below 6% the proportion of babies of low birth weight (below 2,500 gms) by 2002.</p> <p><i>The possibility of separating out the very low birth weight babies (below 1,500 gms) from the rest will be kept under regular review.</i></p>
9.	Back pain.	<p>Reduce by at least 10% by 2002 the proportion of people aged under 65 who report that they have back pain which has been treated by a doctor, as measured by the Welsh Health Survey, from 27.4% in 1995 to no more than 24.7%.</p>
10.	Arthritis.	<p>Increase the mean Physical Component Summary Score in people aged 65 and over who report that they have arthritis, which has been treated by a doctor to 34.9 by 2002 (from 32.4 in 1995), as measured by the Welsh Health Survey.</p>

11.	Mental health.	Increase the mean Mental Component Summary Score for Wales to 50 (equal to that of the USA) by 2002 (from 49.5 in 1995), as measured by the Welsh Health Survey.
12.	Smoking.	<ul style="list-style-type: none"> . Reduce the proportion of adults age 18 to 64 who smoke (daily + occasionally) to no more than 20% for both men and women by 2002 (from 31.5% in men and 28.1% in women in 1993). b. Reduce the proportion of 15 year old children who smoke (at least weekly) to no more than 16% for boys and 20% for girls (from 23% in boys and 29% in girls in 1996). c. Increase the proportion of women who give up smoking during their pregnancy to at least 33%. <p><i>The target for smoking in pregnancy will be taken forward as a pilot exercise with the Health Authority Co-ordinating Group, where agreement on a precise definition, and on data sources, will be sought.</i></p>
13.	Consumption of fruit and vegetables.	<ul style="list-style-type: none"> . Increase the proportion of adults aged 18 to 64 who eat green vegetables or salads most days to at least 40% by 2002 (from 32.8% in 1993). b. Increase the proportion of adults aged 18 to 64 who eat fresh fruit most days to at least 55% by 2002 (from 44.3% in 1993).

14.	Alcohol consumption.	Reduce the percentage of men aged 18 to 64 consuming more than 21 units of alcohol per week to 18% by 2002 (from 26.4% in 1993), and of women aged 18 to 64 consuming more than 14 units per week to 7% by 2002 (from 8.5% in 1993).
15.	Dental caries.	Reduce the proportion of children experiencing dental caries (DMFT of 1 or more) by 5 percentage points as measured in BASCD Co-ordinated Surveys, from 53% of 5-year-olds in 1995 to 48% by 2002, and from 64% of 14-year-olds in 1994 to 59% by 2002.

Local Agenda 21

At a UN Special Session in June 1997 the Prime Minister urged all Local Authorities in the UK to adopt Local Agenda 21 strategies. These apply the principles of sustainable development within their own areas. To assist in this process the Welsh Office published Sustainable Communities in Wales for the 21st Century Why and How to Prepare an Effective Local Agenda 21 Strategy in January 1998: this is a guide to encourage Local Authorities, with the involvement of all sections of their communities, to press ahead with their strategies.

Mortality rate

The ratio of the total numbers of deaths to the total in any particular population.

Standard Occupational Classification

Class	Occupation	<i>For example:</i>
I	professional	<i>physicist, vicar, dentist</i>
II	managerial and technical	<i>librarian, nurse, journalist</i>
III(N)	skilled, non-manual	<i>photographer, clerk, salesperson</i>

III(M)	skilled, manual	<i>bricklayer, watchmaker, electrician</i>
IV	partly skilled	<i>caretaker, waiter, gardener</i>
V	unskilled	<i>cleaner, labourer, messenger</i>

[Previous](#)[Contents](#)[Next](#)

Prepared 14 May 1998

SOURCES

- u Abel - Smith B. An introduction to health policy, planning and financing. Longman, 1994.
- v Advisory Group on Osteoporosis. Report. Department of Health, 1994.
- w Allen, I. Education in Sex and Personal Relationships. Policy Studies Institute, 1987.
- x Best R. The Housing Dimension. In: Benzeval M, Judge K, Whitehead M. Tackling inequalities in health - an agenda for action. London: Kings Fund, 1995.
- Y Bethune A. Unemployment and Mortality. In: Drever F, Whitehead M. Health Inequalities. London: Office of National Statistics, 1997.
- U Blane D, Brunner E, Wilkinson R. Health and Social Organisation - towards a health policy for the 21st century. London: Routledge, 1996.
- V Blum H. Planning for Health. New York (1st and 2nd edition): Human Sciences Press, 1974, 1981.
- W Brenner M H. Political Economy and Health. In: Amick B C, Levine S, Tarlov A R, Walsh D C. Society and Health. Oxford: Oxford University Press, 1995.
- X Canadian Government. A New Perspective on the Health of Canadians (Lalonde Report). Ottawa: Department of Health and Social Welfare, 1974.
- at DETR. Opportunities for change - consultation paper on a revised UK strategy for sustainable development. 1998.
- ak Dyfed Powys Health Authority. Powys Farm Accident Reduction Project.
- al Evans R G and Stoddard G L. Producing Health, Consuming Healthcare. Soc Sci Med, 31:1347-1363, 1990.
- am Evans RG and Stoddard G L. Producing Health, Consuming Healthcare. In Evans R G, Barer M L and Marmor T R. Why Are Some People Healthy and Others Not? The Determinants of Health of Populations. Berlin: Walter de Gruyter, 1994.
- an Hart J T. The Inverse Care Law. Lancet, I, 405-12.
- ao Hart N. The Social and Economic Environment and Human Health. In Detels R et al: The Oxford Textbook of Public Health (3rd Ed). Oxford: Oxford University Press, 1995.
- ap Health Promotion Authority for Wales. The Welsh Youth Health Survey. 1996.
- aq Health Promotion Authority for Wales. Promoting Health and Putting Action into Context. 1997 .
- ar Health and Safety Commission. Health and Safety Statistics, 1995/96. HSE Books, 1996.
- as Health and Safety Executive. Self-reported work-related illness in 1995 - results of a household survey. HSE Books, 1998.
- bt Ketting E. The Dutch experience of teenage pregnancy - lessons for Wales. West Glamorgan: Proceedings of a one day international seminar, 1993.
- bk Last J. Public health and human ecology. Appleton Lange, 1998 (2nd edition).

- bl McKeown T. The Role of Medicine. Oxford: Basil Blackwell, 1979.
- bm Monaghan S. An Atlas of Health Inequalities between Welsh Local Authorities. Welsh Local Government Association, 1998.
- bn Documents of the National Radiological Protection Board Vol. 1, No. 1 - Human Exposure to Radon in Homes.
- bo Swansea University. Welsh Housing Associations Tenancies and Sales.
- bp Townsend P, Whitehead M, Davidson N (eds). Inequalities in Health: The Black Report and the Health Divide. Penguin books, 1992.
- bq Welsh Office. Welsh Housing Statistics 1997. Statistical Directorate.
- br Welsh Office. The Welsh Housing Survey 1996. Statistical Directorate.
- bs Welsh Office. The Welsh House Condition Survey 1993. Statistical Directorate.
- ct Welsh Office. The Welsh Health Survey 1995. Government Statistical Service, 1996.
- ck Welsh Office. Social Class and Health. Health Statistics and Analysis Unit, 1997.
- cl Welsh Office. Welsh Health - Annual Report of the Chief Medical Officer - 1996. Cardiff, 1997.
- cm Welsh Office. Putting Patients First. HMSO, 1998.
- cn Welsh Office. The Health of Children in Wales, 1997.
- co Welsh Office. BEST. HMSO, 1997.
- cp Williams H, Dodge M, Higgs G, Senior M, Moss N. Mortality and Deprivation in Wales. Cardiff: University of Wales, 1997.
- cq Wilkinson R. Health Inequalities: relative or absolute material standards? BMJ: 314: 591-5, 1997.
- cr Wilkinson R. Unhealthy Societies. London: Routledge, 1997.

[Previous](#)

[Contents](#)

[Next](#)

Prepared 14 May 1998

QUESTIONNAIRE: YOUR VIEWS ON IMPROVING HEALTH AND WELL BEING

SUSTAINABLE HEALTH AND WELL-BEING

Healthy Workplaces

1. *How can more employers, employees and organisations such as trade associations and trade unions make even more effective contributions to controlling workplace risks and ensuring sustainable health in the workplace?*

Community Safety

2. *How could action to improve health strengthen crime reduction strategies?*

Personal and Family Support

3. *How should public policy protect children and families and how can all sectors of the community develop caring roles?*

Social Exclusion

4. *How should minority groups be included in policies for improving health and well-being?*

HEALTHY LIFESTYLE

5. *How can we encourage a healthy lifestyle with people making choices that sustain and improve their health and well-being?*

Sexual Health

6. *Are we prepared to take down the barriers to effective communication on these subjects in order to address the unacceptably high rate of teenage pregnancy and to control the spread of sexually acquired infection?*

Oral Health

7. In view of the strong evidence that fluoride prevents tooth decay, should the Government require *Water Companies to fluoridate supplies, if this is supported by the majority of people?*

Preventing Disease

8. *Are there ways in which screening and prevention programmes can be made more effective?*

Healthy Schools

9. *How could education and training be used better to inform people about health and encourage people to look after their own health?*

School Health Services

10. *How could a new partnership approach benefit the health of children in schools?*

Accidents

11. *How can we increase safety standards and prevent accidents?*

HEALTHY ENVIRONMENT

Social Housing

12. *How can social landlords and tenants' organisations develop their role in strengthening communities?*

13. *How can they make a more positive impact on the health and well-being of people?*

Housing

14. *How should housing policies be developed to take account of community safety and sustainable health, particularly where there are concentrations of sub-standard houses?*

Chemical and Hazardous Incidents

15. *How can we develop our priorities to ensure a sustainable balance between the protection of public health and the environment?*

PARTNERSHIPS FOR HEALTH

16. *How should responsibilities for identifying and acting upon inequalities in health status be*

shared by different agencies?

Individuals

17. How best can individuals be encouraged to look after their own health within communities, workplaces, schools and other environments?

Community and Voluntary Organisations

18. How can voluntary organisations play a full part in improving the health and well-being of their communities, in partnership with professionals and other services?

Local Authorities

19. How best can Local Authorities play a full part in improving the health and well-being of their populations, in particular responsibilities for identifying and acting upon health determinants, such as housing, which impact on health?

The NHS

20. How should these duties be carried out, in particular responsibilities for identifying and acting upon inequalities in access to acute services and differing outcomes for patients?

Local Health Groups

21. How best can Local Health Groups be equipped to undertake this work, in particular responsibilities for identifying and acting upon inequalities in health status and actively promoting health improvements?

Collaborative Networks

22. How can professional groups play a full part in meaningful collaboration which will improve the health and well-being of communities, in partnership with voluntary and community groups?

The National Assembly for Wales

23. How should collaboration in the context of the National Assembly for Wales be strengthened to ensure that better health drives major policies?

MEASURING PROGRESS

24. *How should Health Improvement Programmes be carried out?*

25. *In particular how should responsibilities for identifying and acting upon inequalities in health status be used effectively?*

INVESTING IN THE FUTURE

Sustainable Health Action Research Programmes

26. *How should Sustainable Health Action Research Programmes be designed to harness skills at every level and make the best use of resources in reducing inequality?*

Health Impact Assessment

27. *How should health impact assessment be used in setting public policy in Wales?*

Information and Communication

28. *What information would make you more informed about health and how would you wish to see it provided?*

29. *What information is needed to help bring about improvements in the health of the people of Wales?*

30. *What information is needed to help inform debate about public health issues in Wales?*

Your Views

The Welsh Office welcomes views on the issues raised in this paper and will take these into account in developing an Action Plan to be published in September 1998. Please send comments to:

**Nicola Rodgers
Public Health Division
Welsh Office
Cathays Park
CARDIFF
CF1 3NQ**

Comments should be received by **31 July 1998**.

Unless marked 'confidential' your views may be published in whole, or in summary form, and copies may be placed in the Libraries of the Houses of Parliament.

Further copies of Better Health - Better Wales are available from the Health Professionals Support Unit, Welsh Office, Cathays Park,

CARDIFF CF1 3NQ. Telephone 01222 825417. The document is also available on:

<http://www.official-documents.co.uk/document/cm39/3922/3922.htm>

Previous

Contents

Prepared 14 May 1998