

# STRATEGIC FRAMEWORK

## October 1998

### Better Health Better Wales

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### FOREWORD

Individuals, voluntary and community groups, churches, tradesunions, employers, local authorities, public agencies and the NHS have responded with enthusiasm to the consultation launched with the publication of Better Health - Better Wales in May 1998. Responses overwhelmingly support the Government's manifesto commitment to improve people's health and to bring the level of those with the worst health up to the level of the best. There is strong support for making health protection and improvement a first principle of public services through Health Impact Assessment. Above all, the Government's agenda for tackling poor health through the economic and social factors which influence health and well-being is widely welcomed. Many responses are detailed, reflective and realistic. Many see the creation of the National Assembly as a unique opportunity to drive the corporate health agenda necessary to reverse the legacy of ill-health in Wales.

We are already changing the social, economic and environmental factors that lead to poor health, with policy initiatives in employment, education, transport, sustainable development and food safety. The programmes to combat social exclusion, community safety audits, review of housing standards and tobacco control will all contribute.

There is a key role for local authorities in protecting and promoting health and well-being. Our proposals for modern, democratic local government, based on principles of best value and agreed standards of service, allied to new responsibilities for community leadership and partnership with the NHS, will improve health, especially in the most deprived communities. The new NHS, which will be judged on whether it achieves a better quality of health care which contributes to improved health, as well as on efficiency, will lead the action to achieve health gain targets. Both the NHS and local government must set the standard as health-promoting employers.

Health authorities will have new responsibilities for health promotion and strengthened public health functions. The National Assembly will implement a National Health Promotion Strategy and other recommendations set out in the Review of Health Promotion in Wales (Welsh Office, September 1998). From next year, Health Improvement Programmes will set out joint collaboration and shared investment between the NHS and local authorities for health improvement and action to reduce inequalities.

The National Assembly with responsibilities for health improvement and protection will have enhanced support both from a new team in the Welsh Office and from a new Wales Centre for Health. The Chief Medical Officer has been asked to bring forward proposals for this support and

advice structure, including a review of the role of statutory health advisory committees. These arrangements will co-ordinate the response of health protection agencies and ensure that we have the organisation and expertise necessary to deliver this challenging programme.

This paper sets out the next steps in developing a strategic framework to be taken forward by the Assembly and by all those who have expressed their commitment in their own spheres.

**Ron Davies**  
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for Wales

**Jon Owen Jones**  
Parliamentary Secretary  
Welsh Office

**Peter Hain**  
Parliamentary Secretary  
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## **1. EMERGING STRATEGY FOR BETTER HEALTH - BETTER WALES**

1.1. This Strategic Framework sets out the aims and priorities for improving health and reducing health inequalities. Many parts of the Strategic Framework require further work before Action Plans can be drawn up - where this can already be identified, the next steps are shown in the text. This Framework should be read in conjunction with Better Health - Better Wales (Cm 3922) and other consultation papers emanating from the NHS White Paper Putting Patients First (Cm 3841). These include: A Review of Health Promotion Arrangements; a new Strategic Framework for Health Research and Development; Involving the Public; and Quality Care and Clinical Excellence; and Local Health Groups. Papers on the development of Local Government and joint working between local authorities and the NHS are also relevant.

1.2. Responses to the Green Paper: Copies of responses to Better Health - Better Wales are available for inspection at the Welsh Office Library, Cathays Park, Cardiff. A list of respondents and a summary of responses are available from Public Health Division 5, Welsh Office, Cathays Park, Cardiff, CF1 3NQ (tel. 01222 825410).

1.3. The Welsh Office intends to consult further on the detailed implementation of the Strategic Framework. We will ask key players to take responsibility for developing the ideas put forward in the consultation into policy proposals. We will continue the in-depth analysis of responses and will commission further research. Immediate action will be taken where needs and remedies are clear and urgent.

1.4. A number of the initiatives and actions referred to in this Framework are already being implemented but are included here to provide a clearer picture of what is being done across government in the public health field or in areas where there is a significant public health interest.

1.5. Objective of the Strategic Framework: To provide a comprehensive, multi-disciplinary framework for national and local action which will contribute to:

- preventing disease and improving substantially 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; and
- improving the health and safety of people at work.

1.6. The values under-pinning this action 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; and

**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.

1.7. Action will be taken to:

- ensure policies contribute to health and avoid harm, and development proposals are evaluated through Health Impact Assessment;
- develop corporate action for health by the National Assembly to address unemployment, low living standards, low educational attainment, environmental degradation and poor access to services;
- establish research linking the determinants of health with policy outcomes, through a Sustainable Health Action Research Programme;
- establish a multi-disciplinary Wales Centre for Health;
- encourage joint responsibilities between local authorities and health authorities for delivering local Health Improvement Programmes;
- establish new arrangements for inter-agency collaboration and shared investment;
- develop Health Alliances in local authority areas to strengthen public health action;
- develop a Children's Strategy for Wales;
- introduce Tobacco Control measures;
- implement the recommendations of the Review of Health Promotion Arrangements in Wales, through a National Strategy for Health Promotion;
- develop a National Strategy for Surveillance and Control of Infectious Disease;
- increase food safety through a National Joint Taskforce for Food Safety;
- raise food standards and safety and increase consumer information on good nutrition through a new Food Standards Agency;
- develop a National Strategy for Sexual Health;
- strengthen healthy workforce and healthy workplace initiatives;
- broaden the evidence base about health-related outcomes, through a new Sustainable Health Research Programme managed by the Wales Office for Research and Development in Health and Social Care(WORD); and
- establish a new programme of multi-professional public health training in conjunction with the Welsh Collaboration for Health and Environment (WCHE).

1.8. Priorities for 1999 - 2002 are to:

- establish corporate health planning by the National Assembly, including Health Impact Assessment;

- bring together the best public health surveillance and advice to support decision-making by establishing a multi-disciplinary Wales Centre for Health;
- ensure children have the best start in life and are supported by their parents and their schools in understanding good nutrition, sexual health and positive relationships, and reach their potential, through establishing an expert group to develop and monitor targets for children's health and well-being;
- strengthen safeguards against children being abused or neglected, through new standards of care for looked after children; and a new multi-agency Sure Start programme;
- establish a strategy for healthy environments, including improved air quality standards, land use and planning measures, and a national collaboration for managing hazardous chemicals;
- develop the National Assembly's plan for sustainable development;
- promote healthy workplaces in Government, the NHS and the public sector, industry, business and agriculture, through an alliance with the Health and Safety Commission / Executive in Wales and local government to promote occupational health, and through an extension of the Corporate Standard for Health Promoting Business;
- promote healthy communities, through a duty of community leadership for local authorities including tackling social inclusion, community safety, environmental improvements and poor housing;
- develop a national strategy for infectious disease surveillance control;
- extend advice and support to promote sexual health;
- establish a Welsh Executive of the Food Standards Agency;
- provide information on health for the public and for agencies, through a Health of Wales Information System (HOWIS); and through NHS Direct, a telephone help-line operated by experienced nurses;
- provide help targeted towards drug and alcohol misuse;
- contribute to a joint Department of Health and Welsh Office service framework for mental health, including child and adolescent psychiatry; and
- establish inter-disciplinary training as the norm for health, social care and environment professionals.

1.9. Resources: Any additional resource pressures arising from this Strategic Framework will be funded from within existing resources.

1.10. The following sections describe the aims, drivers for action and agencies required to implement the Strategic Framework for Health and Well-being in Wales. These are designed to ensure that everyone in Wales has good prospects, good living conditions, and a level of health and well-being that copes with the challenges of life.

## **2. SUSTAINABLE HEALTH ALLIANCES**

**Aim: to provide structures and expertise to support sustainable health and well-being in Wales.**

### **Drivers for Action:**

- Wales Centre for Health
- Health Alliances
- Health Network
- Health Promotion Strategy

- **Research and Development**

2.1. The Welsh Office is currently considering proposals for the internal support structures that will be needed to support the National Assembly in the health field. The proposals involve the establishment of new directorates for the NHS and for health promotion and protection. There will also need to be a cross-cutting departmental network within the Assembly's executive to co-ordinate and monitor the public health aspects of Assembly policies.

### **Wales Centre for Health**

2.2. The National Assembly for Wales will have responsibility for improving and protecting the health and well-being of people in Wales and, in particular, for taking action to reduce inequalities in health. This will require new arrangements to bring together information and evidence on which to base policy decisions, professional surveillance of health trends and risk assessment of threats to health and well-being. The Assembly should be able to draw upon the knowledge and experience of those outside the executive.

2.3. The Welsh Office therefore intends to establish a Wales Centre for Health in conjunction with academic and public sector partners. The Centre will be a focus for multi-disciplinary advice, debate and professional development. Its functions will include:

- providing a forum for multi-disciplinary advice on health hazards;
- risk assessment of threats to health;
- disseminating research and other evidence to support decision-making;
- support for multi-professional training in sustainable health; and
- liaison with national and international multi-professional groups.

### **National Network for Health**

2.4. The Wales Centre for Health will act as a focus for strategic development of multi-disciplinary action to improve health. It will lead and co-ordinate; it will not supplant existing expertise or functions. It will be necessary for the Centre to be supported by the commitment and expertise of a wide range of agencies at an all-Wales level. It is therefore proposed to establish a National Network for Health to incorporate and strengthen the existing informal Public Health Network. The new Network is expected to meet as a Standing Conference at least twice a year. Its principal functions would be to:

- support the functions of the Wales Centre for Health;
- share expertise and facilitate multi-disciplinary action;
- promulgate best practice, based on evidence and research;
- advise the Chief Medical Officer on multi-disciplinary health issues, as required; and
- be a source for training initiatives and professional development.

2.5. The Chief Medical Officer intends to consult on the membership of the National Network for Health. In addition to Directors of Public Health and Directors of Public Protection, representatives from other key professions and organisations across Wales will be invited to participate and contribute to the Network.

### **Health Alliances**

2.6. The establishment of the Wales Centre for Health, supported by the National Network for Health, will provide the national focus for strategic co-ordination of public health skills such as epidemiology, micro-biology, environmental health and personal social services. To be effective in raising the level of health and in tackling health inequalities, the new national structure will need to be supported by a local delivery structure. It is proposed to develop local Health

Alliances, in each local authority area, to bring together multi-sector agencies to protect and improve health. These are already in place in some parts of Wales, usually led by local authorities and health authorities and with a range of other partners such as GPs, voluntary and community groups and businesses. The Welsh Office, in consultation with the Welsh Local Government Association and the Welsh Collaboration for Health and the Environment, intends to publish a best practice framework for Health Alliances. In principle, Health Alliances should broadly engage local partners to:

- gain a wider understanding of how health gain can be achieved;
- ensure better co-ordination between local health and environment services;
- increase local capacity and abilities in public health skills;
- develop local health promotion capacity in conjunction with local health promotion specialists;
- facilitate a network for sharing health and environment information; and
- support communities in action to improve health, living conditions and life chances.

2.7. The partners in each local Health Alliance will be for local determination in the light of the issues to be addressed under the wider public health agenda. The Welsh Office recommends that an Alliance should be led by the local authority taking corporate responsibility for cohesion of its own services such as public protection, environmental health, education, leisure and recreation, housing and personal social services and drawing upon the contributions of the NHS and others, including community and school nursing services, local Drug and Alcohol Teams, community regeneration partnerships, local County Voluntary Service and members of local crime prevention/community safety schemes, in support of coherent and comprehensive programmes of health-improving activity. The active support of local elected members will be crucial to its success. This approach mirrors closely the proposals set out in the Welsh Office's recent Local Government White Paper 'LocalVoices', which, in establishing an agenda for modernising local government, provides councils with clear discretionary power to engage in partnership arrangements with other local bodies including NHS bodies, that operate locally for any purpose which supports their functions, including the function of promoting the economic, social, and environmental well-being of their areas.

2.8. The Welsh Office discussion document Partnership for Improvement (October 1998) proposes new arrangements to enable the NHS and social services to pool budgets; for each to delegate funds or functions to the other; and to provide integrated services. It will be equally important for local authorities and health authorities to consider how to work together and with others both strategically and operationally across the full range of other local government services which impact on health, for example, environment, education and housing. The proposals outlined here for local Health Alliances should facilitate local multi-disciplinary working across all public health functions.

### **Health Improvement Programmes**

2.9. Health Improvement Programmes (HIPs) will be the main planning mechanism for addressing health improvement. Health authorities, in conjunction with other partners, are preparing Interim Framework Health Improvement Programmes for 1999/2000. Full HIPs will be developed for 2000 - 2005 when the proposed new structures will be in place. When fully established, local Health Alliances will be expected to contribute to local health needs assessment and to help the Local Health Group in contributing to the component parts of the HIP.

### **Health Promotion Strategy**

2.10. During 1998 an expert group reviewed the arrangements for health promotion in Wales and brought forward recommendations for a National Strategy for Health Promotion to be taken forward by Health Promotion Wales within the National Assembly. The proposals include:

- a 10 year national strategy for national and local implementation;
- greater use of information technology to improve the quality of, and access to, information for the public and professionals;
- strengthening the local specialist units to improve the delivery of health promotion services and support across Wales;
- an audit of expenditure on health promotion resources and programmes;
- a new performance framework;
- programmes of research and evaluation to underpin action based on evidence;
- a multi-disciplinary, multi-sector expert committee to advise the National Assembly on health promotion issues; and
- continued national and international links and collaboration with the World Health Organisation and the European Commission.

2.11. The full report: A Review of Health Promotion in Wales available from Health Promotion Wales, is out for consultation until 11 December 1998. A National Strategy for Health Promotion will be prepared for adoption by the National Assembly, taking account of responses to the consultation.

### **Research and Development**

2.12. An expert committee under the chairmanship of the Chief Medical Officer has reviewed the Wales strategy for Research and Development (Making a Difference: Research and Development for Better Health and Health Care, October 1998). The committee's report is available from the Wales Office of Research and Development for Health and Social Care.

2.13. The overall aim of the committee's proposals for a new Strategic Framework to support R&D is to: "improve our understanding of the influences on health and demand for health care and to improve the effectiveness of health services". In support of this aim, the health related R&D programme will be developed under three areas:

- Best Care for Patients - addressing the effectiveness of healthcare delivery;
- Sustainable Health and Well-being - covering issues around determinants of health; and
- Accessing and Using Research - ensuring that the research findings, both positive and negative, are integrated into service planning and practice.

The work on sustainable health should contribute to the developmental work of the Wales Centre for Health.

### **Chief Medical Officer's Project**

2.14. The Chief Medical Officer will consult on the most appropriate way to establish these new arrangements and will bring forward proposals by April 1999.

## **3. SUSTAINABLE COMMUNITIES**

**Aim: to ensure economic and social well-being which promotes health in all sectors of the community in all parts of Wales.**

### **Drivers for Action:**

- employment and the economy
- local government action for health
- NHS action for health

- voluntary sector partnerships
- social inclusion
- workplace health

## **Employment and the Economy**

3.1. The economic health of Wales and the health of people living in Wales go hand in hand. In July 1998 the Secretary of State published his new economic agenda Pathway to Prosperity which sets out a programme of action to help transform the Welsh economy into a higher value-added, innovative regional economy, capable of delivering increased prosperity to people in all parts of Wales. A better range of good quality employment, lower rates of unemployment and underactivity coupled with higher incomes should bring healthier lifestyles. In turn, that will benefit the economy through lower rates of sickness absence and long term illness.

3.2. The success of the economic agenda will be assessed against the following key tests:

- GDP per capita should grow; close the gap with the UK and EU averages; rates for all parts of Wales should converge;
- annual average employment rates for all parts of Wales should approach UK levels as more people participate in the economy;
- average earnings, particularly for non-manual workers, should increase relative to the GB average; and
- manufacturing productivity must remain among the best in the UK.

3.3. The Welsh Development Agency is a key actor in economic development. The Agency, from 1 October 1998, acquired new powers to further the social as well as the economic development of Wales. The regional structure of the WDA will be reinforced with more front-line staff to identify and respond to the needs of the businesses and communities in each region. From April 1999, the boundaries of Training and Education Councils (TECs) will be co-terminus with the WDA regions to ensure better co-ordination of economic and skills development services to maintain and safeguard employment levels. The Wales Tourist Board is also expected to foster growth in the tourism sector. These agencies are charged with bringing new jobs to areas where economic activity levels must improve, such as the South Wales Valleys, south west and north Wales. The outcome of negotiations on future European Structural Funds will be a crucial element in efforts to raise GDP in the parts of Wales away from the M4 corridor.

3.4. The Agency will pay heed to public health issues when supporting development projects. The Agency's construction projects will take account of environmental needs and the impact on local communities, particularly in respect of increased traffic levels and any potential detrimental impact on air or water quality.

3.5. For those who can work, employment is the surest route out of poverty. Welfare to Work has introduced initiatives to help and encourage people of working age to work, where they are capable of doing so. Help is being provided, through the New Deal and Employment Zones, for the following key groups:

- 18-24 year olds: for those who have been unemployed 6 months or more, New Deal improves employability and capacity to find and keep a job. It offers work experience and training through a subsidised job, voluntary and environmental work. It also offers full time education and training;
- over 25 year olds: offers advice and guidance to those unemployed 2 years or more and access to a range of Employment Service and Training and Enterprise Council led provision. A wage subsidy is also available to employers. Additional support for people aged 25 and over who have been unemployed for 12 and 18 months will be piloted in West Wales, Bridgend, and Rhondda Cynon Taff from November 1998;

- **New Deal for Lone Parents:** is a comprehensive package of back-to-work help for lone parents on Income Support. Participation is voluntary. Personal Advisers offer help and advice with jobsearch, training and childcare;
- **New Deal for Disabled People:** has a number of strands aimed at helping Disabled People move from benefit into work including innovative schemes; Personal Adviser support; and removing benefit barriers to employment. A Personal Adviser pilot project was introduced in the Eastern Valleys area of South Wales from October 1998;
- **Employment Zones:** offer further help for people aged 25+ who have been unemployed for more than 1 year. A prototype EmploymentZone covers Gwynedd, Conwy, Anglesey and Denbighshire; and
- **New Deal for Partners:** will start in January 1999 and will be extended across Wales from April 1999. This New Deal will provide partners of the unemployed with the help that they need to get back to work.

3.6. Action is being taken to ensure that work pays including the introduction of the Working Families Tax Credit, reforming the tax and benefits system and introducing a national minimum wage. Action is also being taken to tackle the barriers to work such as low skills, the difficulty of moving from benefits to wages, perverse benefit incentives and lack of access to affordable childcare.

### **Local Government Action for Health**

3.7. Local authorities provide comprehensive community services which protect health, prevent disease and combat poverty, poor living conditions and poor life prospects. Personal and social services provide safeguards for people in time of vulnerability or need. The Government believes that modern local government must be efficient, responsive, democratic and offer best value. To strengthen and reinforce community leadership, the Government will provide a framework within which councils will work to ensure the well-being of their areas. This approach emphasises sustainable development, encourages councils to take a corporate approach to the services they provide and to collaborate with others. The new duty will be underpinned by a discretionary power enabling councils to promote the well being of their areas and those living, working or visiting there. Councils' use of this power should not impinge upon the statutory responsibilities of other agencies.

3.8. Local authorities will have new flexibilities for joint working and shared budgets with the NHS and a new duty of partnership. They will be members of Local Health Groups and key contributors to Health Improvement Programmes, particularly in supporting and transforming the lives of people with disabilities and people who are vulnerable in old age.

3.9. Local authorities will lead local Health Alliances (see paragraphs 2.6 - 2.8) which will develop community strategies for promoting the well being of their areas in partnership with others including local people, businesses and the voluntary sector. The strategy should highlight needs and long term potential. Service plans will operate within the strategy and be the basis for action.

3.10. The Welsh Local Government Association and the Welsh Office recognise that the allocation of resources to local authorities must take account of health inequalities. An independent review of the Standard Spending Assessment formula is currently being carried out by the University of Wales, Swansea. The purpose of the independent review is to identify a more robust and appropriate methodology for allocating revenue support grant.

3.11. Royal Commission on Long-Term Care: The Manifesto committed the Government to establishing a Royal Commission to examine in detail provisions for the long-term care of the elderly. It will examine the short and long term options for a sustainable system of funding long term care for elderly people.

3.12. The Commission is due to report to the Prime Minister by the end of the year and will be making recommendations on how the cost of long-term care should be shared between public funds and individuals.

### **NHS Action for Health**

3.13. The NHS has a vital role in protecting and improving health, in addition to its prime responsibility for treating illness. The NHS can:

- support community action to improve health;
- provide equitable access to health care;
- act as an advocate for health gain;
- provide specialist prevention, screening and immunisation programmes;
- provide health checks, surveillance and records of health status; and
- analyse and report on the epidemiology of threats to health.

3.14. The Welsh Office is mindful of the importance of the method it uses to allocate resources and the current formula applied to health authority discretionary allocations has just been reviewed. Underpinning any changes that may be made to the method will be the need to ensure that resources are targeted on communities with the poorest health, poorest living conditions and poorest life chances.

3.15. Since the publication of Putting Patients First (January 1998), the Welsh Office has issued for consultation, proposals on Quality Care and Clinical Excellence, Improving the Public, Interim Guidance on Local Health Groups and Preliminary Guidance on Health Improvement Programmes. There will be a national survey of patient and user experience at health authority level from 1998. Work is in hand to develop the Health of Wales Information System (HOWIS) aimed at providing health care information for individuals and professionals.

### **Voluntary Sector Partnerships**

3.16. The National Assembly will bring forward a scheme for strengthening the voluntary sector, building on a Compact between the Welsh Office and the voluntary sector which will be launched in November 1998. Voluntary and community groups have a vital role in promoting health through social and economic development and through health and social community care services. This partnership could be replicated effectively at a local level with the voluntary sector being represented by the county voluntary councils.

### **Social Inclusion**

3.17. The Government is determined to combat social exclusion and to ensure that all sectors of the community have the means to health and well-being. Promoting social inclusion is a high-level corporate objective for the Welsh Office and it is one to which a wide range of Government policies and programmes contribute - from New Deal to education initiatives, and from measures to foster economic development to housing programmes, as well as actions aimed specifically at protecting or improving health. Central to the Government's strategy for tackling social exclusion in Wales is the People in Communities Programme, which aims to promote co-ordinated, locally based action to build sustainable communities.

3.18. People in Communities will operate in eight communities across Wales, representing a range of geographical and cultural settings. The projects to be developed in each area will build on existing good practice and encourage innovation. The Programme as a whole will demonstrate how community-based co-ordination can effectively tackle social exclusion through targeted action, and will help central and local government and other agencies to identify models of good practice which can be applied in other parts of Wales.

## **Workplace Health**

3.19. The Welsh Office will work with the Health and Safety Executive and with local government in developing proposals for Workplace Health and Safety in Wales arising from consultation on the HSE paper Developing an Occupational Health Strategy for Great Britain.

3.20. Health Promotion Wales currently operates a comprehensive work place health promotion scheme Health at Work Corporate Standard. Achievement of the standard exemplifies the commitment of employers to the pro-active improvement of health. A number of local authorities and private businesses have already attained these standards. The Welsh Office, in seeking to extend these standards, wishes to encourage more employers in the public and private sector to work towards the achievement of such health improvement standards. Local authorities and the NHS in particular, as large (often the largest) local employers have a particular opportunity to promote the health of local people, directly through their employees and also in the wider local community, through employees, their families and friends and by visits of the public to their work premises including offices, libraries and leisure centres.

## **4. CHILDREN AND YOUNG PEOPLE**

**Aim: to ensure children and young people reach their potential for achieving healthy satisfying lives.**

### **Drivers for Action:**

- children's services
- schools and colleges
- youth services

### **Children's Services**

4.1. A Children's Strategy for Wales: Investment in the health and well being of children is one of the most important contributions we can make to future health gain improvement. The Welsh Office has direct responsibility for a range of services which have a very direct impact on the lives of children and families, and most of these are discharged at the local level by either health or local authorities. A number of initiatives have been put in hand, to try to draw together the very varied threads of children's services in Wales. The WLGA's children's strategy covers local authority services for children in need. The Welsh Office report on the Health of Children in Wales, published in December 1997, set the scene for the further development of health services and primary care provision for children. There are a number of specific initiatives in the pipeline, for example the Sure Start programme, which will impact directly on the lives of very many families in Wales.

4.2. However, we do not yet have an overarching view of the direction of children's services and policies affecting children across the whole range in Wales. The Welsh Office Minister for Children has asked the Welsh Office to develop a strategic approach to children's services generally. Work is underway to develop a strategy, in consultation with the WLGA and key players in the statutory and voluntary sectors. The strategy will be available in draft for wide consultation in the New Year. In advance of the strategy, however, a number of initiatives are being taken forward in health, social services and education.

4.3. The strategy will aim to set clear objectives and principles to govern the development and delivery of all services for children in Wales. It will take note of the United Nations Convention on the Rights of the Child, and related European Union commitments to child welfare. It will be an important document for the development of all our children, and particularly in contributing to health gain for individuals and for communities.

4.4. In the field of social services, attention has rightly focused in recent years on the dangers of abuse and neglect of children, and the responsibility of public authorities to protect children from harm. Ministers are adamant that child abuse and neglect cannot be tolerated. The Government response to the Utting report "People Like Us" is being published shortly. We will also be responding, in due course, to the report of the North Wales Child Abuse Inquiry when it is received around the turn of the year. Those together will set a new agenda for action by the local authorities, and other agencies, to ensure the wellbeing of children away from home and especially those children who are looked after by local authorities. In addition, the Welsh Office will be consulting local authorities shortly on implementing a new and rigorous quality assurance programme for children's services, particularly for children looked after, along the lines of the Quality Protects initiative financed by the Department of Health recently. The focus of that initiative will be to ensure that local authority members are directly involved in the outcomes and quality management of children's services provided by the authorities, and take a direct interest in their collective responsibility and as corporate parents for children in local authority care. The commitment by the Welsh Local Government Association to corporate planning for children in need, as set out in their children's services strategy, provide a good foundation for developing quality management systems for children's services in Wales.

4.5. Child protection goes wider than children looked after. Social Services Departments across Wales have been struggling to address child protection issues and to ensure that front line social services recognise and act upon the signs of abuse or neglect. The guidance on Area Child Protection Committees (ACPCs), Working Together, has been extensively reviewed over the last year, and new guidance will be issued to authorities before the end of 1998. The Welsh Office will continue to work with ACPCs, and all the agencies involved in them, to ensure that child protection procedures are robust, rigorous, and regularly reviewed. Collaborative working between the agencies involved is crucial to the success of child protection policies. The Welsh Office expects local authorities, health authorities, schools, the police and the voluntary sector to continue to work actively together to secure the safety of all our children.

4.6. Sure Start: As part of its Comprehensive Spending Review Programme this year, the Government carried out a wide-ranging review of services for younger children. The outcome of this review, announced by the Home Secretary in July, was a commitment by Government to promote a programme known as Sure Start which will focus attention on early intervention with families and young children under the age of 3. The Sure Start initiative is based on the clear evidence that early preventative work with vulnerable children and families can provide very real benefits in terms of minimising abuse and neglect, fostering healthy development of children in terms of their educational potential, health and welfare. It can support vulnerable families in numerous ways and in the longer term minimise the risk of children needing specialist support from education, health or social services. In the longer run still, early work with children and families can lead to measurable improvements in educational performance and reduce the risk of children getting involved in youth crime, offending behaviour, and substance misuse.

4.7. The Welsh Office will be consulting widely over the coming months to devise a framework and targets for delivering the Sure Start principles in Wales. Collaborative working between all the agencies involved will be crucial to this programme.

4.8. Review of Health Visitors: The Chief Nursing Officer is working with health authorities to conduct a Review of Health Visiting and School Nursing Services to identify service needs and to produce recommendations for services and developing roles and responsibilities to support children and their families.

## **Schools and Colleges**

4.9. Healthy schools: to help schools become health promoting schools, the following action is being taken:

- the Government is setting up a national advisory group for Personal, Social and Health Education;
- Health Promotion Wales is setting up a healthy schools network with local partners which will promote the dissemination of good practice and develop an inclusive approach to recognising schools' progress in health promotion;
- Health Promotion Wales is developing a website to support health education and promotion in schools in Wales;
- a focus on the health of teachers; and
- a Safe Routes to School initiative which encourages walking and cycling.

4.10. The Sexual Health Strategy (section 6.17 - 6.18) and the Oral Health Strategy (section 6.19 - 6.27) will be an important part of the drive to promote health through schools.

4.11. Nutritional Standards: The Government intends to introduce minimum nutritional standards for school meals. A consultation paper on what these nutritional standards should be and how they should be implemented is currently being prepared.

4.12. Special Educational Needs: A Welsh Advisory Group on Special Educational Needs, which includes representatives of local education and social service departments, health authorities, voluntary groups and parents, has been established to advise on taking forward the Building Excellent Schools Together (BEST) for Special Education green paper initiatives. Multi-agency sub-groups have been set up to consider the following key components: -

- improved regional planning, particularly for low incidence Special Educational Needs;
- improved training for teachers, school governors and other professionals; and
- the provision of speech and language and other therapies to school age children in Wales and what improvements might be made.

4.13. School Exclusion: The Department has adopted the following targets for reducing school exclusions and truancy by 2002:

- a one-third reduction in the number of pupils permanently excluded;
- a one third reduction in the levels of truancy; and
- the attainment of an educational qualification at age 16 by at least 50 per cent of children looked after by local authorities.

4.14. Child and School Health Services: Investment in children's health is a priority. Improvements in children's health will be supported by comprehensive, effective and appropriate child and school health services which adopt an interdisciplinary and interagency approach working collaboratively with education, generalist and specialist health services and local communities. A review of the current school health services is being undertaken by health authorities, including a review of the role of school nurses.

4.15. Recommendations will be made on the development of these services to ensure they are uniquely focused on the specific health and health promotion needs of children and young people.

4.16. Sex Education in schools: A school governing body is required to decide whether sex education should form part of the school curriculum. If they decide it should, the governing body is required to keep an up-to-date written statement of its policy. The legislation provides that a pupil can be withdrawn from receiving sex education which is not part of the National Curriculum if a parent wishes.

4.17. The Qualifications, Curriculum Assessment Authority for Wales (ACCAC) is currently undertaking a review of the National Curriculum, including sex education and personal and social education. ACCAC is expected to report to Ministers shortly.

4.18. Further consideration will be given to whether there should be a change to the law to require inclusion of sex education in the curriculum of all schools, following ACCAC's review.

4.19. Healthy Colleges: Colleges and universities play an important role in preparing people for adult relationships and responsibilities and healthy lifestyle and appropriate use of health services could be a key component of this. Health Promotion Wales will consider with colleges and universities in Wales the development and dissemination of best practice in a health promoting college.

## **Youth Services**

4.20. Youth services have an important role to play in the informal education of young people on health issues. The voluntary capacity in which young people take part in youth service activities provides opportunities to influence attitudes and behaviour towards positive health through informal education. Health Promotion Wales will continue to develop initiatives and guidance, in partnership with the Wales Youth Agency to enhance the health promotion work of the Youth Service with young people who require information and guidance in less formal circumstances and may be "hard to reach" for a variety of reasons.

4.21. Subject to the outcome of clinical trials and the development of an efficient vaccine, UK Health Departments are anticipating the introduction, in the next three years, of a vaccine to protect against group C meningitis. Meningitis C is the strain most commonly isolated amongst university students and other semi closed communities including schools, prisons and religious establishments. The new vaccine should provide life long protection. It could be introduced to the routine childhood immunisation programme, together with a catch up campaign to provide for immunity for all up to the age of 20.

## **5. HEALTHY ENVIRONMENT**

**Aim: to ensure that environmental factors have minimal detriment to health.**

### **Drivers for Action:**

- sustainable development
- pollution control
- planning and land use
- healthy homes
- integrated transport strategy

### **Sustainable Development**

5.1. Work towards the new strategy for sustainable development is well underway. Responses to a series of consultation papers, including Opportunities for Change, and supplementary specialist documents on tourism, construction, biodiversity, business and forestry, are being considered. The strategy, which will encompass socio-economic as well as environmental objectives, will be issued later in 1998, or early 1999.

5.2. The principles of sustainable development will be built into the functions of the National Assembly for Wales. The Government of Wales Act 1998 requires the Assembly "to produce a scheme setting out how it proposes, in the exercise of its functions, to promote sustainable development". The Welsh Office is drawing up plans for a National Conference on Sustainable Development to be held early in 1999 to assist the development of the Assembly's Sustainable Development Scheme. It will also draw on work being undertaken in preparation for the revised UK sustainable development strategy.

5.3. National Environmental Health Action Plan (NEHAP): The second European Ministerial Conference on the Environment and Health, endorsed the principle of an Environment and Health Action Plan for Europe (EHAPE). A principal feature was that environment and health departments in individual countries would work together to prepare national plans. The UK NEHAP was the first to be published. It built upon the existing strategies for sustainable development but concentrated on health implications and environmental policies in the widest sense. The plan describes the institutional framework for action on environment and health, environmental hazards and means of control, the interaction between the major economic sectors and environmental health and the international contribution.

5.4. To be effective any NEHAP must be a useful tool relevant to current concerns with effective joint working and commitment, between those involved in implementation. The third European Conference is in London in 1999 and implementing NEHAP will be a central theme. The UK NEHAP will be reviewed, to take account of new developments in policy and the need for greater integration between policy areas. Work on NEHAP and local EHAP together with Better Health- Better Wales will serve to emphasise this.

5.5. There is scope for using the principles of a NEHAP to produce local EHAPs for each local authority area in Wales.

5.6. Welsh Capital Challenge: is an integrated approach to expenditure which promotes sustainable regeneration or development and benefits disadvantaged areas. Bids for the 1999 - 2000 Capital Challenge should demonstrate, where applicable, how Welsh Capital Challenge support would encourage sustainable health and well being.

## **Pollution Control**

5.7. Clean Air: The UK National Air Quality Strategy sets out the Government's plans for improving air quality. These are based on reducing the levels of seven key pollutants by 2005 to below health-based targets which have been specified in legislation. These standards are founded on recommendations by a panel of independent medical and scientific experts, or the World Health Organisation. The Strategy introduces a new system of Local Air Quality Management which commenced at the beginning of 1998 and requires local authorities to monitor and carry out reviews of air quality in their area; and to assess present and future quality against the air quality objectives set out in regulations. Where the objectives are not likely to be achieved by the end of 2005, a local authority is required to make an action plan for improvements in air quality. The Government is already reviewing the Strategy, looking at ways in which it could be improved.

5.8. The Government's framework for action attaches particular importance to reducing traffic related pollution. Emissions from new vehicles are subject to increasingly tight controls. Under European Community legislation tougher vehicle emission and fuel quality standards will be brought in progressively from 2000. The legislation also includes standards for vehicles and fuels which would apply from 2005. In addition, regulations are now in place to allow local authorities in seven trial areas to carry out roadside checks and issue fixed penalties to drivers of vehicles failing to meet the emission standards.

5.9. Water Quality: In September 1998, the Secretary of State for Wales and the Deputy Prime Minister launched Raising the Quality, guidance on the environmental and drinking water improvements the Government wants the water industry to achieve between 2000- 2005. One of the key benefits that the package of improvements aims to provide is meeting the drinking water standards specified in the new EC Drinking Water Directive, including making a start on the programme to replace lead pipes necessary to meet the tougher lead standard which will apply from 2013.

## **Planning and Land Use**

**5.10. Planning Guidance:** Land use planning seeks to reconcile any conflicting demands for land; and to protect and enhance the environment in the public interest, through a comprehensive statutory system of development control. This may have an important role in providing the quality environment needed for good physical and mental health. Planning can improve people's environment as a whole but can also, for example, retain/provide amenity or recreation land which is vital for healthy communities. Revised Planning Guidance (Wales) to be published later this year will take account of health and well-being.

**5.11. Examples of planning guidance related to health** include Government planning guidance on the restoration and aftercare of restored contaminated sites. A draft circular on planning and electro-magnetic forces (overhead power lines) is in preparation.

**5.12. Contaminated Land:** The Government intends to bring the new contaminated land regime into force in July 1999. Its introduction will enable local authorities and the Environment Agency to control effectively the threats to health and the environment posed by land contamination. Local authorities will be empowered to inspect their areas to identify any contaminated land and to secure its remediation. The Environment Agency will be provided with complementary responsibilities to provide advice to local authorities and to deal with more difficult sites. Under the "polluter pays principle" the costs of carrying out remediation will fall primarily on those responsible for the contamination.

**5.13. Waste Management:** In June 1998, the Government published a consultation paper *Less Waste More Value* setting out its proposals for developing a more sustainable system of waste management in Wales and England. In particular, the paper placed a strong emphasis on waste minimisation, stressed the need for substantial increases in recycling and indicated the Government's commitment to reduce reliance on landfill. A Statutory Waste Management Strategy is now being prepared and will be subject to a further consultation exercise in early 1999. The aim is for the Strategy to be published in the autumn of 1999. Responsibility for taking final decisions on the Strategy in Wales will, therefore, fall to the National Assembly.

**5.14.** As part of its determination to see an improvement in our recycling performance, the Government is encouraging local authorities to revise their recycling plans and has issued guidance to assist them with this task.

**5.15. Chemical and Hazardous Incidents:** Guidance on planning a local response to Chemical and Hazardous Incidents has been published by the Welsh Collaboration for Health and the Environment, in conjunction with the National Focus, the Chemical Incident Management Support Unit (CIMSU) and the WHO Collaborating Centre. The Welsh Office will support any further steps that are necessary to ensure that all local emergency planning authorities have implemented the guidance and regularly review their plans.

**5.16.** A pilot study commenced in July 1998 to establish whether the disposal of sheep dip is having any effect on groundwater sources used for private water supplies. The study is being undertaken by the Welsh Office, the Environment Agency Wales together with Powys, Pembrokeshire and Conwy County Councils.

**5.17. Chemical Contamination Incidents - The National Focus:** The National Focus for Work on Response to Chemical Incidents and Surveillance of Health Effects of Environmental Chemicals was established as a result of the Government's concern about the preparedness of the NHS to respond effectively to chemical incidents.

**5.18. The key work programmes of the Focus include:**

- running the Chemical Incidents hotline to put agencies dealing with serious or unusual incidents in touch with appropriate specialist advice;

- co-ordination of the work of the Regional Service Provider Units;
- surveillance of the health effects of environmental chemicals; and
- promoting, training, and assisting in emergency planning.

5.19. The Focus is setting up a standardised, multi-agency surveillance system for chemical contamination incidents in the UK. The system will be compatible with that for data collected by the World Health Organisation Collaborating Centre for an International Clearing House of Major Chemical Incidents. The Collaborating Centre, located alongside the Focus in Cardiff, is one of a number of WHO-designated sites world wide, which, together, operate an international surveillance system.

5.20. Regional Service Provider Units: All health authorities (and most local authorities) in Wales have contracted with a Regional Service Provider Unit, which will provide specialist advice on the handling of most chemical incidents. Where advice is needed on the handling of a more serious or unusual incident, the National Focus would be alerted and would take over the advisory function.

5.21. All Welsh health authorities currently contract with the Chemical Incident Management Support Unit based in the National Poisons Unit in Llandough Hospital, Penarth, Vale of Glamorgan.

5.22. A multi-agency, multi-professional working group, set up under the Welsh Collaboration for Health and Environment, has produced a model plan for Wales for dealing with chemical incidents. The plan has now been widely adopted, and continuing effort will be put into ensuring that all of the relevant agencies maintain a high level of awareness of the actions set out in the plan and the need for co-operation with other agencies.

5.23. The National Focus will assist in promoting continued co-operation; will provide information on necessary training; and will develop best practice protocols and guidance.

## **Healthy Homes**

5.24. Adequate housing is a vital component of better health. Standards of existing housing are important and so is the need for sufficient housing of the right type, in the right place to satisfy future demand. Planning can meet this need for new housing and can assist in the delivery of affordable housing, for those who cannot compete in the open market. Statutory Development Plans of Local Planning Authorities should contain policies to deliver new housing in the most environmentally acceptable way (e.g. avoiding town cramming and loss of green space in towns).

5.25. Building Regulations and Technical Standards: All new homes must be built in accordance with the building regulations, the main purpose of which is to secure the health and safety of people in and around buildings. The building regulations are under constant review. Current reviews include radon protection for new dwellings and improving their energy efficiency. In March 1998 the Government announced that the building regulations were to be revised to improve access provisions for disabled people in new homes. The new provisions are expected to come into force next year.

5.26. Most new social housing is provided by registered social landlords and is subject to Tâi Cymru's own technical standards for both new build and renovated homes. These standards go further than the building regulations and include many features of Lifetime Homes. A study is underway to see what scope there is to incorporate full Lifetime Homes standards into new social housing and how far those standards can be included in renovated homes.

5.27. Meeting Housing Need: Over the past year a working group has been developing new guidance for local authorities on assessing housing need. This should lead to a more standard approach to housing needs assessment and to a better understanding of housing needs and of appropriate policy responses. The guidance includes advice on assessing the needs of

disadvantaged groups including those with special needs such as poor health. It also emphasises the need for a multi-agency approach to meeting housing need.

5.28. Tâi Cymru recently published a study on the ways in which social landlords can contribute towards building better communities and tackling social exclusion.

5.29. Review of Fitness Standards: The links between poor housing and bad health are well recognised. There have been vast improvements in house conditions in Wales over the past years and good standards are now rightly expected. The current fitness standard sets out basic conditions which houses should meet.

5.30. However the existing standard has been in place since 1990 and is currently being reviewed. The new arrangements which are proposed would introduce a "fitness rating" which would more closely link house conditions to the health and safety of the occupants. Work on developing this new standard is well underway and will in due course be included in primary legislation.

5.31. Area-based Renewal: Renewal areas encourage a strategic approach to improve housing, environmental, social and economic conditions with local authorities, other public agencies, the private sector and the community working together.

5.32. Area based strategic renovation generally and renewal areas in particular are being used very successfully in Wales alongside individual home renovation grants in improving the condition of privately owned housing. To date, 21 renewal areas have been declared in Wales. In addition to urban and industrial areas we have also pioneered "rural renewal areas" at Llanfyllin in Powys, Amlwch in Ynys Môn and Trefor on the Llyn Peninsula. Changes to home renovation grant arrangements in the Housing Grants, Construction and Regeneration Act 1996 encourage local authorities to develop a more strategic approach, concentrating on area based renewal, and should help increase the scope and volume of this approach.

5.33. Energy Efficiency: Under the Home Energy Conservation Act, 1995, local authorities were required to submit energy conservation reports to the Secretary of State by 30 November 1997. These detail each authority's strategy for improving energy conservation by 30 per cent over the next 10 years. All reports have been submitted and considered by the Welsh Office and were generally of a good standard. Progress reports are required as part of each authority's Housing Strategy and Operational Plans due to be submitted next April.

5.34. Tenant Participation: The Government is committed to encouraging greater tenant consultation and participation in the management of their homes, to the extent that it is required by tenants. Full and meaningful participation can bring benefits both for tenants and landlords alike. These might include more responsive housing services for tenants; better informed decision making by landlords; sustainable physical improvements on estates; more satisfied tenants; empowered individuals and communities, leading to a better quality of life.

5.35. The introduction of guidelines will mean that local authority tenants will have the opportunity of greater say about how their homes are managed, and how the service they receive from their landlord can be improved.

5.36. In Wales, the new Housing Department of the Welsh Office will be particularly well placed to promote policies which increase tenant participation and develop good landlord and tenant relations across the social housing tenures.

## **Integrated Transport Strategy**

5.37. Transport systems are often the key to people being able to exercise choice in where they shop, their leisure activities, enjoyment of the countryside, and access to services of all

kinds. Transport is usually essential for taking up employment opportunities. This is particularly true in rural areas where public transport services have declined markedly over the last 20 years.

5.38. Integrated transport proposals: The White Paper A New Deal for Transport: Better for Everyone (Cm 3950) set out the Government's new framework for transport policy. The Welsh Transport Policy Statement Transporting Wales into the Future highlights those policies of particular importance to Wales.

5.39. Safe Routes to School Initiative: The Welsh Safe Routes to School Initiative was launched on 27 April 1998. The aim is to encourage more children to walk, cycle or use public transport to travel to school. Up to £500,000 a year has been allocated to support this initiative. A School Travel Advisory Group (STAG), which includes government departments, local authorities and other bodies with an interest in school transport, will take the lead in the dissemination of best practice and assist with the development of policy.

5.40. Cycling and Walking: The Government is committed to building on the good work that has already been done by public and voluntary bodies in this area. We intend to introduce a range of measures aimed at making cycling and walking safer, more convenient and attractive. The Government has endorsed the National Cycle Strategy (NCS) and recognised the importance it plays in the promotion of cycling. The Government is also committed to reversing the decline in walking and has set up a UK steering group to consider how walking can best be promoted.

5.41. The National Cycle Network is the single most important cycle infrastructure project undertaken in the UK. The project is being led by the national charity Sustrans and the Millennium Commission has awarded a grant of up to £43.5 million towards the project.

5.42. Green Transport Plans: The Government believes that employers have a key role in the achievement of an integrated transport policy and will encourage the production of Green Transport Plans for business and for employees' travel choices in getting to and from work. A sub-group of Welsh Transport Advisory Group has been set up to advise Ministers, led by a representative of the CBI. Its main task will be to consider how green transport planning can be promoted throughout Wales. The Welsh Office is committed to produce its own green transport plan by March 1999.

5.43. Road Safety Strategy for Wales: Later this year the Government will set a new road safety casualty reduction target, up to the year 2010. At the same time it will announce a road safety strategy which will work in conjunction with the integrated transport policy. The strategy will outline a programme of measures for achieving the new target. It will place strong emphasis on making residential areas safer, particularly for children. Where appropriate, traffic calming schemes, 20 mph zones, safe routes to schools and alternatives to the car will be encouraged. However, there are some drawbacks: more noise and air pollution if motorists accelerate and brake between road humps; carbon dioxide emissions also rise disproportionately at very high speed in built-up areas. The Government will set up a review to develop a speed policy that takes account of the contribution of reduced speeds to the environment as well as to road safety.

5.44. The Welsh trunk road network has a lower accident rate than other roads, but those accidents which do occur tend to be more serious and to involve more casualties than the average. More will be done to improve trunk road safety, using a range of measures such as eliminating accident black-spots, managing traffic flow and regulating speeds to take account of local circumstances. The Trunk Road Safety Plan for Wales has identified the 200 sites on the network with the worst safety record, and the routes with the highest accident rates. The Plan will determine priority locations for early remedial action. At least £1.5 million has been specifically allocated each year from 1999-2000 onwards towards small-scale engineering measures. Large-scale construction on a new alignment will be rare; medium or small improvement schemes will be preferred where possible. The programme of small and medium schemes provide significant casualty reduction benefits and, in many cases, environmental enhancements for local

communities.

## **6. HEALTHY LIFESTYLE**

**Aim: to encourage everyone to make choices which optimise their health and avoid ill-health.**

### **Drivers for Action:**

- Healthy Living Centres
- tobacco control
- food safety, standards and nutrition
- activity, sport and recreation
- accidents
- drugs and alcohol strategy
- sexual health
- oral health
- mental health
- screening
- infectious disease control

6.1. Health and well-being are strongly influenced by individual lifestyle. Choices made by individuals for themselves and their families determine diet, exercise, hygiene, relationships and aspirations. These choices will be influenced by culture and history, education and information, and socio-economic pressures. The Government believes that people should have the widest range of choices and support for choices leading to a healthy lifestyle.

### **Healthy Living Centres**

6.2. The New Opportunities Fund will invest £19.5 million in a range of Healthy Living Centres which will help some of the most deprived communities across Wales to set their own priorities in addressing many of the issues raised in this section. This major initiative will make a significant contribution to the Government's objectives in this area within Wales.

### **Tobacco Control**

6.3. The Government will set out wide-ranging policies to achieve a reduction in smoking, enforce an EU-wide advertising ban and stronger enforcement on illegal tobacco sales in a White Paper later this year.

### **Food Safety, Standards and Nutrition**

6.5. The Government will consult later in 1998 on a draft Bill to establish a Food Standards Agency, including an executive in Wales. The Agency will be independent and powerful. It will have responsibility for:

- Food hygiene (including meat and milk hygiene);
- Food borne illness;
- Food standards and labelling;
- Food emergencies;
- Food additives;
- Food intolerance;

- Novel foods (including genetically modified foods);
- Chemical contaminants in food;
- Radiological safety of food; and
- Guidance on nutrition.

6.5. The Agency will commission policy; propose secondary legislation; provide advice; guidance and information; carry out research and surveillance; set standards; and monitor the enforcement work of local authorities. The Agency will work closely with Agriculture Departments on controls for pesticides and veterinary medicines, animal feed, and pathogens in live animals. It will also be responsible for negotiations with the European Commission.

6.6. The Welsh Office and the Welsh Local Government Association are presently developing a joint strategy and action plan, based on collaborative and peer support, to ensure the effectiveness of food law enforcement in Wales.

### **Activity, Sport and Recreation**

6.7. Sport and physical recreation, whether played for fun or in the pursuit of excellence, can play a vital role in helping to create healthy and vibrant communities. The Government and the Sports Council for Wales (SCW) firmly believe that enthusiasm for taking part in sport must be fostered in the young. The SCW's programmes aim to increase opportunities for all ages and abilities, but the focus in future will be on winning the hearts of children during their formative years and providing them with opportunities for sustaining their interest into adult life. To achieve this the SCW has developed three new initiatives that will support the drive to get young people to lead more active and healthier lifestyles:

- SPORTLOT Community Chests - will devolve decision making to local panels drawn from each local authority area enabling small grants to be made based on local needs;
- Clwb Cymru - a scheme to assist local sports clubs in developing junior sections; and
- Dragon Sport - a scheme to recruit volunteers to help run extra-curricular sports sessions with primary school children.

### **Accidents**

6.8. Road Accidents: A number of initiatives have already been introduced in an attempt to reduce accidents on the road. These include Safe Routes to Schools (paragraph 5.39) and the Road Safety Strategy for Wales (paragraphs 5.43 - 5.44).

6.9. Workplace Accidents: The Welsh Office will work with the Health and Safety Executive and with local government in developing proposals for Workplace Health and Safety in Wales arising from consultation on the HSE paper Developing an Occupational Health Strategy for Great Britain.

6.10. Home Accidents: The current fitness standard sets out basic conditions which houses should meet. The existing standard has been in place since 1990 and is currently being reviewed. The new arrangements which are proposed would introduce a "fitness rating" which would more closely link house conditions to the health and safety of the occupants. Work on developing this new standard is well underway and will in due course be included in primary legislation.

6.11. Building regulations are also intended to secure the health and safety of people in and around buildings and the regulations are under constant review.

6.12. Monitoring and Information: Responses to Better Health - Better Wales gave broad support to a range of proposals for reducing accidents, many related to awareness and education.

6.13. A potential major source of information is the All-Wales Injury Surveillance System (AWISS)

which was established in 1995 and is based on data obtained from hospital Accident and Emergency departments. AWISS offers the scope to monitor injury incidence, trends and geographical variation and has the potential to aid the development, targeting and evaluation of programmes for the control and prevention of injuries.

6.14. In paragraph 8.10 it is proposed to establish a task group to examine issues on information, including the sharing of data between public bodies and the development of an integrated public health information system. This group will, as part of its remit, consider the need for improved information on accidents.

6.15. Consideration will also be given on ways to improve awareness and education in this area.

### **Drugs and Alcohol Strategy**

6.16. The problems of drug and alcohol misuse affect all of us either directly or indirectly. They do not occur in isolation but are often linked with social conditions and other social problems. The new UK Strategy Tackling Drugs to Build a Better Britain, which was launched in April, recognised this and set out a long term approach to address the issues by changing priorities over time to stop the problem happening rather than reacting to it when it does, developing hard targets for reducing drug misuse based on evidence and experience and by advocating partnership working with all parties channelling efforts in the same direction. The existing Welsh Drug and Alcohol Strategy, Forward Together, is currently being reviewed in the light of the new UK strategy. This review will also consider the implications of other policy related initiatives. The Secretary of State will prepare a report for the UK Anti-drugs Co-ordinator by February 1999 and consider the implications for the existing Strategy.

### **Sexual Health**

6.17. Health Promotion Wales, in conjunction with the Family Planning Association, social and education services and the NHS, will draw up a Sexual Health Strategy for Wales for consultation during 1999. The aims will be to reduce unwanted pregnancies and conception in under age girls; to promote parenting skills; and to reduce the incidence of sexually transmitted disease. The Strategy will include:

- a Wales wide network of contraceptive and sexual health advisory services which:
  - meet the needs of young people;
  - ensure that women are aware of post coital contraception;
  - ensure that post coital contraception is available within 72 hours of incurring risk;
  - provide advice about sexually transmitted diseases and their treatment;
  - an agreed common policy framework across health, education and professional organisations; and
  - the support of individuals, professional groups and voluntary bodies.

6.18. The proposals will cover the services and health education required to ensure young people have an understanding of responsible, loving relationships. The roles of parents and schools will be considered. As a first stage, helpline advice services will be extended to be available in the evening and at weekends.

### **Oral Health**

6.19. Oral Health Gain Target: A combined Welsh Office and NHS Wales project team was set up in 1996 to revise the Strategic Intent and Direction of NHS Wales initiative; and set 15 new health gain targets. The oral health gain target set was "to reduce the proportion of children experiencing dental caries (decayed, missing or filled teeth of 1 or more) by 5 percentage points, as measured in British Association for the Study of Community Dentistry 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.

6.20. A Health Evidence Bulletin, which updates the Protocol for Investment in Health Gain - Oral Health, has been published recently.

6.21. In 1996 Health Promotion Wales, in partnership with the University of Wales Dental School, published Promoting Oral Health- an Integrated Approach for Wales. This provides strategic guidance to all professionals who influence oral health, as well as supporting the Protocol for Investment in Health Gain-Oral Health.

6.22. Despite general improvements in the oral health of the population and of children in particular, there are considerable regional variations. Even in areas where the prevalence of tooth decay is low, there remain pockets of disease, frequently related to social deprivation. The Government is committed to reducing these inequalities of health and improving access to NHS dental services.

6.23. As part of the package of reforms (introduced in September 1996) to the General Dental Service remuneration system, a targeted incentive scheme to raise the registration level of children aged 0 to 5 years in "deprived" areas was implemented in England with effect from 1 April 1998. The Welsh Office has been considering how best to target this incentive in Wales and will announce the details within the next few weeks.

6.24. The Welsh Office £3m dental initiative, first launched in September 1995, enabled health authorities to offer grants to dentists - up to £50,000 in some areas - and to expand the Community Dental Service. The initiative has been very successful for Wales as a whole, (more than £2.5m has been spent to date, mainly on 61 grants for new dentists) but there are still some areas where certain categories of patients may find it difficult to register with an NHS dentist close to home.

6.25. An additional £250,000 was provided in July 1997 to ensure the continuation of the initiative and a second stage was announced on 10 July 1998 which introduces more flexibility into the grant scheme, both in terms of the extent and length of commitment required. Stage 2 also offers more help to dentists who want to open new part-time or branch practices in certain areas where this would be the best way of meeting local needs.

6.26. Dental decay is almost entirely preventable. The evidence is that fluoridation of drinking water supplies to the optimum level can reduce tooth decay by upwards of 50%.

6.27. The consultation on the UK public health Green Papers produced strong support for fluoridation of water supplies, where local customers agreed. The Government is considering the responses received during the consultation.

## **Mental Health**

6.28. Review of the 1983 Mental Health Act and a National Service Framework (NSF) for Mental Health: The Department is keeping in close contact with the Department of Health on their proposals for a review of the 1983 Mental Health Act which aims to ensure mental health legislation supports the safe and effective delivery of modern patterns of clinical and social care for people with a mental disorder, and to ensure that a proper balance is achieved between individual rights and the requirements of the safety of both the individual and the wider community. This work will form the basis for any changes in mental health legislation and services in Wales.

6.29. The Welsh Office will also closely monitor the work being undertaken by the Health Secretary's External Reference Group (ERG) to establish a National Service Framework for

England. Members have been drawn from the legal profession, professional groups involved in the delivery of mental health services and user/public interests. ERG are to advise on the latest available evidence to establish what should be the appropriate balance of services in each locality and what range of specialist services should be provided at a regional level to support those local services. Their emerging findings will be considered by the Welsh Office when looking at services in Wales.

6.30. The Future Direction of Adult Mental Health Services in Wales: Earlier this year the Welsh Office commissioned the Centre for Mental Health Services Development to undertake a study on The Future Direction of Adult Mental Health Services in Wales. The final report is due in the Autumn.

6.31. The report will be used in conjunction with close scrutiny of the English review to ensure that the Welsh National Service Framework is tailored to meet the requirements of high quality mental health services based on a multi-disciplinary approach between health authorities, social services and the voluntary sector that are available to everyone in Wales.

6.32. The Value for Money Unit are about to complete a project on Monitoring Mental Health which will help inform the way forward for services in Wales.

### **Screening**

6.33. Screening is the systematic application of a test or inquiry, to identify individuals at sufficient risk of a specific disorder to warrant further investigation or direct preventive action, amongst persons who have not sought medical attention on account of symptoms of that disorder. We need to be sure that the programmes are effective; that they will not cause more harm than good; that the health needs of people determine the necessity to screen; that false hope is not raised by screening for conditions where an effective cure or treatment is unavailable and that people's experience informs the continued improvement of screening services.

6.34. The Welsh Office screening programme is advised by the National Screening Committee in line with UK health policy.

### **Infectious Disease Control**

6.35. Although many life threatening diseases of the past have been controlled or eradicated, new infectious agents have emerged and vigilance must be maintained on controlled threats. In recognition of this essential component of public health, the Chief Medical Officer Wales will establish a specialist team to develop a National Strategy for Infectious Disease Control. This team will include representatives of the Public Health Laboratory Service, the Communicable Disease Surveillance Centre, NHS Public Health Departments, Directors of Public Protection and Directors of Public Health. The Strategy will be published by April 1999.

## **7. MEASURING PROGRESS**

**Aim: to measure progress in improving health and reducing inequalities to ensure the Strategic Framework is working.**

### **Drivers for Action:**

- Health Gain Targets
- Health Improvement Programmes

### **Health Gain Targets**

7.1. We need to measure progress against the Strategy for Sustainable Health in a number of ways. Firstly, through the overall Health Gain Targets which measure overall health gain across

all communities, at health authority level. Directors of Public Health are asked to report on the Targets in their Annual Reports. The Chief Medical Officer also reports on the Targets at the Wales level.

7.2. In addition to measuring overall improvement in health, it is necessary to monitor inequalities in health. The Welsh Office propose to set up an expert group to recommend relevant measures of health inequality. This work will be informed by the Acheson Review of Health Inequalities in England. The Welsh Office is working with the WLGA and other agencies to set up a joint project board to oversee the development of a new index of socio-economic conditions for Wales. This will take into account the results of the review of the Index of Local Conditions in England to be completed in about a year.

## **Health Improvement Programmes**

7.3. Health Improvement Programmes (HIPs) will provide a significant opportunity to establish a strategic vision for the improvement of health and health services locally, developed through collaborative working as set out in the White Paper Putting Patients First. They are intended as the natural successor to earlier strategic frameworks, particularly Local Strategies for Health, and will provide the National Assembly, the NHS and its partners with a comprehensive and coherent basis for planning, performance monitoring and investment. They will also need to reflect established departmental priorities including the achievement of the health gain and service responsiveness targets, the guarantees expressed in Putting Patients First and the priorities attaching to waiting lists and emergency activity and to key service areas.

7.4. Preliminary guidance on the production of interim framework Health Improvement Programmes was issued in early October. Health authorities and their partner organisations have been asked to aim to produce Interim Framework Health Improvement Programmes for 1999/2000 only.

7.5. These Interim Framework HIPs will essentially be outlined documents, establishing the process for developing fuller HIPs from the year 2000 on. This will ensure that Local Health Groups and newly reconfigured trusts will have maximum opportunity to influence the development of the full HIPs, which will run for a period of 3-5 years from April 2000.

7.6. The guidance is being issued for consultation and comments have been invited by 30 October, 1998. Further guidance will be issued in late November 1998.

## **8. INVESTING IN THE FUTURE**

**Aim: to raise levels of health in Wales to the level of the best in Europe.**

### **Drivers for Action:**

- Sustainable Health Action Research Programme
- Health Impact Assessment
- Information and Communication

8.1. The long-term aim of the developing strategy is to improve the health prospects for our children and young people and to extend the active and productive lives of everyone. Many of the initiatives already outlined, which are already in place or are to be considered further, may bring immediate, short-term benefits but we must be prepared to plan for the longer term if we are to achieve real improvements.

8.2. The cycle of poor health in Wales has been a problem for many years and whilst improvements have been achieved, the gap between those with the best health and those with the worst is widening. Research is needed to identify the most effective ways of breaking this cycle

and action is required to ensure, as far as possible, that future policies and programmes do not have a detrimental impact upon people's health and well being.

8.3. Work is also needed to improve the quality and accessibility of information and for that information to be effectively communicated to those who need it. Sustainable Health Action Research Programme (SHARP)

8.4. The aim is to establish an overarching programme of research to support and provide evidence on the effectiveness of interventions in health determinants. In line with the proposal in Better Health - Better Wales the focus will be on communities with the highest incidence of ill-health and premature death, social exclusion and poor life chances.

8.5. Projects within the SHARP are expected to run for up to 5 years and, where feasible, will be linked to other research programmes. The principle of collaborative working will underpin SHARP and will involve public, private, voluntary and academic sectors working with local communities.

8.6. In order to promote collaboration, an independent multi-disciplinary steering committee will be established to oversee SHARP. The Welsh Office will consider, in consultation with a range of interests, the detailed procedures for identifying suitable projects and establishing the support mechanisms required.

### **Health Impact Assessment**

8.7. Health Impact Assessment is the evaluation of the impact of policies, programmes and proposed developments on the health of the population at all levels; individuals, the community and the nation. Such assessment, in the field of public health will require different approaches at community, local and national level.

8.8. A steering group will be established to further develop the concept of Health Impact Assessment. However, initially the Welsh Office will adopt the requirement that the impact of all policy proposals will be considered so that, at the very least, they are not harmful to health and, if possible and appropriate, they produce the maximum benefit to health.

### **Information and Communication**

8.9. Work will be undertaken on the development of an All Wales Information Strategy, including the further development of the Health of Wales Information System (HOWIS).

8.10. Initially this will be taken forward through the establishment of a multi-agency task group to examine issues on information, including the sharing of data between public bodies and the development of an integrated public health information system. Encouragement will also be given to public bodies to work in collaboration using existing available information.

### **Next Steps**

8.11. The following chart summarises the main actions and initiatives built into the Strategic Framework. A number of these initiatives are already in place or are in the process of being established. Where action has yet to be initiated the Welsh Office will prepare an outline action programme and identify the key participants where joint or collaborative action is needed. Progress against this will be monitored and reported, initially to Ministers and, after its establishment next year, to the National Assembly for Wales.

8.12. If appropriate, for example, where there is a need for further consultation or the dissemination of information, further titles in the Better Health - Better Wales series will be published.

# EMERGING STRATEGY FOR BETTER HEALTH - BETTER WALES

## Objective of the Strategic Framework

To provide a comprehensive, multi-disciplinary framework for national and local action which will contribute to:

- 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; and
- improving the health and safety of people at work.

## Implementation of Strategic Framework through:

	Aim	Drivers for Action	Levers for Action
1. Alliances	To provide structures and expertise to support sustainable health and well being	<ul style="list-style-type: none"> <li>● Wales Centre for Health</li> <li>● Health Alliances National Network for Health</li> <li>● Health Promotion Strategy</li> <li>● Research and Development</li> </ul>	<ul style="list-style-type: none"> <li>● Health Impact Assessment</li> <li>● SHARP</li> <li>● Health Promotion Strategy</li> <li>● Health Improvement Programmes</li> <li>● DPP/DPH plans</li> <li>● Health Gain Targets</li> <li>● HOWIS</li> <li>● Multi-sector training plans</li> </ul>
2. Communities	To improve economic and social well-being and reduce inequality	<ul style="list-style-type: none"> <li>● Employment and the economy</li> <li>● Local government services</li> <li>● NHS action for health</li> <li>● Voluntary/community action</li> <li>● Social inclusion action</li> <li>● Workplace health</li> </ul>	<ul style="list-style-type: none"> <li>● New Deal</li> <li>● Employment Zones</li> <li>● EU funds</li> <li>● LG Community leadership</li> <li>● LG formula</li> <li>● LG community safety audits</li> <li>● NHS allocations</li> <li>● Screening Strategy</li> <li>● Local Health Groups</li> <li>● NAW Voluntary Sector Schemes</li> <li>● People in Communities</li> <li>● Occupational Health Strategy</li> </ul>

3. Children	To ensure children and young people reach their potential	<ul style="list-style-type: none"> <li>● Children's services</li> <li>● Schools and colleges</li> <li>● Youth services</li> </ul>	<ul style="list-style-type: none"> <li>● Children's Strategy</li> <li>● Sure Start</li> <li>● Review of Health Visitors</li> <li>● Child Care Strategy</li> <li>● Standards for Social Care</li> <li>● Healthy Schools</li> <li>● Nutritional standards</li> <li>● Special needs</li> <li>● School health services</li> <li>● Safe routes to school</li> <li>● School exclusion initiative</li> <li>● Review of curriculum</li> <li>● Healthy colleges</li> </ul>
4. Environment	To ensure environmental factors have minimum detriment to health	<ul style="list-style-type: none"> <li>● Sustainable development</li> <li>● Pollution control</li> <li>● Planning and land use</li> <li>● Healthy homes</li> <li>● Integrated transport</li> </ul>	<ul style="list-style-type: none"> <li>● NAW sustainable development scheme</li> <li>● National Environmental Health Plan</li> <li>● Capital Challenge</li> <li>● UK Air Quality Strategy</li> <li>● Environmental and Drinking Water improvements</li> <li>● Contaminated Land regime</li> <li>● Hazardous Incident Plans</li> <li>● Waste Management Strategy</li> <li>● Revised Planning Guidance</li> <li>● Sustainable Development Plans</li> <li>● Review of Housing Standards</li> <li>● Capital Receipts Initiative</li> <li>● Integrated Transport Plans</li> <li>● Road Safety Strategy</li> <li>● National Cycle Strategy</li> <li>● Green Transport Plans</li> </ul>
5. Lifestyle	To encourage choices which optimise health and avoid ill-health	<ul style="list-style-type: none"> <li>● Tobacco control</li> <li>● Food safety, standards and nutrition</li> <li>● Activity, sport and recreation</li> <li>● Accidents</li> <li>● Alcohol and drugs control</li> <li>● Sexual health</li> <li>● Oral health</li> <li>● Mental health</li> <li>● Screening</li> <li>● Infectious disease control</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Healthy Living Centres</i></li> <li>● <i>Tobacco White Paper</i></li> <li>● <i>Food Standards Agency</i></li> <li>● <i>Sports Council Schemes</i></li> <li>● <i>Drugs and Alcohol</i></li> <li>● <i>Strategy Sexual Health Strategy</i></li> <li>● <i>Protocols for Oral Health</i></li> <li>● <i>Revised Mental Health Strategy</i></li> <li>● <i>National Strategy for Infectious</i></li> <li>● <i>Disease Control</i></li> </ul>