



PUBLIC HEALTH NETWORK CYMRU

— E-BULLETIN —

AUGUST 2023

TACKLING HEALTH INEQUALITIES IN WALES





Welcome

Welcome to August's e-bulletin. This month the focus is on health inequalities. Health inequalities result from a range of interconnected factors including access to healthcare services, health-related behaviours, mental well-being, social cohesion and the wider determinants of health such as money and resources, education, work, housing and the built and natural environments.

This e-bulletin includes articles which look at national, regional and local initiatives which focus on reducing health inequalities in Wales.

Do you have any projects, research or case studies to share with the wider public health community in Wales? Send your articles to Publichealth.network@wales.nhs.uk or [@PHNetworkCymru](https://twitter.com/PHNetworkCymru)

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Building a Fairer Gwent

Caroline McDonnell, Senior Public Health Practitioner and Stuart Bourne, Consultant in Public Health

There are many factors (often referred to as the ‘social determinants of health’) within society, the economy and the environment that influence peoples’ health and wellbeing. Inequalities within these, such as the unequal distribution of wealth and resources, drive the conditions in which people live, work and play and create unfair but avoidable differences in health and wellbeing outcomes. We can see these differences in Gwent, where females in the most deprived quintiles live almost 20 years less in good health compared with those in the least deprived (1) and where at least one in four children in all local authority areas live in poverty after housing costs (2).

Building on the ambition of the 2019 Aneurin Bevan University Health Board (ABUHB) DPH report, [Building a Healthier Gwent](#), in June 2022 Gwent Public Services Board commissioned the Institute of Health Equity (IHE) to find ways to help address some of the issues in the region by becoming the first ‘Marmot region’ in Wales through the Building a Fairer Gwent (BaFG) programme.

In October 2022, Gwent leaders were brought together at a launch event where Professor Sir Michael Marmot



spoke about tackling inequity and the IHE’s experiences working with Marmot regions in England. This event was the first real opportunity to gather momentum for the programme and gain the senior support required for system change.

Alignment of the BaFG programme’s aims and Marmot Region approach with the new Gwent Public Services Board’s Well-being Plan, as well as local authority plans has been integral to this first year. To help facilitate this, a workshop in each of the five local authorities in Gwent was held between November and December 2022 to discuss a draft of the Well-being Plan. These workshops provided further opportunities to connect with stakeholders and discuss needs within their work areas, get to know the wider system and partnership space in Gwent, and discuss the BaFG programme. On the back of these events, a further housing-specific workshop

was held in March 2023 with housing association leaders to discuss what actions need to be taken to address inequities and inadequacies in social housing in Gwent.

This July, the IHE report for Gwent, [‘Building a Fairer Gwent: improving health inequalities and the social determinants’](#) was released, containing a suggested list of measurement indicators and recommendations to help monitor progress of system-wide actions to address health inequalities and improve the social determinants of health. Work is underway to prioritise the recommendations and work collaboratively to solidify action plans both locally and region-wide. Alignment to the Well-being Plan and local delivery plans will add momentum and longevity to the programme’s aims, and community-level engagement will help to understand what’s important for people locally and what support is needed.

Outside of Gwent, the system-wide indicators and recommendations outlined in the report can be assessed for suitability and application Wales-wide. Key to addressing inequities locally and nationally is the application of equity (and sustainability) to policies across health, government, education, employment, housing, environment and more.

To help build a fairer Gwent, sign up to the Health Equity Network and join the group set up for Gwent.

For further Information please contact: Stuart.bourne2@wales.nhs.uk

References

- 1 Public Health Outcomes Framework for Wales reporting tool [PHOF Dashboard.knit \(shinyapps.io\)](https://shinyapps.io/PHOF-Dashboard.knit). 2023
- 2 Building a Fairer Gwent: Improving Health Equity and the Social Determinants [main-report.pdf \(instituteoftheequity.org\)](https://instituteoftheequity.org/main-report.pdf). 2023

Practice

Public Health Wales launches new tool to help stakeholders to reduce health inequalities

Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being

A new digital platform is being launched to help stakeholders develop measures to reduce health inequality in Wales. Developed by the Policy and International Health team within the World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being, it is a tool for health professionals, local authorities and policy makers to help stimulate ideas and find answers to equity problems.

The Welsh Health Equity Solutions Platform is part of the [Welsh Health Equity Status Report initiative](#) (WHESRi), delivering to a [Memorandum of Understanding](#) between Welsh Government and WHO; and supporting a healthier, more equal and prosperous Wales for current and future generations.

Wales is the first country to apply a milestone WHO [European Health Equity Status Report \(HESR\) initiative](#), becoming a global influencer and live innovation site for health equity and investment for health and well-being, developing and promoting innovative approaches, tools and solutions for achieving healthy prosperous lives for all in Wales and beyond.



The Welsh Health Equity Solutions Platform is a gateway to data, evidence, health economics and modelling, policies, good practice, innovative tools and practical solutions to help improve population wellbeing and reduce the health equity gap in Wales and beyond. It is structured around an innovative WHO framework of ‘Five Essential Conditions’ for healthy prosperous lives for all. The platform will link with and feed into a WHO health equity gateway, providing an example and inspiration for countries to learn and follow, as well as to contribute and share.

The platform features searchable data tools and a report generating function which allows users to input their search terms and produce outputs related to those terms. The platform also offers a spotlight feature that can be used to highlight particular solutions or themes.

The team will develop the platform over time to add additional content and features.

The platform was launched at a [webinar](#) on 22 June 2023, further webinars will be held to highlight uses and new developments of the system.

[Visit website](#)

Research

What does climate change mean for health inequalities in Wales?

Nerys Edmonds and Liz Green, Wales Health Impact Assessment Support Unit, Public Health Wales

Periods of extreme weather across the world over the summer have highlighted that climate change is no longer an issue of the future. But what might this mean to improving population health and reducing health inequalities here in Wales?

In July, Public Health Wales published a comprehensive [Health Impact Assessment](#) (HIA) exploring how climate change will impact health, wellbeing and equity in Wales. The HIA found that climate change will impact on the health and wellbeing of the whole population in Wales, however, the impacts are not distributed equally, and adaptation to climate change may exacerbate existing inequalities.

Population groups in Wales identified in the HIA as more vulnerable to the impacts of climate change include:

- [Older adults](#)
- [Babies, children and young people](#)
- [People with long term health conditions](#)
- [People living in flood risk areas](#) and by [the coast](#)
- [Occupational groups](#) including outdoor workers and health, social care and emergency workers
- [Rural communities](#)
- [People on a low income](#)
- People living in poor quality [housing](#)

Issues relating to “climate justice” are identified in relation to climate change adaptation in the HIA, in particular, in relation to intergenerational justice (see [Section A3](#)), social justice issues raised by planning for sea level rise, flooding and coastal erosion in coastal communities (see [Section P6.1](#)), and distributional justice in the form of socioeconomic inequalities linked to [income](#) and [housing](#).

Negative impacts were also identified in relation to existing population health priorities in Wales including:

- [Food security and nutrition](#)
- [Mental health and wellbeing](#)
- [Physical and outdoor activity](#)
- [Air Quality](#)
- [Health and social care access and delivery](#)

The impacts from climate change will have implications for public health policy and programmes already working to address health inequalities in these areas.

There are also a number of co-benefits for health and wellbeing that arise from climate change, and its mitigation including improving access to nature-based solutions and green, blue and natural environments and greater investment in decarbonised public transport and active travel.

Action on adaptation is not keeping pace with the changing climate – there is a need to significantly scale up planning for the future. The data and evidence on health and wellbeing impacts, and inequalities contained in the HIA can help inform cross sector action on climate adaptation, for example in local climate risk and vulnerability assessments, and adaptation and resilience planning for specific services or settings.

“The severity of the risks we face must not be underestimated. These risks will not disappear as the world moves to Net Zero; many of them are already locked in. By better understanding and preparing for the coming changes, the UK can prosper, protecting its people, its economy, and its natural environment. A detailed, effective action plan that prepares the UK for climate change is now essential and needed urgently.”

Baroness Brown, [Chair of the Climate Change Committee Adaptation Committee](#) (CCC, 2021)

Find out more:

A [progress report](#) on climate change adaptation in Wales was published by Welsh Government in 2022. An independent report on progress by the Climate Change Committee is due out in September and the next National Adaptation Plan for Wales is due to be launched in 2024.

Earlier this year, Welsh Government published a [Call for Evidence](#) on developing a Just Transition Framework for Wales to ensure that the decarbonisation pathway to Net Zero by 2050 in Wales is fair and inclusive.

For further Information contact: Nerys.S.Edmonds@wales.nhs.uk



How Allied Health Professionals are contributing to tackling health inequalities

Judith John and Catherine Pape, National AHP Leads for Public Health and Prevention

Allied Health Professionals (AHPs) are making positive contributions to reducing health inequalities across Wales.

In committing to the ‘quadruple aim’(1) AHPs are driving the shift to improving population health outcomes through prevention and early intervention, using person centred and integrated care and broadening services to encompass population health. Crucial to this is the consideration of the wider determinants of health and working in ways that can impact on health inequalities and maximise the wellbeing of the population.

The King’s Fund(2) provides a useful framework for AHPs, looking at all aspects of their work under a health inequality lens and identifying ways in which they can impact.

AHPs may support in improving access, signposting to services addressing the wider determinants of health, and promoting behaviours which support physical, mental and emotional health and wellbeing. Examples from Wales include:

- In the early years, AHPs may work in universal, targeted or specialist services. Speech and language therapists (SLTs) in Aneurin Bevan University Health Board are working within health visiting (HV) teams to deliver the [Talk With Me programme](#). Speech, Language and Communication Needs (SLCN) are well evidenced as having a lifelong impact on health and wellbeing. By delivering training for HV and Family Support workforces, streamlining the universal and targeted provision, they ensure children get the best start in life and support a reduction in health inequalities for children in Gwent.
- Nutrition Skills for Life (3) is a training programme, which aims to build community capacity to access a healthy balanced diet, a major determinant of health, wellbeing and quality of life. e.g. in Cardiff and Vale University Health Board, dietitians and support workers deliver accredited Get Cooking courses, supporting learners with the knowledge and skills to create healthy, affordable and practical meals that are balanced at home; and supporting childcare settings to provide universal access to quality snack and food provision for preschool children. This can help parents on a budget, by ensuring their child receives a nutritious snack, filled with fruits and vegetables each day at childcare.
- A multi professional AHP team based in HMP Berwyn prison in North Wales work to improve the health & wellbeing of the prison population. Research tells us that between 60% to 80% of young offenders have SLCN, which can be a factor in a range of behaviours. The people who are most frequently subject to use of force at HMP Berwyn are younger men with poor verbal expression skills. SLTs have been able to develop timely interventions using trauma informed care, based on non-judgemental positive regard which is having a positive impact on the unplanned use of force within the prison. (4) The whole AHP team in Berwyn are together helping to maximise health and wellbeing and reduce inequalities through developing skills, knowledge and confidence of the men in prison to self-manage their health conditions and prepare for living independently, as well as influencing the environment through support to prison officers and staff.

- Occupational therapists are working with the South Wales Fire and Rescue Services, (F&RS) to support staff to undertake holistic home safety check visits and conduct assessments such as risk of falls, smoking dangers, loneliness as well as consideration of heating and energy cost and energy conservation. They are focussing the service on high risk individuals and vulnerable people in the community, enhanced by the use of Welsh Index of Multiple Deprivation) data to identify areas of high risk. OTs are supporting the F&RS in developing assessment and referral pathways as well as testing out a specific service for people in the early stages of dementia, who are referred by their GP for an enhanced home safety check, ensuring vulnerable population groups are reached.
- Advanced paramedics are utilising their skills and working in a variety of rotational models including Urgent Primary Care, Primary Care, Out of Hours and Integrated Care Hubs. They are enhancing services to vulnerable groups such as care home residents to provide wraparound care and community outreach to prevent hospital admissions. Also, through innovative ways of working via remote consultations, home visiting and rapid assessment skills can support equity of access to services for those hardest to reach. This multi-disciplinary model allows for better understanding of roles across the healthcare system and supports advanced paramedics in effectively managing acutely unwell patients.

Lucy Smothers, Clinical Leadership Fellow in Health Education and Improvement Wales (HEIW), has coproduced an Early Years Health Inequalities Toolkit for AHPs, due to be published in September 2023. This toolkit will provide practitioners working in early years with a range of resources to support them in their work in tackling health inequalities.

At [Health Education and Improvement Wales](#), we have established two networks of AHPs with an interest in tackling health inequalities, with one focusing on the early years; as well as running spotlight sessions on these topics. We are sharing good practice, including information on measuring the impact of interventions outside individualised care.

If you are an AHP and want to learn more on how you can get involved in this call to action or find out more about the examples outlined, please contact HEIW.ahpprofessions@wales.nhs.uk



Allied Health Professions is a collective term used to describe 13 different professions who work across the whole lifespan, in a wide range of settings throughout the NHS, social care, local authority, private practice, education, and the judicial system. To find out more:

[Allied Health Professions \(AHPs\) - HEIW \(nhs.wales\)](#)

References

- 1 [Allied Health Professions Framework for Wales \(gov.wales\)](#)
- 2 [My role in tackling health inequalities: a framework for allied health professionals | The King's Fund \(kingsfund.org.uk\)](#)
- 3 [Nutrition Skills for Life®](#)
- 4 [Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity](#)

Tackling winter pressures: A Population Health Management (PHM) approach to fuel poverty in the Taff Ely Primary Care Cluster

Sam Roberts, Senior Public Health Practitioner, Cwm Taf Morgannwg University Health Board

The project targeted those vulnerable to exacerbations of chronic conditions and health impacts of winter fuel poverty. The use of population segmentation and risk stratification data to identify patients and the subsequent intervention offered sought to improve patient outcomes, and lessen winter pressures in primary and secondary care. Population Segmentation and Risk Stratification (PSRS) data were therefore used to target at risk individuals and tailor delivery of preventative services. Research shows that living in cold homes leads to poorer health outcomes. This project sought to address the inequalities caused by fuel poverty through the following aims:

- Lessen burden of fuel poverty felt by patients by improving opportunities for preventative care closer to home and experience of care.
- Test feasibility of using PSRS data to inform development of PHM interventions.
- Reduce winter pressures within Primary care identified by a reduction in the number of GP contacts.
- Assess whether this project could help avoid emergency admissions and A&E attendances.

Taff Ely
Primary Care Cluster

A cohort of patients were identified using a combination of PSRS and clinical data patient lists were prioritised according to risk category and segment. Health Care Support Workers or Frailty Nurses then contacted patients to have a “What Matters” conversation, undertake a risk assessment and make onward referrals where necessary to further interventions such as NEST, Warm Hubs, Pharmacy and Social Services.



Evaluation is ongoing, outcomes evaluation available from October. Results from process evaluation show 625 patients successfully contacted from 1,110 attempted contacts. Of the 625 patients, 196 (31%) were referred to an intervention (117 to frailty, 43 to NEST, and 51 to other services). More patients were identified in segments 4, 9 and 10 but subsequently a higher proportion of patients in segments 10 and 4 had an intervention compared to other segments. Data did not show a clear age-related trend for referral to onwards intervention.

Qualitative data collected highlights the positive impact that the intervention had. Feedback from one patient supported by the project: “It has been a lifesaving service, if it hadn’t been for the random phone call ... I would have just buried my head in the sand, as I didn’t know where to start. ... Things are now being dealt with and we have a plan in place”.

Exploration of partners’ views demonstrates they saw the use of PSRS data and the resulting interventions as a proactive project that had a positive impact on both patients and staff. “Yes! A 1 in 10 hit rate for fuel poverty and 1 in 5 hit rate for unmet health needs is impressive”

This is one of the first pilot projects in Wales to utilise PSRS data. The project was widely acknowledged to realise positive benefits for patients during a difficult winter, with many patients stating the difference it has made to their health and wellbeing. The findings from this work provide insight and project learning in to establishing and delivering a proactive preventative project using PSRS data in the development of future approaches to tackle health inequalities.

For further information please contact: Samantha.roberts11@wales.nhs.uk

Reducing health inequalities for people with a learning disability; improving patient safety through knowledge, skills and communication tools

Donna Reed, Improvement Communications Manager, Improvement Cymru

The [Improvement Cymru Learning Disability Team](#) works nationally with organisations, service users and their carers to improve the lives of people with a learning disability. As part of our wider programme, and through co-production, we have developed and delivered training and resources for health and social care staff to support people with a learning disability.

Two such packages are the [Paul Ridd Learning Disability Awareness Training](#) and the [Health Profile](#).

Paul Ridd Disability Awareness Training

Paul Ridd lived in Wales, he had a learning disability and in 2009 died an avoidable death; he was fifty-four years old. Since losing Paul, his family and others have campaigned for better training and support for healthcare staff.

The training is mandatory for all public facing NHS Wales staff to complete. It has been produced alongside people with a learning disability and key stakeholders, and can be undertaken via the Electronic Staff Record (ESR) or via the Learning@Wales site.

The training aims to build knowledge, skills and competence across the workforce; a key action in reducing health inequalities for people with a learning disability.

To date over 40,000 NHS staff in Wales have completed this training and the next stage is to adapt the course for colleagues in social care.



[Read more here.](#)

Health Profile

A review of health communication tools was undertaken by [Northway et al \(2017\)](#) and they identified 60 different types of health communication tools in circulation with little consistency.

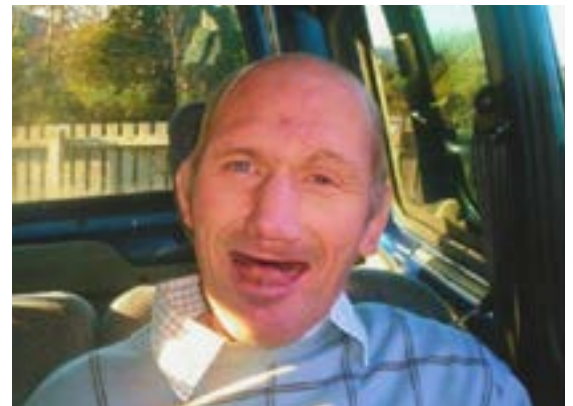
Improvement Cymru commissioned the University of South Wales to conduct further research to identify the key components for a health communication tool, which was used to develop the Health Profile.

The Health Profile aims to help people with a learning disability to get safe and timely healthcare.

The profile contains information about the person's health, care, support and communication needs. It is designed to be owned by the individual and if required a carer can help to complete it.

Ideally people with a learning disability and/or those who support them should offer their Health Profile to the member of staff whenever they access healthcare. It is currently available to [download and print on our website](#).

For more information, please contact the team on ImprovementCymru_LD@wales.nhs.uk



Paul Ridd

Inclusive Prehabilitation

Alexandra Mitchell, I-Prehab Research Associate, and Manasi Patil, I-Prehab Research Assistant, on behalf of the I-Prehab project team, Cardiff University

An interdisciplinary team of researchers led by Professor Jane Hopkinson at Cardiff University is working in partnership with AHP Cancer Cymru on a National Institute of Health Research (NIHR) funded project about inclusive prehabilitation (I-Prehab) for cancer patients.

The aim of this research is to design and evaluate an education toolkit called [I-Prehab](#), which will support cancer workers to raise awareness of and encourage participation in prehab for cancer patients, particularly those who can have difficulty accessing services.

This research about inclusive prehabilitation (prehab) arose from recognition by the Wales Therapies Leads (AHP Cancer Cymru) that engagement with prehab needs to improve. The vision of AHP Cancer Cymru is for culturally appropriate prehab to be part of Making Every Contact Count [1] – everyone in the cancer workforce needs to feel confident and competent to talk about physical activity, eating well, and emotional wellbeing.

People from socially deprived communities, including some ethnic minority groups, are at higher risk of poor cancer treatment outcomes. Prehab prepares people for cancer treatment, physically and mentally, by helping them to eat well and be active, and supporting their mental health and emotional resilience. When prehab meets individual needs, it can lead to fewer treatment complications, better cancer outcomes such as longer life, and reduce cost to health and social care [2,3].

Based on the Index of Multiple Deprivation (IMD), 22% of the Welsh population live in the most deprived areas of the UK. This deprivation is associated with poor cancer survival [4] and risk factors for poor cancer outcome, namely late disease stage at diagnosis [5], as well as behaviours with health risks such as poor nutrition, inactivity, and smoking [6].



If prehab services are to be inclusive for all, changes to delivery are required that improve patient access and support engagement. To work towards these changes, we need a better understanding of how people find out about and use prehab services (access), and whether (adherence) and why (acceptance) they follow prehab guidance.



To achieve this, our research will map existing prehab practice in Wales and learn from the best examples of inclusivity in practice and the wider literature. We will do this by studying patients with planned treatment for upper gastrointestinal, bowel, lung, prostate, or breast cancer. We will then use our new understanding of factors that influence prehab access, acceptability, and adherence to inform

a coproduction process that generates an ‘Inclusive Prehab’ (I-Prehab) toolkit. Our researchers will work with patients, carers, cancer workers, and cancer service managers to design and evaluate this I-Prehab toolkit.

The I-Prehab toolkit will consist of online education and other resources, which will help cancer workers understand how to deliver inclusive prehab. It will be designed to overcome barriers to access and provide tools to support adherence, particularly for those from socially deprived and ethnic minority communities.

Findings from this research will inform recommendations for personalised, inclusive prehab to minimise avoidable adverse effects of cancer treatment, and support best quality of life and good treatment response.

For more information, please contact Cheryl, I-Prehab Project Coordinator: I-Prehab@cardiff.ac.uk

References

1. Macmillan Cancer Support, Prehabilitation for people with cancer: principles and guidance for prehabilitation within the management and support of people with cancer. www.macmillan.org.uk/assets/prehabilitation-guidance-for-people-with-cancer.pdf. 2019.
2. Gillis, C., et al., Effects of nutritional prehabilitation, with and without exercise, on outcomes of patients who undergo colorectal surgery: a systematic review and meta-analysis. *Gastroenterology*, 2018. 155(2): p. 391-410. e4.
3. Ni, H.J., et al., Exercise Training for Patients Pre- and Postsurgically Treated for Non-Small Cell Lung Cancer: A Systematic Review and Meta-analysis. *Integr Cancer Ther*, 2017. 16(1): p. 63-73.
4. Syriopoulou, E., et al., Estimating the impact of a cancer diagnosis on life expectancy by socio-economic group for a range of cancer types in England. *British journal of cancer*, 2017. 117(9): p. 1419-1426.
5. Woods, L., B. Rachet, and M. Coleman, Origins of socio-economic inequalities in cancer survival: a review. *Annals of oncology*, 2006. 17(1): p. 5-19.
6. Algren, M.H., et al., Health-risk behaviour in deprived neighbourhoods compared with non-deprived neighbourhoods: a systematic literature review of quantitative observational studies. *PloS one*, 2015. 10(10): p. e0139297.

Videos



Detection and prevention of illicit trade in drugs, alcohol and tobacco in Wales

The significant increase in deaths and hospitalisations associated with illicit drug and alcohol use, alongside the persistent risk posed by tobacco, is a public health crisis that requires cross-sector and multi-agency collaboration and coordination. Illegally traded drugs, alcohol and tobacco have a damaging impact on population health and well-being...

[Watch](#)

Health Impact Assessment: The Comprehensive and Progressive Agreement for Trans-Pacific Partnership

Trade is a key commercial determinant of health and affects everyone in Wales. The Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP) is one of the largest free trade agreements in the world, including eleven countries on four continents and accounted for £96 billion worth of UK trade in 2018...

[Watch](#)

The role of design in public health

This webinar is an introduction to the Design Council who holds more than 20 years' experience developing frameworks that support organisations to embed design practice and new ways of working.

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News & Resources



[New report proves nature-based health projects save NHS time and money](#)

23-08-2023



[Public Health Wales has adopted a new approach to urgently address the use of vaping products among children and young people](#)

15-08-2023



[Briefing on new Climate Action Wales communications programme](#)

11-08-2023

[All News](#)

[A Natural Health Service: Improving lives and saving money](#)

The Wildlife Trusts

[Systemic Design Framework: Developed to help designers working on major complex challenges that involve people across different disciplines and sectors](#)

Design Council

[All Resources](#)

Topics

Prevention and Improvement in Health and Healthcare

Nursing Now Cymru/Wales

Mental Ill Health

Mental Health Conditions

Suicide and self-harm prevention

Non-communicable Diseases

Diabetes

Communicable disease

Foodborne Communicable Diseases

Influenza (Flu)

Sexually Transmitted Infections

Coronavirus (COVID-19)

People

LGBT+

Gender

Learning, physical and sensory disabilities

Maternal and newborn health

Offenders

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Healthy Weight

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Smoking and vaping

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Oral Health

Sexual health

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Arts and health

Spirituality

Wider determinants of health

Poverty

Income and debt

Benefits

Housing

Homelessness

Fuel poverty

Housing quality

Education and Training

Preschool

School

Further, higher and tertiary education

Community

Assets Based Approaches

Social capital

Environment

Climate change

Natural environment

Sustainable development

Built environment

Employment

Unemployment

Precarious work

Good, fair work

Health in all policies

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Social justice and human rights

Wellbeing of future generations

Approaches and methods in public health practice

Communities4Change Wales

Systems thinking in public health

Evaluation

Behavioural Science

All Topics

Next Issue

ALCOHOL AND SUBSTANCE MISUSE

Substance abuse or misuse is defined as the continued misuse of any psychoactive substance that is harmful or hazardous to a person's wellbeing health, social situation and responsibilities. Alcohol dependence is the most common form of substance misuse, but any drug comes into this category, as does the misuse of glue and aerosols and prescription medicines.

For our next bulletin we would welcome articles which cover national, regional or local initiatives, policies or programmes aimed at preventing alcohol or substance misuse or improving outcomes for those who are affected by alcohol or substance misuse.

[Contribute](#)

