BUILDING A HEALTHIER WALES COORDINATION GROUP

PROGRESS TO DATE DECEMBER 2022











MESSAGE FROM CHAIR AND VICE CHAIR



Councillor Huw David, Leader Bridgend County Borough Council and Chair of Building a Healthier Wales Co-ordination Group (2019-2022)



Mark Polin, Chair, Betsi Cadwaladr University Health Board and Vice Chair of Building a Healthier Wales Co-ordination Group

We are delighted to share this report on the work of the Building a Healthier Wales Coordination Group.

When we came together in 2019 our focus was how we, as a coalition across many sectors in Wales, could make an evidence-based shift to prevention for health and well-being of the people of Wales. During this time we have seen dramatic shifts in fortune in Wales, through the challenges of the pandemic, through to the cost of living crisis we are now facing.

What has been clear in all our work, be that supporting young people coming out of the pandemic, looking at significant policies such as free school meals and the early years and child care offer, is that it is only through concerted action across multiple agencies working in partnership that we can make a long term impact on health and inequalities in Wales.

We continue to face a situation where Welsh citizens on average live fewer years than people across the border, and also fewer years lived in good health. Within Wales, in common with the other UK nations, there continues to be a big gulf in life and healthy life expectancies between disadvantaged and less disadvantaged areas. We all recognise that it is manifestly unfair and morally wrong that lives of people

in the most disadvantaged areas of Wales are currently cut short by around 6.3 years (females) or 7.6 years (males) compared with those from the least disadvantaged. The most recent analysis has shown that this gap has widened. The lost years lived in healthy life is even greater, at 16.3 years for women and 13.3 for men.

Our poorest communities continue to be disproportionately affected by global economic, social and environmental shocks, such as the 2008 financial crash, Brexit, the Covid-19 pandemic and currently the cost of living crisis. By investing in the health and well-being of these communities, we can increase our collective resilience to future shocks and reduce health inequalities.

We are a small nation with a distinctive policy environment, including the world leading Well-being of Future Generations Act legislation, and the Welsh Government's A Healthier Wales strategy which envisaged a future with a shift to prevention.

It has been a pleasure to work with so many leaders across different sectors in Wales to work together on these challenges.

Through continued commitment, collaboration and sustained investment we can build a healthier, fairer future for the people of Wales.



ABOUT BUILDING A HEALTHIER WALES

The Building a Healthier Wales Coordination Group was established in 2019 to progress the prevention element of A Healthier Wales – our plan for health and social care. This strategic, multi-agency group is made up of senior leaders from across the public, third and private sectors, to go beyond what could be achieved by health and care alone in order to drive the shift to prevention and achieve a healthy and sustainable Wales.



The former Minister for Health and Social Services, Vaughan Gething, appointed Huw David, Health and Social Care Spokesperson for the Welsh Local Government Association and Leader of Bridgend County Borough Council, to Chair the Coordination Group. Mark Polin Chair of Betsi Cadwaladr University Health Board is the Vice Chair.

Members include Public Health Wales, Local Government, the NHS, Social Care Wales, Community Housing Cymru, Natural Resources Wales, Sport Wales, Police, Fire and Rescue, Wales Council for Voluntary Action, and Welsh Government's Chief Medical Officer. It has been supported by an advisory group of third sector organisations to help ensure its work remains grounded in the reality of people's experiences.

The Building a Healthier Wales Coordination Group initially established five evidence informed priority areas for action:

- wider determinants of health;
- ensuring the best start in life: optimising our early years;
- enabling healthy behaviours;
- minimising the impact of clinical risk factors and the burden of disease;
- enabling transformational change.

These priorities were the basis for spend of the prevention funding of £7.2m allocated for local action to health boards, via agreement with Regional Partnership Boards, with oversight from the coordinating group until April 2022.

During much of 2020 the work of the group was put on hold due to the challenges being posed by the pandemic. At the end of 2020 the group reconvened, and, in light of the pandemic, focussed on wider determinants (income maximisation), mental well-being (loneliness and isolation in young people) and clinical risk factors (obesity and diabetes).



UNDERSTANDING HEALTH INEQUALITIES IN WALES

Avoidable, unfair and systematic differences in health between different groups of people and are often considered across four main categories: socio-economic factors (for example, income); geography (for example, region); specific characteristics (for example, ethnicity or sex) and specific groups (for example, people seeking asylum or experiencing homeless).

In common with the other UK nations, Wales continues to experience persistent health inequalities which have been amplified by the Covid-19 pandemic. How to address health inequalities has become a major focus of the Building a Healthier Wales Co-ordination Group.

Headline measures used to assess the level of health inequalities are:

- Life expectancy is a measure of the average expected years of life for a new born based on recently-observed mortality rates.
- Healthy life expectancy represents the number of years a person might expect to live in good or very good health.



Both measures are estimates for the general population

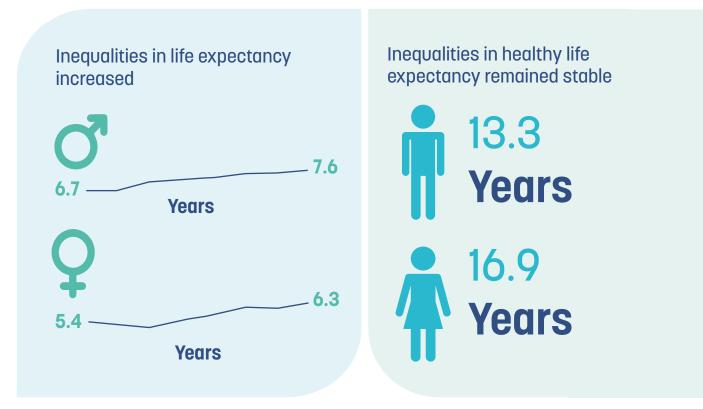


Figure 1 The gap in life expectancy and healthy life expectancy between those living in the least and most deprived areas in Wales, 2011-2013 to 2018-2020¹.

Based on current data, there are a number of conclusions we can currently draw on health inequalities in Wales:

People in more disadvantaged areas of Wales currently live 13-17 fewer years in good general health compared to people in the least disadvantaged areas

On average, females in most deprived areas have 16.9 fewer years in good general health compared to those in least deprived areas. The difference for males is 13.3 years.

Latest analyses show the gap in life expectancy between most and least disadvantaged areas in Wales has widened

The gap in life expectancy between the least and most deprived population in Wales has increased in recent years for males, from 6.7 years in 2011-13 to 7.6 years

in 2020-2022, and for females, from 5.4 years in 2011-13 to 6.3 years in 2020-2022. This gap is in the context of stalling life expectancy across the whole population prior to the pandemic, and a fall in life expectancy for women in the most recent period.

Covid-19 was an unequal pandemic, and has impacted on health inequalities

Although it is currently unclear how the pandemic will affect the longer term trends in inequalities in life expectancy, early indications suggest an effect of widening these inequalities. Analysis of deaths considered avoidable that occurred in 2020 point to an increased level of inequality, with the gap in avoidable mortality between the most and least deprived areas widening in both males and females².

¹Public Health Wales (2022) Health expectancies in Wales with inequalities gap, available at: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/health-expectancies-in-wales-with-inequality-gap/



Wales is not alone. Each of the UK nations has significant health inequalities

It is useful to put health inequalities in Wales into a wider UK context. In Figure 2, when measured by local authority area, healthy life expectancy between areas in Wales ranges by approximately 10 years, with a majority of areas below the UK average. However, based on this analysis, there are a number of UK nations and regions with a wider spread of health inequalities between local authority areas, such as Scotland, Northern Ireland, South East England and London.

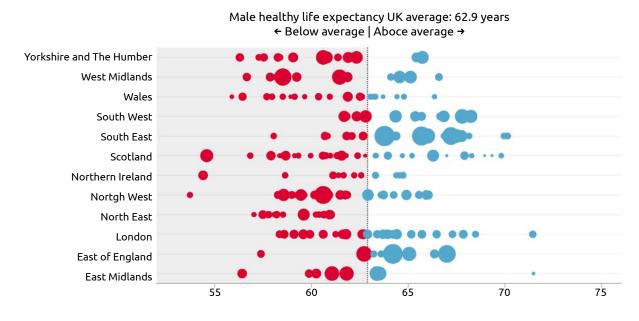


Figure 2: Male healthy life expectancy at birth by region, local authorities in the United Kingdom: 2017-2019. Source: Local healthy life expectancy at birth by region and sex, The Health Foundation (2022)

Feb 2023

Report to Minister on free school meals and early years and child care policies and inequalities



Summer 2022

Findings of income maximisation pilot

Nov 2021

Requested by Minister to apply health inequalities focus to Free School Meals and Early Years/ Childcare implementation

April 2021

Oversight for Prevention and Early Years Funding

Sept 2020

Coordination group resumes, commitment to pandemic priorities – income maximisation, mental well-being of young people and clinical risk factors



March 2020

Pandemic hits, Coordination Group pauses

Mid 2019

Coordination group Chair appointed by Minister, first meeting, commitment to five priority areas



Feb 2019

Building a Healthier Wales discussion paper

SUPPORTING THE MINISTER TO ADDRESS HEALTH INEQUALITIES



Free school meals and early years and child-care offer

In November 2021 the Minister for Health and Social Services asked the Building a Healthier Wales Coordination Group to work with government and the wider system to consider how policy design and implementation could avoid widening health inequalities in two areas:

- Universal free school meals in primary school
- Extension of the early years and childcare offers, including the expansion of the Flying Start programme and childcare for parents in education or on the brink of work.

The minister asked for agile advice, drawing on public health expertise and evidence and insights from stakeholders across the system.



A report of the work to date, including recommendations is due for submission in February 2023. Further work is expected to support policy implementation



In support of this a multi-agency task and finish group was established bringing together a wide range of public health experts, service leads, policy specialists and third sector organisations so that analysis and advice remains rooted in the needs and experiences of the people these policies seek to benefit. This task and finish group is chaired by Sue Evans, Chief Executive, Social Care Wales.

So far, the group has developed a theory of change and health impact assessment for each policy area, working closely with Welsh Government to ensure our work remains aligned the realities of real world delivery.

Options for robust and relevant measurement and evaluation have also been scoped.

Appropriately for these major policy initiatives, we have taken a wide ranging view of inequalities, considering potential impacts not only on children and families but also on communities and the workforce.

A report of the work to date, including recommendations is due for submission in February 2023. Further work is expected to support policy implementation.

RESPONDING TO THE PANDEMIC

As the impacts of the pandemic on particular groups become clearer, the Building a Heathier Wales Co-ordination Group supported a number of projects designed both to prevent and mitigate further hardship.

Wider Determinants: Maximising people's income

Late in 2021 the Building a Healthier Wales Coordination Group supported the provision of funding for additional advisors under a pilot project run by Welsh Government's Advice Services team. The pilot was delivered by Citizens Advice and run in the Cwm Taf region working with 16-25 year olds. Existing advice services did not typically target younger people who the pilot sought to support. The pilot also focused on the mental health impact of those supported.

This work followed from the very clear impact of the pandemic on young people, their work prospects and the relationship between financial stress and health.

The pilot was delivered through the Single Advice Fund and utilised a network of advice partners but also access partners, organisations which don't usually deliver advice but work together with the advice agencies, these include organisations such as youth services, Barnardos and Job Centres. The pilot trialled social media as a means of engagement with the target group.

The main advice issues were seen to be benefits and employment, however debt emerged as a second dominant issue with a number of those engaged were in crisis situations being threatened with court action.

In the six month pilot for those aged 16-24 in the Cwm Taf area 153 received an income gain €409k income gained £105k other gain, including debt written off 57% less stressed about their problem 70% more

confident in dealing with financial problems



An increase of 125% in young clients advised from pilot area compared to the previous year



There was an increase of 125% in young clients advised from pilot area compared to the previous year, higher than the 39% seen in the same time period in the comparator area. However, it is not possible to attribute these changes directly to the pilot intervention.

Evaluation was coordinated by Citizens Advice in partnership with an independent provider. Findings suggests that young people are likely

to be underserved by advice services, with 20% of young clients previously unaware of the service.

During the cost of living crisis, mitigating the impact of financial stress is an important tool in our efforts to prevent the adverse health outcomes for the people of Wales.



July 2021



www.mind.org.uk

Young People's Mental Health

In 2021 Building a Healthy Wales wanted to understand the impact of the Covid-19 pandemic on the mental health and wellbeing of young people in Wales, with a particular focus on loneliness and isolation. A rapid evidence review was conducted in early 2021 to understand how young people's mental health in Wales has been impacted by the coronavirus pandemic and to identify their preferences for support.

Headlines: Need

- Scale/severity of young people's mental health problems have been exacerbated by pandemic
- 16-24 have been disproportionately impacted by loneliness & isolation during pandemic
- Those with pre-existing mental health need pre pandemic have been hit hardest
- Economic impact has been significant for young people worsening mental health
- Higher preference for face-to-face support compared to adults, with choice around how to access support also key
- Those most in need are young women, young people living in poverty, black Asian and minority ethnic communities.

Headlines: Preferences for support:

- ✓ Trauma informed personalised care
- In person face to face
- Choice of in person or digital support
- Provide support where people already are
- Feeling psychologically safe to be open, support is expert in nature, in comfortable environment.

Recommendations are to support those hardest hit, particularly:

- Creating opportunities to connect for young people living in poverty who are more likely to experience loneliness and/or mental health difficulties.
- trauma informed support for young women and young people from ethnic minority communities.
- employment and financial wellbeing support to protect older teenagers, young adults and parents/carers from the negative mental health outcomes associated with unemployment and low incomes
- In-school support for all children and young people, with a focus on those who have enjoyed lockdown, particularly those who find school more difficult due to mental health difficulties or bullying.

Further information is available

https://www.mind.org.uk/coronavirus-we-are-here-for-you/coronavirus-research/

Further work by Public Health Wales on the impact of the Covid-19 pandemic on mental well-being of young people in Wales is also now available:

https://phwwhocc.co.uk/resources/protecting-the-mental-wellbeing-of-our-future-generationslearning-from-covid-19-for-the-long-term/



Report 1: Behavioural insights from the primary care workforce on supporting weight management

A behavioural insight project focusing on the primary care workforce knowledge, skills and confidence to support weight management, as well as, any barriers and enabler to having weight management conversations



Report 2: The primary care needs of people living with overweight and obesity in Wales

A healthcare needs assessment (HCNA) of working adults (18-64 year old) in Wales, who are living with overweight and obesity.

Clinical Risk Factors – Obesity and Diabetes Prevention

The Building a Healthier Wales Coordinating Group identified addressing clinical risk factors as a priority in light of the impact of the pandemic. With this support, the Prevention and Early Years monies were used to obtain additional public health practitioner capacity in Public Health Wales' Primary Care Division for obesity and diabetes prevention in support of Healthy Weight: Healthy Wales.

Primary Care Obesity Prevention work has focussed on supporting implementation of the All-Wales Weight Management Pathway (AWWMP) in primary and community care, as

these settings are recognised as the first point of contact for many people with health and wellbeing concerns. Two reports, developed and published in September 2021, describe the Primary care needs of people living with obesity in Wales and Behavioural insights from the primary care workforce on supporting weight management. Recommendations from these reports have informed the development of an Action Plan and this has been supported and overseen by a Primary Care Obesity Prevention Steering Group, led by PHW's Primary Care Division.



Ministerial launch of the All Wales Diabetes Prevention Programme

The <u>All Wales Diabetes Prevention Programme (AWDPP)</u>, launched in Diabetes Awareness week in June 2022, sees the rollout commence of a national type 2 diabetes prevention programme with embedded evaluation. The AWDPP is based on prudent healthcare principles and delivered through Primary Care Clusters. Developed nationally by Public Health Wales and delivered locally by dedicated healthcare support workers and dietetic leads working in primary care, the AWDPP supports people who are at an increased risk of type 2 diabetes to make changes.

SUPPORTING PARTNERS TO TAKE ACTION ON EMPLOYMENT

Kickstart

The Kickstart Scheme provides funding to create new jobs for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment. It is funded centrally by UK Government. (Gov.uk 2021).

In the summer of 2021 we met with a team from the DWP to discuss the Kickstart programme in Wales and how the Building Healthier Wales Coordination Group might influence partners and broader networks to create Kickstart placement opportunities within their organisations for our young people.

On 25th August 2021, the chairs of Building a Healthier Wales wrote out to a range of partners across the system explaining the programme and encouraging creation of opportunities.



220 placement positions created and filled



40 directly into employment following placement

as a result of Coordinating Group letter



"About 11% of young people are unemployed in Wales and young workers were 2.5 times more likely to be put on furlough than those aged 40-49. Unemployment among young people can have long term scarring effects affecting future employment and, of course, health. We know that good work is good for health and that our organisations can improve future health and strengthen community resilience through providing and supporting good work opportunities."

(BAHW Letter to partners 25.08.21)

To date we are aware of at least 220 filled placement opportunities across Wales in response to the letter received from the Coordination Group. Forty of these placements have translated into employed roles within those participating organisations. We are proud

to have provided an opportunity for one of those trainees to learn new skills alongside the Building a Healthier Wales secretariat in Public Health Wales, supporting the coordination group and the task and finish group on ministerial priorities.



Fair work for health, well-being and equity

The pandemic severely disrupted working lives in Wales, exacerbated pre-existing inequities in participation in fair work and health, while bringing new challenges of its own.

Some groups were affected more than others, such as those from disadvantaged backgrounds, young people, older people women, especially mothers, and some ethnic minority groups.

Supported by the prevention and early year's fund, and aligned with the wider determinants of health priority of Building a Healthier Wales, Public Health Wales established an expert panel to develop recommendations for local and regional organisations. The panel, chaired by Professor Ceri Phillips (Vice Chair, Cardiff and Vale University Health Board), received evidence and brought their own expertise to formulate themes, opportunities and recommendations.



30% of people in employment

in Wales are public sector employees



A fair work approach can contribute to all seven goals of the Well-being of Future Generations Act

The funding supported qualitative work to gain insights from local and regional partners, and produce a suite of resources. These resources are now available at https://phw.nhs.wales/FairWork and include a guide, case studies, infographics, animations and more.

Fair work is where workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected. Participation in fair

work provides a sense of purpose and means that people have money and resources for a healthy life for them and their families. This reduces psychological stress, creates a stepping stone out of poverty and helps children have the best start in life. Fair work can contribute to an economy of well-being, improving outcomes for the whole population, including those most disadvantaged.



PREVENTION AND EARLY YEARS FUNDING

During 2021-22, the Building a Healthier Wales Co-ordination Group was given responsibility by Welsh Government for overseeing delivery of £7.2 Prevention and Early Years funding, which is allocated to Health Boards and Public Health Wales for investing in preventative approaches in the NHS. The Co-ordination Group has monitored progress against plans for 2021-22 and shared project examples. During 2021-22, there was a continuation of virtual rather than face to face delivery for a number of projects due to the pandemic.



Prevention and Early Years funding – some project examples for 2021-22

Clinical risk factors

- ✓ Cardiff and Vale is enhancing local delivery of the National Exercise **Referral Programme**
- Hywel Dda's Be Active programme also has a focus on increasing exercise for patients at risk.

Healthy Behaviours

- Powys invested in Healthy Lifestyles Support to maternity and health visiting services, including smoking cessation, Foodwise in Pregnancy and Foodwise for Life and Bump to Buggy Walks. Also Foodwise for Life Programmes for Level 1 and Level 2 obesity pathway services have been delivered. Betsi Cadwaladr has established a Tier 3 Obesity Service for children. Cardiff and Vale continues to develop its Move More Eat Well plan with partners which enables a whole system approach to healthy weight and physical activity
- Maternity smoking cessation services have been rolled out and strengthened by Cwm Taf Morgannwa, Betsi Cadwaladr, Cardiff and Vale and Hywel Dda
- Betsi Cadwaladr has continued to invest in physical literacy across a range of partner organisations.

Early Years

- Cwm Taf Morgannwg and Cardiff and Vale have been rolling out a 'HENRY approach' which is focussed on improving healthy lifestyles within families with children aged 0-5. There has also been a social marketing programme to establish networks across the EY system and promote positive messages to families on nutrition, activity and play
- Betsi Cadwaladr and Hywel Dda have funded infant feeding programmes
- Cardiff and Vale has recruited additional settings within the Healthy Pre-Schools scheme.

Mental Well-Being

- Swansea Bay has focussed on promoting good emotional health and well-being (through individual and group-based counselling and signposting), food poverty, income maximisation and healthy living
- Anuerin Bevan have continued to invest Integrated Well-Being Networks, which includes a mental health foundation tier.

Wider Determinants

- (Betsi Cadwaladr, Cardiff and Vale and Swansea Bay have been tackling food poverty through targeted food distribution and other programmes
- Hywel Dda have developed community development outreach projects.

Thank you!

The chairs of BAHW Coordination Group would like to thank all member organisations listed below and other agencies who have worked with us to achieve all that has been achieved to date. We look forward to working with members and partners throughout 2023.

Member organisations

CBI Wales Community Housing Cymru Directors of Public Health Representation Fire and Rescue Representation Future Generations Commissioner Local Authority Representation Natural Resources Wales NHS University Health Board Representation **Public Health Wales** Social Care Wales South Wales Police Sport Wales Wales Council for Voluntary Action Welsh Government Welsh Local Government Association

For any further information on the work of the BAHW Coordination Group please contact Andrea Parr, Coordinator BAHW at andrea.parr@wales.nhs.uk

