



**BUILDING A  
FAIRER GWENT:  
IMPROVING HEALTH  
EQUITY AND THE  
SOCIAL DETERMINANTS**



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# ACKNOWLEDGEMENTS

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**Suggested citation:** Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Owen Callaghan (2023). Building a Fairer Gwent: improving health equity and the social determinants. London: Institute of Health Equity.

## AUTHORS' ACKNOWLEDGEMENTS

With particular thanks to Stuart Bourne and the local Marmot team who provided local support and advice. We are also indebted to the advice and input of the Gwent Leadership Board.

We have received valuable input and advice from across the system in Gwent, including: the Gwent Public Services Board, various staff in each local authority, the NHS, public services, the Welsh Government, the Third sector, housing sector and education. Your insights were invaluable – many thanks for giving your time so generously and helping to create this report.

Many thanks to Sarah Aitken for starting this conversation.

Many thanks to UCL Educational Media for their technical support and advice.



# GLOSSARY

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## HEALTH INEQUALITIES

The systematic differences in health, the care that people receive, and the quality of care and the opportunities people have to lead healthy lives. They are avoidable and unfair.

One of the key measures of health inequality is inequality in life expectancy, whereby the people living in the poorest neighbourhoods die earlier than those in wealthier areas.

## HEALTHY LIFE EXPECTANCY

The time people spend in 'good' or 'very good' health, based on how people perceive their own general health.

## INDIVIDUAL HEALTH BEHAVIOURS AND PREVENTION

Prevention programmes and initiatives often focus on individual health behaviours, such as smoking, physical exercise, diets/nutrition, alcohol and drug use. These factors affect health inequalities but the programmes do not address the drivers of these behaviours—'the causes of the causes'. Addressing the causes of the causes requires partnerships with wider systems to provide good education and employment, fair pay and incomes, good quality homes and neighbourhoods.

## WELSH INDEX OF MULTIPLE DEPRIVATION (WIMD)

The most common measure in the UK of the socioeconomic circumstances in the places where people live. The WIMD summarises how 'deprived' an area is based on a set of factors that includes: levels of income, employment, education and crime. The WIMD is based on the Lower-layer Super Output Areas (LSOA), which, though small, may include areas of both high and low deprivation. The LSOAs are ranked from 'most deprived' to 'least deprived' and divided into five equal groups or quintiles. These range from the most deprived 20% (decile 1) of small areas nationally to the least deprived 20% (decile 5) of small areas nationally.

## THE WELSH REAL LIVING WAGE

Set by the Resolution Foundation, the Welsh real living wage was created to better estimate the wage rate needed "to ensure that households earn enough to reach a minimum acceptable living standard as defined by the public". In 2023 the Welsh real living wage was £10.90 per hour.

## PROPORTIONATE UNIVERSALISM

The principle that describes how universal policies and interventions are needed in every area but should be developed more intensely where need is higher – to be proportionate to need. The aim of a proportionate universalist approach is to raise overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace where the need is higher.

## SOCIAL DETERMINANTS OF HEALTH

The social and environmental conditions in which people are born, grow, live, work, and age, which shape and drive health and wellbeing. Access to good quality health care is a determinant of health but most of the social determinants of health lie outside the health care system. The unequal distribution of power, income, goods and services and inequitable access to health care, schools and education, the conditions of work and leisure, the homes, communities, towns or cities where people live – these are the structural determinants and conditions of daily life and constitute the social determinants of health. Inequalities in the social determinants result from a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.

## SOCIAL GRADIENT

The social gradient shows health inequalities are experienced by all of society, not just those at the very bottom and top. Health outcomes, such as life expectancy, improve as deprivation falls.

## THIRD SECTOR

Voluntary organisations, community organisations, self-help groups, charities, faith-based organisations, social enterprises, community businesses, housing associations, co-operatives and mutual organisations and partnership organisations that support the sector.

# CHAPTER 1

## INTRODUCTION

*“To be truly radical is to make hope possible, rather than despair convincing.”*

Raymond Williams (1921-1988), writer and academic,  
born in Llanvihangel Crucorney, Monmouthshire

**Gwent falls in the South Wales East region, one of five electoral regions in Wales with urban, town and rural areas. While its identity is based on a medieval Welsh kingdom, Gwent as an administrative region was created in 1974 as part of the Local Government Act. The 1994 Local Government (Wales) Act led to the reorganisation of local government and the creation of 22 local authorities. Gwent covers five local authorities: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. Aneurin Bevan, creator of the NHS, was born in Tredegar, Blaenau Gwent, in 1897.**

Gwent is steeped in its historic industrial legacy. In the 19th century, South Wales was the world's major producer of iron and coal. Most of these employers have left, but their legacy looms large in the environments and housing where people live and in the generations who continue to feel the effects of redundancies from these industries, generations after they happened.

The only organisations that cover the whole Gwent area are the Aneurin Bevan University Health Board (ABUHB) and Gwent police. All other services are either organised by local authorities, by national government or via other regional partnerships, such as the Cardiff Capital Region. Regarding health and wellbeing, and the social determinants of health, the region is organised by two boards: the Gwent Public Services Board, a partnership and organisational requirement of the Wellbeing of Future Generations (Wales) Act, that seeks to improve wellbeing; and the Gwent Regional Partnership Board, a partnership and organisational requirement of the Partnership Arrangements (Wales) Regulations 2015, that seeks to integrate and improve health and social care.

Gwent has both the poorest and richest local authorities in Wales, with areas of deep, long-term deprivation and pockets of poverty dotted in towns and rural areas. People spoke to us of the 'worst-off' but also mentioned those 'second worst-off' and 'third worst-off'.

Whilst it is still a relatively young nation, Wales has the administrative and political capacity to address socioeconomic inequalities with Wales-specific policies and actions. Devolution was seen as an opportunity to govern differently and to better address longstanding social and economic inequalities in Wales that were not "adequately addressed through generic, UK-wide strategy and resource allocation" (1).

Wales has the legislative powers to address many of the social determinants of health – education; health; early years; employment support; environment; housing and transport. It has more devolved powers than regions IHE

has worked in previously, nonetheless, like these regions, key factors affecting the social determinants of health, such as income, taxation, social protection and welfare benefits, remain controlled by the UK Government. These regions where IHE has worked, mainly in the North of England, are similar to Gwent, with areas of deep-seated poverty and dealing with the consequences of de-industrialisation.

Wales has been brave in developing innovative legislation such as the Wellbeing of Future Generations (Wales) Act and creating ambitious targets, such as eradicating child poverty by 2020. Many of the policies we have recommended in other reports are already in place in Wales – partnerships, long-term approaches and, soon to come, the Social Partnership and Public Procurement Bill (2) – but the question remains why aren't inequalities reducing? Those living in the poorest parts of Wales still have, on the whole, worse health outcomes, worse wellbeing, worse education results and worse employment rates despite the plethora of Welsh Government policies.

More than 15 years on from being able to create its own legislation, many outcomes have not shifted. Section 2B explores the Wellbeing of Future Generations (Wales) Act in more detail, but it is true to say that external factors over the last 15 years, including the global economic crisis in 2008, followed by austerity cuts by the national UK Government post-2010 and the COVID-19 pandemic in 2020 have all made it difficult for Welsh Government policies to succeed. In addition, the Welsh Government is unable to set the funding levels it wants, the UK Government maintains control over funding levels in Wales. As such, it could be the case that without these ambitious policies from the Welsh Government, Wales would be in an even worse position.

Despite the challenges, hope is possible. Whilst the national UK context for health and health equity is bleak, with worsening health, widening inequalities and extensive pressures on the NHS and public services, it is still possible for local areas such as Gwent to take actions to make a difference to their residents, in an era when they most need this support.



## OUR AIM

This report outlines the health inequalities in Gwent - understanding the problem will, we hope, help to identify the solutions. In almost every interaction we had with relevant agencies and organisations in Gwent, you told us you didn't want yet another report, you wanted to know how to build and sustain an equitable Gwent - or an equitable Blaenau Gwent, Caerphilly, Monmouthshire, Newport or Torfaen. For many, Gwent is simply an administrative structure, but there is strength in working together as many of you already do, in your Gwent Public Services Board or in the Regional Partnership Board. Many of your actions are already addressing health inequalities, such as through these partnerships or different partnerships that you've established to meet a short-term objective or to share best practice.

Many of you have the required mindset and approach - you are rooted in your communities and focused on reducing inequalities. What is missing? Results. You told us you can do better and the systems can do better. This report aims to give you the tools and the arguments to prove that reducing health inequalities is possible, even when there are difficult external circumstances, such as cuts to local authorities and the NHS. This report analyses what will lead to systems shift and shows where it is better to act at the Gwent level, where it is best at the local authority level, and where an even smaller unit of action may be preferred. This report provides evidence of where you need to change your strategies, where to provide more targeted interventions and where to adopt a proportionate universalist approach, as discussed later in this section.

We were asked to examine health inequalities in Gwent. We were not asked to reduce waiting times, increase employment or improve housing. But all our recommendations will lead to these outcomes. Looking in isolation at each of these problems and delivering actions in isolation will lead only to previous outcomes - little or no change.

The plethora of policies and indicators coming from Welsh Government can inspire but overwhelm systems. The Welsh Government has committed to thinking long term but the political process must also adapt: **it is time to concentrate on delivering the policies developed**. Previous analysis and reports have pointed out that the Welsh Government has created the right policies but left little capacity for local systems to implement them, and in some cases, not provided sufficient funding. The policies must be given the time and capacity for implementation.

This raises fundamental questions about ownership and leadership - who is best placed to address local problems and what is best achieved in partnership? At the moment the centre often dictates, leaving local systems feeling disheartened.



# 1A. THE IHE APPROACH IN GWENT

The public health team at Aneurin Bevan University Health Board (ABUHB) commissioned the Institute of Health Equity (IHE) in 2022 to support their work to reduce health inequalities in Gwent and advise on their actions on the social determinants of health. A Marmot leadership group with members from the Public Services Board (PSB) was established in June 2022 (see appendix).

IHE's work was launched in October 2022 by Professor Michael Marmot at the Lysaght Institute in Newport. A local Marmot team was established with a programme manager and leadership from the local public health team. In addition to providing support to the public health team, they also provided support in writing this report.

Our approach sought to understand the local processes which affect health inequalities and policies and interventions to reduce them as well as examining the barriers preventing action. We examined the actions taken to reduce health inequalities and who has been involved. We assessed the extent of health inequalities in Gwent and inequalities in the social determinants of health. We looked at existing policies, actions, indicators and partnerships seeking to address health inequalities. We identified the key sectors and organisations taking actions on health inequalities and the social determinants of health. Each of the five local authorities in Gwent has contributed to the creation of this report and we also received input from national organisations.

At the beginning of the process we participated in workshops in each local authority where the PSB wellbeing plan and its relationship to the Marmot work were discussed. The five workshops were attended by over 170 participants. Many of the staff at these workshops were subsequently interviewed to explore the health inequalities in Gwent and the approaches taken to tackle inequalities. We spoke to representatives from local authorities, the NHS, the Third Sector, the PSB and other public services and national organisations. Quotes from these interactions are used throughout this report to illustrate the issues and challenges that services face in trying to create change.

This work led to us to develop a set of local Gwent Marmot indicators and recommendations tied to a five-year strategy to drive at-scale actions. Whilst there are many national indicators Gwent must assess, in discussions, including with the leadership group, it was decided a local set of Marmot indicators would help to focus work on reducing inequalities in Gwent. Section 6 outlines the method used to develop these indicators.



# 1B. THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health describe the social and environmental conditions in which people are born, grow, live, work and age, which shape and drive health outcomes. Factors that determine how the social determinants of health conditions are experienced across societies include the distribution of power, money and resources. Unfair distribution of these resources creates avoidable health inequalities, known as ‘health inequities’.

Most of the social determinants of health lie outside the healthcare system. Good-quality healthcare is an important determinant of health and the equitable access to and the quality of healthcare services are important influences on health inequalities, but improving these will not address the causes of ill health and wellbeing nor reduce health inequalities on their own. Social determinants which help create the conditions that enable people to have control over their lives include good-quality experiences and services during early childhood, good-quality education in later childhood and adolescence and opportunities for lifelong learning. Working conditions and contractual conditions of employment, are also key determinants of health, as is having sufficient income for healthy living, living in adequate housing, and in a built and natural environment that protects from harm and enables healthy living (3). Focusing only on individual behaviour change – such as eating less or exercising more – fails to address the root causes of these behaviours. Understanding and improving the social determinants of health is needed in addition to working with people to better support these choices and behaviours.

## THE EIGHT MARMOT PRINCIPLES

Addressing the social determinants of health to reduce health inequalities requires action on the six policy objectives outlined in the first Marmot review, *Fair Society, Healthy Lives* and in the follow-up report, *Health Equity in England: The Marmot Review 10 Years On* (3) (4). We have subsequently added two further principles to reflect increasing recognition of the health equity impacts of racism and climate change (5) (6).

- 1 → Give every child the best start in life
- 2 → Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 3 → Create fair employment and good work for all
- 4 → Ensure a healthy standard of living for all
- 5 → Create and develop healthy and sustainable places and communities
- 6 → Strengthen the role and impact of ill-health prevention
- 7 → Tackle racism, discrimination and their outcomes
- 8 → Pursue environmental sustainability and health equity together



## THE SOCIAL GRADIENT IN HEALTH

The 2010 and 2020 Marmot reports showed that health inequalities are not limited to poor health in those who are the worst-off or the most socially disadvantaged. The social gradient shows health inequalities are experienced by all of society, not just those living on the lowest incomes. Health outcomes, such as life expectancy, improve as deprivation falls. Everyone below the top income deciles is likely to live shorter lives and develop a disability earlier than those at the top (3) (4). For each increase in neighbourhood income, life expectancy increases. This is unfair and unnecessary. Health inequalities that are remediable by reasonable means are unjust – everyone in society should have the good health and length of life of those at the top.

Addressing the social determinants of health means addressing the *causes of the causes* of ill-health and wellbeing; this requires time and investment, effective partnerships and radical shifts in approaches.

Reducing health inequalities is rooted in social justice and fairness but it is also vital for economic prosperity. Inequalities unnecessarily harm and shorten the lives of those living in poor housing, who have poor jobs and are in poor health. Poor health and wellbeing reduce productivity and harm employers. Prevention is fairer, better and cheaper than concentrating on ‘cures’.

## PROPORTIONATE UNIVERSALISM

Health inequalities are not limited to those with the lowest income, the worst off, or the most socially disadvantaged. As incomes increase, health improves: this is the social gradient in health which runs from the poorest to the wealthiest in society.

A proportionate universalist approach adopts universal policies and then implements more intensive support and interventions where need is higher, proportionate to need. The aim is to raise overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace where the need is higher (4).

***A Marmot approach demands that we resource and deliver services at a scale and intensity proportionate to the degree of need; just focusing on one group of disadvantaged individuals or one geographical area won't deliver change.***

*Coventry, Marmot City since 2013 (7)*

This report will consider why universal policies and/or targeting are not shifting outcomes or inequalities and assess whether policies which are proportionate and universal would be more effective.

# CHAPTER 2

# THE GWENT CONTEXT

## KEY MESSAGES

- Inequalities in health are unfair and cause unnecessary harm to individuals, families and communities, but they can be reduced through action on the social determinants of health.
- The quality of physical and mental health is closely related to levels of deprivation.
- There are many areas of high deprivation in Gwent. Blaenau Gwent is the most deprived local authority in Wales.
- Some areas in Gwent have an ageing population, reflecting the trend in Wales. However, in Newport and Blaenau Gwent, populations of those aged 65+ are declining, either due to population decline or falling life expectancy.
- In 2018-2020 average female life expectancy in Monmouthshire was above the Welsh average, at 84 years for women and 82 years for men. In Blaenau Gwent, Newport, Torfaen and Caerphilly, average life expectancy for women and men is below the Welsh average and has been declining, even before the COVID-19 pandemic.
- *Healthy* life expectancy in Blaenau Gwent, Newport, Torfaen and Caerphilly is also lower than the Welsh average for both women and men. Women in Torfaen live, on average, for 55 years in good health, compared to 69 years in Monmouthshire. Men in Blaenau Gwent live in good health for 56 years, on average, compared to 69 years for men in Monmouthshire.
- The pandemic exposed and amplified socioeconomic inequalities in Gwent. Mortality from COVID-19 is higher than average in Blaenau Gwent, Newport, Torfaen and Caerphilly for both women and men.
- Poor mental health is related to deprivation and is a major contributor to inequalities in health.
- There is a relationship between deprivation and loneliness, and areas with higher levels of deprivation have higher rates of loneliness.
- Research consistently shows that investing in prevention and early intervention saves money by reducing demand on the NHS and other public services.
- The Wellbeing of Future Generations (Wales) Act (WBFGA) is an ambitious piece of legislation that seeks a different way of governing. It is unclear what impact the WBFGA has had on health and it is also unclear if the legislation has been good for health inequalities.
- In 2022 public health teams in Wales became employees of their local health boards. This is an opportunity for the local public health team to lead and better define an approach to joint working with local authorities in Gwent which prioritises addressing health inequalities more clearly.
- Since 2010 policies of austerity have taken their toll on health and the social determinants of health. In Wales from 2009/10 to 2020/21 there have been severe cuts to local authority spending. Many services provided by local authorities that influence social determinants have had severe cuts, such as leisure services.
- The cost of living and financial insecurity have already affected health and wellbeing. Local authorities are providing various forms of support to residents to help prevent fuel and food poverty, and supporting residents to access welfare benefits they are entitled to.

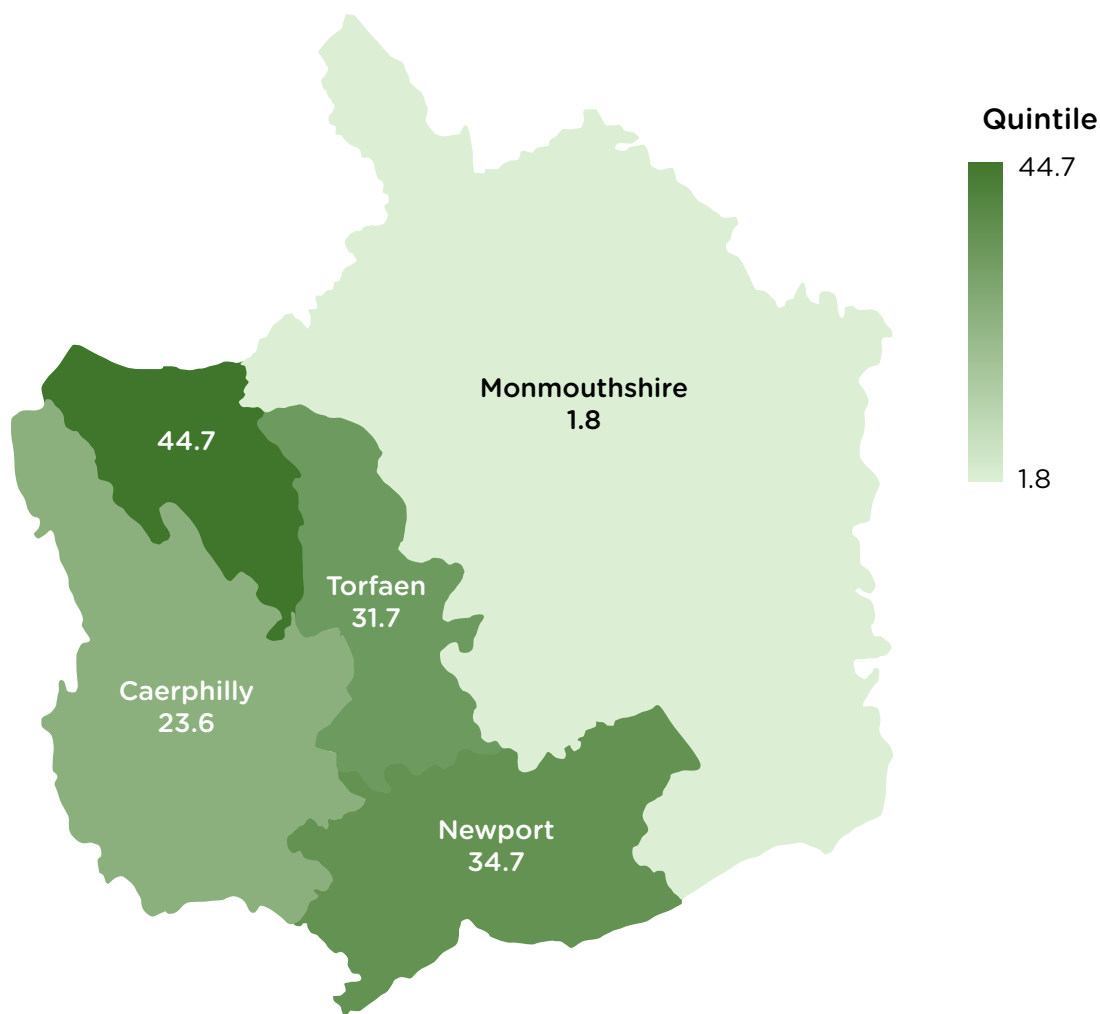


## There are similarities and differences between the five local authorities in Gwent. Each local authority has areas of high and low deprivation.

In Wales, the Welsh Index of Deprivation (WIMD) is the common measure of socioeconomic circumstances. The Welsh IMD, like the English IMD, measures a set of factors that includes: levels of income, employment, education and crime. It measures deprivation at the Lower Super Output Area level (LSOA), an area of between 400 and 1,200 households and usually a resident population

between 1,000 and 3,000 persons. Figure 2.1 shows levels of deprivation in Gwent. Close to half of LSOAs areas in Blaenau Gwent are in the most deprived quintile of the Welsh IMD, the highest for any local authority in Wales. Newport, Torfaen and Caerphilly also have more than one in four LSOAs in the most deprived quintile.

Figure 2.1. Percent of LSOAs in the most deprived quintile (WIMD 2019), Gwent local authorities, 2019

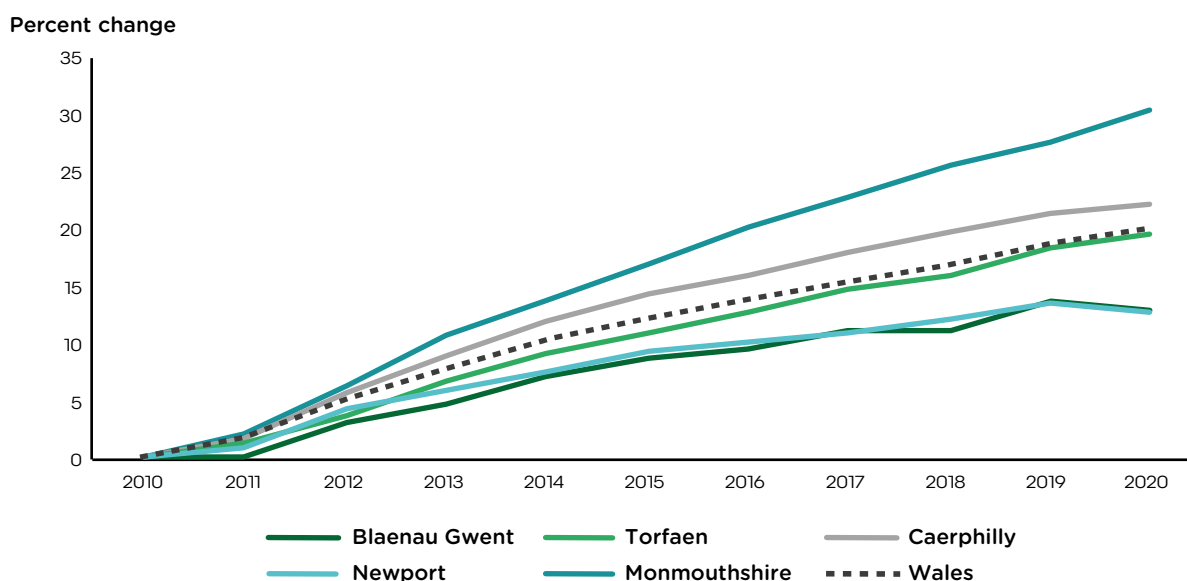


Source: Welsh Government (8)

The differences in deprivation highlight the challenges of having Gwent-wide approaches to a problem like health inequalities. There are pockets of deprivation in Monmouthshire, in towns and urban areas, and these require a certain set of solutions. Blaenau Gwent, Caerphilly, Newport and Torfaen are all areas with long-standing high levels of poverty and deprivation. In some parts, generational poverty is a significant problem. Demographics are different as are communities' histories.

The region also differs in terms of the age of its population. In Wales, as across the UK, there is an ageing population. By 2038 one in four people in Wales will be over the age of 65 (9). Figure 2.2 shows in Monmouthshire, Caerphilly and Torfaen, the population aged over 65 has increased since 2010, but in Newport and Blaenau Gwent it has fallen. Monmouthshire and Caerphilly's population over the age of 65 are higher than the Welsh average. Where the population over 65 is falling, in Blaenau Gwent and Newport, it is unclear if this is due to population decline or falling life expectancy.

**Figure 2.2. Population change, aged 65+, indexed to 2010, Gwent local authorities and Wales, 2010-2020**



Source: Office for National Statistics (10)

Newport saw the highest population increase in Wales between 2011 and 2021. Its population grew by 9.5% and it now has the largest population under 19 years of age in Gwent.

# 2A. LIFE EXPECTANCY IN GWENT

In 2020 the IHE *Ten Years On* report showed that between 2010 and 2020 life expectancy in England had stalled and for the most deprived areas outside London had actually declined (3). IHE’s 2010 and 2020 Marmot reports showed how the social gradient in health runs from the top of the socioeconomic spectrum to the bottom.

We showed that for each increase in the level of neighbourhood deprivation, life expectancy decreases. Everyone below those earning the highest wages is likely to live shorter lives and develop a disability earlier (3) (4). In Gwent, as elsewhere, average life expectancy in a local authority is related to the extent of deprivation in the area – the higher the level of deprivation, the lower the life expectancy. The trends in life expectancy show a clear picture of inequalities in Gwent, Figure 2.3. Only in Monmouthshire has life expectancy for women and men increased consistently in the last 20 years. In Blaenau Gwent, Caerphilly, Newport and Torfaen average life expectancy has risen and fallen.

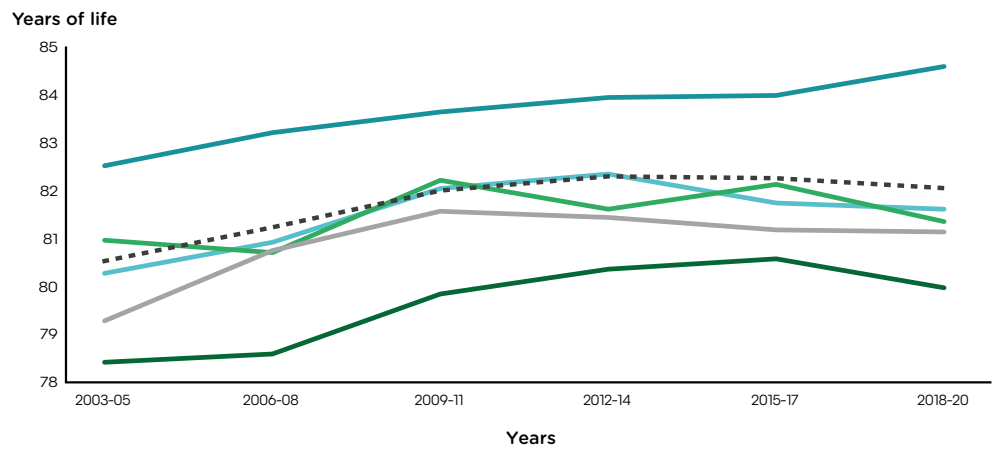
Between 2017 and 2019, before the COVID-19 pandemic, average life expectancy in all four of these local authorities fell:

- **Blaenau Gwent.** Life expectancy for women peaked in 2015-17 and for men rose slightly in 2018-20.
- **Caerphilly.** Life expectancy for women peaked in 2009-11 and for men in 2012-14.
- **Torfaen.** Life expectancy for women peaked in 2015-17 and for men rose slightly in 2018-20.
- **Newport.** Life expectancy for women and for men has fallen since 2012-14.

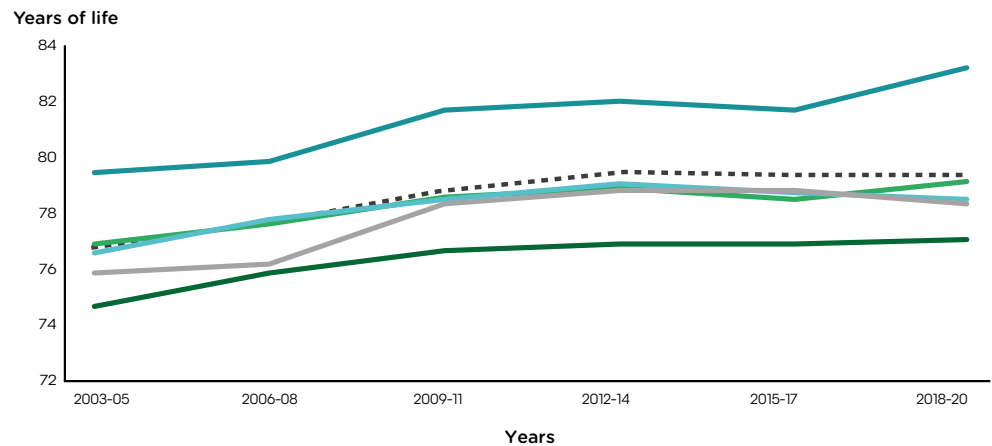
Monmouthshire had the highest average life expectancy not only in Gwent, but across Wales.

**Figure 2.3. Trend in life expectancy, female and male, Gwent local authorities and Wales, 2001-2020**

### A) FEMALE



### B) MALE



— Blaenau Gwent    — Torfaen    — Caerphilly  
— Newport    — Monmouthshire    - - - - Wales

Source: Office for National Statistics (11)

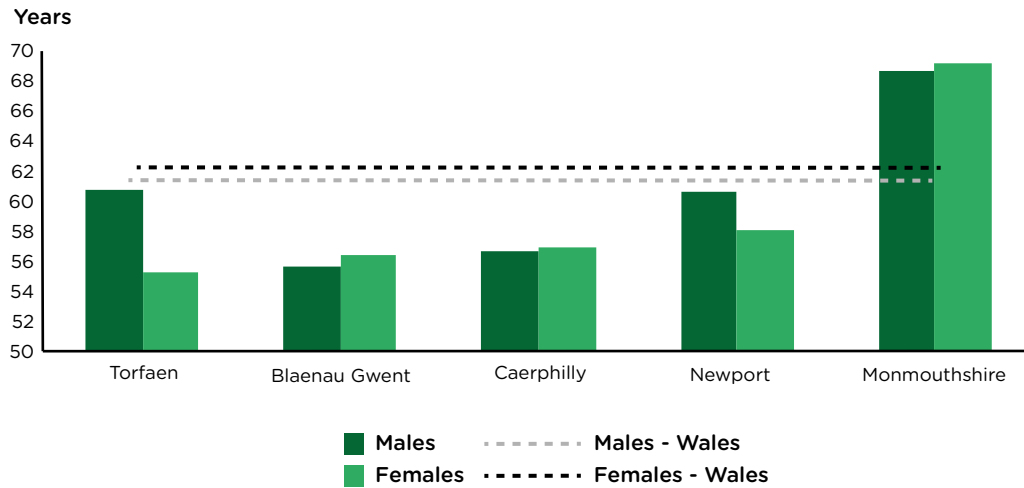


## HEALTHY LIFE EXPECTANCY

Healthy life expectancy is the average number of years an individual is expected to live in a state of self-assessed ‘good’ or ‘very good’ health. In Wales, healthy life expectancy was 62 years for females and 61 years for males, in 2018 to 2020, – lower than the UK, England and Northern Ireland averages. In Wales the gap in healthy life expectancy between the most and least deprived is 17 years for women and 13 years for men (11).

Figure 2.4 shows the average healthy life expectancy in Gwent. Women in Torfaen live, on average, for 55 years in good health, whereas women in Monmouthshire live, on average, 69 years in good health. Men in Blaenau Gwent have the worst healthy life expectancy in Gwent living, on average, for 56 years, compared to 69 years for men in Monmouthshire.

Figure 2.4. Female and male healthy life expectancy at birth, Gwent local authorities and Wales, 2018–20



Source: Office for National Statistics (11)

Examining healthy life expectancy by deprivation reveals worrying trends in Gwent. Tables 2.1 A and B show healthy life expectancy for the most deprived women in Blaenau Gwent fell by eight years, by six years in Torfaen, by five years in Caerphilly and 0.3 years in Newport between

2011-13 and 2018-20. Falls in life expectancy in men in the most deprived areas were less dramatic but still fell in Blaenau Gwent, Caerphilly and Torfaen. In Monmouthshire, for both women and men, life expectancy in the most deprived areas increased between 2011-13 and 2018-20.

Tables 2.1A and B. Female and male healthy life expectancy at birth in the most deprived areas, Gwent local authorities and Wales, 2011-13 and 2018-20

	Female HLE 2011-13	Female HLE 2018-20
Blaenau Gwent	60.4	52.5
Caerphilly	52.1	47
Monmouthshire	58	64.6
Newport	45.4	45.1
Torfaen	51.7	45.3
Wales	53	53.2

	Male HLE 2011-13	Male HLE 2018-20
Blaenau Gwent	55.8	53.3
Caerphilly	53.4	51
Monmouthshire	60	68.1
Newport	52.6	56.9
Torfaen	55.5	55
Wales	53.2	54.2

Source: Office for National Statistics (11)

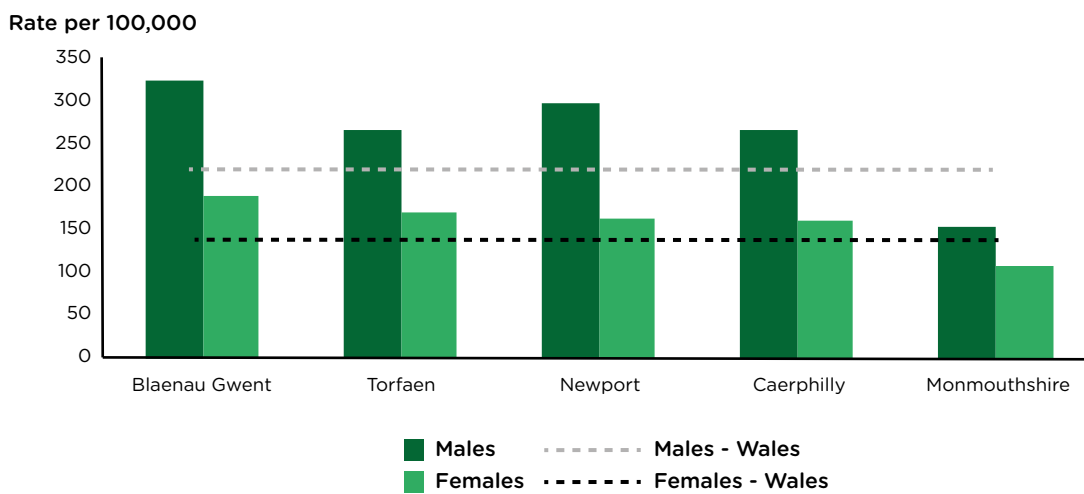
## COVID-19 MORTALITY

The COVID-19 pandemic exposed and amplified inequalities in the social determinants of health, globally, in Wales and in Gwent. The IHE report *Build Back Fairer* showed how the burden of mortality from COVID-19 fell unequally across society, exposing and exacerbating the health inequalities that existed prior to the pandemic, related to poverty, area deprivation, occupation, ethnicity, prior health status, age and housing conditions (5). The lockdowns and restrictions put in place due to the pandemic also worsened physical and mental health and widened inequalities in key social determinants of health, particularly education

and income. These will continue to have longer-term impacts on inequalities in health.

In Wales, the age-standardised mortality rate for deaths due to COVID-19 was highest in the most deprived areas and in people from ethnic minorities who were also more likely to report losing their jobs as a result of lockdowns (12). Like the life expectancy figures earlier in this section, Monmouthshire had better COVID-19 mortality outcomes, below the Welsh average, whilst in Blaenau Gwent, Caerphilly, Newport and Torfaen, COVID-19 mortality rates were above the Welsh average, Figure 2.5.

**Figure 2.5. Age-standardised COVID-19 mortality rate per 100,000, Gwent local authorities and Wales, March 2020–April 2021**



**Notes:** Deaths 'due to COVID-19' only include deaths where COVID-19 was the underlying (main) cause.

**Source:** Office for National Statistics (13)

## MENTAL HEALTH

Poor mental health is a major contributor to health inequalities. Severe mental illness, including diagnoses such as severe depression, bipolar affective disorder, and other psychotic illnesses, is associated with premature mortality. People with severe mental illness die earlier than the average for the population as a whole and there are stark inequalities. In England in 2018-2020 premature mortality for people with a mental illness from the most deprived groups in the population was 200 per 100,000, while it was 53 per 100,000 for those in the most affluent groups (14). There are numerous reasons for this: higher rates of suicide, as well as behavioural risk factors such as increased rates of smoking, alcohol and drug use. Compared with all patients, patients with severe mental illness have higher rates of a wide range of physical ailments including obesity, diabetes, COPD and cardiovascular disease, and the prevalence of these conditions is higher for those patients with severe mental illness who live in more deprived areas (15). In

Gwent rates of suicide in all areas except Monmouthshire are below the Wales average. In Monmouthshire, they reflect the national average (16).

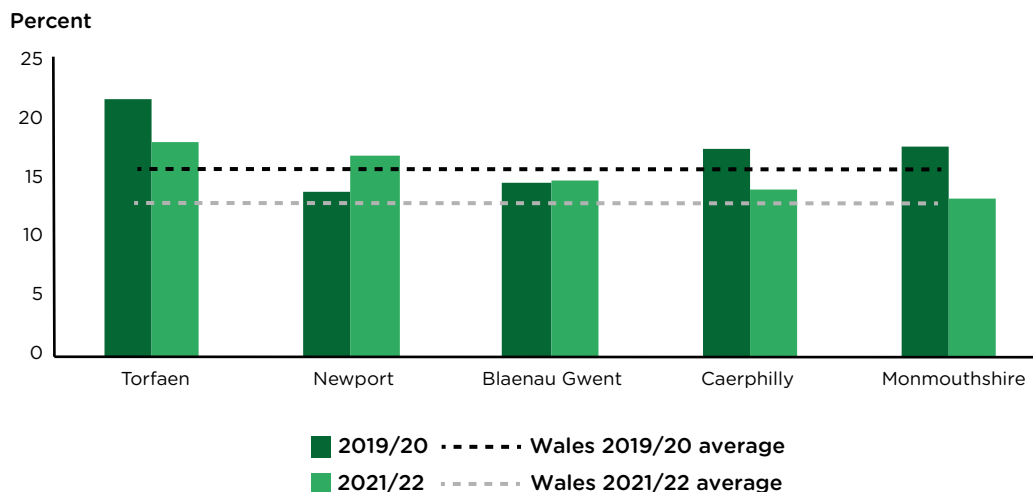
Loneliness and isolation are also related to poor mental health and are closely linked to deprivation. Social isolation is an objective measure of reduced social contact, while loneliness is the subjective negative feeling that isolation can engender. Not every person who spends time alone is lonely, nor does contact with another person necessarily remove the sense of loneliness. Isolation and loneliness have been linked to a range of physical and mental health outcomes, including depression, anxiety, dementia and suicide, as well as cancer, coronary heart disease and other cardiovascular conditions (17).

A number of national indicators and Welsh Government strategies are seeking to reduce loneliness and social isolation and improve mental health (18). The Welsh

Government strategy for tackling loneliness and social isolation, published in 2020, committed to working to build a stronger evidence base around the causes of loneliness and social isolation (19). The most recent

National Survey for Wales shows national rates of loneliness are decreasing slightly, Figure 2.6. However, in Gwent rates of loneliness increased in Newport and slightly in Blaenau Gwent.

Figure 2.6. Percent of people who are lonely, Gwent and Wales, 2019/20 and 2021/22



Source: National Survey for Wales (20)



In Wales psychological health practitioners have been introduced into GP surgeries to provide support to people with mild mental health problems and prevent further deterioration, and communities have also organised themselves to provide the support they need, Box 1.

## Box 1. Early mental health interventions

Psychological health practitioners (PHPs) provide a first point of contact for people with mild- to moderate mental health problems. They were introduced to many ABUHB GP surgeries in 2021. They offer appointments in GP surgeries or work remotely (by computer or telephone). They are not medically trained, and do not offer advice about medication or diagnosis or counselling. They aim to 'help you think through what you need, what you need to do and help you make a plan' (21).

In interviews for this report, there was anecdotal evidence that this role was seen as "inserting another unnecessary layer, they've created another layer...you're getting duplication with the Third Sector, organisations were already there."

Other community-based workers working in GP practices described them as a 'medical model' and described the support they offered in GP practices that was linked to communities and local support. "We put wellbeing links advisors within the GP practices...but they have one foot in the GP practices and one foot in communities...psychological health practitioners were supposed to be these community links people but they've turned again to the medical model. They see people for six times and have a plan, that's not what people need. People need a conversation...our support is relationship-based, it's not a tick-box giving advice, a leaflet, a telephone number, it's making that person feel valued, listened to."

In Blaenau Gwent a more community-based approach has also emerged where a local man with poor mental health has created a mental health men's group. The group started with a single weekly meeting, and now it has 30-40 men going on Sunday walks and two or three groups in the evenings. He constituted the group to secure funding and the health and care coordinator in Blaenau Gwent supports his work, sharing news of the group with GP surgeries and social workers.

## IMPACT OF INEQUALITIES ON NHS SERVICES

Research has consistently shown that investment in prevention and early intervention saves money by reducing demand on the NHS and public services, improving health and wellbeing and supporting economic growth (22). The British Medical Association estimated in 2018 that preventable ill-health accounts for 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days. It also reported that effective action on smoking, drinking alcohol, physical inactivity and poor diet could reduce the uptake of health services in England by 40% (23). A British Medical Journal editorial in 2023 made a plea to use primary prevention to tackle the underlying causes of ill health and reduce the pressures on health and social systems (24). Primary prevention, actions that reduce disease incidence within populations, such as through immunisation and screening, promotes health equity and it is often more cost-effective to prevent disease than to treat it (24).

Public Health Wales estimated in 2018/19 the annual cost to the NHS associated with health inequalities was £322 million, 8.7% of total hospital service expenses. The additional costs are largely related to increased emergency inpatient admissions and Accident and Emergency attendances (25). This figure does not include the impact on wider public services and the economy.

## 2B. POLICY CONTEXT

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**The Wellbeing of Future Generations (Wales) Act 2015 (WBFGA) is a landmark piece of legislation that seeks a different way of governing. The WBFGA commits public bodies in Wales to think long term and focus on future generations, work collaboratively, focus on upstream factors and prevention and to involve communities in improving their wellbeing.**

The Act supports ‘five ways of working’ and applying a ‘health in all policies’ approach. As part of this, PSBs were established to improve collaboration and create local wellbeing assessments identifying local needs and priorities. The other key piece of legislation affecting health inequalities is the Social Services and Wellbeing (Wales) Act 2014, which focuses on people who need care and support and carers who need support.

When asked about the impact of the legislation on their local communities, interviewees admired the ambition of the WBFGA but were more likely to state it had little impact on their work and the communities they worked with. A voluntary sector leader stated the WBFGA was “a beautiful piece of leadership legislation...ruined by management compliance and performance management. The challenge is clear but no one knows how to respond, response has been managerial, setting up committees, it’s more important who’s in charge than who is doing.” In one of the few academic assessments of the WBFGA, the authors warned of a risk that the Act’s targets and indicators, could become “a compliance ritual” rather than a policy to stimulate or encourage improvement (26).

A senior lead in a local authority with over 20 years’ experience working with their local community, when asked about the impact of the WBFGA in the local authority’s most deprived areas, said: “Absolutely nothing. People have been doing this work for years before and that’s not prompting change.”

Another senior lead reflected on their council’s attitude toward the WBFGA legislation: “We follow them because we have to and it’s all a bit of a tick-box exercise...We know it’s one of those things we have to do as local authority officers. You can write as many policies and legislation - they’ll stay where they are, on people’s desks.”

One of the seven goals of the WBFGA is “a more equal Wales. A society that enables people to fulfil their potential no matter what their background or circumstances (including their socioeconomic background and circumstances)” (18). The Act does not mention reducing inequalities but in its statutory advice, health inequalities are listed as one of the “overarching challenges Wales faces” (that) will have to be tackled in order to work towards achieving the wellbeing goals: “There are many determinants of health that derive from our environment, society and economy. This includes

poor air quality, nutrition, access to green space and income. The wellbeing goals can be used to understand these connections and find sustainable solutions.”

In addition to the WBFGA, the Welsh Government’s Programme for Government 2021 to 2026 includes 14 commitments under the heading “Protect, rebuild and develop our services for vulnerable people”, and many plans will address the social determinants of health including: paying care workers the real living wage, increasing apprenticeships in care and legislating to further integrate health and social care services. In 2022 the Welsh Government also introduced the Socio-economic Duty, which requires certain public bodies to consider how their decisions might help to reduce the inequalities associated with socioeconomic disadvantage when making strategic decisions. Local authorities and the ABUHB will be required to pay due regard to the need to reduce inequalities of outcome that result from socioeconomic disadvantage. A similar Socio-economic Duty was introduced in Scotland 2018 and evaluations found it has had limited impact, concluding the Duty was not ambitious enough to achieve poverty reduction, that processes were outweighing accountability and enforceability and that it risked being a ‘box-ticking’ exercise (27).

It is unclear what impact the WBFGA has had on health and it is also unclear if the legislation has had a positive impact on reducing health inequalities. Whilst the WBFGA makes it mandatory for public services to consider the impact of current policies, our report shows that it has not yet had an impact on inequalities. The Wellbeing of Wales 2022 report also shows little progress has been made towards achieving the Wellbeing goals and state not enough time has lapsed (28). These findings are similar to the situation in England, where life expectancy and related indicators have either stagnated or worsened.

Another factor limiting the WBFGA’s influence in reducing health inequalities is the setting of national goals, which could exacerbate health inequalities: high monitoring expectations might lead local areas to unwittingly reach for low-hanging fruit - hitting achievable targets but missing the point in hitting targets to reduce inequalities. It is important to understand the danger that, in achieving targets of 85% or 90%, 10% to 15% of the population are being left behind and possibly forgotten about.



One of the problems facing the implementation of the WBFGA is that it has not been accompanied by funding for local stakeholders to implement actions. In addition, whilst there are many reporting processes, there is little accountability to hold the wellbeing plans to account. It is unclear how the PSBs can do anything without a budget or accountability. This dynamic piece of legislation could benefit from being evaluated more by academics, particularly those based in Wales.

## MANDATING PARTNERSHIPS

The WBFGA and the Social Services and Wellbeing (Wales) Act 2014 created two key partnerships that deliver services that affect health inequalities: Public Services Boards (PSBs) and Regional Partnership Boards (RPBs). The WBFGA established PSBs in each local authority. PSBs have a wellbeing duty and are required to contribute to the achievement of the wellbeing goal by focusing on the economic, social, environmental and cultural wellbeing of their areas (29). The goal is to think about the future, but the failure to engage with the pressures on today's systems have made it difficult for those on the ground to implement. PSBs also have a duty, under the WBFGA, to publish an assessment of local wellbeing every five years. In 2021 the five separate PSBs in the Gwent region started working in collaboration to produce a single wellbeing assessment for Gwent, with local assessments for each local authority area (30).

RPBs are made up of representatives from health, social services, housing, the Third Sector and other partners and aim to ensure integrated services. PSBs are made up of similar partners. Gwent has one RPB.

Both partnerships have a similar function - to improve wellbeing. Each partnership deals with health and social care, with the PSB frequently described as being more about prevention than the RPB. The RPB

focuses on social care and some interviewees warned that if the RPB and PSB merged, issues associated with social care and hospital waiting list/discharge would dominate the agenda.

Many interviewees referred to the difficulties of having two mandated partnerships with similar statutory requirements - legislation mandates certain organisations to sit on the PSB and RPB and carry out certain statutory activities. Audit Wales reviewed the capacity of PSBs and reported that guidance from the Welsh Government was 'considered by local authorities to be overly bureaucratic and too prescriptive...PSBs should have greater flexibility to enable the PSB to focus on initiatives rather than compliance with the guidance' (31).

There are no external evaluations of the different ways RPBs and PSBs have functioned across Wales and what they have or have not achieved. This is a missed opportunity to understand how these partnerships are functioning.

Health and Wellbeing Boards (HWBs) in England have a similar purpose to PSBs in Wales - to adopt a partnership approach to addressing health inequalities. Similarly, HWBs have no funding and poor-to-no accountability mechanisms. A survey of 59 HWBs in 2021 stated that whilst HWBs had a good understanding of health inequalities and the partnerships and data needed to address them, there was no analysis as to whether this led to effective actions to reduce inequalities (32). A study of five HWBs concluded: "In the majority of study sites there was a clear lack of evidenced outcomes. Insufficient accountability, lack of strategic focus and weak or non-existent monitoring were cited as key factors. Instead, process issues were largely cited as outcomes" (33). Similar observations could also be made of the PSBs. There is a danger PSBs have become like HWBs, viewed as 'talking shops' and adding little value to local places (34).



## 2C. PUBLIC HEALTH AND LOCAL AUTHORITIES

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In autumn 2022 local public health teams in Wales were made employees of their local NHS health boards. Public Health Wales stated the aim of this transfer was to: “Transform the health and wellbeing of the people of Wales...further enable health boards, and local partners, to increase their focus on improving the health and wellbeing of the local population and we will of course continue to support you and all of our colleagues in achieving this” (35). This shift to place is an opportunity to organise teams differently, based on needs in Gwent.

In Wales public health teams sit in the NHS whereas in England in 2012 the Health and Social Care Act transferred many public health functions from the NHS to local government. The IHE *Ten Years On* report stated the shift to local government would make public health more able to take action on the social determinants. However, the move coincided with austerity and cuts to public health budgets, limiting public health’s ability to take action on health inequalities and leading to worsening outcomes in social determinants (3). In both systems, better two-way relationships between local authorities and public health teams will improve how health inequalities are addressed. For example, public health teams have expertise in behaviour change and this knowledge can be shared with colleagues in local authority transport teams, to encourage people to take public transport or active travel.

The Local Government Association and King’s Fund both support public health’s shift to local authorities (36) (37). The King’s Fund concluded that after 10 years, there have been “improvements in the effectiveness and equity of commissioning and significant innovation increased potential for integration between public health and wider government functions that affect health.” It also concluded that there were risks of fragmentation in commissioning and provision for some services, some loss of input into NHS decision-making and that the central government-imposed cuts to ringfenced public health and wider local authority budgets have had significant effects on the success of this move (37).

The transfer of the public team to the ABUHB creates an opportunity for the Gwent public health team to define an approach to joint working with Gwent’s local authorities which prioritises addressing health inequalities more clearly. This could, for example, including shifting members of the public health team to local authorities in Gwent. Research on public health’s shift to local authorities found it is important to create accountability mechanisms and systems to understand the impact of actions from public health teams within local government and the NHS on reducing inequalities and the social determinants of health (38). Stronger accountability mechanisms and systems in local authorities may help to strengthen approaches to tackling inequalities. Nonetheless, whilst there are opportunities for different and better relationships and partnership between public health and local authorities, it is also imperative to maintain a strong public health team within the NHS and to be included in the system at senior levels.

## 2D. AUSTERITY

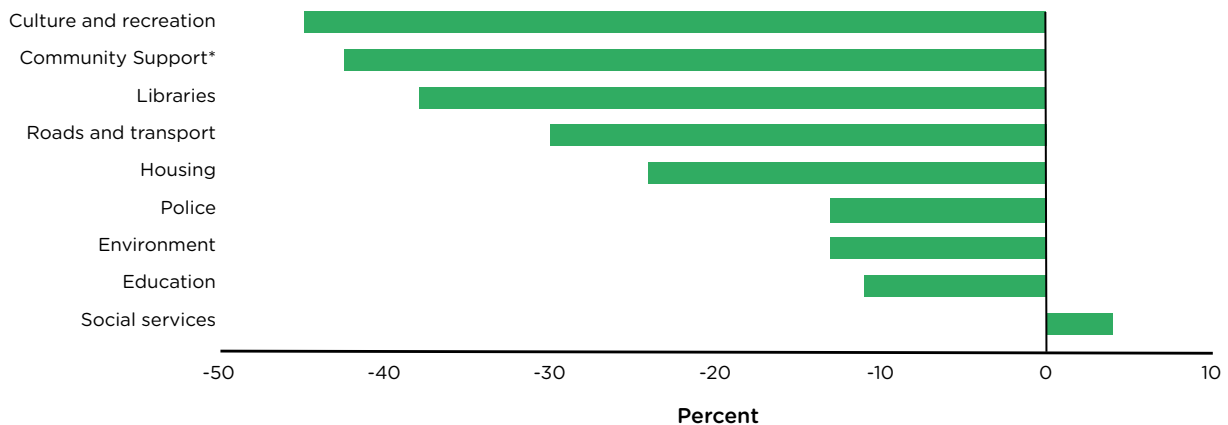
The IHE *10 Years On* report outlined how policies of austerity since 2010 have taken their toll on health and the social determinants of health and how, since 2010, health has deteriorated, improvements in life expectancy have slowed down and inequalities in health have widened (3). Between 2011 and 2019, over one million people in England died earlier than they would have done if they had lived in areas with the same age- and sex-specific death rates as the least deprived area (measured by deciles) (39).

Cuts to local authority funding have been linked to decreases in life expectancy. Between 2013 and 2017, it is estimated that in the most deprived 10% of areas in England, where local government cuts were higher, male life expectancy at birth could have been more than 2 months higher and female life expectancy 1.8 months higher. The researchers also find that each £100 reduction in annual central funding to local governments (per person, between 2013 and 2017) was associated

with an average decrease in life expectancy of 1.3 months for men and 1.2 months for women (40).

Figure 2.7 outlines the severe cuts to local authority spending in Wales over 11 years from 2009/10 to 2020/21. Social care is the only budget showing an increase, but with numbers requiring support also increasing, the social care budget actually suffered real-term cuts.

Figure 2.7. Service spend change, Wales, 2009/10 to 2020/21



Notes: Community Support is measured from 2009/10-2016/17.

Source: Welsh Local Government Association and Ogle et al. (41) (42)

Services that tackle health inequalities and contribute to improved health, such as recreation and cultural services (things like leisure centres, swimming pools, museums, arts venues and theatres), and have a role in preventing poor health from getting worse, have all seen large cuts in funding (43). The Welsh Local Government Association (WLGA) states: “Our services are preventative services, they have an impact on community safety and health and wellbeing. Our services are the local health service that can prevent costly burden on the National Health Service.

Local authorities in Gwent have sought to protect their residents from the impact of these severe cuts. However, they all report they have reached the limit of covering for cuts from the UK government. The WLGA estimates local government is short £784 million in 2023/24 (44).

Some local authorities increased council tax in 2023/24 which they report will be a difficult year, but all stated it will be far worse in 2024/25 and 2025/26. Caerphilly has used its reserves for the first time, whereas other local authorities have already dipped into their reserves. All

local authorities in Wales are reporting an overspend in 2023/24 and the Welsh Government states: “There is no precedent for pressures of this scale escalating so quickly” and that there are “risks to all local government services including...education and social care” (45). For example:

- Caerphilly is planning for a £35 million shortfall in funding in 2023/24. Under the ten years of austerity, the biggest shortfall in funding they had to deal with was £14 million. The council is planning to protect services but will be smaller and more focused. It is using financial reserves to assist in meeting the anticipated budget shortfall of up to £35 million for 2023/24, expected to worsen in 2024/25.
- In Newport the net budget for 2022/23 is £343 million, two-thirds spent on schools, education and social care. Newport City Council has implemented over £90 million of savings since 2011 due to several years of austerity and real-term budget cuts. Examples of the increasing costs and pressures being faced by the council include around 1,000 more pupils attending Newport schools in the last three years (46).

In 2019 cuts to local authorities in Wales include many of the services that influence wellbeing, such as reducing grass-cutting, litter-picking, street lighting provision and services to address fly-tipping. A review of cuts to local authorities in Wales in 2019 accepted that “health should be the priority” and that local government was “always going to finish second in a race for money with health”, but that there needed to be further discussion on the implications of cuts to local government (41). In the last decade austerity has led to higher thresholds for support. The safety net of services that protect the most vulnerable in society have been ringfenced and protected from cuts but this safety net has got smaller as a result of austerity. Support offered to citizens, in social care and housing, is increasingly available only to those most in need (42).

In interviews, people stated local authorities, schools, the NHS and social care are all understaffed and that this, in addition to austerity, is affecting their ability to deliver good quality services to all their residents.

The Welsh Government spends 8% more per head of population on health and social care than is spent in England (47). It has sought to compensate for austerity but it can only provide limited additional funding. The limited additional funding has disappeared due to high levels of inflation. The increased revenue expenditure for Welsh local authorities does not cover the costs of increasing inflation, running at over 10% in 2022/23, nor does it cover the high fuel and energy costs (48). It is unclear why Blaenau Gwent, the local authority with the highest levels of deprivation in Wales, received the lowest increase. Whilst it has had high expenditure in the past, Blaenau Gwent is dealing with the same huge fuel and energy price increases. Not increasing Blaenau Gwent’s expenditure proportionately is regressive, and puts further pressure on Wales’ local authority with the worst levels of deprivation.

**Table 2.2. Total revenue expenditure, Gwent local authorities, per head of population, 2021/22-2022/23**

	Percent increase
Newport	8.5
Monmouthshire	7.9
Torfaen	7.6
Caerphilly	7
Blaenau Gwent	6.4

Source: StatsWales (49)

In addition to cuts to local authorities, the NHS Wales budget in 2023/24 is also under severe pressure. Whilst the NHS budget increased in Wales, the increase is lower than the inflation rate. An additional £165 million was allocated for NHS Wales, an increase of 6.31%, yet rates of inflation have been and continue to be over 10%.



## 2E. COST OF LIVING

The work for this report was carried out during a period of record inflation, a cost-of-living crisis and a period of strikes in many public services. Inflation has stayed at over 10% for many months, with significant increases in energy and food costs. Fuel costs have fallen but remained high for more than a year.

Between March 2022 and March 2023, electricity prices rose by 67% in the UK, gas prices by 129%. As a result of these price increases, 55% of adults in the UK reported using less fuel, such as gas or electricity (50). The majority of people in Wales are struggling with the cost-of-living crisis: in a Public Health Wales survey from November 2022 to January 2023, 35% agreed “rising costs of living are reducing my quality of life” and 25% strongly agreed. 37% said they were “just about managing” (51). Public Health Wales states “an urgent public health response” is needed to “mitigate the negative effects of the immediate crisis across a number of policy areas as well as tackle the underlying causes of health inequalities”. Its Cost-of-Living report outlines a number of short- and long-term actions to be taken to better support communities in Wales (52).

Councillors in the UK were surveyed in December 2022 and January 2023, and described the effects the crisis was having on communities.

- 78% stated local pubs/café’s and restaurants were at the risk of closing due to the crisis,
- 51% said leisure centres were at risk of closing
- 26% said charity shops were at risk of closing
- 24% said food banks were at risk of closing

When asked what was making a difference, 79% of councillors said charities and community organisations had made the most difference (53).

The IHE review of interventions to reduce the impacts of the cost-of-living crisis made a wide range of recommendations, including addressing:

- food poverty
- rising childcare costs
- rising fuel and transport costs
- maximising incomes by supporting people to access the welfare benefits to which they are entitled (54).

Each local authority in Gwent provided additional support for residents. For example, Torfaen County Borough Council’s warm spaces provided in libraries also offered access to financial advice and health and wellbeing support and events such as craft classes, boardgame sessions and storyteller visits. Their employability team also hosted a warm centre. In addition, the Council targeted unpaid carers, offering them benefits and grants advice and information on ways to reduce energy costs. In Caerphilly in 2022/23 local authority and health board funding has helped to:

- generate £2.1 million in additional income for local people
- distribute more than 450 ‘warm packs’ to residents in need.
- reduce personal debt – over £430,000 total debt reduction
- provide advice to more than 580 residents in relation to claiming Universal Credit.

In Blaenau Gwent, in February 2023 alone the council provided:

- warm hubs support to 1,256 residents
- food provision support for 1,251 residents and Trussell Trust (foodbank) deliveries to 174 families comprising 273 adults and 146 children
- Citizens Advice support to 79 residents
- fuel bank support vouchers to 203 residents.





# CHAPTER 3

# SOCIAL DETERMINANTS OF HEALTH IN GWENT

Health inequalities are largely the result of inequalities in the social determinants of health; the social, economic, and environmental conditions which shape everyone's health. There is global evidence showing that social determinants have more of a bearing on our health than health care; and that is certainly the case in Wales. There remain some inequalities in access to healthcare services and in outcomes from treatment, but these are not the focus of this report, as they are not driving the wide health inequalities seen in Gwent.

# 3A. GIVE EVERY CHILD THE BEST START IN LIFE

## KEY MESSAGES

- Outcomes in the early years have lifelong impacts. Inequalities in the early years are significant contributors to inequalities in health in adulthood.
- The early years are the period of life when interventions are most effective and yield significant returns on investment.
- Despite investments in Flying Start and related policies, child development continues to be slower in areas of higher deprivation.
- The availability of early years services in areas of higher deprivation should be higher and needs immediate assessment.
- The data is not sufficient to allow understanding of inequalities in Gwent - it is unclear if low income has affected levels of development and school readiness.

The 2010 and 2020 Institute of Health Equity (IHE) reports showed health inequalities in the early years have lifelong impacts. A good start in life improves social and emotional development, performance at school and work outcomes and leads to higher income, better lifelong health and longer life expectancy (3). A great deal of Welsh Government policy has focused on improving the early years and addressing inequalities as early as possible.

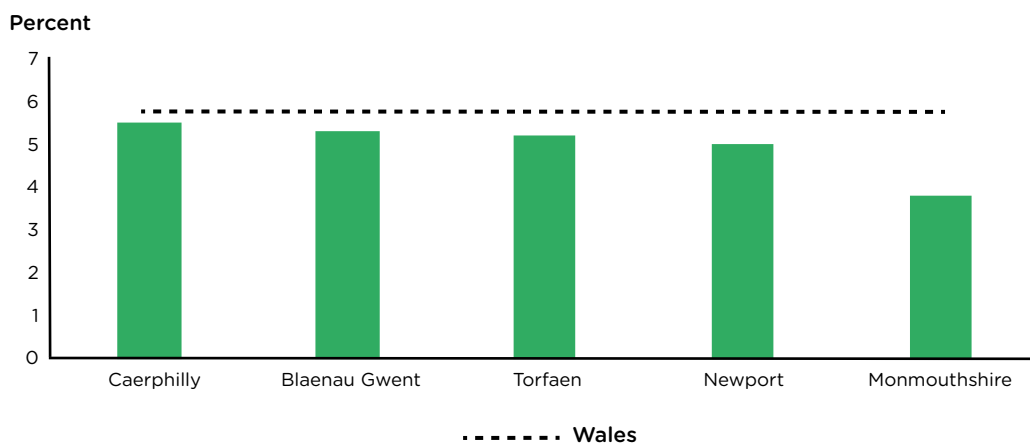
Early years interventions are cost-effective and yield significant returns on investment. The Early Intervention Foundation estimated in 2016 that failing to provide the acute, statutory and essential benefits and services for children and young people early in life costs England and Wales £16.6 billion: costs to the public sector were 39% more for local government; 22% more for the NHS; 16% more for welfare; 10% more for the police; 9% more for justice and 4% more for education (55). Evidence shows the best start in life to reduce inequalities is provided by universal services with targeted interventions to improve nutrition, reduce

infectious disease, and support optimal cognitive development (parenting support, early years learning) during pregnancy, infancy, and early childhood (56).

### MATERNAL AND INFANT HEALTH

There are approximately 6,000 births each year in Gwent. In Wales, the proportion of babies born with a low birthweight has remained relatively steady in the last decade (57). Figure 3.1 shows all areas in Gwent have lower than average rates of low birthweight babies.

Figure 3.1. Percent of low birthweight\* full-term live births, Gwent local authorities and Wales, 2021



Notes: Babies weighing less than 2,500 grams.

Source: StatsWales (58)

A number of interventions exist to improve maternal health. A recent evaluation analysed the effectiveness of providing financial support to women during pregnancy. In 2009 the Health in Pregnancy Grant in the UK offered a one-off lump sum equal to three months of child benefit payments in the third trimester of pregnancy (offered to all women at least 25 weeks pregnant). This funding was conditional on women attending an

antenatal appointment with a doctor or midwife. The Health in Pregnancy Grant increased birth weight of 8-12 grams at population level. The authors hypothesise the grant reduced stress among pregnant women and thus reduced the risk of premature births (59).

Box 2 outlines an intervention led by Barnardo's Cymru seeking to prevent children entering care.

## Box 2. Prevention and early intervention partnerships between local authorities and the Third Sector

*"It's been life changing... We honestly wouldn't be where we are today without the Baby and Me team I don't think they realise just how much they have changed our lives and how much they've given us yet. Will forever be thankful to them."* **Mother participant**

In 2011 Newport City Council and Barnardo's Cymru established a strategic partnership which led to the development of Newport Family Support Service. This 'edge of care' provision provides a range of support services for families with the aim of reducing the number of children entering care.

The Family Support Service team consists of a specialist midwife, social worker and family support worker. There was a specialist health visitor but she retired and they struggled to replace this post. One part of this support service is Baby and Me, launched in 2019. 115 families have worked with the service since it started. Baby and Me gives intensive support to families who have previously had children removed from their care or at a significant risk of having a baby removed at, or close to birth. Baby and Me creates a safe space for families to explore their identified issues and uses a range of strategies and trauma-informed, therapeutic approaches to work empathically with parents and empower them to reach their goals of keeping their family together. The service accepts referrals from the 12th week of pregnancy and work with families up to their child's first birthday. 99% of cases concern mental health however the Family Support Service team have had significant barriers in terms of engaging in peri-natal mental health services in Gwent. The team also struggled to get parents access to mental health services quicker, potentially avoiding babies being removed from birth. The team say they've come across many barriers in trying to establish a streamlined referral service. A 2021 service evaluation found in the two years Baby and Me has operated in Newport, there had been a 47% reduction in the number of babies being taken into care at birth.

In England Barnardo's works with the NHS however in Wales it has very little work commissioned or in partnership with health boards. It has struggled to access health partnership funding. The majority of funding is from local authorities or other statutory stakeholders (for example, the Home Office, Police and Crime Commissioner). It regularly lobbies the Welsh Government stating legislation and guidance around partnership working is a requirement under the WBFGA, yet it is "still seeing very little shift and change" in terms of Barnardo's working in partnership with health.

Barnardo's is very keen to improve relationships with health and improve information sharing. This was the main driving force in hiring a specialist midwife, who is a Barnardo's employee as it was not possible to recruit through a secondment arrangement from the Health Board. It has also struggled establish effective working relationships in many primary care teams, which would likely impact many of these children and families most in need.

## EARLY YEARS SUPPORT

In Wales the early years are defined as 0-7 years. Flying Start is the key programme offering early years provision in areas of high deprivation. It has four core elements but, due to numerous staff shortages in Wales (reflecting wider UK shortages of health visitors, speech and language therapists and childminders) it has become difficult to deliver these core elements. In 2021/22 in Wales the number of contacts completed by health visitors and the wider health team decreased, continuing a long-term trend, and the number of health visitors providing Flying Start services also decreased (60). Wales has fewer speech and language therapists per head of the population than any other UK nation (61). It is unclear how these staff shortages are affecting the delivery of Flying Start and Gwent is encouraged to assess this issue, particularly how this affects families in areas of higher deprivation.

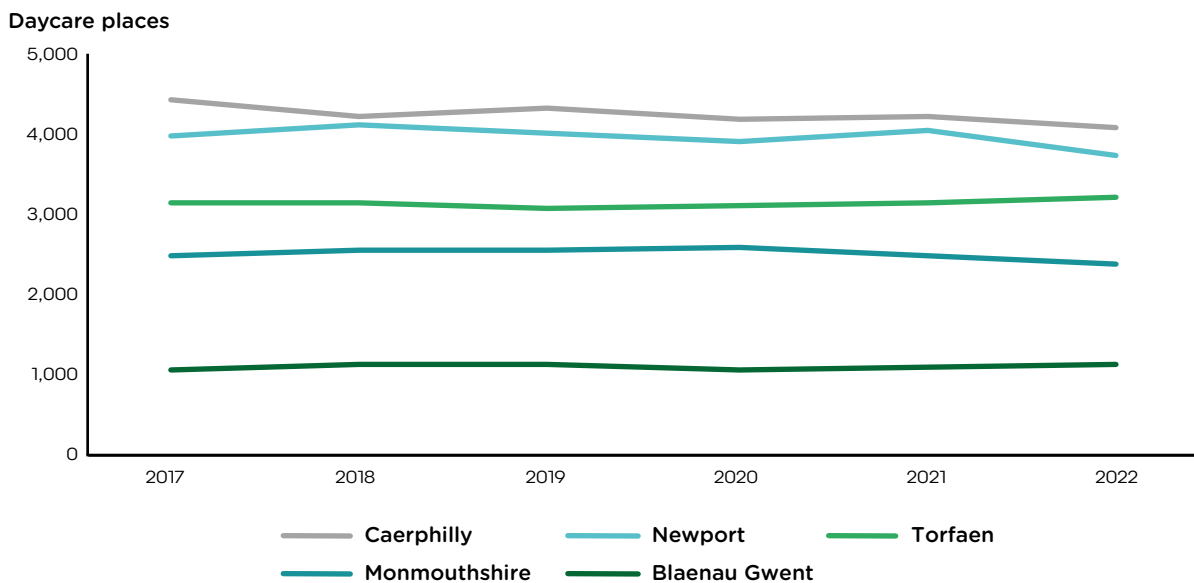
In interviews, those delivering early years services stated they were worried about the quality of service.

*“Flying Start is not working.”*

*“There’s a lot of schemes, there’s just loads and loads of different people doing lots of different things. It’s just not cohesive. It’s almost that there’s too much. A lot of it is about numbers - they get their money, they have to meet with X amount of people or run X amount of schemes rather than actually asking ‘are these the right people?’ or ‘what do we actually need to achieve with these people?’”*

There are also issues with availability of early years providers in Gwent, as there are across the UK. Childcare places in Wales peaked in 2020, at the start of the pandemic. Care Inspectorate Wales reported an 8% decrease in number of registered services and a 4% decrease in number of places in 2021/22, compared to the previous two years, and the largest decrease was in childminders. In Gwent since 2020, Monmouthshire has lost the most childcare spaces, 9% (305 spaces), Caerphilly and Newport also lost childcare places, Torfaen and Blaenau Gwent had a small increase in places, Figure 3.2.

**Figure 3.2. Number of child day-care places, Gwent local authorities, 2017-2022**



Source: StatsWales (62)

Flying Start originally offered two-year-olds from more deprived areas in Wales 12 hours’ free childcare a week. After evaluations found the programme was too targeted and many children living in low-income households were missing out, the Welsh Government decided to expand it (61). In 2023/24 an additional 2,200 children will be eligible and eventually Flying Start will become a

universal service available to all two-year-olds in Wales. This expansion is welcome and a universal service will reduce the postcode lottery, however, it may exacerbate inequalities. No longer will families in the most deprived areas receive additional support. An early years worker in Gwent stated they needed additional time to reach the families who needed Flying Start most.

### *“It’s difficult to reach the hard-to-reach.”*

Another factor that potentially exacerbates inequalities in the early years is the higher reliance on childminders in South East Wales. Childminders are more likely to be used by children living in low-income families (63). Many nurseries ask new parents to pay one month’s deposit before their child starts at the setting which can be a barrier to access and a reason why families on low incomes choose to use childminders instead. Childminders are an important component of the childcare offer, however evidence shows babies and young children growing up in areas of higher deprivation benefit most from formal early years settings. A study of over 3,000 children and their families found that for the children from families in the most deprived quintile, a larger number of hours per week spent with a childminder between the ages of two and the start of school was associated with poorer child development scores during school reception year. For children from the next income quintile, ‘moderately disadvantaged families’, more hours per week spent with a childminder between age two and the start of school was associated with better child development scores during school reception year. The authors suggest families living on the lowest incomes are more likely to have access to poorer quality childminder care, and as such, more efforts should be made to provide formal early years provision in these areas (63). In Wales, an assessment of early years provision stated it was “difficult to differentiate between preferences for informal childcare or lack of availability” (64). Families are not necessarily choosing childminding, it is the only option available to them in some areas of Gwent.

Families First is the Welsh Government’s early intervention programme to improve outcomes for children, young people and families living in poverty. Families First aims to improve the design and delivery of local authorities’ family support services. A number of grants are available to local authorities through this programme but the funding system has been described as “chaotic, disjointed, disconnected”. Many interviewees stated they received funding for unneeded resources or training when what they did need was core funding for wages. One local authority stated they had 25 different grants for early years and one local authority staff member stated:

*“We need systems change to change how we work and build capacity to work differently.”*

The Welsh Government offers eligible parents up to 30 hours of childcare and early education for three- and four-year-olds for 48 weeks per year. Additionally, local authorities provide a minimum of 10 hours of early education a week to all three- and four-year-olds during termtime. More than half of parents accessing this offer earn below £26,000 per year. Research confirms this offer is tackling inequalities by supporting families living on lower income to access more formal childcare than those on higher incomes. It also allows parents living on a lower income to work. 42% of parents earning less than £26,000 a year said they would work fewer hours without the offer (65). Whilst the Welsh childcare offer is generous and its aims admirable, unfortunately, in areas of higher deprivation, the availability of good quality early years provision is challenging the delivery of the policy. Box 3 outlines how a local community in Caerphilly sought to meet the need for childcare. Engaging with further education and creating a sustainable, high-quality local childcare workforce is recommended.

### **Box 3. Supporting families and removing bureaucracy**

In Caerphilly the Parent Network was set up by parents after a consultation carried out by the Caerphilly Children and Families Services Network. Parents, grandparents and carers wanted to continue supporting families and providing the support they would like to have. The Parent Network was born out of this desire.

It brings parents together to hear their views and engage and influence services across the borough. 25 forums meet weekly and these events encourage parents to get involved, to meet other parents, share ideas about what they want and get information. It offers training and workshops to parents such as child protection training and internet safety workshops, and opportunities to relax and build skills (for example, growing your own fruit and vegetables, cake decorating, art and craft sessions). The free events include refreshments and are child friendly (66). In one neighbourhood the parents decided they wanted a parent and toddler group and worked with the network to develop what they wanted. Instead of bringing in an outside organisation they chose to constitute themselves, get a bank account and the local authority offered them a room. The group started with 15 people and now has two weekly sessions with more than 30 families. At the request of parents, it has provided: safeguarding training, food hygiene training, teaching assistant training, Flying Start sessions, qualifications – basic skills and employability skills, English and maths. They provide what parents want to benefit families and improve their future – all of the events they provide are free.





Early years data currently does not allow local systems to understand or assess inequalities in their communities. National indicators measure overall achievement and do not differentiate between families on low incomes/children eligible for free school meals. In addition, the National Survey for Wales results related to childcare are only available at local authority level. Results disaggregated to MSOA or LSOA would help local authorities to better plan their services and for example, encourage early years providers to areas of high need. There are opportunities for vast improvements in the impact of early years in Wales. The SAIL databank is currently used to track young people and adults, but to date, no research has been done for early years. This longitudinal dataset could be invaluable in helping to improve actions and strategies.

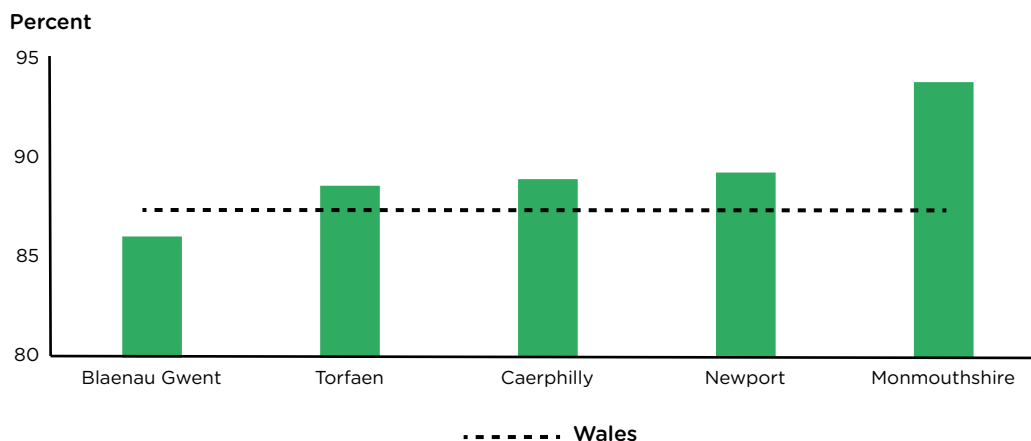
### ATTAINMENT IN EARLY YEARS

In 2018 the Welsh Government decided to no longer publish young people’s performance below national levels, meaning it is no longer possible to assess attainment in

Gwent. The last publicly available figures for pupils in 2019 found pupils Eligible for Free School Meals (eFSM) had worse results at Foundation Phase (ages 3-7 years), Key Stage 2 (ages 7-11 years) and Key Stage 3 (ages 11-14 years) compared to non-eligible for Free School Meal (nFSM) pupils. In this final year, at Foundation Phase, eFSM pupils’ performance declined, increasing the gap between eFSM and nFSM pupils (67). Whilst this data may be available to headteachers, it is not available to other stakeholders to assess if actions are reducing educational inequalities. This is unfortunate as inequalities in educational attainment are apparent at early ages.

The Social Mobility Report states that in 2021, the poorest children in Wales start school 10 months behind children from families with more money (68). Interventions in the early years aim to improve school readiness, how prepared a child is to succeed in school cognitively, socially and emotionally. Figure 3.3 shows that Blaenau Gwent is below the Welsh average in the number of seven-year-olds achieving the expected level at the end of the Foundation Phase in 2017.

**Figure 3.3. Percent of all seven-year-olds achieving the expected level at the end of the Foundation Phase, Gwent local authorities, Wales, 2017**



Source: StatsWales (69)



The Welsh Government has sought to improve the quality of the Foundation Phase offer. In 2017, £1 million was invested to support Foundation Phase teachers to develop skills and share best practice through an FP Excellence Network. However, short-term bursts of funding such as this are not shifting outcomes. Longer-term investment in quality and delivery is needed to reduce inequalities and the increase the impact of the Welsh Government’s programmes (68).

The inequalities in outcomes in Figure 3.3 are worrying in light of the new Welsh curriculum, introduced in 2022. The new nursery curriculum does not acknowledge the impact of income or poverty on attainment. The curriculum emphasises treating each child equally but fails to include ambitions to reduce inequalities in attainment. The 2015

Foundation Phase Framework included the aim that children “are not disadvantaged by any type of poverty” (70). It will be important to assess if this new approach, treating each child equally, exacerbates inequalities.

The place-based datapacks include the following charts:

- Infant mortality rate
- Low birthweight of live babies
- Pupils aged 5-15 eligible for free school meals
- Pupils aged 5-15 eligible for free school meals, time trend
- Children aged 4 to 5 who are obese
- Children aged 4 to 5 who are obese by deprivation

RECOMMENDATION: GIVE EVERY CHILD THE BEST START IN LIFE	
Related Marmot indicator	Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator
2023-2024	2024-2029
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>• Define best start and school readiness in Gwent in partnership with parents, early years staff and health.</li> <li>• Assess impact of staff shortages on the delivery of Flying Start in areas of higher deprivation.</li> <li>• Healthy and Sustainable Pre-school scheme identifies actions across seven health topics and shift aim to reduce inequalities in every nursery.</li> <li>• Assess and recommend improving maternity and parental leave policies and support for childcare in PBS members.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor best start and school readiness in Gwent in partnership and reduce inequalities.</li> <li>• Healthy and Sustainable Pre-school scheme actively implements actions to address inequalities across seven health topics in every nursery.</li> <li>• Recommendations for improving maternity and parental leave policies implemented in PSB members.</li> <li>• Extend improved parental leave policies to private employers, including improved flexible working offer.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>• Identify areas of low childcare provision and map to deprivation and assess quality of provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive recruitment for early years staff in areas of higher deprivation.</li> <li>• Increase childcare provision and quality in areas of higher deprivation with aim of reducing inequalities.</li> </ul>

#### AREAS FOR NATIONAL ACTIONS:

- Provide data to enable local authorities to assess inequalities by income and free school meal eligibility in Foundation Phase.
- Shift more of early years funding from grants to revenue funding and longer-term funding.
- Implement findings from evaluation of the Early Years Integration Transformation Programme.
- Increase funding for further education colleges to focus on creating and expanding sustainable, high quality local childcare workforce.

## 3B. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

### KEY MESSAGES

- Inequalities in educational attainment translate into inequalities in health. Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Children and young people who grow up in poverty are more likely to have poor educational outcomes and less access to training and decent jobs than those from better-off homes.
- Funding for education increased in Wales between 2009 and 2022.
- The number of pupils eligible for free school meals has increased in the last five years.
- Inequalities at Key Stage 2 fell between 2010 and 2019.
- Inequalities at GCSE persist, pupils eligible for free school meals scoring lower compared to other students.
- School absences have increased since the COVID-19 pandemic. Particular learners have higher levels of absences: pupils eligible for free school meals, Gypsy and Traveller learners and pupils with special educational needs.
- The Healthy Schools Scheme is a universal service that does not have a health inequalities approach.
- Funding for youth services has been cut in most local authorities in Gwent.
- The number of level 2 and level 3 apprentices in Gwent has fallen in the last decade.
- The rate of 16 to 24-year-olds who are not in education, employment or training (NEET) has remained level in the last eight years.

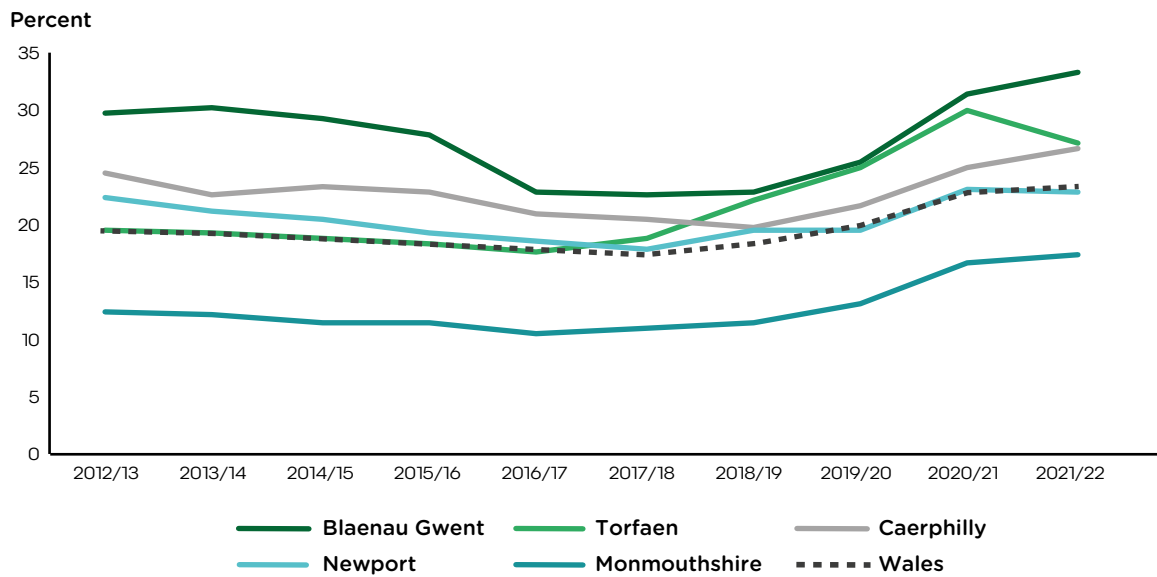
Childhood experiences, continuing into early adulthood, have lifelong impacts, affecting employment opportunities, lifetime earnings and health over the life course. In the UK, people with no qualifications are more than twice as likely to have a limiting illness as those who achieved university level (or equivalent) education (71). If systems could reduce inequalities in childhood and early adulthood this would have immediate impacts on the lives of children and young people, their families and communities and would have lasting impacts on society. As in the early years, reducing inequalities in childhood and early adulthood is achieved through partnership, with contributions from education, public health, employers, the voluntary sector, police and healthcare.

Between 2009-10 and 2017-18, school spending per pupil in Wales fell by 5%, less than in England and Northern Ireland (72). Since 2018-19 (until 2022-23), spending per pupil increased in Wales by 8%, returning to 2010 levels (73). The Welsh Government provided generous funds during the pandemic, the Institute for Fiscal Studies estimate total COVID-related spending on schools between 2020-21 and 2021-22 was £800 per pupil in Wales, the same as in Northern Ireland and higher than the £300 offered in England and Scotland (73). In interviews, local authorities expressed concerns that budgets were extremely tight as they were expected to cover the wage increase for teachers agreed in March

2023. It was unclear if any national funding would be available to cover the wage increase. It is expected this increase in wages could have serious implications for school budgets in 2023/24.

The Welsh Government has committed to providing free school meals to all primary school pupils by 2024. A £300 School Essentials Grant is also available to pupils eligible for free school meals to help fund, for example, uniforms, shoes, and equipment for school. The number of pupils eligible for free school meals has increased in every local authority in Gwent since 2016-17, after a period of falling or remaining stagnant, Figure 3.4.

**Figure 3.4. Percent of pupils aged 5-15 eligible for free school meals, Gwent local authorities and Wales, 2012/13 to 2021/22**

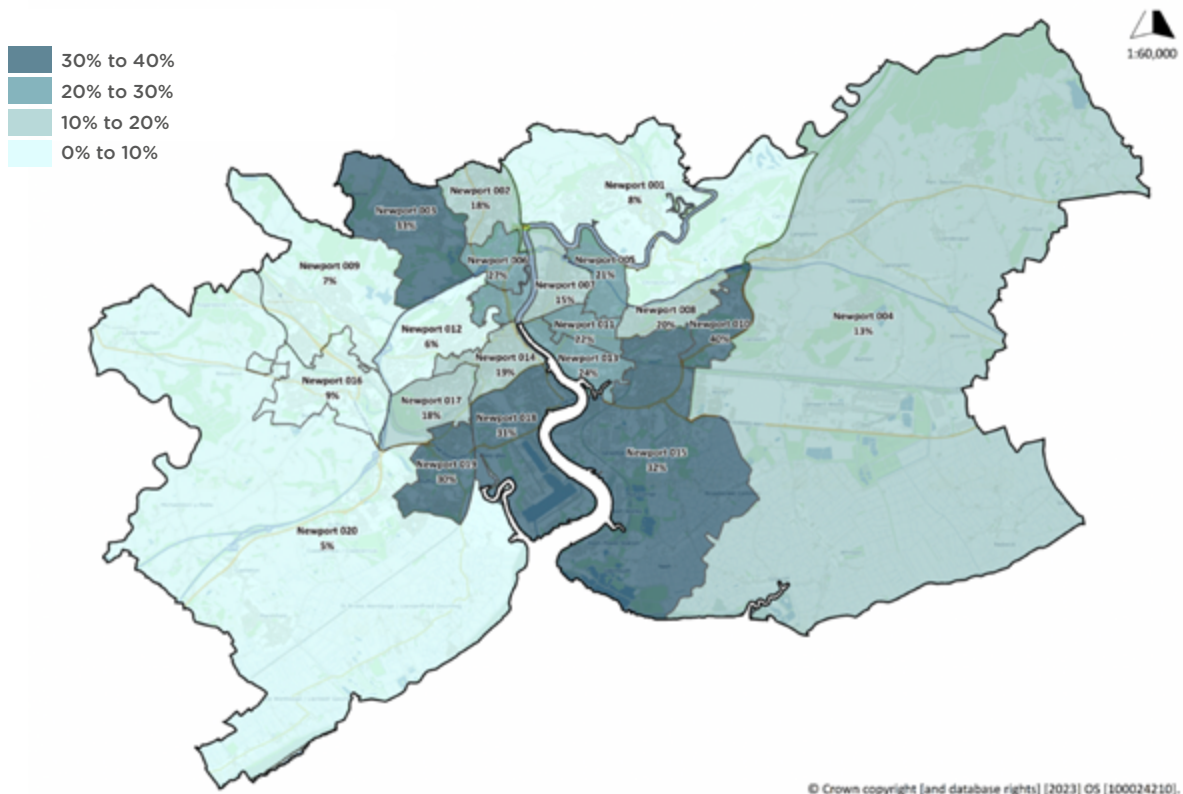


Source: StatsWales (74)

Newport local authority has used the Unique Pupil Number (UPN), omitting all personal data, to analyse local inequalities in education to develop a deeper understanding of inequalities in education. The process involves data matching, cleansing and integration activity and the local authority analysed attainment across Key

Stages, attendance, absenteeism and exclusions (fixed and permanent), correlating to deprivation and poverty. Figure 3.5 shows the high concentrations of child poverty in central Newport, demonstrating the value of using local data analysis.

**Figure 3.5 Percent of pupils eligible for free school meals, Newport MSOA, 2021**



Source: Newport City Council analysis of WIMD (75)

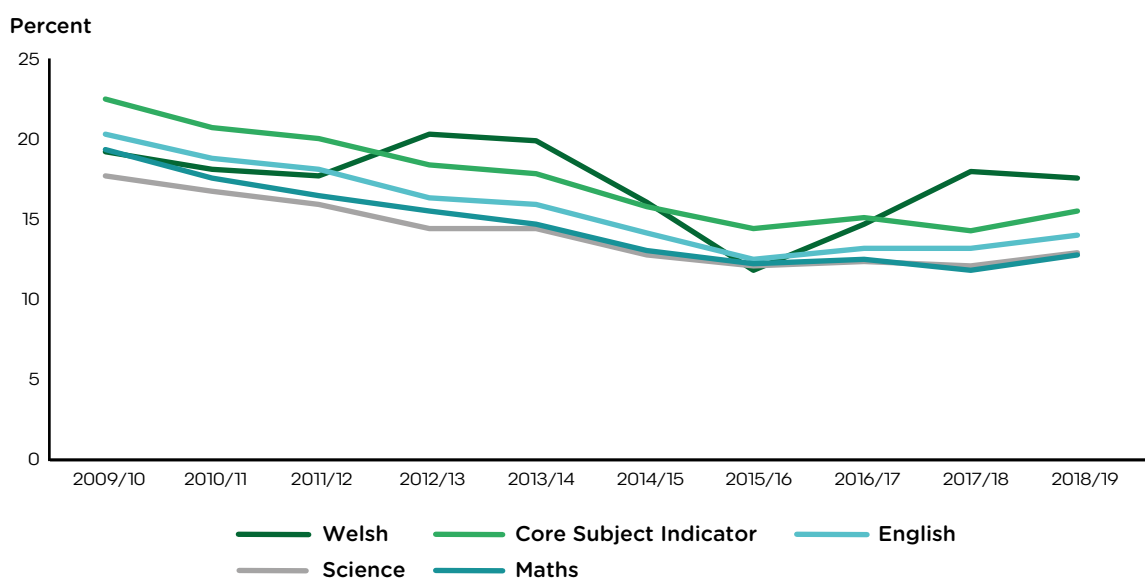


## INEQUALITIES IN EDUCATIONAL ATTAINMENT

Research consistently shows socioeconomic status is the most important factor influencing educational outcomes. As section 3A outlined, at age seven there are already inequalities in achievement at school. This continues in primary and secondary education. Figure 3.6 shows at Key Stage 2, ages 7-11 years, the education attainment gap in Wales has narrowed. In 2019 pupils eligible for free school meals scored better in English, maths, science, compared to 2010 and also

narrowed the gap. This reduction in the gap is welcome as research from the Institute of Fiscal Studies finds the educational attainment gap in England has been stubbornly consistent since 2006 (76). Whilst the gap is reducing, pupils eligible for free school meals still have lower attainment levels. Only national data is publicly available and so it is unclear if this narrowing has occurred in Gwent. It also unclear which interventions or actions have led to this narrowing of the gap.

**Figure 3.6. Percent difference between eFSM and not eFSM students achieving expected level at Key Stage 2 (Year 6) by key subject, Wales, 2009/10-2018/19**



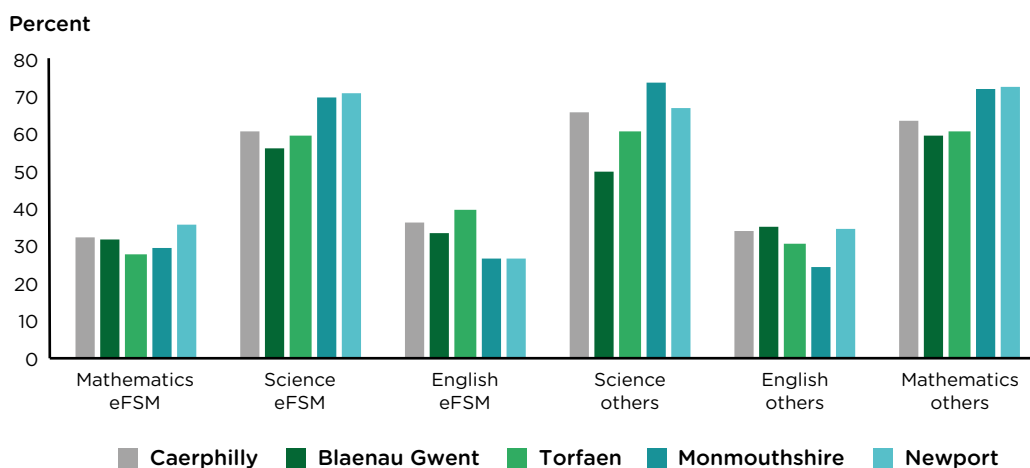
Source: StatsWales (77)



The reductions in the gap at age 11 is still not reflected in results at later ages. At Year 11, GCSE level, there remain wide education attainment inequalities in every local authority in Gwent. The gap is widest in Monmouthshire, where 27% of pupils eligible for free school meals achieve in science, compared to 74% of pupils not

eligible for free school meals, Figure 3.7. This confirms research that finds pupils attending schools with higher numbers of pupils eligible for free school meals tend to do better, suggesting schools in these areas adopt better approaches when teaching students from families living on lower incomes (78).

**Figure 3.7. Percent of pupils in year 11 who achieved A\*-C in GCSEs in various subjects by FSM status, Gwent local authorities, 2017/18**



Source: StatsWales (79)

Analysis from the Education Policy Institute estimates that in 2019 pupils eligible for free school meals were 22 to 23 months behind those not eligible, and since 2011 this ‘disadvantage gap’ has widened in Blaenau Gwent, Caerphilly and Newport. The research shows GCSE students in Wales take more GCSEs (including non-GCSE qualifications) compared to students in England and the students in Wales have, on average, worse results. It does not suggest a causal link but states, “a potential trade-off between quality and quantity”. Researchers conclude that “efforts to reduce the disadvantage gap over the last decade have been insufficient or misplaced” (80).

Policies to support those on free school meals include the Pupil Deprivation Grant (PDG), offered from early years to secondary schools. This grant provides nurseries and schools with extra support for pupils eligible for free school meals or looked after by the local authority. The Social Mobility Commission concludes the PDG is not changing the attainment gap and echoes concerns that the new curriculum could worsen educational inequalities (68). The Welsh Government has committed additional funding to the PDG in 2023-24 “to help children and young people from lower income households and looked-after children overcome the additional barriers that prevent them from achieving

their full potential” (48). This money is not ringfenced and it is unclear how it is spent. Estyn, the education and training inspectorate in Wales, states that two-thirds of schools in Wales make effective use of the PDG (81). It is recommended the schools in Gwent share best practice and leadership in addressing inequalities in schools.

Recent Welsh policy has also introduced ‘Attainment Champions’ who aim to tackle the impact of poverty on educational achievement (82). However, no head teachers from Gwent have been involved in this initiative, despite the region having some of the worst educational attainment gaps in Wales. This report echoes the stark conclusions of the Social Mobility Commission which warns that existing policies will have lasting impacts: “The widening of the attainment gap between pupils mirrors the UK-wide pattern but is likely to be more profound in Wales due to the nation’s underlying socioeconomic profile” (68). Short-term actions and small funding pots are not shifting educational attainment outcomes.

In Gwent the Education Achievement Service has been providing advice and guidance to schools to reduce inequalities. As Box 4 outlines - it has implemented a number of programmes but there are no evaluations of the impacts of these programmes.



## Box 4. Educational Achievement Service

Established in 2012, the Education Achievement Service (EAS) is a not-for-profit company set up and owned by the five local authorities of South East Wales (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen) to deliver improvement services, bespoke support and professional learning to all 237 schools across the region.

The EAS has a universal offer to all schools across the region to provide professional learning advice and resources. In addition the EAS offers targeted support and one of its strategic priorities for 2023 is around provision of learning and support to improve health and wellbeing, particularly for 'vulnerable' and 'disadvantaged' learners (83). It has a team of health, wellbeing and equity leads who help to embed a whole school approach to mental health and wellbeing and deliver a package of support targeted towards disadvantaged or vulnerable learners. This package includes free learning materials to teach vulnerable learners, a professional learning programme to support schools in addressing the impact of poverty on learners' behaviours and outcomes, and support for schools to develop anti-poverty strategies.

For the past five years, the Raising Achievement for Disadvantaged Youngsters (RADY) programme has been delivered by the EAS in partnership with Challenging Education (84). Designed to support schools in addressing the impact of disadvantage on learners through an equity rather than equality lens, the programme is based around three principles: raising awareness, raising aspirations and raising expectations.

The EAS Regional Business Plan for 2022/23 outlines further work in this area such as working with local authority inclusion leads and looked-after children education officers to analyse and use attendance and exclusions data for vulnerable and disadvantaged learners. The plan highlights the success criteria EAS is working towards – for the RADY programme this includes schools being able to demonstrate positive changes in attitudes to learning, engagement of disadvantaged families/carers and improvement in attendance. A self-evaluation of strategic priorities from 2021/22 is also featured in the plan but it does not include specific, quantifiable figures to assess if the programme is reducing educational attainment inequalities.



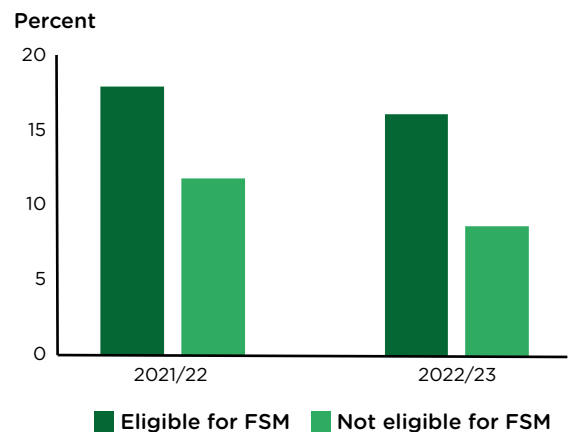
## ABSENCES AND EXCLUSIONS

Increases in the cost of living are impacting families with school age children in a multitude of ways. There is approximately 16% difference in absence between pupils eligible for free school meals and those not eligible, since the start of the pandemic (89), with average school attendance across Wales continuing to decrease at the end of last year (89). Absences and exclusions contribute to differences in educational attainment.

An innovative study of exclusions and mental health and wellbeing of young people aged 10-16 found that as the number of risk factors for permanent exclusion increases, levels of wellbeing decline (85). The number of pupils being excluded in Wales is increasing. Exclusions are for shorter periods but these shorter periods remain disruptive to learning (86). Blaenau Gwent had the highest rates of exclusions in Wales between 2013-2019. Rates of pupils eligible for free school meals and special education needs are closely linked to school exclusions rates across Wales (87). Assessment of reasons for exclusion showed differences by eligibility for free school meals and ethnicity. Pupils eligible for free school meals and from black and minority ethnic background were more likely to be excluded due to persistent disruptive behaviour compared to the full cohort of excluded pupils (88).

There have been concerns of persistent absences since the pandemic. Particular learners have higher levels of absences: pupils eligible for free school meals, Gypsy and Traveller learners and pupils with special educational needs. The levels of absences in these groups were high before and since the pandemic (90). Figure 3.8 shows absences have declined but continued to be high in 2022/23. Pupils eligible for free school meals had double the absences compared to pupils not eligible for free school meals, a gap that has widened since 2021/22.

Figure 3.8. Percent non-attendance among pupils aged 5 to 15 in maintained schools by free school meal eligibility, Wales, 2021/22 to 2022/23



Source: Welsh Government (91)

In March 2023 the Welsh Government reinstated fixed penalty notices for persistent absence in an effort to reduce school absences. A Welsh Government review found education staff are divided on the effectiveness of fixed penalty notices, with 37% of staff stating they did not think they were effective. The review stated research literature “does not provide strong evidence that financial sanctions by themselves always have a positive effect on the behaviour of adults in social policies” (90). With this poor-quality evidence of the effectiveness of fixed penalty notices and the likelihood this will increase inequalities, it is recommended that Gwent tackles the underlying issues for non-attendance. Evidence of how to reduce absences is weak but shows targeted interventions and repeatedly working with parents is effective (92). Box 5 outlines the approach taken in Monmouthshire to reduce school absences, working with parents and staff in schools.

### Box 5. Addressing the causes of school absences

Monmouthshire’s inclusion team is taking a preventative approach to reducing school absences. The Emotionally Based School Avoidance (EBSA) is a training and support programme for school leadership teams, school-based staff, and other professionals supporting children and young people. The project aims to support early and effective intervention to assess and intervene in the most timely and helpful way, to prevent entrenched EBSA and promote positive outcomes.

The pandemic provided a reason and catalyst for the project in light of increases in child and parent anxiety following the prolonged closure of schools. A study of pupils and their education in the pandemic concluded local policy were needed to equip local authorities to better support schools in identifying and working with children who show EBSA, and their families (93). Monmouthshire recognised the need for preventative work and early intervention for pupils who were beginning to present with EBSA.

Monmouthshire educational psychology service established a cross-directorate EBSA group to coordinate a response to EBSA. This focused on early identification and enhanced understanding of the complexities facing young people and their families. The project comprised five phases which included developing and

producing Monmouthshire EBSA Guidance and Resources, such as an EBSA Pathway, EBSA Support Plan, good practice support guidelines for schools for attendance and wellbeing, and downloadable resources for use to understand and listen to the voice of the young person. A rolling model of professional training and support was developed and the model offers online EBSA consultation sessions facilitated by the educational psychology service and Family Support Services.

The Introduction to EBSA training has been offered since May 2021. This has been attended by a range of school staff (for example members of senior leadership teams, emotional literacy support assistants, wellbeing leads); health professionals including those working in primary care mental health, P-CAMHS, S-CAMHS, occupational therapy and specialist mental health practitioners; Inspire workers; education welfare officers; outdoor education shift youth workers; I2A; and Re-Engage. This training has been well received, with 100% of attendees agreeing that the training increased their understanding of EBSA and its impact on children and young people's wellbeing.

Since the EBSA project was launched, all four of Monmouthshire's secondary schools have also received bespoke EBSA training, and one secondary school, in partnership with the LA, has developed bespoke provision for a small group of pupils presenting with EBSA. This pilot provision is in the process of being evaluated. The EBSA project is now in the process of developing an EBSA support offer for parents/carers, with input from parents of pupils accessing this provision.

One of the aims of the EBSA project was to change the language used around EBSA, which has supported a shift in the understanding, perspectives taken and support offered by professionals supporting children and young people across Monmouthshire. Schools now have a clear package of guidance, resources and support to enable them to take early, preventative action, with training attendees reporting: "It will help me change my language around school avoidance to be less "blaming".

Despite the School Essentials Grant, there is evidence that there are other factors contributing to pupil absence. Being unable to clean uniforms or fix broken down white goods due to high energy prices could be contributing to absenteeism (94). The Children in Wales 2022 report explored the impact of poverty on school absences. Children and young people stated they could not pay for food or trips, and were being bullied and stigmatised and excluded by their peer for various reasons, such as because of their uniform (too small) or equipment or not having enough money to buy snacks. Children and

young people stated this bullying led to them feeling isolated, left out and alone and discriminated against. Practitioners stated parental financial pressures were linked to increased absenteeism. The cost of getting children to school, lack of money to provide school uniforms, shoes and PE kits were factors. There were increased absences during dress-down days and payment deadlines for school trips (95). Box 6 outlines the increase in 'hygiene poverty' in the UK and this could be having an impact on school absence rates.

## Box 6. Hygiene poverty

Recent policies have supported period poverty. However, wider hygiene poverty is a problem estimated to impact 3,150,000 adults in the UK – 6% of the population and 5% of adults who are working. Research by the Hygiene Bank shows rates of hygiene poverty increasing among people with disabilities and those living with long-term health conditions (96). They also report social isolation is a significant impact of hygiene poverty "with many respondents reporting feelings of shame and anxiety, which often leads to isolation" (96). The Bevan Foundation Snapshot of Poverty in 2023 also found inequalities in hygiene poverty. 18% of survey respondents stated they went without a shower or bath and 8% did not have basic toiletries (97).

The Joseph Rowntree Foundation cost-of-living survey in October 2022 found seven in 10 working-age households in the lowest 20% by income were going without at least one essential, such as enough warmth or basic toiletries (98).

## SCHOOL TRANSPORT

The cost of school transport may also contribute to increased pupil absence for students living in families on low incomes. Parents in Gwent report the cost of travelling to school at between £15 and £20 per week, an unaffordable amount for an increasing number of families (99). This is despite the Learner Travel Measure (Wales) 2008 which enables Welsh ministers to make regulations relating to free transport to a place of learning for compulsory school-age children, and ensures local authorities provide free school transport to pupils who live beyond the statutory distance of two and three miles from their school, for primary or secondary school pupils respectively (100). A review of the Learner Travel Measure took place in 2021, which considered revising these distances but no conclusion was made as to by how much they should be reduced (100). Across Gwent, some local authorities such as Monmouthshire, Caerphilly and Blaenau Gwent have chosen to reduce the catchment areas for free school transport to one and a half and two miles respectively for primary and secondary school pupils. Newport City Council has not yet reduced theirs, despite the area having the highest percent, across all 22 local authorities in Wales, of LSOAs (geographical areas with a small population size) in the 10% most income-deprived (101). Even with the reduced catchment areas, these distances are higher than recommended distances of roughly one, and one and a half miles (for primary and secondary-age pupils) (102) (103). Other possible issues must also be considered, as routes to the nearest school may not be safe or suitable (99).

For students in post-16 full-time education, travel is subsidised through a grant of roughly £50 per term – if they live over two or three miles (depending on the local authority). Travel may be on school-contracted transport or the local bus service depending on the local authority, but the remaining cost of the transport must be paid by the student or family, which can cost in excess of £400 a year (104). Other options for financial support might be available to students aged between 16 and 18, such as the Welsh Government Education Maintenance Allowance, which provides some students with a £30 per week allowance (105), and the Financial Contingency Fund, a scheme run through local colleges aimed at students in financial difficulty and/or likely to leave education (106). There was anecdotal evidence from interviewees that travel costs were impeding learners. It is recommended that Gwent assess the health equity impact of travel routes to school.

## HEALTHY SCHOOLS

The Welsh Network of Healthy School Schemes was launched in 1999. The scheme aims to integrate education and health and is offered to all levels in Wales (nursery, primary, secondary, middle, special and independent). Public Health Wales is currently reviewing the Scheme, and evaluations should include the views of the staff who have carried out the intervention as well as teachers, pupils and their families. An early evaluation of the Scheme outlines the proposed changes, none of which directly addresses inequalities, and concentrates on national priorities and indicators. As established throughout this report, national priorities and indicators that do not include an inequalities element are likely to not to have any effect on inequalities. If the Healthy School Scheme seeks to address inequalities, this should be fundamental to the proposed changes.

The Healthy School Schemes offer is the same across all schools, regardless of level of need. In interviews staff stated they often worked with ‘willing’ schools as they did not have capacity to work more intensely with schools with higher needs or those that did not respond to their offers. It is recommended Gwent better assesses which schools are actively engaging with the Healthy Schools Schemes and provides the type of support schools need to improve health. One of the reasons for the limited effectiveness of this scheme is that whilst schools have the support of a Healthy Schools coordinator, there is no additional funding available to schools. As such, there is a limit to what this scheme can achieve, particularly in schools with higher levels of need, such as schools with higher numbers of pupils eligible for free school meals. The lack of funding led to anecdotal reports of the scheme being seen as a tick-box exercise.

Claims for the success of the Healthy Schools Scheme are based on the number of schools participating. However, outcomes of the Student Health and Well-being survey tell another story. In 2021/22 more than 123,000 students in years 7 to 11 in over 200 schools took part (107). The most recent survey shows that since 2017 mental wellbeing has significantly decreased, particularly among girls. The percentage of girls reporting low mental wellbeing worsened by 9.5 percentage points between 2017 and 2021.

In Gwent, the Healthy School teams have focused on healthy eating, with mixed results. The 2021/22 survey showed lower soft drink and energy consumption in Gwent, but students had lower levels of fruit and veg consumption and lower levels of eating breakfast every weekday (107).

The school survey shows a decline in sexual activity in students aged 16 between 2017 and 2021, however, there has been an increase in under-18 conceptions in Caerphilly, Blaenau Gwent, Monmouthshire and Newport.



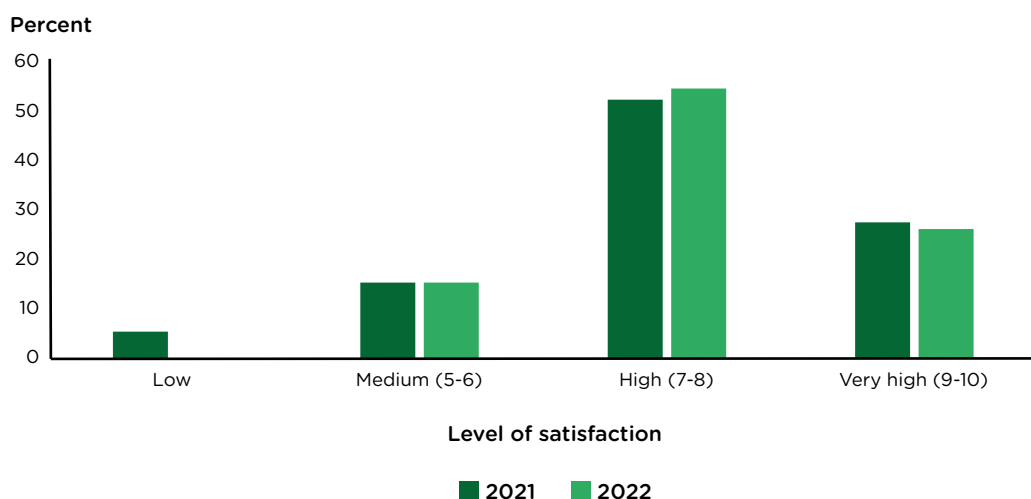
It is recommended Gwent adapt its Healthy Schools Scheme to better support schools to address the wider determinants of health, in schools with higher numbers of pupils eligible for free school meals. It is recommended outcome measures of the Healthy Schools Scheme examine the impact of their actions and not only the number of schools participating. It is recommended that Public Health Wales' evaluation includes assessment of the capacity of the scheme to reduce inequalities in the social determinants of health and to work with those delivering the programme and in schools to understand what is needed to reduce inequalities and gaps in educational attainment.

## MENTAL HEALTH

Young people living in lower-income households are more likely to have poor mental health than their better-off peers (108). A study using the SAIL databank found parental depression had a significant negative impact on education attainment (109).

One in six children and young people are estimated to have a diagnosable mental health condition in Wales (110). Before the pandemic the Welsh Government increased funding to implement whole-school approaches. Since the pandemic, research has consistently shown that the mental health of children and young people has deteriorated (111). Analysis has shown that financial stress in the first year of the pandemic was associated with poorer child social and emotional wellbeing (112). Figure 3.9 shows that despite some of these findings, the majority of young people aged 16-24 report 'high' or 'very high' satisfaction with their lives.

Figure 3.9. Percent of those aged 16 to 24 by level of overall satisfaction with life, Wales, 2021-2022



Source: National Survey for Wales (20)



In 2018 the Children, Young People and Education Committee criticised the Welsh Government's failure to shift the outcomes in young people's mental health. Since then the Welsh Government has committed to several actions to support young people, families and schools. The whole-school approach is key, as it seeks to adopt a prevention-focus to addressing child and adolescent

mental health. This has led to an increase in funding for a variety of actions. In March 2023 a workshop was held in Gwent to map mental health provision in schools. It identified duplication and concluded services needed to work better together to provide children and young people, their families and schools with a clearer and more easily understood offer, Box 7.

## Box 7. Assessing duplication in whole school approaches

In March 2023 a workshop invited the Children and Mental Health services, educational psychology, the Education Achievement Service and school-based counselling services to discuss what they each offered in schools to address mental health. It was clear to attendees there was duplication of the offer for support and that young people, teachers and families were likely to be confused by the various services.

### Comments included:

*"Schools feel a bit overwhelmed. They want the support for mental health and emotional wellbeing but they feel a bit like 'where do we go? Who do we go to?' It's quite a busy space."*

*"People don't understand the interfaces between Public Health Wales, the Health Board, education, the Education Advice service, and Estyn."*

*"Health is doing its own thing, not in partnership. They need to ask themselves if they are the best to deliver services."*

*"With health and education there's no regular kind of communication. It's kind of a bit ad hoc."*

*"Do we need a single point of access for children's emotional health and wellbeing? With referrals going to one place and then get allocated to support rather than go into all the separate agencies?"*

Following on from this workshop, systems agreed to meet again to discuss ways forward to reduce repetition.

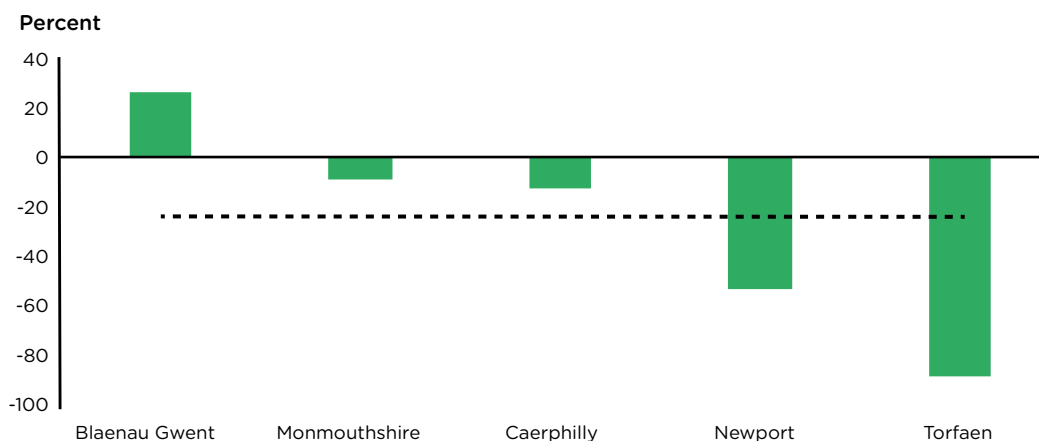
## YOUTH WORK

Formal support to improve mental health is important, but also important are informal support interventions, which can address lower levels of mental health problems before they become more serious (113) (114). Informal spaces outside of schools and health include places such as youth centres, sporting clubs and creative spaces where young people can support each other and build their confidence and sense of identity.

The funding for universal youth work in England changed significantly in the early 2000s with significant budget cuts within local authorities moving from a defined minimum and 'quality' expectation for youth work to the provision of only an 'adequate' offer to young people with

little or no definition. In contrast, the Welsh Government has protected and supported youth work, for example, funding the annual Youth Support Grant and providing funding to reduce youth homelessness. Despite this support, funding for youth work in local authorities has decreased due to reductions in local authority funding caused by austerity policies from the UK government. Between 2010/11 and 2021/22 there has been a 23% reduction in local authority expenditure on youth work in Wales. The steepest declines were between 2010/11 and 2015/16 when funding fell from £182 to £91. Since then it has increased (115), (116). Blaenau Gwent is the only region where funding has increased since 2010/11, Figure 3.10.

Figure 3.10. Percent change in funding for youth services, Gwent local authorities and Wales, 2010-2021



Source: YMCA (115)

Interviewees stated cuts to youth services led police to observe they “are a de facto youth service filling the void. We need a more holistic view.”

It is crucial to provide a range of opportunities for young people to positively engage both in school and in their communities to help them play a positive part in society and to help address other potential issues such as anti-social behaviour.

## FURTHER EDUCATION AND APPRENTICES

Further education is an important route out of poverty for pupils eligible for free school meals, who are much less likely than other pupils to go into higher education (117). The more years spent in education, along with lifelong learning, are associated with better physical and mental health and a range of other positive outcomes (3). As such, decreases in funding for part-time and community learning will disproportionately impact learners from households with lower incomes.

Local offers of further education are key to addressing educational aspiration and reducing inequalities, as learners from deprived communities tend to attend very local institutions. In England, 70% of further education students travel less than 10km from their home and half travel less than 6km (118). Coleg Gwent is the further education provider in Gwent and has five campuses across the region. Coleg Y Cymoedd, based in Rhondda Cynon Taf, is the next closest further education provider. Despite the stated importance of further education in Wales, the number of learners at further education institutions, adult learning and work-based learning providers fell by 75,000 learners between 2012/13 and 2021/22 (119).

Whilst many reports have explored the importance of lifelong learning and adult education in Wales (120) (121), cuts to adult education have been severe. Between

2011/12 and 2016/17 the Welsh Government funding to the further education sector fell by 13% in real terms (£22 million). Most of the funding cuts fell on part-time provision. Funding for part-time further education was cut by 37.5% in 2014/15 and the remaining funding was cut again by a further 50% in 2015/16 (122). Further education is funded by finishers, which creates an incentive to fund programmes where students finish but not necessarily programmes for skills that the region needs.

*“Engineering is needed but young people don’t want to do this. Colleges want more full-time students as they get more funding, so they offer what students want, not what we need.”*

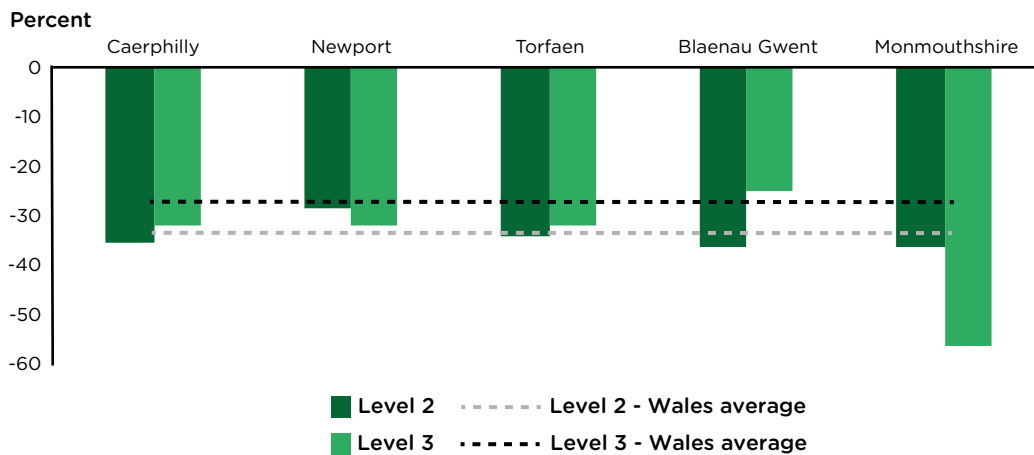
Part of increasing aspiration is helping young people understand the local job market and its potential. For some young people who want work as soon as possible on leaving school the opportunities through work-based learning providers is crucial both in terms of quality and range of work-based training and experience available. In Torfaen for example there are two main Welsh Government funded contractors with four additional subcontracted organisations providing a mix of career pathways and the need to continue to provide a greater and relevant range of employment opportunities is vital. For example, Media Cymru, part of the Cardiff Capital Region strategy, has received substantial government funding but its aim to create hundreds of jobs and start-ups in areas such as Torfaen, and Gwent is yet to be identified. Another example is the need to fulfil ‘green jobs’, skills needed now, yet Torfaen and other Gwent areas are not seeing large numbers of pupils interested in these areas. It is important that Cardiff Capital Region and further education providers and local businesses work better together with secondary schools and young people to provide work-based learning opportunities the region needs.

## APPRENTICES

The Welsh Government has set a target to introduce 125,000 apprenticeships within the 2021-2026 Senedd term. This is part of the Welsh Government's commitment to have at least 90% of 16-24-year-olds in education, employment or training by 2050. It is important that the apprenticeships offered are part of the Welsh Government's aim to reduce child poverty.

Apprenticeships can be part of the solution to reducing health inequalities if they are targeted at learners at levels 2 and 3 (level 2 apprentices are equivalent to GCSE and level 3 is equivalent to A level). This will be difficult to achieve as at both levels the number of apprentices has fallen across Wales between 2013/14 and 2021/22, despite government policies to increase the number of apprentices, Figure 3.11. The IHE 2020 *Ten Years On* report showed similar decreases in levels 2 and 3 apprentices in England (3).

**Figure 3.11. Percent change in number of level 2 and level 3 apprenticeships started, Gwent local authorities and Wales, 2013/14 and 2021/22**



Source: StatsWales (123)

In 2021/22 there were steep declines in the success rate of apprentices due to the pandemic, but worryingly, the gap in the success rate between apprentices living in the most deprived areas in Wales and the least deprived areas widened compared to 2018/19 (124). Increasing the number of apprentices at levels 2 and 3 will require approaches to attracting new apprentices as well as increase those who complete their apprenticeships.

Additional efforts are needed to return to pre-pandemic apprentice levels, particularly at levels 2 and 3. The Bevan Foundation lobbied for increases to the EMA, which is paid to learners aged 16 to 18 years old in low-income families who are in school or further education (125). Their efforts to increase the Education Maintenance Allowance by £10/week, available to learners from low-income families, may help to improve success rates.

Anecdotal evidence suggests that once young people are on apprenticeships, employers are reluctant to let students go back to college for pastoral care or courses. Currently, further education colleges are not funded to provide pastoral support to apprentices in work placements. If the offer of support for mental health is being made to students in secondary schools and those in further education colleges doing A levels, it should be equivalent for those doing apprenticeships. This will mean working with young people to better identify support needed and working with small and medium enterprises to provide better support to businesses hosting apprentices.

In 2022 the ABUHB began offering a new apprentice programme with a focus on offering opportunities to young people with learning disabilities, Box 8.

## Box 8. ABUHB apprenticeship scheme

The Aneurin Bevan University Health Board apprenticeship scheme saw its first cohort of 28 people start in January 2022, with another cohort of 21 starting in January 2023. Apprentices at ABUHB undertake roles across administration, healthcare and facilities. They leave with a nationally recognised modern apprenticeship qualification. The majority of applicants have all lived in Gwent. ABUHB encourages applications from ethnic minority groups and people living in more deprived areas, however it is unclear if these efforts have resulted in a more diverse cohort of apprentices. The first cohort has had success in terms of apprentices securing permanent positions or promotions but it has also had a number of young people withdrawing from the programme. To decrease the number of withdrawals, the recruitment team has improved how it communicates apprentice roles at assessment and interview stages. In addition, more pastoral care is now offered during apprenticeships, including the development of a handbook for apprentices and managers.

Another part of ABUHB's apprentice programme is offering opportunities to young people with learning disabilities. In September 2021, Independent Living Skills learners from Coleg Gwent were supported through the Engage to Change Gwent project to gain work experience in a healthcare setting whilst studying with the college (126). Based at ABUHB's Nevill Hall Hospital in Abergavenny, the students were placed with the facilities team over one academic year. Roles were on rotation, covering different work environments and skills such as housekeeping, catering and customer service. The young people had the opportunity to integrate with staff members from across the hospital as well as patients, and they reported increased levels of confidence. A particular aim of the project is to increase skills and better prepare learners with learning disabilities for employment. Some learners have reported their intention to apply for a career at the hospital after studying. Due to the success of the internship, another intake of Independent Living Skills learners from the college will be taken on this year.

## YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

Between 2011 and 2017 the number of young people not in education, employment or training (NEET) declined in Wales. However, since 2017 the number of NEETs has remained the same. The pandemic has had an effect on young people both in school and those leaving - in 2021 the proportion of 16- to 18-year-olds who are NEET increased by 1.9% in a year. For 19- to 24-year-olds, the proportion who are NEET increased slightly by 0.5% (127).

A number of Welsh Government policies have sought to tackle the issue of NEETs.

- In 2011 Youth Engagement and Progression Framework supported local authorities and partners to establish systems and processes to monitor and support young people at risk of becoming NEET. Additional funding allocated through the Youth Support Grant established an Engagement and Progression Co-ordinator. The Framework increased emphasis on both monitoring and supporting young people at risk of becoming NEET, targeting support to those leaving secondary school and made the issue of NEETs everyone's responsibility - local authorities, schools, Careers Wales and the Welsh Government.
- The refreshed Youth Engagement and Progression Framework seeks to identify early potential NEETs in school up to the age of 18.

- The Jobs Growth Wales+ Youth Programme seeks to consolidate and individualise training, development and employability support to 16- to 18-year-olds who are assessed as NEET. The programme offers individualised support to build confidence, skills and experiences to progress into further learning, find a job or remain in employment and wage subsidies.
- The Young Person's Guarantee is a cross-Cabinet programme to tackle the impact of poverty on educational attainment.

In 2022 in Wales 8.3% of working age adults had no qualifications, rising to 16.3% for people with disabilities. Blaenau Gwent had the highest proportion of adults without qualifications, 15.5%, and Torfaen the third, at 12.4% (128).

In all local authorities those most at risk of becoming NEET are monitored within the schools, these projects were previously funded by European Social Funding and now use Shared Prosperity Funding, in addition to Welsh Government funding for youth services and other supportive provision. It is recommended that the Public Services Board assesses the way Shared Prosperity Funding is spent on NEETs and better coordinate the approach and offer in the region.

Whilst many national policies have sought to reduce the number of NEETs, in Blaenau Gwent a joined-up approach has resulted in good outcomes, Box 9.

## Box 9. A local and coordinated approach to reducing NEETs: Blaenau Gwent

Blaenau Gwent has gone from having the worst NEET figures in Wales to having some of the best.

The local authority reflected on what led to a change in how they approached NEETs: “We said, wait a minute, we are literally spending thousands on each child and we aren’t getting the outcomes. a minute, we are literally spending thousands on each child, and we weren’t getting the outcomes.”

They brought together a group of people from across the Council to target and focus their work. In 2011 a team was appointed, consisting of one coordinator and six Prevent youth workers. They worked with young people to address all their needs, not focusing only on their learning. They worked with partners across the council and with young people to inform the strategy’s priorities.

In 2010 the number of NEETs in Blaenau Gwent was 74, in 2020 it was 9. The strategy has led to a more effective, longer lasting positive outcome for young people (129). The authority continues to use this joined-up approach.

The place-based datapacks include the following charts:

- Pupils achieving 5 GCSEs A\* - C including English or Welsh, and Mathematics
- Pupils in year 11 who achieved the Level 1 threshold (a volume of qualifications equivalent to 5 GCSEs at grade A\*-G) by FSM status
- Absent school sessions in maintained schools
- Total spending on youth service
- Further education numbers by age and attendance type
- Learners in apprenticeships (all levels)
- Learners in foundation apprenticeships (Level 2)
- Learners in Apprenticeships (Level 3)
- Persons aged 16 and over with no qualification
- Number of children cautioned or sentenced
- Under 18s conception rate per 1,000, time trend



**RECOMMENDATION: ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.**

Related Marmot indicator	Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above
2023-2024	2024-2029
<b>Accountable lead:</b> Directors of Education	
<ul style="list-style-type: none"> <li>Reduce the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.</li> <li>Work with young people, business and the Third Sector to identify information needed to better access relevant further education opportunities (courses and apprenticeships and work-based learning) in Gwent with a focus on areas with higher levels of deprivation, generational poverty, and those most at risk of exclusion, levels 2 and 3.</li> <li>Focus the pupil development grant to improve attainment of pupils eligible for free school meals to reduce the gap in attainment.</li> </ul>	<ul style="list-style-type: none"> <li>Eliminate the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.</li> <li>Evaluate and improve use of pupil development grant to reduce inequalities in attainment.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>Assess inequalities in affordable travel to school, improve data collection.</li> <li>Work with communities in areas of higher deprivation to understand education and training needs for adults in each local authority.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce inequalities in travel to school.</li> <li>Education and training for adults in each local authority targeted at populations to reduce socioeconomic inequalities. Improve communication of offer.</li> </ul>
<b>Accountable lead:</b> Healthy schools coordinators	
<ul style="list-style-type: none"> <li>Healthy Schools scheme in primary and secondary schools shifts to proportionate offer to schools that have higher number of students eligible for free school meals and where there are pockets of deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Schools scheme in primary and secondary schools monitoring and improving proportionate offer to schools.</li> </ul>
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>In partnership with young people, businesses and the Third Sector assess provision of career guidance and aspiration approaches in primary and secondary schools.</li> <li>Work with young people to better communicate available youth services and future youth services.</li> <li>Assess Shared Prosperity Funding and spend on NEETs and better coordinate the approach and offer in the region.</li> <li>Work with communities in areas of higher deprivation to increase volunteering opportunities and skills building for adults in each local authority.</li> </ul>	<ul style="list-style-type: none"> <li>Review revised provision of career guidance and aspiration approaches in primary and secondary schools to ensure aspiration for all.</li> </ul>

2023-2024	2024-2029
<b>Accountable lead:</b> Regional Children and Families Transformation lead	
<ul style="list-style-type: none"> <li>Reduce duplication and provide consistent offer of mental health support in schools. Proportionate offer of support according to number of students eligible for free school meals and where there are pockets of deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>Define how to monitor inequalities impacted by mental health support in schools.</li> <li>Work with students, school staff and parents to improve mental health support offer in schools and ensure tackling inequalities.</li> </ul>
<b>Accountable lead:</b> Educational Achievement Service	
<ul style="list-style-type: none"> <li>Assess and reduce inequalities in school absences.</li> <li>Schools and EAS share best practice and leadership in addressing inequalities in education attainment.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor inequalities in school absences and continue to work in partnership with families.</li> </ul>
<b>Accountable lead:</b> Coleg Gwent and Coleg y Cymoedd	
<ul style="list-style-type: none"> <li>Increase the level 2 and level 3 apprenticeship opportunities in Gwent.</li> <li>Map apprenticeship providers in Gwent.</li> <li>Work with apprentices and employers to assess pastoral care offer for apprentices in Gwent.</li> <li>Work with local, regional and national employers in Gwent to identify adult education upskilling needed.</li> </ul>	<ul style="list-style-type: none"> <li>Increase apprenticeship providers in Gwent, with a focus on small and medium enterprises and public service.</li> <li>Provide improved pastoral care to apprentices in Gwent.</li> <li>Provide adult education needed for future jobs market.</li> </ul>
<b>Accountable lead:</b> Cardiff Capital Region	
<ul style="list-style-type: none"> <li>Work with employers and education providers to ensure that further education provision and skills investment is aligned to the Cardiff Capital Region economic strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Work with employers, schools and families to build aspirations and skills in primary and secondary schools.</li> </ul>

#### AREAS FOR NATIONAL ACTIONS:

- Make data available at local authority level disaggregated by eFSM.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Cease use of fixed penalty notices for school absences.
- Increase apprentice minimum wage to match real living wage.

## 3C. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

### KEY MESSAGES

- Unemployment and poor-quality work harm health and contribute to health inequalities.
- There is a great deal that employers in the public and private sectors can do to improve the quality of work, improve health and reduce health inequalities, with benefits to them as well as their employees, including improving health, increasing sense of purpose, improving recruitment and retention, reducing sick pay and impacting on productivity.
- The percent of people unemployed has fallen, while at the same time there have been significant decreases across Gwent in people who are economically inactive and want a job.
- The percent of people with disabilities increases with age, however in Blaenau Gwent the increase is minimal, with high rates of disability in those aged under 18 and between 18-64.
- Poor bus transport is severely impacting employment in many areas in Gwent, particularly the paucity of links to Cardiff from Blaenau Gwent and from parts of Caerphilly and Torfaen.
- Local employability programmes report successes when given freedom to adopt local approaches.
- The percent earning below the Welsh Living Wage is highest in Blaenau Gwent.

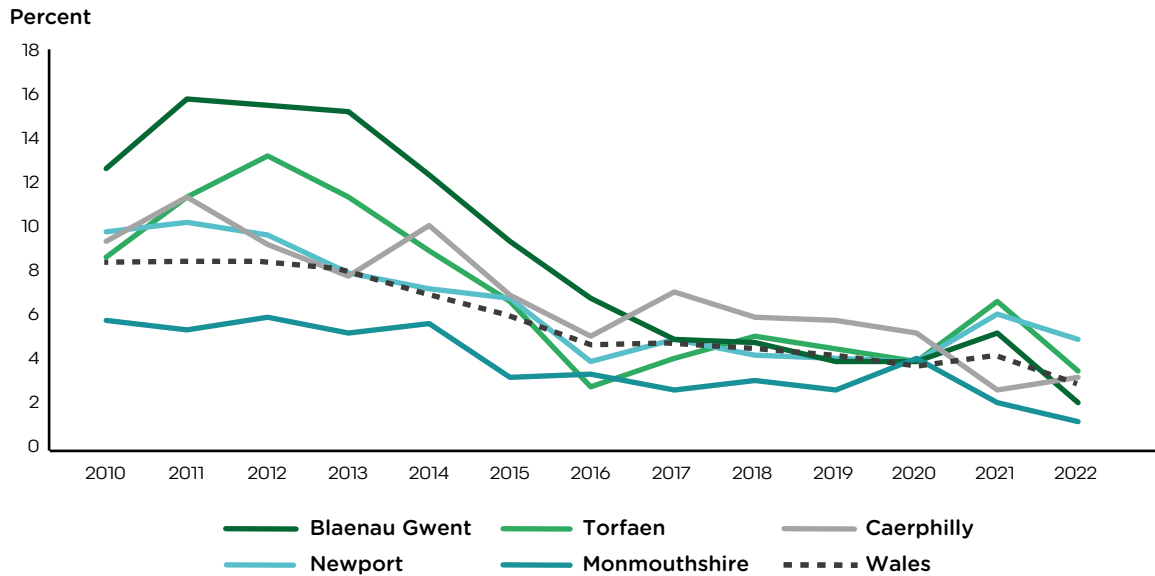
**Being unemployed can have long-lasting negative effects on health and wellbeing. It increases mortality and is a significant driver of inequalities in physical and mental health (3) (4). Long-term unemployment is even more damaging to health. While unemployment is particularly damaging for health, poor quality and stressful work also undermines health.**

The 2010 *Marmot Review* and the *Ten Years On* report in 2020 outlined the protective health impacts of being in a good quality job and feeling valued. The reports describe how good quality work is beneficial to the health of employees and is also beneficial to employers as it increases productivity and retention and reduces the amount of sick pay required (3) (4).

## UNEMPLOYMENT AND ECONOMIC INACTIVITY

In 2022 the employment rate in Wales fell by 1.4% and rates of economic inactivity increased (48). Figure 3.12 shows that rates of unemployment fell from peaks a decade ago. Unemployment rates fluctuated during the pandemic and fell in the last year.

**Figure 3.12. Percent unemployed at ages 16 to 64, Gwent local authorities and Wales, 2010–2021**



Source: Annual Population Survey – Labour Force Survey (130)

Whilst unemployment rates have fallen, the number of people who are economically inactive and looking for work reveals a different story in each local authority. In Blaenau Gwent there has been a 58% drop in people who are economically inactive looking for work between 2010 and 2022, Table 3.3.

**Table 3.3. Percent of economically inactive adults who want a job, Gwent local authorities and Wales, 2010 and 2022.**

	2010	2022	Percent difference
Blaenau Gwent	24.8	11.3	-57.9%
Caerphilly	29.2	20.4	-30.1%
Monmouthshire	24.9	13.9	-44.1%
Newport	29.1	24.2	-16.8%
Torfaen	24.8	11.3	-54.4%
Wales	25	16.9	-32.4%

Source: Annual Population Survey – Labour Force Survey (130)

Reducing economic inactivity requires a range of interventions, based on an individual's work history and length of time away from work. Torfaen Borough Council has sought to increase employment through its Building Resilient Communities programme, outlined in Box 10.

## Box 10. Holistic employment support and community resilience

Torfaen's Building Resilient Communities programme has been operating since 2018 and has recently moved to sit under the Welsh Government Communities for Work Plus programme. It provides holistic, wraparound support to reduce social isolation, improve physical and mental health, and support individual barriers towards gaining volunteering placements and employment. In partnership with the person it is supporting, the team develop a support/action plan with clearly identified goals. For example, to reduce social isolation a plan and goal might include: cleaning and maintaining a home, getting people out of their homes, talking about their fears and concerns and how to start to become physically active and joining local groups. This support provides confidence building and encourages motivation towards reaching individual goals. It also offers parenting support and help with liaising with health and education professionals.

The teams offer of a range of support, encouragement and motivation, and helping their clients to overcome their fears and achieve their goals, highlighting the importance of the team in promoting social inclusion and wellbeing. One client reflected on the help they had received and the difference it had made to their life: "Knowing I have someone who supports me, believes in me, is non-judgmental and above all, is a genuine, kind, uplifting, honest person has transformed me as a person immensely in a short space of time. I can't say in one word what you do to support me because it is far more complex and far more in depth than a title can give credit for - but 'rebuilding' and 'future' are two words that describe what you do - you are rebuilding me and providing me with a future, for this I am grateful."

The Building Resilient Communities, Communities for Work Plus team includes:

- Three resilience officers specialising in families, adults and physical health and wellbeing.
- Two counsellors providing short-term cognitive behavioural therapy approach counselling to those with low level mental health needs.
- Ten employment mentors specialising in reducing barriers into employment. This is made up of specialist one-to-one mentoring for youth and adults, group work such as work clubs, male and female only groups and provision designed around need and the local economy.
- An employer liaison officer who links with local employers, sourcing employment opportunities for project participants including work experience and access to interviews.
- A participation and engagement officer who networks with local stakeholders and partners to source opportunities for collaborative working approaches to ensure holistic support network for those on caseloads.
- A dedicated financial inclusion team that supports to prevent financial crisis through access to grants, income and expenditure reviews and links to benefit advice through Citizen's Advice.

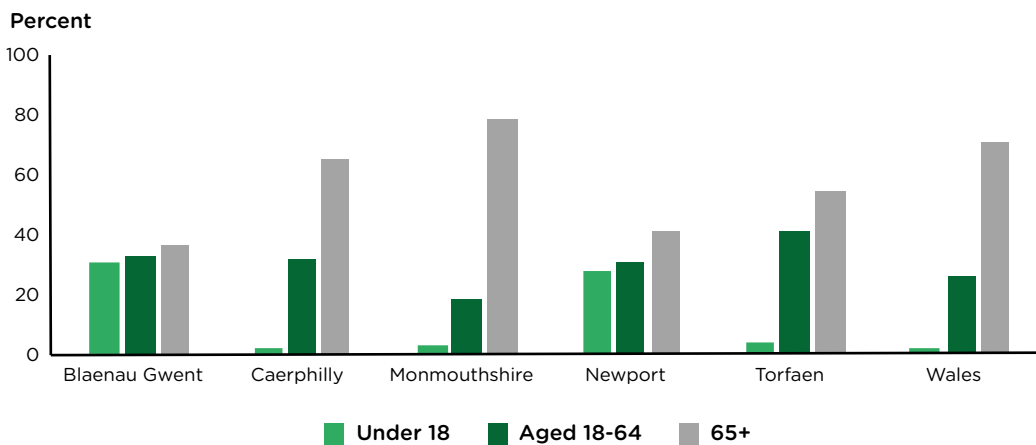


As Figure 3.12 and Table 3.3 show, the increase in economic inactivity is not due to rising unemployment. In the UK, rising trends in economic inactivity in some areas post-COVID is driven by older workers choosing to retire earlier and not by worse health, as seen in Monmouthshire. The proportion of workers in their fifties and sixties who have become economically inactive due to 'long-term sickness or disability' stayed relatively constant before and after the pandemic (131).

The proportion of the population with a health condition that limits their daily activity has been rising since 2017

and rose sharply from 2019 (before COVID) as have the numbers receiving disability benefits (132). The number of people in the workforce has since returned to its pre-pandemic trend in other similar countries, but in the UK increasing rates of economic inactivity continue to worsen (133). Younger populations, aged 25 to 34 with low levels of education, are more likely to be on incapacity benefits than older (55 to 64 years) higher education individuals (134). Figure 3.13 shows that Blaenau Gwent and Newport have high numbers of people with disabilities in the under 18 and aged 18 to 64 years age groups.

**Figure 3.13. Percent of people with disabilities by age group, Gwent local authorities and Wales, 2020/21**

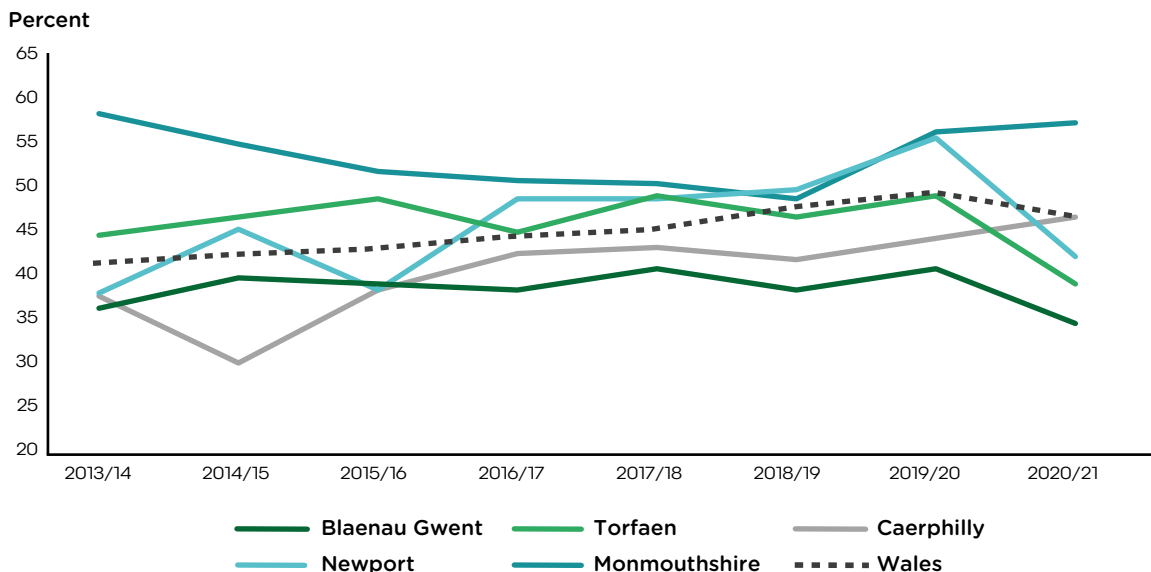


Source: StatsWales (135)

The percent of people with disabilities who are employed has fluctuated in last eight years. Figure 3.14 shows that this rate has improved in Caerphilly and Monmouthshire since 2018/19. They were unsure why this improvement

had taken place, though both local authorities stated they had increased their employment support capacity, it is encouraged that local authorities share experiences of the support they offer.

**Figure 3.14. Percent of people with a disability in employment, Gwent local authorities, 2013/14-2020/21**



Source: Office for National Statistics. Annual Population Survey (136)



Education improves the likelihood of people with disabilities being in employment. In the UK 74% of people with disabilities with a degree or equivalent were in work, compared to 58% with A levels and 45% with GCSE A\*-C. Only 19% of people with no qualifications with disabilities worked, compared to 58% of people with no qualifications and no disabilities (137).

The availability of jobs affects employment. The most recently published statistics in 2020 showed the number of jobs available in Newport was slightly higher than the Welsh average, in Monmouth and Torfaen it was close to the Welsh average. But the number of jobs per resident was low in Blaenau Gwent and Caerphilly, meaning people there are more likely to travel for work. Interviews with the Department for Work and Pensions (DWP) and local authority employability found transport, health and childcare were (anecdotally) the main barriers to people moving into employment in Gwent.

*“Valleys communities are cut off and it has got worse since the pandemic. The railway links to the capital in Blaenau Gwent are terrible, from Tredegar to Cardiff and there’s no way public transport-wise you can get to work. Buses stop at 6/7 pm and it takes two bus changes and a two-hour journey. Buses to Cardiff used to run half-hourly from 6.30am to 11pm, the X4 across the Heads of the Valleys but it was*

*cut to hourly and now it has been cut totally and people have to get a bus to Merthyr Tydfil first, then travel down to Cardiff. Locally, from Abertillery to Rassau Industrial Estate near Ebbw Vale, a journey of 9-10 miles, you can book a flexibus but the coverage is just not good enough. We’ve talked to Transport for Wales, Stagecoach, AMs, MPs, to explain how Valleys communities aren’t connected. It’s not fair, it’s a massive barrier to work. When we offer work the first thing they ask is ‘how am I going to get there’. It makes me angry, we’re isolated and it’s not fair. You’ve got to drive. It’s a massive disadvantage for communities in Blaenau Gwent, we’re like a forgotten area here. It has a massive impact on health.”*

The Wales Centre for Public Policy held workshops to understand the impact of the cost-of-living crisis and reported barriers to returning to work. Low-pay, high childcare and travel costs and increases in council tax meant people currently on benefits were disincentivised to seek work or increase their hours (138). Changes to Universal Credit announced in the autumn of 2022 are likely to put further pressure on these individuals. People receiving Universal Credit will be required to work 18 hours, three hours more than currently required. Sanctions will increase if people do not take ‘appropriate’ work.

For people who have not worked for many years, volunteering in the short-term is a way of getting them prepared for work. In July 2022 the Department for Work and Pensions introduced the Restart Scheme across the

UK to tackle unemployment in people over the age of 50 who are on benefits. The 50PLUS Champion in South East Wales covers the five local authorities in Gwent and her work is described in Box 11.

### Box 11. Skills and support into work: volunteering and the DWP

A literature review for the Royal Voluntary Service in 2020 highlighted the soft employment skills gained whilst volunteering: increased confidence, resilience and emotional intelligence, better communications and networking skills, experience in workplace settings, building references, access to training and increasing aspirations. The review also identified the difficulty for people living in areas of high deprivation, who would benefit most from volunteering opportunities yet have fewer opportunities to do so as there are fewer organisations based in these areas (139).

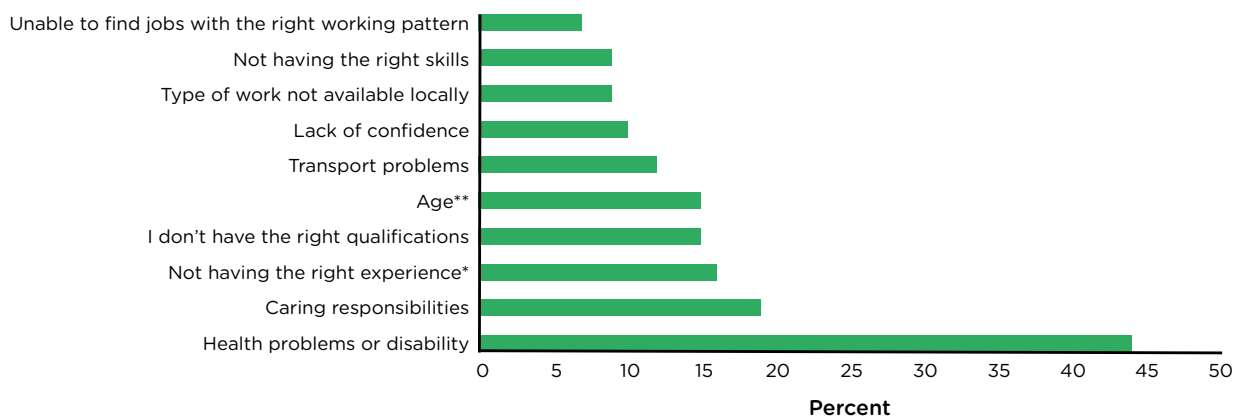
The DWP worked with the Centre for Ageing Better to develop actions to work with people aged over 50, providing one-to-one support at jobcentres to help them get into and progress in work, as well as discuss options for retirement, including how to increase earnings ahead of retirement. The majority of people in South East Wales aged over 50 on Universal Credit are not working due to health conditions – many of whose health worsened during the pandemic. Every new claim for Universal credit since May 2022 for people over age 50 has received additional one-to-one support from a work coach, confidence building and access to bespoke support, such as workshops (all of this is voluntary and non-mandated). They offer a mid-life MOT, in group sessions, where participants can discuss employment needs and wider issues, such as preparing for retirement. They also work with employers, local authority wellbeing teams, mental health charities and the exercise referral teams.

No official statistics are available yet but the DWP reports talking to people who've not been contacted by the DWP for years and who are engaging with multiple services for the first time in many years (for example, with the Third Sector). They believe it is different from previous DWP programmes as it's a shift in how they work, not a short-term project with a time-limited amount of funding. They state the DWP wants to change the mindset of DWP work-coach teams.

The National Survey of Wales assessed reasons why it was difficult to get work. Whilst anecdotal evidence collected for this report focuses on people who are economically inactive looking for work, the national survey is not disaggregated by economic activity. In South East Wales, health problems and disability were the most common reason. For 19% of respondents, caring responsibilities

were the reason they did not work, Figure 3.15. Again, this signals that national statistics, such as the National Survey, would be advised to provide disaggregated data, by income and level of deprivation to better enable local systems (primarily councils and the Third Sector) to better target local services.

Figure 3.15. Percent of people with a disability<sup>^</sup> by reasons they find it difficult to get work, South East Wales, 2019/20



Notes: \* majority in age group 16-24 years, \*\* majority in age group 65+ years, ^ has a limiting long-standing illness, disability or infirmity (results unclear if denominator is all people with disability or only unemployed people with disability)

Source: National Survey for Wales (20)

Employability programmes have been central to European Social Funding projects in South East Wales and a number of Welsh Government policies (for example, Communities for Work). Programmes aim to be “community-based models” and a “whole systems approach” (140). Many of the European Social Funding programmes focused on employability and have shifted to the Shared Prosperity Fund. Interviewees working in employability spoke of the

possibilities to better address local employment factors, as European Social Funding had strict parameters, with stringent outputs, outcomes and targets.

The Communities for Work and Communities for Work Plus programmes suggest good practice includes colocation of different teams and employment programmes, such as what is happening in Caerphilly, Box 12 (141).

## Box 12. Responding to local wider determinants when finding employment in Caerphilly

The Caerphilly Cares system is a central support system, providing residents with a one-stop-shop style of support in looking for work. A single employability mentor is allocated who carries out a needs-based assessment, going into detail about not only what they want but their skills, desired career path, barriers preventing them from accessing work e.g. childcare, transport, mental health, physical health). The mentors access support to address these barriers alongside employability support.

The team sees its role as “changing the mindset of people that wouldn’t have been thinking about work”.

The team uses Shared Prosperity Funding to support people who are in work, or who are not working full-time but who want to. In interviews, the DWP stated the Caerphilly Cares approach is novel as its offer is wide and helps anyone who needs help. This helps the DWP as work coaches can refer people to Caerphilly Cares, which takes the burden from their workers who have limited time that they can offer.

Currently the Community Cares team follows people until they get a job but has noted that it might have a role in providing sustainable employment. The team is looking at providing longer-term support, contacting employees at three and six months to gauge where people are. It has noted this support could help young people to stay in jobs longer as a cohort that comes through its systems cyclically.

The barriers identified in Caerphilly include poor public transport systems to Cardiff; low motivation for people who have been out of work for long periods. The team look at what people can do, not what they can’t do and described the support offered. The DWP confirmed these problems, stating a number of rural Valleys communities are cut off from public transport and that public transport links have worsened since the pandemic. Whereas it could previously advise people in Tredegar, Blaenau Gwent, to travel to jobs in Cardiff, this was no longer possible due to cuts to buses, and the DWP states the ‘fflecsi bus’ a flexible bus service in Blaenau Gwent that began in June 2021, does not provide enough coverage for people to adequately travel to work. The DWP met with Transport for Wales, Stage Coach (the main private provider) and AMs but had no success in convincing them to provide better support for buses in areas of high deprivation.

*“For us it’s not about just saying ‘Right, let’s start job searching, have a look on Google and update your CV. It’s just not that simple. They’ve got childcare issues, transport issues, they panic, there’s no confidence there, there’s no self-esteem. A lot of the work that our mentors would do is a lot of one-to-one support to get them ready.”*

The biggest struggle is accessing mental health support, even with mental health practitioners in GP surgeries.

The team stated what would help improve employment rates is more flexible and accommodating jobs. The team worked with a local firm to develop a production line that runs between 8am and 4pm rather than 6 am to 2pm. The firm recruited over 50 people to fill the production line and staff have stayed in these jobs. Previously staff stated they couldn’t get to the earlier shift because of transport issues.

An employability team was placed in the Job Centre in Bargoed. The employability team can immediately refer to Job Centre staff and better support people in identifying the type of jobs they want and address their barriers, including anxieties, lack of confidence and isolation. The employability team and DWP staff have good relationships and both recognise the value of sharing space in job centres. As a result of staff sitting in the same building, any issues DWP staff do not know how to deal with can be immediately referred to the employability team.



## QUALITY OF WORK

Fair work underpins the Welsh Government’s vision for a wellbeing economy (140) (142). The Fair Work Commission pushed the Welsh Government to go further and the Government has committed to implementing its 48 recommendations. The Commission defined fair work as where “workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected”. The characteristics of fair work include fair reward; employee voice and collective representation; security and flexibility; opportunity for access, growth and progression; safe, healthy and inclusive working environment, legal rights respected and given substantive effect (143). Public Health Wales’ Fair Work guide, aimed at local authorities, explores each of the characteristics in the Fair Work Commission’s report and puts them in a Welsh context (144).

There are suggestions that a different workplace could be emerging. In Wales, more than half, 57%, of employee jobs were covered by collective bargaining arrangements in 2021. This rate is increasing and is higher than in the other UK nations, reflecting the relatively higher share of employees who work in the public sector and in manufacturing in Wales (145).

However, there have been profound global shifts in many aspects of the labour market and employment practices since the economic crisis in 2008/09. Many of the jobs created since then have been low paid and unskilled, leading to higher rates of in-work poverty. Self-employment and short-term or zero-hours contract jobs have also increased. Insecure employment is harmful to health – the increased security and benefits offered with full-time employment and not to those on short-term or zero-hour contracts undermines their mental and physical health (146).

In 2020 Public Health Wales surveyed a representative sample of workers and found 26% of respondents stated they were in moderate or higher levels of precarity in work. It did not find statistically significant differences in precarity across deprivation quintiles but the highest prevalence of precarity was found in the most deprived quintile, Table 3.4.

**Table 3.4. Prevalence of precarious employment by deprivation, Wales, 2020**

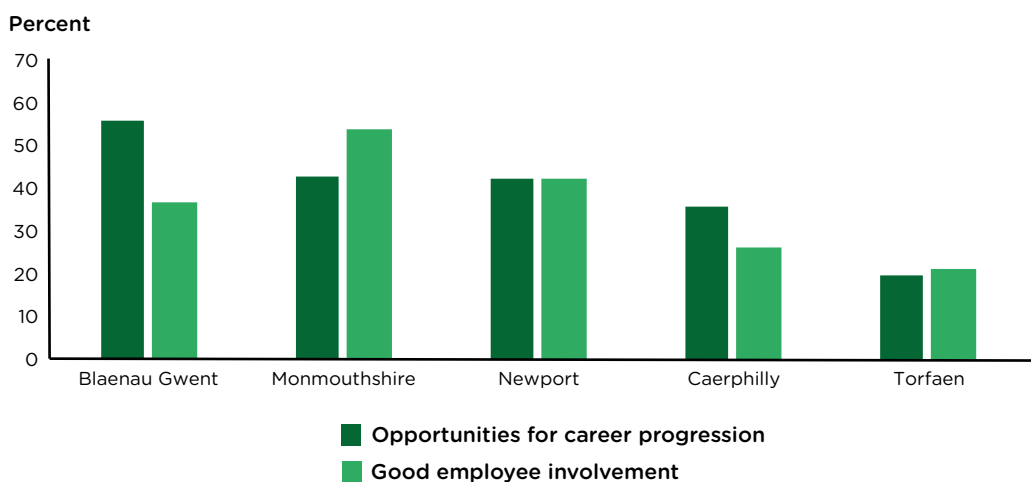
Deprivation quintile	Moderate/high/very high precarity
WIMD 1 (Most deprived)	32%
WIMD 2	27%
WIMD 3	22%
WIMD 4	27%
WIMD 5 (Least deprived)	23%

Source: Gray et al. (147)

There is mixed evidence of whether levels of precarious work are changing in Gwent. Between 2010 and 2021 the number of employees on non-permanent contracts decreased in Blaenau Gwent, Newport and Monmouthshire. In Caerphilly and Torfaen the rates fluctuated and are higher in 2021 compared to 2010 (148).

The ONS’ Annual Population Survey measures job quality and Figure 3.16 shows an odd mixture of findings in Gwent. In 2021 there were higher levels of feelings of opportunities for career progression and employee involvement in Blaenau Gwent compared to Caerphilly. Torfaen had the worst outcomes in both measures.

**Figure 3.16. Percent of employees reporting job quality indicators, Gwent local authorities, 2021**



Source: Annual Population Survey (149)

The voluntary and community sector is an important employer of people with disabilities. In the UK, people with disabilities account for 22% of civil society jobs, 6% points higher than in the rest of the economy (150).



## WOMEN AND WORK

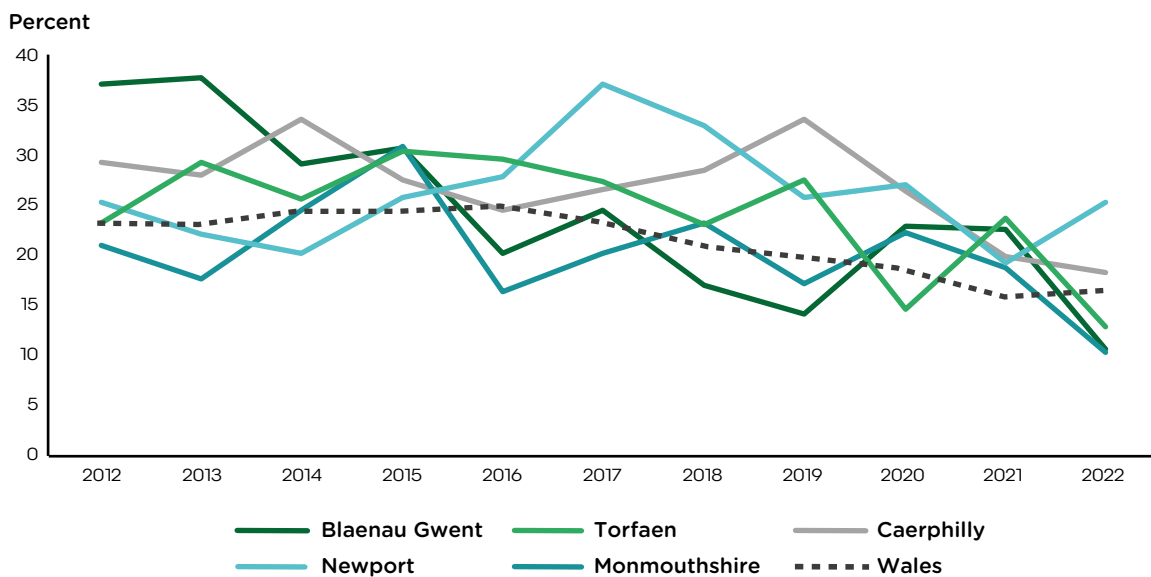
The generous childcare offer in Wales outlined in Section 3A has not led to an increase in women working. A Welsh Government evaluation of the childcare offer for three- and four-year-olds found it did not result in more mothers entering or remaining in work. Childcare needed to be improved in the first two years as “by the age of three, those decisions have already been made” (152). The expansion of Flying Start will mean parents are eligible for 12.5 hours free childcare. Whilst this is welcome, it may not be enough to encourage women into employment. Expensive childcare continues to affect women’s ability to work and increase their working hours. As such, flexible working is crucial for many women caring for young children and other family members. This can result in women congregating in sectors which offer flexible jobs. The majority of workers, 67%, in the Third Sector are women, Pro Bono Economics suggests it is because the Third Sector offers flexibility not found in other sectors (150). Whilst this flexibility is attractive to women it can lock them into lower paid jobs, as staff in the charity sector in 2022 were paid, on average, 7% less per hour than other sectors (153).

The Resolution Foundation’s analysis of women at work found that whilst all workers have stated work has become more intense and stressful, between 1992 and 2017 levels of tension at work have increased the most for women in lower-paid jobs (151).

Analysis from the Resolution Foundation shows that the labour force participation rate among women aged 25-54 from the lowest household income quintile is 50%, significantly lower than the participation rate among women from the highest household income quintile, 94% (151).

The number of economically inactive women looking for work in Wales has declined in the last decade. In Gwent figures have fluctuated since 2012, remaining at the same level in Gwent but declining by 71% in Blaenau Gwent, 50% in Monmouthshire, 45% in Torfaen and 38% in Caerphilly, Figure 3.17.

**Figure 3.17. Percent of economically inactive females who want a job, Gwent local authorities and Wales, 2012-2022**



Source: Labour Force Survey (148)

## REAL LIVING WAGE

The Welsh real living wage is based on the UK real living wage. In 2023 it stands at £10.90 per hour. In 2021, the Cardiff Capital Region estimated that if a quarter of low-paid workers in the region moved up to the Welsh real living wage, in a single year the regional economy could grow by £24 million (154).

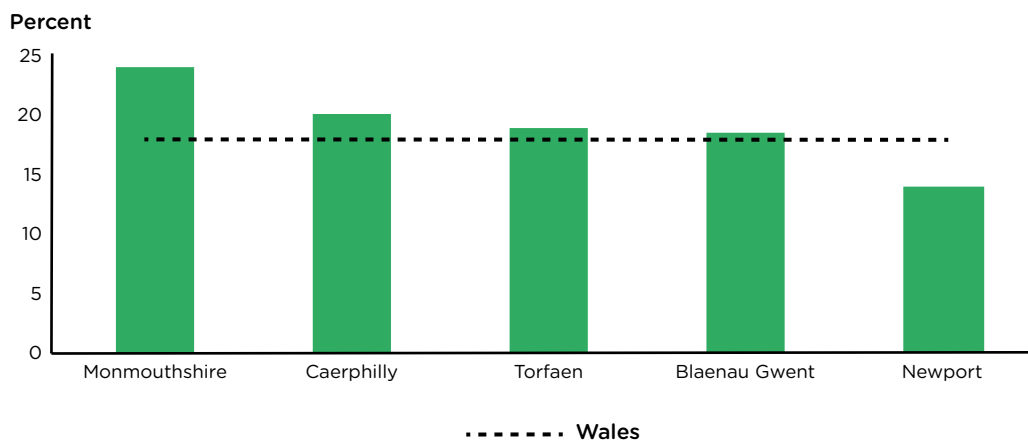
Paying a fair wage is one of the key characteristics in the Fair Work Commission and the Welsh Government “encourages all employers that can afford to do so to

ensure their employees receive an hourly rate of pay that reflects the costs of living, not just the statutory minimum.” (155). However, the issue of fair pay highlights the difficulties of devolution in Wales. A number of UK Government policies contradict the approaches the Welsh Government wishes to adopt. In 2022 the Welsh Government guaranteed the real living wage for all social care workers, including all workers in care homes, domiciliary care workers and personal assistants funded through a local authority direct payment (48).

The UK national living wage, set by the UK government, remains below the Welsh/UK real living wage, as such, the impact of the Welsh Governments more progressive and fair policies are limited by their ability to influence the pay of a small fraction of jobs in Wales.

In Wales in 2021, 82% of employees earned at least the real living wage but significant proportions do not, Figure 3.18. Monmouthshire, Caerphilly, Torfaen and Blaenau Gwent all have a higher percentage of employees earning below the living wage compared to the national average.

**Figure 3.18. Percent of employees earning below the real living wage\*, Gwent local authorities and Wales, 2021**



**Notes:** \*As defined by the Living Wage Foundation, set at £9.50 in 2021 (156)

**Source:** Office for National Statistics (157)

In Gwent neither the Health Board nor the five local authorities are accredited real living wage employers, though many will pay the real living wage to their employees due to Welsh Government policies on pay for social care.

There are also difficulties in paying the Welsh living wage to employers procured by the Welsh Government. The housing association sector is dealing with real-term cuts due to high inflation levels and as a result, all housing support workers are likely to see a pay-freeze in 2023/4 – a real-terms pay cut due to the high levels of inflation. Housing associations state: “Staff working in these projects have not had a meaningful pay rise in the last decade,” and that low wages have caused “a recruitment and retention crisis”. They also say the majority, 79%, of frontline housing support workers were cutting back on heating to save money and 44% were struggling to pay rent and bills (158).

The place-based datapacks include the following charts:

- Unemployment rate (aged 16 and over)
- Claimant count as a proportion of residents
- Jobs per resident
- Economically inactive long-term sick
- Adults (16+) with certain conditions who are economically inactive
- Economically inactive who want a job by sex, age 16-64
- Economically inactive who are long-term sick by sex, age 16-64
- Type of employment
- Change in type of employment indexed to 2010
- Those in employment who work mainly from home

## RECOMMENDATION: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Related Marmot indicator	Percent of all employees earning below the real living wage Percent unemployed (16-64 years) (females, males)
2023-2024	2024-2029
<b>Accountable lead:</b> Local authority	
<ul style="list-style-type: none"> <li>Support work of employability staff, focus on reducing generational unemployment. Work with employers to secure more flexible working.</li> <li>Assess possibility of frontline employability staff sitting in DWP offices in each local authority.</li> <li>Measures of success for employability services to include entry into work and quality of work.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline employability staff sit in DWP offices in each local authority.</li> <li>Continue working with employers to secure flexible working.</li> </ul>
<b>Accountable lead:</b> Public services	
<ul style="list-style-type: none"> <li>Public services (NHS, local authorities) use Job Centre Plus to recruit entry level staff.</li> </ul>	<ul style="list-style-type: none"> <li>Public services (NHS, local authorities) increase use of Job Centre Plus to recruit staff.</li> </ul>
<b>Accountable lead:</b> Gwent Association of Voluntary Organisations, Torfaen Voluntary Association	
<ul style="list-style-type: none"> <li>Work with anchors, local employers and businesses to identify the number of opportunities to use volunteering as pathway to employment.</li> </ul>	<ul style="list-style-type: none"> <li>Double the number of opportunities using volunteering as pathway to employment.</li> </ul>
<b>Accountable lead:</b> Cardiff Capital Region	
<ul style="list-style-type: none"> <li>All Cardiff Capital Region-funded capital projects to support a minimum number of apprenticeships, with a fair proportion in Gwent, dependent on the size and scale of the project. Focus working with potential apprentices living in areas of higher deprivation.</li> <li>Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor Cardiff Capital Region-funded capital projects and number of apprenticeships in Gwent, with focus on working with potential apprentices living in areas of higher deprivation.</li> <li>Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.</li> </ul>

**National advocacy:** Implement recommendations of Fair Work Commission.

# 3D. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

## KEY MESSAGES

- Poverty damages health in many ways, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health.
- Children who grow up living in poverty have worse levels of mental, social, physical and behavioural development, as well as worse educational outcomes, employment prospects and earning power into adulthood.
- In Gwent, 34% of children are living in poverty after housing costs. There are opportunities to improve the support offered to children and their families by providing longer-term funding for local interventions and through meeting training needs of key staff, for training in poverty-proofing.
- Most people living in poverty live in a household where at least one member is in work.
- The benefits system is complex and a high proportion of people are not taking advantage of the benefits they are entitled to. There are opportunities in Gwent to increase incomes by increasing the take-up of many welfare benefits.
- The cost of living is increasing rapidly, pushing many more people into poverty and ill-health. Food insecurity, in the form of skipping meals and reducing fruit and vegetable consumption, is increasing.
- Cold, damp homes damage health and increase mortality. In 2022/23 fuel poverty will increase significantly as fuel costs continue to increase, damaging the health of many more people. As well as the health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food.
- Levels of fuel poverty are increasing, however recent data is only available at Wales level and not at local authority level.
- Levels of debt are increasing, even before increases in energy prices and higher inflation rates.

**The IHE's 2010 and 2020 reports showed living in poverty does not only affect incomes: living in poverty affects the sense of control over one's life which is critical to health and wellbeing and the ability to lead a dignified life (3) (4). Living on an insufficient income is associated with poor long-term physical and mental health and increased mortality at all ages and lower than average life expectancy. Poverty affects the social determinants of health: it lowers access to quality housing and reduces the ability to heat one's home and to have a healthy diet, reduces access to employment and harms educational attainment. It also increases levels of debt, which are harmful to health.**

For the last century Wales has had, and continues to have, the highest levels of poverty in the UK. Overall poverty rates have remained relatively stable in Wales for more than 15 years and approximately one in four people in Wales lives in poverty (159). People living with disabilities, women and people from black and minority ethnic backgrounds are more likely to be living in poverty (160).

The Bevan Foundation Snapshot of Poverty surveys provide up-to-date evidence of the impact of living in poverty in Wales. In the winter of 2023, it reports 14% of respondents stated they either sometimes, often or always do not have enough for all the basics and 33% only have income for the basics and not much else (161). The Bevan Foundation survey also outlines the way poverty is impacting on physical and mental



health. 48% of people in Wales state their mental health is negatively affected by their financial position and 30% state their physical health is negatively affected. The survey assessed the reasons why finances were impacting on health.

- 48% of people who stated their physical health has been negatively affected, and 47% of people with worse mental health reported that a lack of ability to participate in hobbies and exercise was why their health had deteriorated.
- 28% of people who stated their physical health has been negatively affected, and 30% with worse mental health, stated their inability to meet family and friends had a negative impact on their health (161).

In 2020/21 levels of poverty in the UK fell due to the financial support offered during the pandemic, including the £20 weekly increase in Universal Credit payments. The boost was stopped in October 2021 and welfare sanctions returned. These factors, in combination with high inflation, will lead to increased poverty rates for the next few years.

*“We might not be able to lift people out of poverty but we can reduce vulnerabilities and increase resilience.”*

In Wales, the key policy levers to influence poverty, welfare benefits and fiscal and monetary policy powers have not been devolved and are still controlled by Westminster. Despite this, the Welsh Government has sought to address poverty within its legislative powers. It has provided a number of additional funds to prevent further increases in poverty, including additional funding to meet housing pressures and continued funding for the Discretionary Assistance Fund, free school meals in the school holidays and the Welsh Fuel Support Scheme. The Welsh Government introduced the Discretionary Assistance Fund in 2022 and has continued to fund it into 2023.

One-off payments to support staff and households are welcome, but the dependence on hardship grants and emergency assistance fails to tackle the ‘causes of the causes’ of poverty and ill-health.





As part of its approach to tackling the causes of poverty, in September 2020 the Welsh Government agreed to trial a Universal Basic Income (UBI) in Wales, Box 13.

### Box 13. Basic income in Wales

The Welsh Government commissioned the report *A Future Fit for Wales* to inform its work on universal basic incomes. The report outlined findings from previous UBI trials around the world, the Welsh context, possible funding models for a Welsh BI and two possible levels of UBI in Wales; an introductory model and a vision to eradicate poverty (163). Based on this review of existing UBI trials, the report recommended the Welsh trial include 5,000 recipients in a 'saturation study' which would allow for analysis on the impact of a community, which has not yet been explored in great depth in previous trials. However, the Welsh UBI pilot targets approximately 500 care leavers across the country, which means it is more of a trial of Basic Income (BI) rather than UBI.

As such, the intended aim of the study has shifted away from a true trial of UBI into a study on the effects of income and support on young care leavers, a vulnerable group with poor educational achievement, work prospects, and health outcomes (162). In addition, the rates are set at nearly double the recommended level making the Welsh pilot one of the most generous trials of UBI anywhere in the world (164).

The pilot does conform to three key areas from *A Future Fit for Wales* report's recommendations, firstly that payments are made to the individual and not a head of household or carer. Secondly, payments would be paid alongside existing benefits, such as disability benefits, for those with additional needs, so that no individual is worse off. Finally, the payments have no behavioural conditions on them, recipients can spend their money on what they choose.

The Welsh BI is offered to all young people leaving care who turned 18 between the 1st of July 2022 and 30th June 2023 residing in Wales or supported by a Welsh local authority and who have been looked after by a local authority for at least 13 weeks ending after their 16th birthday. Young people receive monthly payments of £1,600 (pre-tax) per month for 24 months beginning the month after their 18th birthday with the aim of allowing them the ability to transition from care into adult life. As of January 2023 payments were being made to 294 individuals, a 92% uptake rate. The care leavers were given the option to have their payment paid directly to their landlords which 27% opted for this and 42% opted for fortnightly, rather than monthly, payments (165). All young people eligible have, or will be invited, to complete a 'better off calculation' with a qualified advisor to ensure that the trial is right for them. Additional financial planning support is also available from Citizens Advice Cymru.

The Welsh BI trial targets some of the most vulnerable young people in Welsh society with a generous offer, it is a unique opportunity to understand the challenges care leavers face upon entry into adulthood exploring the health and social impacts of increasing incomes, offering a basic income as well as the impact of offering a higher level of basic income. The Welsh Government is funding the trial for three years at a cost of £20 million and this includes a four-year evaluation (166).

The Welsh Audit Office's *A Time to Change* report outlines the level of poverty in Wales and the role of local authorities in addressing poverty (159). It acknowledges the drivers of poverty are not within the control of local authorities, but that they can play a better role in supporting residents. With the level of cuts to local authorities in the next three years it is perhaps unreasonable to expect local authorities to decrease poverty without further funding. The Audit Office also concludes that whilst much of councils' work is inherently about tackling poverty, local authorities can better coordinate their actions to deliver programmes (159). However, it also identifies a significant problem for local authorities, which is that too often national grant funding tightly defines local solutions. These strict instructions for spending grant funding issued by the Welsh Government does not allow for local authorities to

develop a more local response or bottom-up approach to addressing local problems. National grants are often one-off or short-term and have limited effects on long-term problems such as poverty. Local authorities should be given the capacity to develop longer-term programmes to address poverty. Poverty will not 'go away' in a year – it requires sustained actions over many years. The over-reliance on grant funding is holding Gwent back in terms of finding local approaches to reducing poverty. Our conversations with local authority and Third Sector staff concurred with the findings of the Audit Office that "the annual cycle of bidding does not support councils to tackle the more difficult and longer standing problems. This promotes spending on easy-to-deliver initiatives, rather than on activity which can make a greater impact" (159).

*“The problem we have now is we’ve got generational poverty and generational deprivation. What we should have done years ago and what we need to do now are two very different things. One of the things we need to do is work with those communities to identify what services they actually need.”*

The 2020 IHE report showed social mobility in England had stalled, partly as a result of stagnating low wages, increases in poverty, inequalities in wealth and inequalities in experiences in early years and education. The OECD stated in 2018 that social mobility in the UK was “so frozen that it would take five generations for a poorer family in the UK to reach the average income” (167). It showed that in countries such as Denmark, Finland, Norway and Sweden, people’s economic status was less strongly related to their parents. In Denmark, on average, it takes two generations for individuals born to a low-income family to reach the average national income, and in other Scandinavian countries it takes three generations - in contrast to five generations in the UK (167) .

The 2021 Social Mobility Commission highlighted the lack of progress in Wales to improve mobility. The number of children in persistent poverty has not changed and employment rates remained lower than in the rest of the UK. It also found good news, with the overall trend in access to professional jobs for those from low socioeconomic backgrounds improving since 2014 (68).

*“Whether it’s economic activity, whether it’s social, demographic issues... Blaenau Gwent is always at the bottom of the list, and there’s a reason for that. It’s generational. I’m part of that generation... There’s a cultural issue in the Valleys, about the value of things like education and the things that come with it.”*

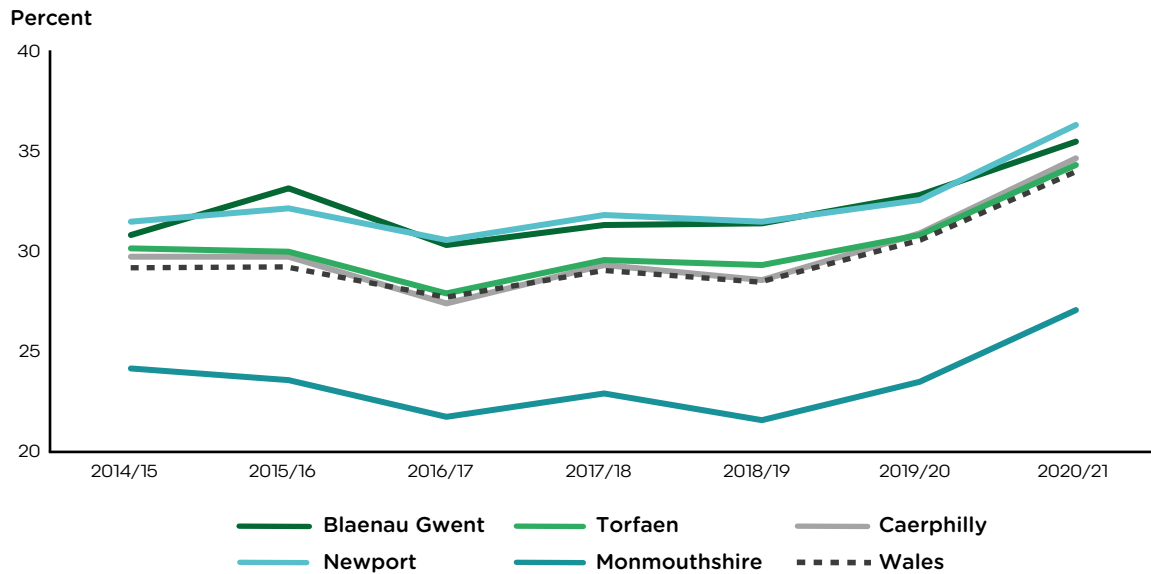
For places such as Blaenau Gwent, which has the highest levels of poverty in Wales, outcomes have not changed after decades of investment. In interviews, people working there said strategic changes were needed. One told the story of previous leaders in Blaenau Gwent wanting “to be worse off to get more funding” and in other parts of Gwent people had similar observations, “Money is thrown at these areas” and state that to shift generational poverty requires long-term work with communities and many working in these areas agreed “we never ask communities what they need, top-down solutions are never going to work.”

## CHILDREN LIVING IN POVERTY

There has been limited progress in reducing child poverty in Wales. Modest positive trends prior to 2015 were reversed before the pandemic due to UK government tax and welfare reforms (168). The 2011 Welsh Government national target to eradicate child poverty by 2020 was subsequently dropped. It is unclear why but as the rate of child poverty was not decreasing, it is likely that this ambitious target was not realistic to achieve in nine years, particularly when Wales does not have full powers over welfare benefits and taxes. The Social Mobility Commission concluded that the child poverty strategy in Wales needs ‘a more radical approach’ (68). IHE agree, the Child Poverty Plan needs to focus on reducing inequalities and better targeting of actions and programmes in areas of higher deprivation.

In 2019/20 it was estimated 34% of children were living in poverty in Wales, after housing costs (169). Figure 3.19 shows the increasing rates of children living in poverty in every local authority in Gwent. Children living in households where someone is disabled are more likely to live in poverty. 38% of children who lived in a household where there was someone who was disabled were in relative income poverty compared with 26% in households where no-one was disabled (170).

**Figure 3.19. Percent of children in poverty, after housing costs, Gwent local authorities and Wales, 2014/15-2020/21**



Source: Loughborough University (171)

The Children in Wales 2022 annual report stated practitioners working with children and their families were “seeing a dramatic increase in the number of families that cannot meet their basic needs, such as the provision of food, electricity and clothing”. It described a “desperate” situation and “more and more children” were being impacted by poverty. It notes in 2022 it had a “large percentage increase in the number of respondents commenting on physical health and development... of children being unable to attend hospital appointments as families cannot afford the cost of transport...choos(ing) between feeding their child and attending the appointments” (95).

The Children in Wales survey asked professionals if they had adequate training to support children and families living in poverty. 61% of respondents had not received any training (95). We recommend training on poverty, including poverty proofing, is offered to staff in the NHS, local authorities, the Third Sector and schools.

Persistent child poverty is associated with poorer mental, social and behavioural development in children, as well as worse educational outcomes, employment prospects and earning power into adulthood. Children living in persistent poverty had a three-times higher risk of mental ill health, a one-and-a-half times greater risk of obesity, and nearly double the risk of longstanding illness compared to children who had never been poor (174).

### IN-WORK POVERTY AND SUPPORT TO CLAIM BENEFITS

The majority of people living in poverty in Wales live in a household where at least one member of the household is in work. Full-time work significantly reduces the likelihood of experiencing poverty, however part-time work does less to protect against poverty. In Wales, levels of in-work

poverty have increased in the last 25 years, reflecting a rise in the rest of the UK (172). 60% of adults living in poverty live in households where one adult is working (173). The number of children living in relative income poverty with at least one adult working fell from 32% in 2010-11 to 28% in 2018-19, then increased to 31% in 2019-20.

In the UK, in-work poverty has consistently increased in the last two decades. In 2009/10, less than half, 44%, of children and working-age adults in poverty lived in families where at least one adult was working part-time, in 2019/20 this had risen to two-thirds, 66%, of people living in poverty where one adult in the household was working (175). The normality of wages not being sufficient to prevent poverty has led to organisations such as the Chartered Institute of Personnel and Development to create guidance for employers on how to tackle in-work poverty (176).

Benefits have not been uprated with inflation, adding pressures on households, leading to increasing rates of poverty and debt. In 2020 the poorest 10% of households in Britain spent 54% of their average weekly expenditure on essentials such as housing (including electricity and gas), food and transport while the richest 10% spent 42% on the same essentials (177). Housing rental prices are 12% higher in the UK than before the pandemic yet housing benefit has remained frozen since March 2020 and is based on rents from 2018-19. For low-income renters, housing benefit is not covering rents and these renters must find, on average, an additional £648 a year to rent a one-bedroom property, £1,052 for a two-bed and £1,655 for a three-bed (178). There is growing awareness that the complexity of the benefits system prevents people from receiving the benefits they are entitled to. Table 3.5 shows there are opportunities to increase incomes by increasing the take up of many welfare benefits.

**Table 3.5 Most recent official take-up estimates for different benefits**

Year	Benefit	Take-up rate
2016/17	Jobseekers Allowance (Income-based)	56%
2017/18	Working Tax Credit	67%
2017/18	Child Tax Credit	84%
2018/19	Income Support and income related Employment and Support Allowance	90%
2018/19	Housing Benefit (all households)	81%
2019/20	Housing Benefit (pensioner households only)	84%
2019/20	Pension Credit	64%

*Source: Joseph Rowntree Foundation (98)*

Practitioners in the Children in Wales survey stated many parents were unaware of what they are entitled and that “the process of claiming was often too difficult for many parents to navigate” (95). Between 2019 to 2021 Care and Repair Wales helped older people access

an additional £17.5 million annually in unclaimed benefits (179). For other populations, Health Justice Partnerships can provide immediate legal support and increase the uptake of welfare benefits, as well as offer other services to address the social determinants of health, Box 14.

### **Box 14. Health Justice Partnerships in NHS premises**

Health Justice Partnerships (HJPs) are an evidence-based intervention tackling poverty in the short-term. HJPs involve the integration of free community legal services with patient care, in hospitals, mental health trusts and in primary care. These services provide advice and assistance relating to matters of social welfare law, such as welfare benefits, debt, housing and employment. Ensuring access to legal advice is not only a matter of social justice but also addresses the root causes of poor health and health inequality.

Social welfare legal issues predominantly affect low-income groups (180). People experiencing social welfare legal problems commonly suffer mental and physical health consequences due to chronic anxiety about the issue or its effects on living and working conditions (181). Community legal services such as HJPs help individuals to gain access to the support they are entitled to by law and are a key partner for the NHS in the fight against health inequality.

HJPs exist in many healthcare settings, including GP practices, hospital clinics, mental health services, hospices, maternity services and others. There are different ways in which legal advice services can be linked with healthcare, for example by integrating welfare rights advisors directly within multidisciplinary care teams or using referral systems to coordinate service delivery.

HJPs can achieve a range of positive impacts (181). Providing advice in healthcare settings facilitates timely access to assistance and reaches people who would otherwise not seek help. The legal interventions achieve significant improvements for individuals, notably with income and finances, as well as other material and social circumstances. This has been shown to have positive benefits for mental health. In-house legal services also support care teams in managing welfare-related workloads and enable a more personalised and responsive approach to patient care.

Free community legal services are diverse, and can include local authority welfare rights units, law centres, and local and national charities.

In Scotland the Healthier Wealthier Children project is an advice partnership providing advice to pregnant women and families attending services, such as midwifery or health visiting, across NHS Greater Glasgow and Clyde. About 4,000 advice referrals each year have led to around £4 million being put into the pockets of women and families. Lone parents and families with a disability have also benefited from the project (182). Many HJPs are localised and small-scale projects, such as the one in Scotland. To achieve the greatest impact, these partnerships should be scaled up to operate across regions (181).

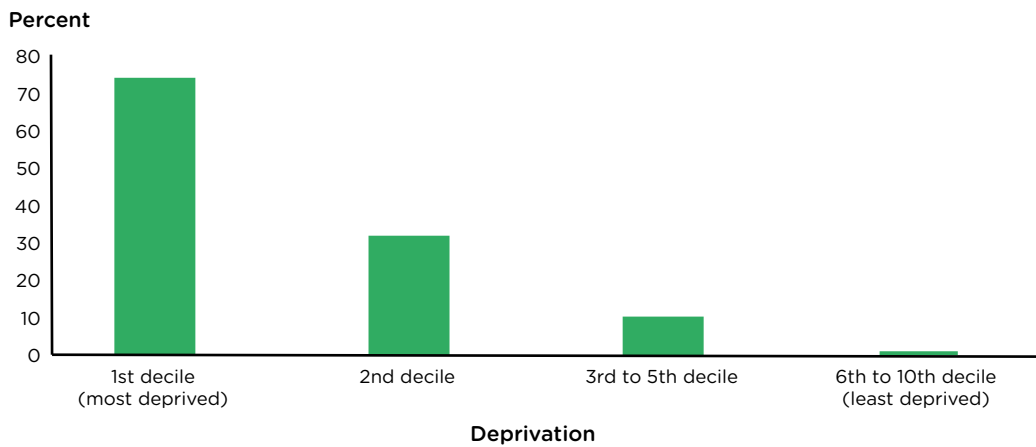
## FUEL POVERTY

Fuel poverty and cold homes have a significant impact on people’s lives and health. In Wales a household is regarded as being in fuel poverty if they are unable to keep their home warm at a reasonable cost. This is measured as any household needing to pay more than 10% of their full household income to maintain a satisfactory heating regime (183).

The most recent official fuel poverty statistics for Wales are from 2018. In 2022 the Welsh Government modelled estimated fuel poverty statistics for 2021, more recent

than UK statistics, but still out of date considering the significant increase in fuel costs in 2022. The Welsh Government estimates up to 45% of all households in Wales were in fuel poverty following the price cap increase of April 2022. Modelling estimates 98% of all of Wales’ lower-income households were in fuel poverty in 2022 and 74% of households in the lowest income decile were living in fuel poverty, Figure 3.20. In addition, the modelling stated households in the private rented sector were more likely to be fuel poor (183).

**Figure 3.20. Percent of households living in fuel poverty, by WIMD income decile groupings, Wales, 2021**



**Notes:** This chart is based on ten deciles of deprivation, all other figures in this report use quintiles (where the population is divided into five categories). Estimates for the sixth to tenth decile category are based on small numbers and should be treated with caution.

**Source:** Building Research Establishment Domestic Energy Model (BREDEM) and WHCS 2017-18 (184)

The Energy Price Guarantee has been extended and will mean the average annual bill will be around £2,500.

Excess winter deaths measure the additional deaths in December to March compared with the average deaths in the preceding August to November and the following April to July. Most excess winter deaths are among older people and are often caused by respiratory problems, strokes and heart attacks due to cold temperatures (185). Between 2010 and 2020, before the pandemic, excess winter deaths peaked in 2017/18, then dropped, rising again in the winter of 2020/21 due to deaths from COVID-19 (186). National Energy Action estimates close to 30% of excess winter deaths are attributed to living in a cold home and that every winter in Wales 632 people die due to living in a cold home (183).

As well as the physical and mental health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food. Cold homes cause physical illness, including increases in cardiovascular and respiratory disease, chronic conditions such as rheumatism and arthritis, sleep and general health. As well as contributing to preventable

deaths and physical ill-health, cold homes also impact on the mental health of both young people and adults (187). Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes (188) and there are also impacts on educational attainment. More than one in four adolescents living in cold housing are at risk of multiple mental health problems compared with a rate of one in 20 for adolescents who have always lived in warm housing (185).

Practitioners in the Children in Wales study stated families were already living and sleeping in the same room to save on energy and other families were only using electricity on alternate days and could no longer afford to run their fridges and freezers. They worried about the impacts of fuel poverty on educational attainment as they knew of parents no longer able to afford internet access for homework, or the costs of charging and powering devices (95). The Pobl Housing Group in Wales is seeking to pilot the Minimum Heat Guarantee, to reduce fuel poverty and increase housing efficiency, Box 15.



## Box 15. Minimum Heat Guarantee trial

The Pobl Housing Group is seeking to pilot a Minimum Heat Guarantee trial in 2023. The principle behind the Minimum Heat Guarantee is to include the cost of heating the home to 18°C from 6am to 10pm as part of the rent, and to 16°C overnight (10pm to 6am). The cost of the energy to achieve this would be met by the landlord, health and/or by wider government but from a residents' perspective the basic level of heating is inclusive within the cost of their housing. The resident then pays for any optional uplifts from that minimum level of heating to whatever levels they wish to heat their home to. This division of 'basic heat' from optional uplifts is possible due to more sophisticated metering within the home, with the installation of Intelligent Energy System (IES). If revenue funding is received, Pobl Housing Group will begin a pilot of 150 homes to test the guarantee in 2023.



## FOOD POVERTY

There have been widespread increases in food poverty and insecurity in Wales in recent years, and further rises are expected due to the cost-of-living crisis. In February 2023 prices for commonly purchased food and drink items rose by 18.2% compared with a year earlier (189).

In January 2023 6% of UK households reported not eating for a whole day because they couldn't afford or access food. Not only are some people going hungry, but diets are also worsening. 57% of food insecure households said they were buying less fruit, 42% buying fewer vegetables. The Food Foundation believes that these poor-quality diets are building a health crisis in the UK and their extensive surveys show 37% of UK households state they cannot afford to buy healthy food anymore, rising to 53% in lower income groups (those with income less than £20k per year) (190).

The Bevan Foundation Snapshot of Poverty in the winter of 2023 found:

- 24% of respondents stated they had cut down on the size of their own meals or had skipped a meal entirely
- 21% of respondents living in a household with a child reported that they had cut back on the size of their child's meal or that their child had been forced to skip a meal
- 44% of people on Universal Credit and 36% of people on legacy benefits cut down on the size of meals or skipped meals for themselves (97),

In 2022 the Welsh Government announced £3 million in short-term funding to support the development of cross-sector food partnerships (191).

Food banks are the most common intervention to reduce food poverty and insecurity. Their support is invaluable during times of crisis but there is a growing movement seeking to ameliorate food poverty before it happens, Box 16.

## Box 16. Shifting from food banks to reducing food poverty with dignity

Since 2019, Well Fed in Flintshire, North-East Wales has been providing fresh food and meal options to those who need it. In partnership with Flintshire County Council, ClwydAlyn Housing Association and Can Cook, Well Fed focuses on three areas:

- Commercial projects such as tailored catering to nurseries, schools and older people's care schemes.
- Social projects to support children and families and reduce food poverty in the area.
- Campaigning through twice yearly Food Poverty Action Weeks, and awareness raising.

Well Fed is working with schools to create a 'good food culture', and have taught over 10,000 children and young people to cook. Additionally, the partnership has distributed over 60,000 fresh meals to vulnerable households. In 2023 their aim is to operate a farm-to-table local supply chain to reduce food miles, and by 2026 they hope to have stopped child hunger in Flintshire.

Its social programmes consist of three main projects to provide fresh, locally sourced food to people who need support. It works with Flintshire Council and different referral agencies from the local public sector to identify individuals and areas in need of food support.

After years of campaigning to try to improve the current food aid model – consisting mainly of campaigns to alter the provision of processed and non-fresh foods via food banks and food charities, of which Well Fed is critical – the partnership set up the Well-Fed Food Store in 2022. The aim of this programme is to deliver five fresh meals per week, delivered door-to-door for a period of 12 weeks, broken down into three phases. For the first four weeks food is provided for free, and in week five people pay a reduced fee for their food (stated as 30% of the value of their food), which increases at week nine. Well Fed asserts that the cost of the food, which consists of ready planned ingredients and recipe cards for people to follow, as well as staple items like milk, bread and eggs, is still much cheaper than purchasing food from a supermarket. Anyone unable to cook the prepared meals can have freshly prepared ready meals instead, which are suitable for microwave heating. The charge for food from week five covers a percentage of the cost of food provided, which allows those who have relied solely on charity in the past a chance to pay towards the service, but at a rate they can afford, and thus offering people using the service a chance to maintain dignity, control and responsibility.

Not dissimilar to the Well-Fed Food Store, the Slow Cooker Programme helps people to access and learn to cook healthy food. These four-week cookery classes provide everyone who attends with a slow cooker and ready prepared meals and recipe cards, suitable for four people. Pre-portioned ingredients help to reduce any food waste. Attendees are supported to cook the meals to encourage confidence and understanding of basic food preparation and nutrition.

In January 2022, Well Fed launched its mobile food shop to help communities across North Wales, particularly those in more rural areas, to access good quality, affordable food (ready-made and household staples). Through a community development approach, it speaks with customers about their needs, budgets and discuss food ideas. Additional locations for the mobile shop are currently being finalised (192).

## DEBT

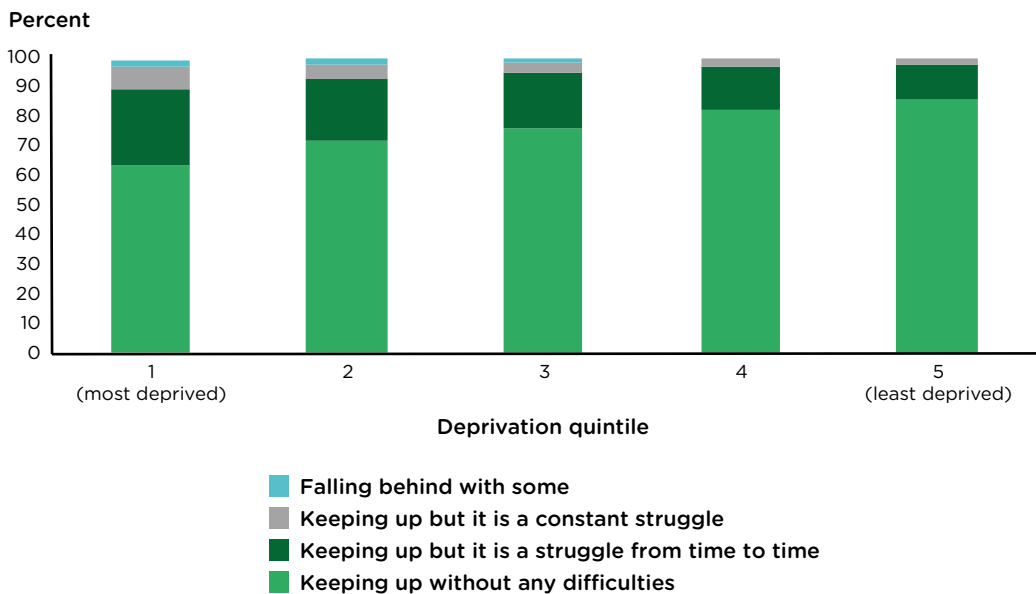
*“Families are one broken washing machine away from disaster.”*

Debt, like poverty, affects mental health, increasing stress and anxiety and worsens physical health (193). Household debt in the UK has been increasing since 2012 and worsened during the pandemic. In 2021 a study of 1,252 people who had been forced to use loan sharks in the UK found 62% had an income

below £20,000 and 65% had a long-term health condition (194).

In Wales levels of debt are increasing. The National Survey for Wales shows the differences in people being able to keep up with bills in 2021/22 with 9% of those in the most deprived areas falling behind or constantly struggling, Figure 3.21. These figures are from before the high rates of inflation seen in 2022 and 2023.

**Figure 3.21. Percent of households by difficulties keeping up with bills and other financial commitments, by WIMD quintiles, Wales, 2021/22**



*Source: National Survey for Wales (20)*

The Bevan Foundation Snapshot of Poverty in the winter of 2023 found 51% of people on Universal Credit have borrowed money due to increased financial pressure over the past three months and 44% were in arrears on at least one bill (97). In 2021 Citizens Advice Cymru helped more than 18,000 people in Wales with debt issues, with one in six coming for help with rent arrears (195). In the first quarter of 2021/22 Citizens Advice offices in Wales helped more people with fuel debts and private sector rent arrears than during the same period in 2019-20 (195).

Practitioners in the Children in Wales survey stated there is a lack of capacity in debt advisory services and that there had been reductions in these services despite there being an increase in need (95).

The place-based datapacks include the following charts:

- Children living in poverty, after housing costs
- Children in absolute low-income families, before housing costs
- Children in absolute low-income families, before housing costs
- Children in Absolute Low-Income Families
- Households which are deprived in three deprivation dimensions
- Number of food parcels handed out to children and adults

**RECOMMENDATION: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL**

Related Marmot indicator	Percent of children living in relative low-income families Percent of people living in households in material deprivation
2023-2024	2024-2029
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>Develop training for primary and secondary care and local authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services.</li> <li>Training on living in poverty (for example, poverty proofing) offered to public services staff.</li> </ul>	<ul style="list-style-type: none"> <li>Primary and secondary care and local authority workforce trained and offering support to address poverty including fuel poverty.</li> </ul>
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>All members of PSB to pay real living wage for all roles and all procurement contracts.</li> <li>Assess hygiene poverty in Gwent, identify local indicator.</li> <li>Shift to prevention approaches in delivering sustainable and healthy food security.</li> <li>Define proportionate universalism in Gwent and communicate and adopt.</li> <li>Assess use and value of Socioeconomic Duty within PSB members.</li> </ul>	<ul style="list-style-type: none"> <li>All employers in Gwent paying the real living wage.</li> <li>Reduce hygiene poverty.</li> <li>Eliminate need for food banks, replace with actions addressing the causes of food poverty.</li> <li>Improve use and value of Socioeconomic Duty within PSB members.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>Assess Citizen Advice offer in areas of high deprivation without offices. Work with communities in each local authority to understand their needs for social welfare, legal and debt advice wanted and in what format.</li> </ul>	<ul style="list-style-type: none"> <li>Based on year one, colocate social welfare, legal and debate advice on-site in NHS and local authorities without need for external referral.</li> </ul>
<b>Accountable lead:</b> Educational Achievement Service	
<ul style="list-style-type: none"> <li>In partnership with businesses, assess support about financial management advice in schools and workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>Improve financial management advice in schools and workplaces.</li> </ul>

**Areas for national actions:**

- Focus on reducing and eliminating intergenerational poverty.
- Implement recommendations in Audit Wales Time for Change report.

# 3E. CREATING AND DEVELOPING HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

## KEY MESSAGES

- Good mental and physical health are supported by healthy and sustainable places, which are characterised by access to safe green spaces, clean air, opportunities for active travel, good quality housing and a range of amenities and community resources.
- Housing quality and security of tenure are crucial for health.
- Public Health Wales estimates poor-quality housing costs the NHS in Wales more than £95 million per year.
- Research shows interventions to improve housing reduce GP visits, costs to social care and public services and modelled research shows better housing could reduce hospital admissions associated with circulation and lung disease by 39%.
- Housing associations are key partners in tackling health inequalities.
- The quality of the private rented sector is declining in Wales at the same time as average rents are increasing.
- Public transportation policies are ambitious but lack a health equity lens. Good quality and reliable bus travel is essential to tackle health inequalities.
- There are opportunities for public health and planning and regeneration teams to work together in Gwent.
- There is ample green space in Gwent, however there are inequalities in use of such space.

**Healthy and sustainable homes and neighbourhoods support good physical and mental health by enabling and encouraging healthy, active and socially engaged lives. These places feature access to good quality, affordable housing, safe urban and green spaces, opportunities for active travel, and access to quality local amenities and a range of opportunities for social interaction (3).**

## HOUSING QUALITY

As discussed in Section 3D, housing, and cold homes in particular, is an important social determinant of health. Wales has the oldest housing in the UK and many of the homes in the Welsh Valleys, in Blaenau Gwent, Torfaen and Caerphilly, were built more than 130 years ago. These Valleys houses were built following legislation setting out minimum standards for sanitation, size, use of building material and width of streets (196). The thoughtfulness of health and wellbeing housing policies in the 1800s has had lasting effects, however keeping these older homes warm can be difficult and adequately maintaining older homes can be costly. In 2021, before the increase in energy prices, Shelter Cymru found in Wales:

- 16% cannot keep their home warm in winter.
- 13% were living in homes that are not structurally sound or have hazards such as faulty wiring or fire risks.

- 26% reported living in homes with significant damp, mould or condensation problems.
- 1 in 10 people said their housing situation was harming their or their family's mental health (197).

Funding good quality housing and housing repairs improves health and wellbeing, reduces inequalities and saves the NHS money in the short and long term. Public Health Wales estimates poor-quality housing costs the NHS in Wales more than £95 million per year in treatment costs and estimates upgrading homes could lead to 39% fewer hospital admissions for circulation and lung conditions (198).

The Welsh Government's Warm Homes Nest scheme provides energy-efficiency advice and improvements to vulnerable households. Evaluation showed that the



programme led to a reduced number of GP visits for respiratory conditions. The scheme improved energy efficiency, helped vulnerable households keep warm and it was estimated that for every £1 of funding distributed to vulnerable households there were £4 of health benefits (199).

The Rapid Response Adaptations programme offered by Care and Repair Cymru had similar results, finding every £1 spent generated £7.50 of cost savings for health and

social care, associated with quicker hospital discharge, prevention of people going into hospital and prevention of accidents and falls in the home. The Housing Support Grant has produced similar results – for every £1 spent on the Housing Support Grant, a net saving of £1.40 was delivered to other public services in Wales (200).

Box 17 outlines how housing associations are key partners in reducing inequalities and improving health and wellbeing.

## Box 17. Key partners in improving housing and addressing inequalities

Housing association staff see their residents regularly and have a vested interest in providing quality housing. In Gwent, housing associations are providing a range of support – financial, digital and health – acting and identifying problems early. The following highlights some of the support offered by housing associations in Gwent that influences health inequalities.

- **Tai Calon** community housing in Blaenau Gwent has an additional focus on food security and food networks (201). It hosts the Blaenau Gwent Food Partnership (BGFP) and employs a sustainable food coordinator to support individuals and organisations working across the Gwent food system to promote healthy, sustainable and fair food choices, providing information about local food banks, parcel or pantry services and community growing projects. The Healthy Start Scheme has been supported through the Partnership, raising awareness via Tai Calon's frontline staff and working with local greengrocers to fund a booster top-up scheme to support around 200 local families. Representatives from BGFP participated in promoting a Household Support Fund and sit on a funding panel for Blaenau Gwent Council's ongoing Food Distribution Support Grant, to oversee delivery and ensure objectives align (202) (203).
- **Melin Homes** provides homes and services to people living in South-East Wales (204). Its team of advisors helps residents apply for cost-of-living grants, payments and discounts and provides support around budgeting and saving money. It has a 'Jump2 Fund' small grants scheme, providing funding up to £250 for projects and activities that benefit residents such as transportation and education/training costs. It has a team dedicated to offering employment advice for residents, including support to get back into work, or advice around changing careers and accessing in-work benefits. In 2021/22 Melin helped to secure over £24,000 of energy vouchers for tenants to pay fuel bills and £16,000 in Tesco vouchers for residents in crisis (205).
- **Monmouthshire Housing** provides additional support for tenants through a variety of financial and health services: a hardship fund, foodbank support and food clubs, money and benefits advice via their Moneywise service, funding for home adaptations, and support with housing allocations processes. It works in partnerships and targets particular communities to help build individual and community resilience, such as community growing projects, health and wellbeing activities, support for bidding for funding and supporting tenants to move into work. It also uses its procurement processes to leverage impact on local communities through community benefit contract clauses (206).
- **Cwm Taf Health Housing Alliance** is running a data linkage pilot project combining data from seven housing associations with secondary health data, to explore differences between people living in and outside of social housing. Health data covers the period of the pandemic for residents aged 10 and over. Early findings highlight the significant differences in emergency admissions, vaccination rates and COVID-related mortality for people living in social housing, compared with the rest of the population. The next phase of work will identify households with the lowest energy efficiency ratings and overlay this onto health outcomes data, to identify those who would benefit most from retrofit measures to make homes warmer and more efficient.
- The **Pobl Group** offers mixed tenure homes – including student accommodation and care and support services across Wales. It has a range of teams and support roles: customer wellbeing teams; specialist money advice teams; and Pobl clinical practice specialists. These teams provide benefits and cost-of-living advice, link customers with their local community and services and support their most vulnerable

customers through targeted energy upgrading to the coldest homes that house the most financially vulnerable customers. Pobl Trust is the Group's registered charity and it raises funds and allocates grants (of up to £1,000) to community groups and organisations in areas where it works. Fundraising projects are small and targeted around supporting families; in 2022 it purchased 1,000 school bags for families needing support to get their children prepared for the new school year (207).

- **Bron Afon** community housing in Torfaen offers support to families in the area who have children aged between 0-18 (208). Through a team of support officers, Bron Afon works with families for up to six months to assess their needs and put together support plans, offer advice on specific projects or services, or work with other support agencies to form a team around the family. It supports residents with disabilities, linking to Care and Repair and employs its own adaptations team who offer advice for short-term disabilities, or fund and maintain equipment and adaptations for longer term disabilities.

The 2021 census showed 17% of households in Wales were renting privately, an increase from 14% in 2011 (209). A 2022 review of the private-rented sector in Wales found dwellings were older compared to other stock, the quality of housing was worse and had higher repair costs compared to housing in other tenures (210). The private-rented sector can be the most insecure form of housing, as private landlords have more freedom to refuse tenancy or evict tenants. In the UK surveys of

private landlords in 2017, when the rental market was less competitive, found six in ten preferred not to rent to those on housing benefit (211). Conditions in privately rented accommodation are often poor, and due to cuts the capacity of local governments to enforce housing standards has been undermined. Rent Smart Wales aims to improve the quality of the private rented sector, however, its impact has been limited, Box 18.

## Box 18. Rent Smart Wales

Rent Smart Wales (RSW) aims to raise standards within the private-rented sector. Created in 2014 as part of the Housing (Wales) Act, it created a national property registration and licensing scheme covering landlords and agents in the private-rented sector. By 2019 52,000 licences had been issued and 98,000+ landlords and agents were registered.

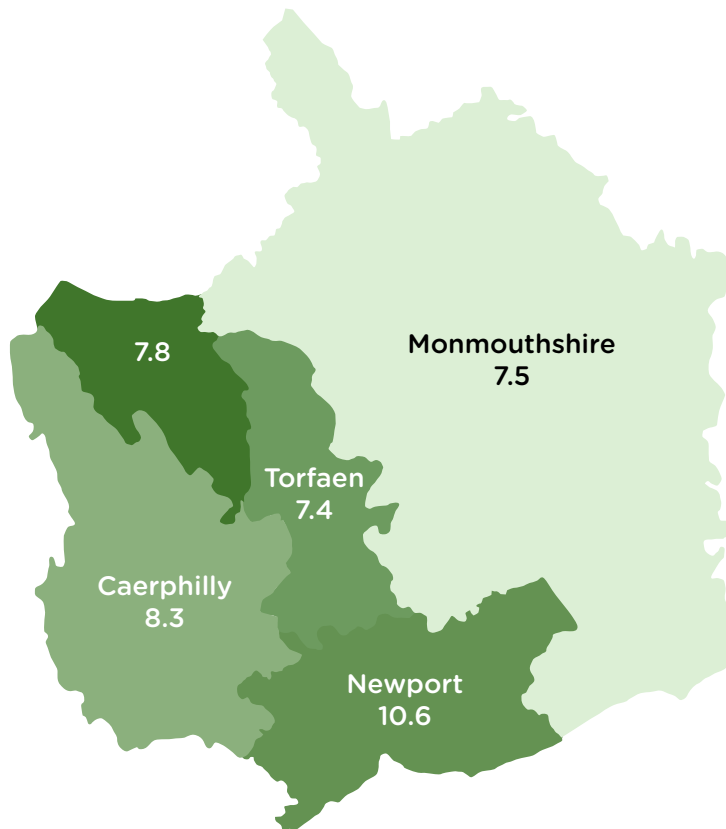
There has been no formal evaluation of Rent Smart or its impact on the private-rented sector. However, a Welsh Government analysis found RSW had resulted in "limited numbers of prosecutions, civil penalties and other forms of enforcement activity". 94% of fixed-penalty notices issued to landlords/letting agents were for failing to have a licence or be registered (212). The report stated local authorities felt there was "a lack of clarity" about "RSW's role in delivering an improved private sector housing through partnership working". RSW has been beset by problems and 83% of local authority respondents stated they were "not aware of any enforcement undertaken concerning Rent Smart Wales since November 2016" (213).

## AFFORDABILITY

Unaffordable housing harms health, increasing stress and the risk of suffering from poor mental health. High housing costs lead to worse housing conditions, as owner occupiers are unable to heat homes and make essential repairs, leaving lasting legacies. Housing costs in Gwent, as in the UK, have increased in the last few

years. In a single year, 2022-23, average monthly rents increased significantly in Gwent. Figure 3.22 shows average monthly rents increased by more than 7% across Gwent. For example, in Newport monthly rent rose from £626 per month (on average) to £823, a 10.6% increase in one year.

**Figure 3.22. Percent monetary increase in average monthly rents for new lets, Gwent local authorities, between 2022 and 2023**



Source: Zoopla (214)

In addition, there are concerns the size of private rented sector is declining. In 2022 Rent Smart Wales stated the number of rental properties fell by 301 in a year and the number of registered landlords fell by 328 (215).

The All Wales 2022 Tenant Survey reveals that 46% of tenants said they were struggling with their rents. Rising energy costs are the key factor for those struggling with affordability. 54% of private renters stated they struggled to afford rent and bills (216).

Increasing affordable housing is an essential action in tackling health inequalities as it contributes to reducing poverty and improves physical and mental health. The number of social housing units has increased in recent years in Wales however, in 2016, the Public Policy Institute for Wales estimated Wales needed between 3,300 and 4,200 new social housing units each year to meet estimated demands over the next decade, three times what was currently being delivered (217). In addition to new housing, currently empty homes could also provide homes in Gwent, Caerphilly Borough Council is currently addressing this problem, Box 19.

## Box 19. Empty homes

In Wales, holiday homes have received a great deal of policy attention as they have pushed up housing costs, particularly for homes on the coast. In Gwent, empty homes impact on housing availability and affordability. The most recent statistics find there are more than 22,000 long-term empty properties in Wales (218). A National Empty Homes Scheme aims to put these homes back into use and in Gwent, local teams are working with landlords to reduce empty homes. Caerphilly Borough Council estimates that, as of April 2021, over 1,300 homes have been empty for more than six months. Its five-year plan to return empty properties back into use is supported by a specialist team (219).



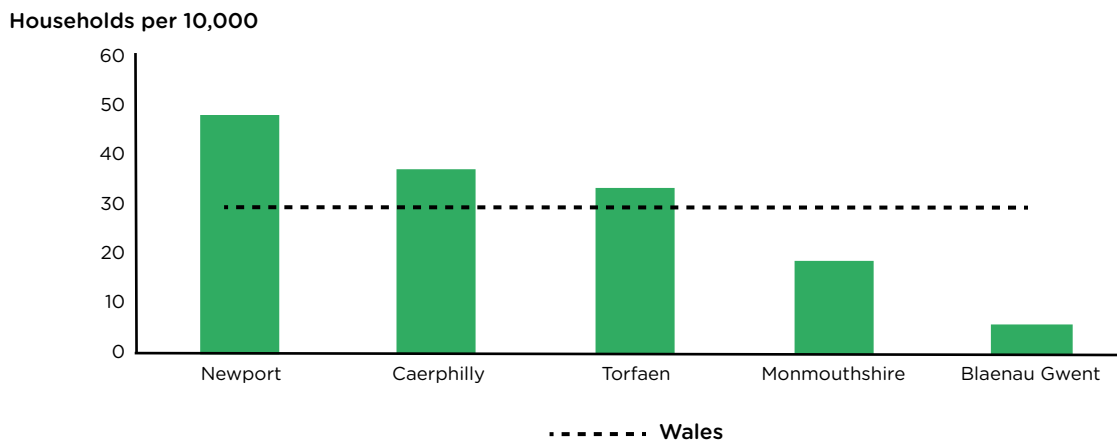
## HOMELESSNES

A person is defined as homeless if they have no accommodation available in the UK or abroad; have a split household and accommodation is not available for the whole household; are at risk of violence from any person; are unable to secure entry to their accommodation; or live in a moveable structure but have no place to put it (220). The definition includes those living in temporary

accommodation, ‘sofa surfing’ and other forms of insecure housing, as well as rough sleeping.

In 2021-22, 9,228 households in Wales were assessed as being threatened with homelessness, an increase of 27% on the previous year but 8% below 2019-20 (48). In 2021/22 Newport had the highest rate of households eligible for homelessness assistance in Gwent, Figure 3.23.

**Figure 3.23. Rate per 10,000 of households eligible for homelessness assistance and in priority need, Gwent local authorities and Wales, 2021/22**



Source: StatsWales (221)

Local authorities are under severe pressure to meet the high numbers in need of social housing. The length of time households are waiting is not publicly available. A freedom of information request showed the average wait for council housing in 2021:

- Torfaen: 18 months
- Newport: 25 months
- Monmouthshire: 13 months
- Blaenau Gwent: 12 months (222)

People who are homeless have a higher risk of physical and mental health problems and lower life expectancy. They have higher rates of alcohol and substance misuse and smoking. In 2020 it was estimated that the cost of NHS health care activity over six months, was £11 million more for people who are homeless than for the general population due to higher costs in emergency care (199). Public Health Wales studied people who were homeless during the pandemic and found they had greater healthcare needs compared to the rest of the population and recommended:

- improving preventative care and management of long-term health conditions in individuals with insecure housing arrangements

- reducing barriers to access healthcare for this population
- improving the recording and sharing of information on housing status between healthcare services to help identify and address wider challenges to supporting an individual’s health care needs (223)

The Housing Support Grant is Wales’ funding stream to prevent homelessness. It aims to support early intervention to prevent people from becoming homeless. Despite this policy, funding in Wales is not sufficient to address need. The homelessness charity The Wallich warns that local authorities in Wales are on the brink of being not being able to provide funding to meet the actual cost of delivering homelessness services. It warns that without additional funding from the Welsh Government, “providers will face the choice between delivering understaffed (and potentially unsafe) services, or choosing not to bid for contracts” (158). It also concluded linked data can help to better identify and support those who are homeless or living in insecure housing and recommended improving the recording and sharing of information on housing status between healthcare services and other sectors to improve the wider determinants of health (223). The High Intensity Nursing service at The Grange University Hospital is seeking to address these issues, Box 20.



## Box 20. Reducing inequalities in the Grange: the High Impact Service

*“The high-impact patients we send out one door come back in another door the same day, are literally revolving doors some days”.*

The High Impact service started by a nurse in urgent care provides support to individuals who frequently present at Accident and Emergency (five or more attendances in a year).

The service has developed into looking at demand reduction as a whole, assessing all patients who have vulnerabilities. It assesses pathways and access to services. Team members describe the complex needs of these patients and state “We can pretend they’re not there. We talk about waiting times but these are the patients that nobody seems to want to address...people who do not get the right service, the right support and suffer for it.” They work closely with the Alcohol Care Team (Box 23), meeting weekly, as there’s a crossover in alcohol presentations and mental health presentations coming into the Accident and Emergency. They offer a coordinated approach that “brings teams together to say this individual has got needs, how are we going to address them as a collective instead of everyone trying to scrabble together to support them individually?”

Patients they support frequently have vulnerabilities around housing. Whereas some NHS service do not see these as relevant, the high impact service views housing as an issue the NHS “needs to address because we won’t reduce contacts if we don’t address those underlying psychosocial issues”. Team members coordinate services for these complex patients, who might sit under the community mental health team but also have housing issues.

They also work closely with some homeless workers and organisations: “I’ve got strong links with the Newport Homelessness and housing teams”, but they have struggled to make the same level of contact with other local authorities in Gwent. Housing associations have said they feel “they’re getting left holding a lot of complex people because there’s no support services for them, they don’t quite meet the threshold for community mental health teams or don’t meet the threshold for other services”, and as such, housing associations are supporting people with complex needs and that is when the high impact service “ends up getting involved by default - to try and prevent them then becoming a problem to emergency services”.

The service was set up as existing services in the Grange were not meeting the needs of patients and some were falling through the gaps. Team members describe their work as “the last kind of safety net patients fall through, we manage to hold on to them, longer than anybody else has...We are always trying to shove patients into pathways in health and processes that they just do not fit into. We need to make our service more adaptable to people. There’s a lot of services that have got a three strikes and you’re out, you’ve DNA three times you’re off my list - some don’t even get to three strikes. We look at the reasons why they’re not attending and supporting them that way”. The services sit under the emergency department but they get involved with patients in the hospital who are complex discharges.

The service funds a single full-time post and a part-time post but is not funded long-term. Team members state: “the resources aren’t there at the minute for me to tackle these issues...There’s so much more we could do...If I could redesign services, getting a lot more data and information from other services of how they’re to looking at the individual patients’ journeys and collectively of how they’re, how they’re hitting other services, the police and housing. The NHS is one part of their journey.”

Team members state this type of service, working across specialities and outside of the hospital, needs a dedicated coordinator “if you expect everyone to do it, no one does it, you need to knit the system together, it won’t knit itself”. They’ve shown that this work saves costs to the Accident and Emergency but have still struggled to secure funding.

They note the duplication and inconsistency in the support provided to people and that “there’s a lot of reliance on non-professionals to manage some of these complex patients. And whilst absolutely there is a role for them, I don’t think that is the answer for some of these patients that have got real complex needs, risky behaviours, risky health needs. It needs to be a multi-professional approach to managing some of these.” In addition, they state there’s also duplication that goes on within the Health Board.

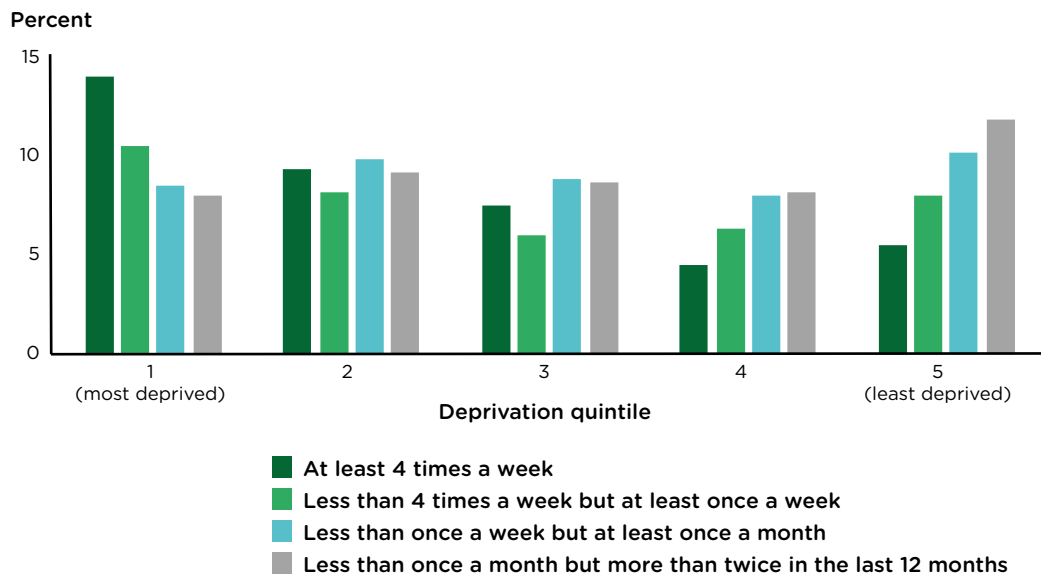
In the future they state they would like to work with more partners in ABUHB, outside of Accident and Emergency to provide earlier prevention services, “We’re trying to get them at that earlier point, to prevent them becoming those entrenched patients into the system”. This involves working outside of the Accident and Emergency, “we need to get more upstream before they come into us... once they get into it, it’s almost too late. We should be more upstream addressing some of these issues before they get to us.”

## PUBLIC TRANSPORT

Transport is the biggest source of air pollution in the UK and transport accounts for 15% of Wales’ greenhouse gas emissions (224). Good quality and affordable public transport networks not only address carbon emissions but promote social cohesion, facilitate access to education, services and employment and reduce social isolation – all of which have positive benefits for health and reducing health inequalities. The public wants better transport. A Public Health Wales survey found 63% of people ‘strongly agreed’ public transport should improve, 44% strongly agreed to subsidies for electric cars and more charging facilities and 10% strongly agreed fuel prices should increase to reduce dependence on cars (225).

There are signs that a comprehensive and equitable public transport system is possible. In Gwent the South East Wales Metro system is a long-term plan to improve the local public transport system. Numerous documents make bold statements and claims about the Metro system and its capacity to reduce inequalities in the region, but it is unclear how inequalities will reduce and there are concerns the plan could exacerbate inequalities. The *Future of Roads report in Wales* recognises the interconnectedness of climate change, economic development and transport and states there should be “joined-up thinking between departments” and that the impact of “public health should be considered and reported” (226). The emphasis on rail travel is to the detriment of many areas of high deprivation that do not have direct access to rail services. Figure 3.24 shows that those living in areas of higher deprivation are more likely to take buses as they are more affordable.

**Figure 3.24. Percent using buses in the last 12 months\*, by WIMD quintile, Wales, 2019/20**



**Notes:** Question asked: ‘In the last 12 months, how often have you used bus services in Wales?’.

**Source:** National Survey for Wales (20)



Future transport decisions are emphasising rail travel but there are also immediate transport decisions impacting current public transportation. There are real concerns that the bus system is in serious difficulty in Wales. The Bus Emergency Scheme has provided funding to keep services running since the pandemic. In February 2023 a three-month extension was announced but the chief executive of Confederation of Passenger Transport has warned 15-20% of the bus network in Wales might be lost once this funding ends (227). This led to a letter from Wales' 22 council leaders who stated bus services are a 'life-line' for older people, young people, people with disabilities and low-income households and that losing bus services "is potentially devastating for these groups, impacting on their wellbeing by restricting access to educational, economic, health and leisure services and to family and social contacts" (228).

If communities in more deprived areas, that depend on buses, are left out of current and future public transport investment, then inequalities are likely to increase in the short and long term. There is a risk communities will become deserts, with access to buses so infrequent, there's little point in taking them. In February 2023 a nationally representative survey of 15-minute amenities asked adults what they valued most to be within 15 minutes of their home. In Wales, 86% of adults wanted to have a bus stop within a 15-minute walk, the highest amenity requested, more people wanted to be closer to a bus stop than to their GP (229).

Despite the funding pressures on local authorities in Gwent, many continue to improve use of their public transport. Newport and Monmouthshire have offered a month of free bus journeys in the past. In March 2023 Rhondda Cynon Taf introduced free bus travel across the local authority, with all local bus operators offering all journeys within the Borough free. The pilot was funded by Shared Prosperity Fund. The main aim was to reduce Rhondda Cynon Taf's carbon footprint and make services accessible, fair and inclusive.

## HEALTHY HIGH STREETS, TOWN CENTRES AND REGENERATION

Healthy town centres and high streets support good health. Conversely, unhealthy town centres and high streets undermine health. Direct influences on physical and mental health arise from a lack of diversity in products and services on high streets, litter, high levels of traffic, crime and fear of crime and inaccessible design. Areas of higher deprivation are less likely to have healthy town centres and high streets and this can worsen inequalities indirectly through rundown or inadequate communal areas, shelters, seating and focal points, deterring people from visiting or spending time there. All these factors can potentially prevent community activities, increase the risk of social isolation and reduce the likelihood of community cohesion (230).

Interviews with local authority staff found they had tricky relationships with large-scale housing developers and struggled to keep green spaces and parks as public goods in agreements.

*“There’s a tendency to erode public goods in developers’ agreements, for example reducing the number of affordable housing units. The Section 106 agreement is a legal requirement for developers to, for example, ensure bus services. We have pushed for the (local area) to be sustainable but it’s been chipped away because the developer saying they can’t afford.”*

*“Developers are paying lip service to sustainability.”*

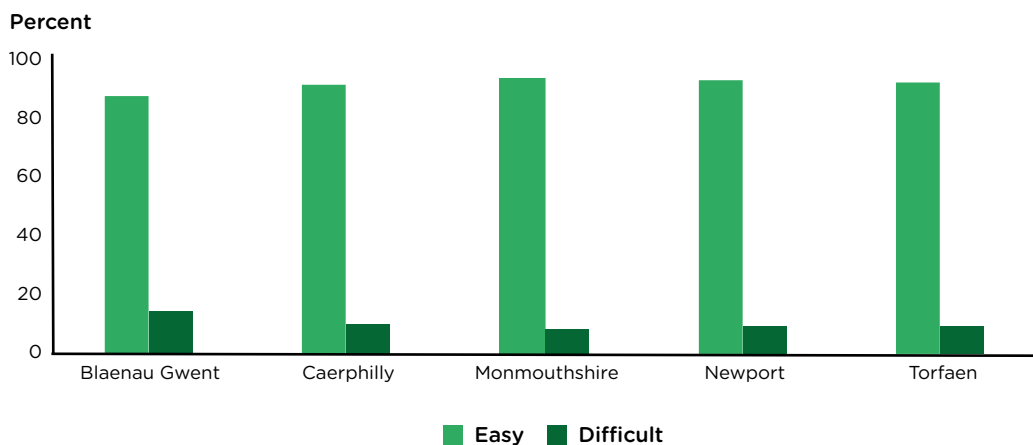
In Gwent, Caerphilly has taken action to improve its high street and its Caerphilly Town 2035 plan includes aims to reduce inequalities. The plan includes a number of large regeneration projects with multiple stakeholders. It aims to “ensure that local deprived areas directly benefit” and one of the core ambitions is to have “inclusive and engaging public places that...provide space for outdoor activity and are safe and accessible” (231)

Interviewees stated they wanted help to see their work through a health inequalities lens. For example, they stated regeneration of smaller shop areas often involves painting shopfronts – but stated this was not enough: “We need more inclusive and radical plans to redevelop small communities to make them more than vape shops.” And others stated that health impact assessments had become ‘a tick-box exercise’. Some interviewees were unaware of the useful guidance from Public Health Wales on planning and health (232). It is recommended Public Health Wales, the local public health team and planning and regeneration teams work together and share their expertise to better address inequalities in current and future regeneration strategies and delivery plans.

## GREEN SPACES

Access to good-quality green space improves mental and physical health, improves community cohesion and also supports actions to mitigate the effects of climate change and protect biodiversity (233) (234). Green spaces have been shown to improve cognitive and immune functions and to reduce health inequalities (235). Access and use of good-quality green spaces tends to reduce as the level of deprivation increases, which was highlighted during the pandemic. Each local authority in Gwent has access to ample green spaces. Figure 3.25 shows most Gwent citizens feel it is easy to walk to a local green space.

Figure 3.25. Percent of people who report finding it easy to walk to local green space, Gwent local authorities, 2018/19



Source: National Survey for Wales (20)

Parks and green spaces are powerful tools to improve health and wellbeing, it is estimated they save the NHS £111 million per year in the UK, because of reduced GP visits (236). A review of factors affecting use of green spaces found income levels and levels of deprivation were linked with levels of physical activity (237). Another analysis of use of green spaces found low incomes, fewer qualifications, living in a more deprived area and being in bad health were associated with a greater likelihood of low engagement with and access to nature and the outdoors (238). We recommend actions to improve use of green spaces for those living in areas of higher deprivation. Simply having the spaces there will not automatically lead to use. Work with communities is needed to help them understand how to better use these free resources. It is important to question and understand who does not feel it is easy to access good quality green space, when so many do.

The place-based datapacks include the following charts:

- Households eligible for homelessness assistance and in priority need
- Likelihood of poor-quality housing
- Affordable homes delivered by all providers
- Excess winter mortality index
- Method of travel to the workplace
- Average distance to nearest park, public garden, or playing field
- People who feel lonely
- Life satisfaction among older adults
- People who agree that there is good community cohesion in their local area
- People who feel able to influence decisions affecting their local areas
- Police recorded violent crime

RECOMMENDATION: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES	
<b>Related Marmot indicator</b>	Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households Rate of households in temporary accommodation Percent of people satisfied with local area as a place to live Percent of people satisfied with their ability to get to/ access the facilities and services they need
<b>2023-2024</b>	<b>2024-2029</b>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>• Work with local communities, across all ages, to support longer-term revival of local high streets in areas of higher deprivation.</li> <li>• Put health equity and sustainability at the centre of planning decisions.</li> <li>• Develop linked or shared data to better identify and support those who are homeless or living in insecure housing.</li> </ul>	<ul style="list-style-type: none"> <li>• Each local authority creates a healthy high street or town centre plan in partnership with residents.</li> <li>• Identify further areas to develop linked or shared data to address social determinants of health.</li> </ul>



2023-2024	2024-2029
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>• Assess impact of Rent Smart Wales on quality of private rental sector in Gwent.</li> <li>• Health inequalities assessment of regeneration plans in partnership with local authorities.</li> <li>• Assess provision of social determinants approaches in social housing associations and Caerphilly Housing.</li> <li>• Public health and primary care work with residents to identify information and approaches needed to reduce risks of housing causing poor physical and mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve quality of private rented sector in Gwent, using Rent Smart Wales or other approach.</li> <li>• Closer working between ABUHB public health team and local authority planners to health equity assess future planning and regeneration strategies.</li> <li>• In partnership with social housing associations and Caerphilly Housing, build on work to address social determinants approaches, share best practice.</li> <li>• Provide support to social housing associations and Caerphilly Housing to reduce risks of housing causing poor physical and mental health.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>• Assess possibility of free bus travel offer in Gwent.</li> <li>• Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement findings of free bus travel assessment.</li> <li>• Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.</li> </ul>
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>• Work with communities to develop actions to improve use of green spaces and local heritage sites for those living in areas of higher deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor use of green spaces and local heritage sites by residents in areas of higher deprivation.</li> </ul>

#### Areas for national actions:

- Improve data available to local authorities on the private rented sector.
- Enforce and implement Rent Smart Wales.
- Ensure public interest is not compromised in Section 106 planning decisions.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Increase revenue and long-term funding for retrofitting homes and active travel. Allow local areas to determine what is needed.

## 3F. STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION

### KEY MESSAGES

- Preventing ill health is beneficial for the population and the economy and vital for reducing demand for NHS services.
- Much of the ill health in Gwent is avoidable and action on social determinants would improve health, reduce inequalities, improve employment and productivity and reduce the burden on NHS and other services, reducing costs in the long run.
- Efforts at disease prevention need to ensure that they are universal but particularly targeted at those living in the highest levels of deprivation, who stand to benefit the most, rather than those living in the areas of less deprivation, who may be 'easy wins'. At the same time, these programmes need to engage with the reality of the lives of those living on low incomes.
- There are wide inequalities in smoking, with much higher rates for women living in areas of high deprivation.
- Inequalities in obesity are less stark but remain, with higher rates of obesity in the most deprived areas.

*“Everything in health focuses on the acute side.”*

*“Senior managers in local authorities and health still see prevention as woolly work but we need to do woolly work. There are enormous benefits to early interventions and supporting community work. This is where illness starts – in people’s houses – people who don’t cook, think they can’t exercise and stop talking to their neighbours. If you just concentrate on health you miss half the story.”*

Taking a preventative approach to illness often focuses on individual behaviour and the impact that can have on health. Taking a social determinants view of health involves thinking about ‘the causes of the causes’ – understanding why people make, what may appear from the outside, as poor decisions about their lives and their health. There are many avoidable risk factors that contribute to the development of ill health, including poor diet, lack of exercise, smoking, alcohol and drug misuse. Too often a preventative approach to illness focuses on individual behaviours and seeks to educate people to make better choices to improve their health.

There are clear socioeconomic inequalities in health behaviours such as eating, exercising and drinking. Sometimes it is simply a question of resources – for example, a healthy diet can be more expensive than an unhealthy one. Families with the lowest 10% of

household income would have to spend nearly three-quarters of their entire income (after housing costs) to afford the recommended healthy NHS Eatwell plate (239). People living on low incomes are often time-poor as well as cash-poor, and while it can be cheap to make healthy meals at home, it is also demanding on time and energy. The stress of poverty can narrow the ‘mental bandwidth’ available for other tasks. The ability to cook meals also requires a reasonable kitchen space in your home, and equipment. Buying in bulk, which is cheaper, is often out of reach for those with less control over their cash flow and no savings, especially if they want some variation in diet, or have dietary restrictions of any kind. Rising fuel and housing costs are further reducing the available funds for a healthy diet. Similarly, it can be much easier to exercise regularly if you have access to, and feel confident to use, green spaces, a workplace that supports cycling, or can afford a gym membership. Other factors are related to the stresses of economic and social deprivation. Quitting smoking or cutting down on alcohol may simply not be a priority when you already have multiple sources of stress in your life.

Changing the economic, environmental and social conditions in which people live that make them unhealthy does not absolve the need for healthcare to provide equitable treatment for non-communicable diseases caused by smoking or obesity. The role of the healthcare sector in adopting prevention actions is central to *A Healthier Wales* which seeks to shift from behavioural change and individual approaches, such as smoking cessation clinics to “a greater focus on prevention and early intervention which we continue to support through universal, as well as more targeted support” (240).

An inequalities informed prevention agenda must be about more than addressing unhealthy behaviours and focus far more on the causes of those behaviours – the social determinants of health. A social determinants of health approach to health behaviours involves working with, and funding partners beyond the NHS – with, for example, the Third Sector, local authorities or housing associations delivering services in places where people live and communities interact.

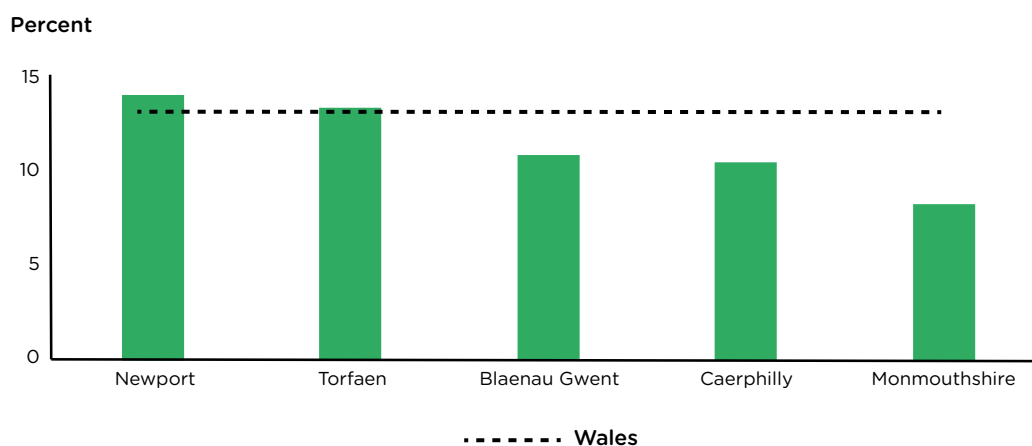
Focusing solely on reducing inequalities in access to care is not sufficient: reducing health inequalities requires implementing actions to prevent inequalities, addressing the causes of the causes. For example, inequalities in deaths from cancer will not be addressed by improving access to cancer services alone. Reducing inequalities in

cancer care requires the NHS taking actions to reduce the upstream causes of these inequalities – better diets, reduced alcohol consumption and more exercise.

## SMOKING

There is a clear relationship between socioeconomic status and smoking, with smoking rates much higher among those working in routine and manual occupations. The National Survey for Wales found 13% of adults living in Wales smoked in 2022 and 6% smoke e-cigarettes (20). Smoking rates in Wales are decreasing but inequalities in smoking remain and are worsening. Figure 3.26 shows higher rates of smoking in Caerphilly, Blaenau Gwent and Torfaen.

**Figure 3.26. Smoking prevalence among adults, Gwent local authorities and Wales, 2021-22**

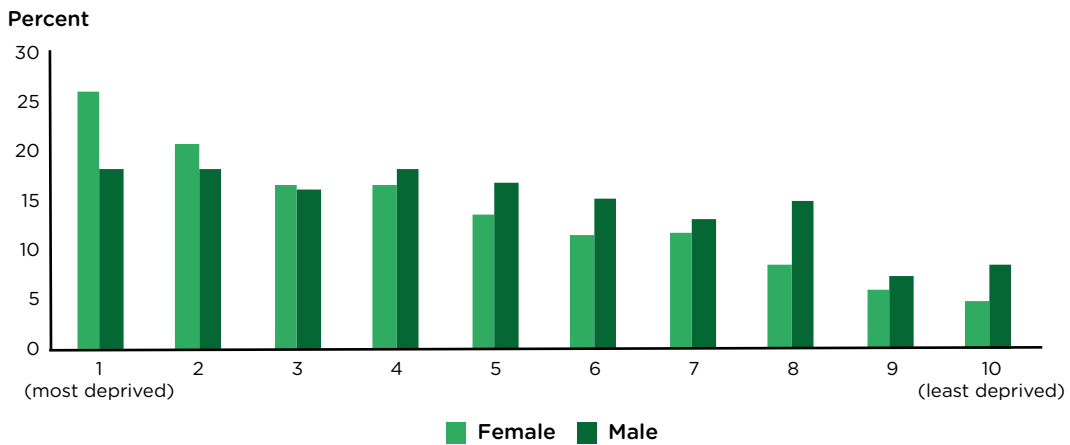


*Source: Welsh Government (241)*

The smoking rates in the most deprived quintile is more than double the rate of the least deprived quintile and mortality attributable to smoking is approximately 3.5 times higher in the most deprived quintile than the least deprived quintile for females, and around 2.5 times higher for males (242). Figure 3.27 shows 26% of women

in the most deprived decile smoke, compared to 5% in the least deprived, for men higher rates persist across less deprived deciles. Smoking statistics by deprivation are not currently available at local authority level, which would allow local system to better plan their approaches.

Figure 3.27. Percent of current smokers by sex and WIMD deciles of area deprivation, Wales, 2021



Source: Annual Population Survey (243)

Wales’ long-term plan aims for a smoke-free Wales. It seeks to reduce inequalities by working with people who smoke and address the causes of smoking (244). It is important to ensure smoking cessation interventions are proportionate to where need is highest, and to target improving the social determinants of health which affect smoking prevalence.

### OBESITY

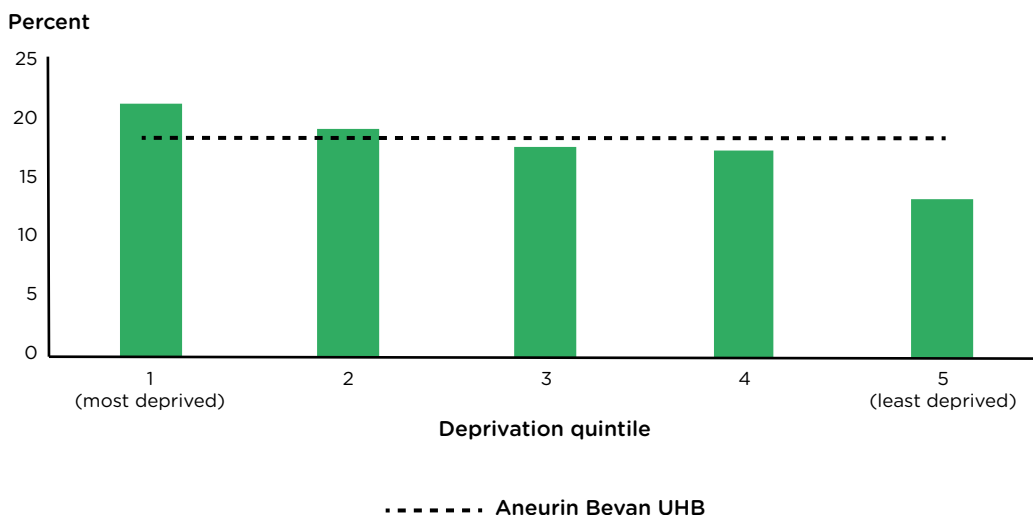
Levels of overweight and obesity in adults and children are higher in local authorities with higher levels of deprivation. Societal and environmental factors, which lie outside of an individual’s control, significantly influence levels of obesity and overweight.

A Nuffield Trust report in 2022 found there is no single individual or household behaviour associated

with high levels of obesity and overweight amongst children. Its analysis showed local authorities with higher percentages of overweight or obese children in reception children had: higher rates of under-fives living in areas with poor access to passive green spaces; lower rates of adults walking for leisure; lower rates of physically active adults and lower breastfeeding rates. These environmental factors, which children and young people cannot choose, have an important role in childhood obesity and overweight levels (245).

Overweight is defined as having a body mass index (BMI) between 25 and 30, obesity is having a BMI of 30 or above. Figure 3.28 shows the inequalities in obesity in young children in Gwent. By age 4 to 5 21% of children in the most deprived quintile in Gwent are obese, 19% in the second quintile compared to 13% of children in the least deprived quintile.

Figure 3.28. Percent of children aged four or five who are obese, by WIMD quintile, Gwent local authorities and Wales, 2020/21



Source: Child Measurement Programme (246)

It is essential that interventions to address issues such as smoking and obesity adopt an inequalities lens. Workers supporting young families spoke of initiatives trying to improve healthy eating and reported it wasn't landing well in some local communities.

*“The healthy weight people... talked to parents in \*\*. You can't just parachute in and talk to these people and tell them what to do. You haven't done anything in this area to upskill them or bring up their confidence. Particularly up in \*\*, there's almost a resistance now to get involved because they've been told what to do without any engagement for so long. Now they're actually like we don't want to talk to you now, you know. Things are being done to people constantly. It's done to people.”*

Other workers reflected on the complexity of improving health for those living on the lowest incomes:



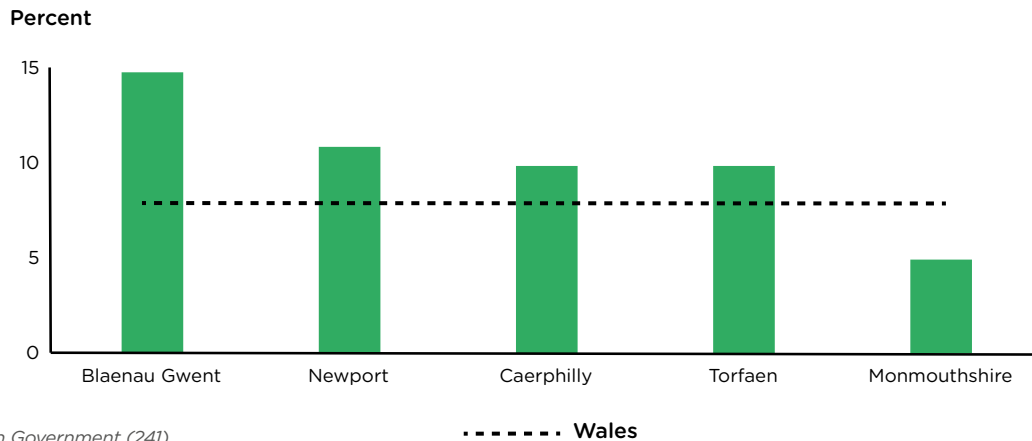
*“There are so many factors that are responsible for people's lives and health. We say this to the Health Board all the time - you could come up with as many programmes to encourage people to eat five a day, or whatever it is you want to do. But if you're living in a house with damp and you can't afford to put food on the table for your children and you're living in a chaotic lifestyle as a consequence of the fact that you haven't got a job. Then, with all due respect, you can give as many messages as you like around, for example, diets, but no one is going to take the slightest bit of interest in it...you are never going to encourage people to give up smoking and drinking when their lives are so stressful. It's the last thing on their mind and that's the reality.”*

Some current prevention policies are not adequately focused on reducing inequalities, as these programmes focus on wellbeing. We recommend actions on prevention and reducing inequalities should be at the centre of NHS policies. For example, the Healthy Schools programme is expected to “build insights about healthy and active life choices, mental resilience and other life management skills into young people's education” (47) but we would recommend Healthy Schools do this but with an inequalities lens, so that the schools with higher numbers of pupils eligible for free school meals are offered additional support, proportionate to need.

By adulthood, rates of obesity climb, as they do in the UK and in other western nations. Blaenau Gwent continues to have the highest rates of overweight and obesity and Newport, Caerphilly and Torfaen all have rates higher than the Welsh average. There are inequalities in the consumption of fruit and vegetables. Monmouthshire, with the lowest rates of obesity and overweight, has the highest consumption of fruit and vegetables, and in Blaenau Gwent, Newport, Caerphilly and Torfaen more than one in ten adults did not eat any fruit and vegetables (in the previous day), Figure 3.29.



**Figure 3.29. Percent of adults who ate no fruit and vegetables the previous day, Gwent local authorities and Wales, 2018-20**



Source: Welsh Government (241)

Food prices have increased significantly in the last few years. Between 2019 and 2022, for example, apple prices rose by 38% and for carrots by 35% (249). Food costs then soared between March 2022 and March 2023: cheddar cheese prices rose by 49%, milk by 40% and chicken by 25% (250). In addition, products labelled 'budget' also had price increases. *Which?* analysed food costs and found average prices of own-label budget items rose by 25% between March 2022 and March 2023 (251). Healthy Weight: Healthy Wales is NHS Wales' strategy to help children, young people, and adults to achieve and maintain a healthy weight. Interviewees from local authorities stated they did a great deal of work in this area, in their work in Families First, Flying Start, cooking classes, food banks, Healthy Schools Scheme, Healthy Schools Meals, free school-meals deliveries. It is recommended that ABUHB healthy weight teams work in partnership with local authorities to ensure their work streams complement each other and there is no duplication.

Levels of deprivation also impact physical activity levels. Young people from high-income families are more likely to be physically active compared to young people from families on lower incomes (247). In addition, gender

is a factor, boys are more likely to be physically active compared to girls.

There are also worrying signs of increasing sedentariness in young people; 23% of young people in Blaenau Gwent and 22% in Caerphilly stated they sat for more than seven hours on a weekday (252).

Crowdfunder, a Sport Wales funding initiative introduced in 2021 aims to reduce inequalities in sport and targets funding at clubs in the most deprived areas in Wales, Box 21. We recommend this targeted funding continues and analysis is undertaken of the participants attending clubs, age, sex and residence.

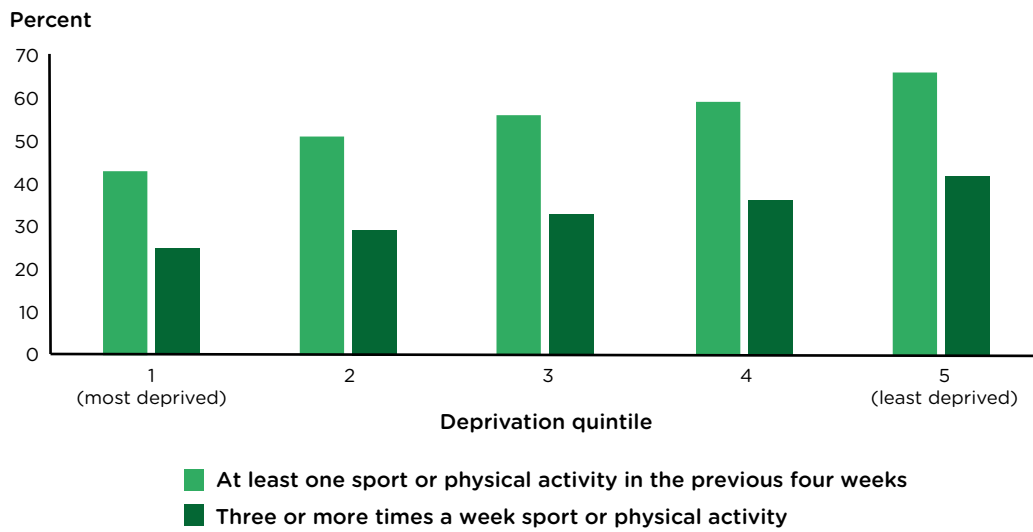
The National Survey for Wales found 44% of Welsh adults met the 150 minutes of weekly exercise in 2021/22, 62% of men and 51% of women. Current levels of physical activity are not available below national levels. Figure 3.30 shows the inequalities in physical activity, with people living in areas of highest deprivation stating they are least likely to be participating in any physical activity and regularly exercising.

### Box 21. Improving sporting opportunities in areas of higher deprivation

Crowdfunder, a Sport Wales funding initiative introduced in 2021, aims to reduce inequalities in sport and targets funding at clubs in the most deprived areas in Wales. Sport Wales aims to promote and develop sports in Wales. One of the challenges faced by Sport Wales is the limited funding available for sports initiatives. To address this challenge, Sport Wales has explored various funding options, including crowdfunding. The aim of the crowdfunding initiative is to support community resilience, infuse transparency and help maintain the longevity of sports clubs across Wales. Six projects in Gwent have successfully raised funds that Sport Wales have match funded.

In September 2021 Sports Wales partnered with Crowdfunder to launch a crowdfunding campaign to raise funds for various sports-related projects, including the development of sports facilities, the provision of sports equipment, and the support of sports events. Sport Wales pledge to match fund between 30% and 50% has contributed £159,000 and helped 34 projects across Wales. Each project is measured by the Welsh Index of Multiple Deprivation, with the most deprived communities automatically receiving the highest percent of funding available. The campaign was promoted through various channels, including social media, email, and traditional media, and to date these projects have received £522,000 from the public donations (248).

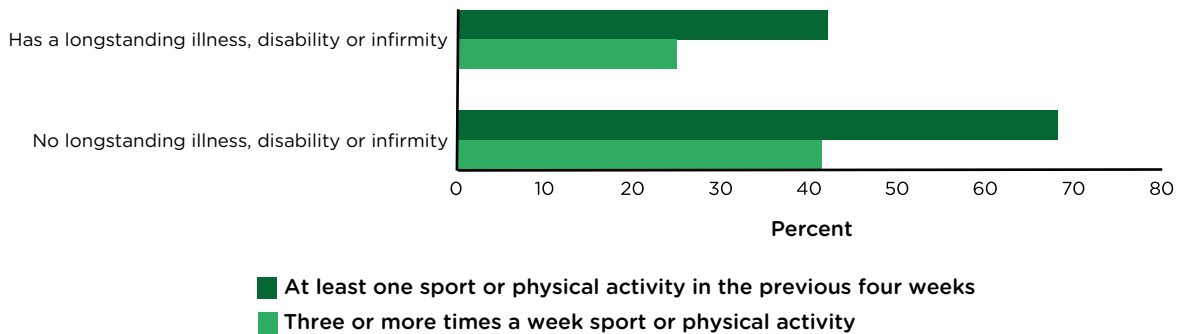
**Figure 3.30. Percent of adults whose participation in sport or physical activity amounted to a) at least once in the previous four weeks b) three or more times a week, by WIMD quintile, Wales, 2021/22**



Source: National Survey for Wales (20)

People with disabilities are also less likely to be regularly participating in sporting activities, Figure 3.31.

**Figure 3.31. Percent of adults whose participation in sport or physical activity amounted to a) at least once in the previous four weeks b) three or more times a week, by illness/disability and infirmity, Wales, 2021/22**



Source: National Survey for Wales (20)

The National Exercise Referral Scheme has sought to increase levels of physical activity and in recent years has been working with the Department for Work and Pensions to help bring people with disabilities back into the labour market, Box 22.

## Box 22. National Exercise Referral Scheme

The National Exercise Referral Scheme (NERS) in Wales is a programme that encourages physical activity and exercise through referrals from primary care clinicians and various health professionals.

The aim of NERS is to reduce the inequalities in ill health by providing access to tailored and supervised physical activity. The target population is those aged 16+ who are at risk of or are currently experiencing a long-term or chronic health condition. Once referred, clients are offered a suitable session pathway which is aligned to their diagnosed condition. The scheme was initially tested in a randomised controlled trial (RCT) in 2010 and was later scaled up across Wales (253).

The NERS encourages physical activity by providing sessions delivered in local leisure or community centres or green spaces to allow ease of access for referred clients and introduce clients into an activity environment. The NERS provides a varied programme which works with clients to choose sessions that are adaptable, enjoyable, and suited to their needs. By addressing the clients' specific needs, NERS seeks to reduce the need for further health interventions within primary and secondary care.

Evaluation of the NERS found it improved autonomous motivation, self-efficacy and social support, the psychosocial mediators of change in physical activity. Health professionals have reported positive experiences with the NERS, stating they believe the scheme is an effective way to promote physical activity (254).

There is an absence of long-term effectiveness of the NERS – it increases physical activity levels in the short term but evidence on the long-term effectiveness is limited (253). Another challenge is the issue of targeting, NERS is an end-user service which is reliant on referrals once clients have accessed primary or secondary care for a diagnosis; it does not allow self-referral so its ability to establish a 'prevention is better than cure' strategy is limited.

Some NERS staff in Gwent anecdotally report that the cost of sessions is a significant barrier to participation. The fee of £2.50 per session is a nationally set price. Observations from local Gwent NERS coordinators state some clients, particularly those not eligible for DWP support, do not access the service due to session and transport costs. As such, it is unclear if the NERS is decreasing or exacerbating inequalities.

To improve attendance, a joint NERS DWP project offers free attendance, bus pass funding and support to buy suitable clothing. However, this intervention has led to a limited increase in attendance. There is currently a fragmented referral process in place where potential users of the NERS service are asked when attending their local Job Centre if they would like to join the scheme. They must then self-refer to their local GP and seek a referral. Due to the unprecedented pressure currently facing GPs, the ability of clients to obtain timely referrals has become a barrier to participation.

Better data and analysis are needed to fully understand the impact of inequalities on the services offered and take-up of the NERS offer. Research into NERS in the UK found higher levels of deprivation reduced the likelihood of people adhering to the scheme, and recommend better triaging and more intensive support (255).

In addition, the pandemic and cost-of-living crisis have had detrimental impacts on leisure services and community centres in Gwent and across Wales. Cuts to local authority funding has resulted in reduced opening times and closures, both of which impacted the NERS. Despite the long-standing funding for the programme, much of it is short-term and year-on-year grant funding. NERS grant funding did not change between 2012/13 and 2022/23 and had a slight increase in 2023/24 (1.5%). With inflation, this had meant a real-terms cut and had a significant impact on service delivery in some areas in Gwent. In 2023/24 there was a £20-25,000 funding shortfall for Caerphilly's NERS, and as a result, this scheme is expected to cut NERS staff in the next 6-12 months to meet its lower budget.

## ALCOHOL AND DRUG MISUSE

Public Health Wales reports 45% of men and 34% of women drink above the recommended guidelines and reports alcohol-related deaths are higher in the most deprived areas of Wales (256). StatsWales and the National Survey for Wales do not provide alcohol or drugs misuse statistics below national levels, nor by deprivation. It is recommended these statistics are made public and shared with primary and secondary care teams, public and mental health teams and the voluntary and community sector.

In March 2020 Wales introduced a minimum price for alcohol, 50p per unit. After an immediate reduction in alcohol sales (by 8.6%) from households who generally purchased the most alcohol, within the first two years of the policy, the minimum price “has had little impact on the drinking patterns of the drinkers” (257). An evaluation in February 2023 stated most drinkers in Wales reported little change whilst ‘dependent drinkers’

were spending more money on alcohol due to the price increase (64). In Scotland, a minimum price for alcohol was introduced in 2018 and there has been a “net reduction of 3% in total per-adult sales” (61). Both the Wales and Scotland minimum pricing has yet to be assessed in terms of impact on health. Future evaluations of the policy should assess inequalities and the impact on drinkers with different levels of income.

The minimum price for alcohol is welcome but shows single policies are not adequate to improve the causes of health inequalities. Local actions are also needed, as the work of the alcohol care team in The Grange is working together with teams in the NHS and beyond to better support those in need of alcohol drug support in Gwent. This intervention is an exemplar case of secondary prevention – which involves detecting disease in its early stages and intervening before full symptoms develop, Box 23.

### Box 23. Early prevention in the Grange University Hospital

The alcohol care team at the Gwent Liver Unit has set up a local collaborative involving public health, GPs, substance-misuse professionals and key stakeholders from Third Sector alcohol and drug support providers. Previously there was a group that was “a bit of a talking shop” and in 2015, with the introduction of the national liver strategy, ABUHB became the clinical lead in Wales. The alcohol care team believed that better alcohol support services were needed in Wales as it did not have comprehensive overarching alcohol support services for people admitted to hospital.

Previous projects in the community failed to capture patients in hospital either directly or indirectly due to their alcohol problems. The team could see that many people were not self-referring to these community services but were attending Accident and Emergency or other hospital appointments with complications from their alcohol consumption. It saw this as missed opportunity. With an initial round of funding the team appointed two nurses – not to run a liver service but to become the Gwent alcohol care team and provide support for any patient who was in the Grange with an alcohol problem. The team members focus work “very, very assertively” with front door staff and provide services every day of the year. They liaise with ambulance staff every morning and periodically throughout the day to assess whether there’s a potential for their alcohol intervention.

In addition to hospital-based services the team responds to needs in communities themselves. Outpatient clinics are held weekly in Ebbw Vale, Caerphilly, Torfaen and Newport. The team also employs two assistant practitioners who hold a caseload of 20 patients covering all of Gwent. The patients treated in the community often have repeatedly attended hospital or declined support from Third Sector agencies. They are typically very complex, may not meet the criteria of Third Sector agencies or need a more intensive programme of support (weekly appointments) which Third Sector services are currently not able to offer.

The team also runs a recovery group, and offers this group as either a ‘step down’ from the assistant practitioner support or as an alternative for those who are less complex but need that additional support.

The recovery group is held in the county hospital and the team is in the process of sourcing funding for transport to enable people to attend. The team has noted that patients have had difficulties travelling to the county hospital. The geographical distance of getting from one valley to the other in Gwent is quite hard unless patients have a car. “Patients just can’t get to us. They say, ‘I can’t, I haven’t got the money or I haven’t got the resources to be able to do it.’” The team decided “we need to think differently” and is considering subsidising travels to clinics.

The team is keen to understand why people do not attend. “We’ve never tackled DNAs in health. We should be calling up every single DNA, ‘you didn’t come’. Can we find out why it might be that they’re not bothered?”

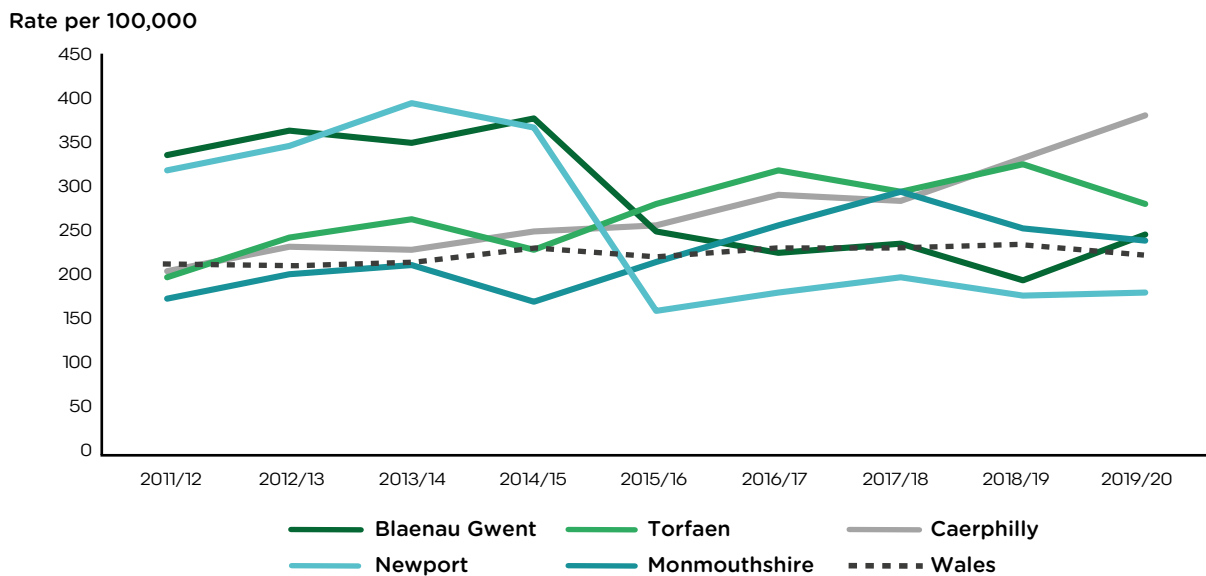
That’s an opportunity to explore about why they’re not bothered or it might just be, they just logistically can’t get there.” 40% of patients with advanced liver disease live in the Caerphilly borough area but the team has struggled to access clinic rooms. It wants to move into the localities where communities are located but struggles with NHS logistics and they have asked for clinic rooms in the places where their patients live but have so far faced barriers. The team states: “We should be offering outpatient activity as close to their doorsteps as possible to reduce that that inequity of access.”

The team keeps the referral threshold as low as possible to ensure that alcohol problems do not escalate. In 2023 the team is aiming to set up in primary care clinics, to go out into primary care clusters and is considering groups in leisure and community centres. In future years it aims to carry out an analysis of their service by deprivation.

In Wales rates of drug use have been static in the last few years, though the pandemic may have affected these statistics. Approximately 9% of adults (aged 16 to 59 years) reported drug used in the year ending June 2022, rising to 19% in adults aged 16 to 24 years

(258), Figure 3.32. However, in Gwent, the rate of drug misuse in Caerphilly and Blaenau Gwent has increased since 2018/19 while remaining static in the other three local authorities.

**Figure 3.32. Rate of drug misuse per 100,000 population, Gwent local authorities and Wales 2011/12-2019/20**



Source: InfoBase Cymru (259)



## SOCIAL CARE, PREVENTION AND INEQUALITIES

A *Healthier Wales* seeks to adopt a whole-systems approach to improving health and social care and emphasises the importance of prevention, “Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and wellbeing service focused on prevention and early intervention” (47).

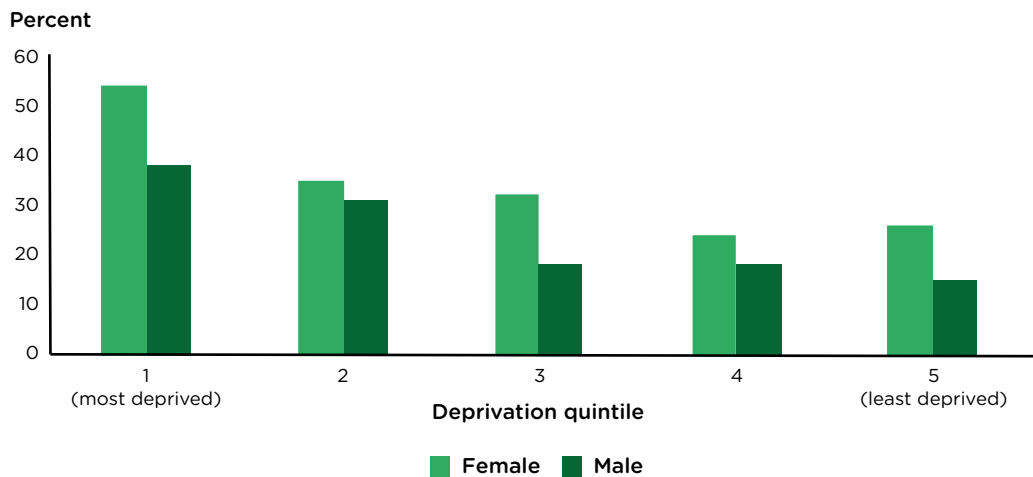
However, at local levels, the conversations are dominated by demands to reduce delays in hospital discharges and prevention focuses on preventing older populations’ ‘unnecessary’ hospital admissions. Many of the assessments of health and social care working together to prevent people becoming ill concentrate on the savings to acute hospitals and reductions in acute care. One interviewee stated: “The whole system approach cannot just be about reducing pressures on hospitals or the NHS.” This disconnect between legislation and operational reality has been acknowledged by the Welsh Government. The evaluation of the Social Services and Wellbeing Act stated statutory services such as the NHS continued

to be reactive, unable to offer early interventions as “thresholds for support are too high”. The evaluation identified numerous challenges to the delivery of preventative services by the NHS and local authorities:

- access criteria for statutory services may be inhibiting early intervention (that is, thresholds are too high)
- lack of direct funds for prevention
- Third Sector involvement is often tick-box and not integrated
- low public and community awareness of preventative services and how to take advantage of them
- the lack of development of preventative services which respond to complex structural issues faced by communities (260).

Activities for Daily Living is a way of understanding if ‘frail’ people can be transferred from acute hospitals to the community sector. Social care makes these assessments and whilst evidence is sparse, there are inequalities in this area. In 2018 *The Health Survey for England* found people living in the most deprived quintiles were more likely to need help with Activities for Daily Living, and as incomes increased, so too did the need for help with these daily activities, Figure 3.33.

**Figure 3.33. Percent of population who needed help\* with Activities of Daily Living\*\* in the last month, by Index of Multiple Deprivation (IMD) and sex, England, 2018**



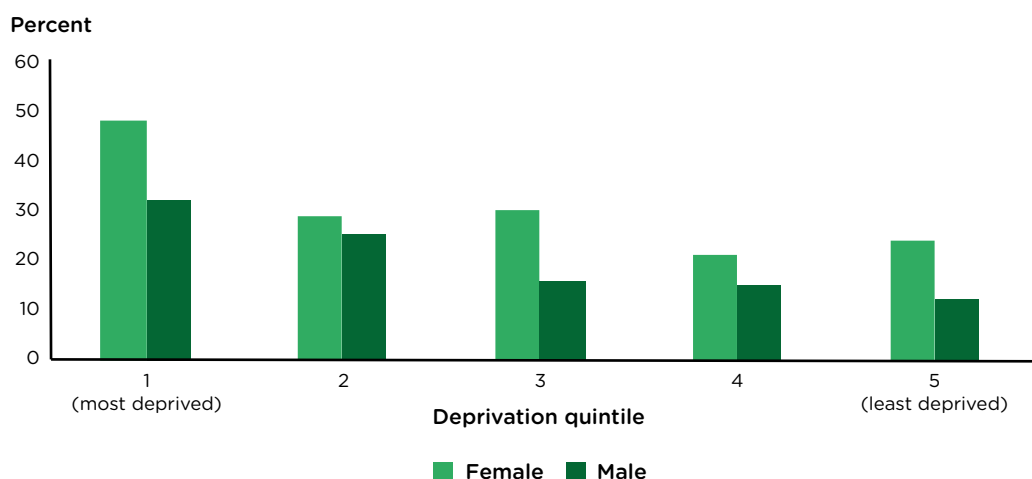
**Notes:** \*Age-standardised, \*\* Activities of Daily Living (ADL), are all the essential, basic self-care tasks that people need to do every day to keep themselves safe, healthy, clean and feeling good: from getting up in the morning, showering, grooming, preparing and cooking meals, shopping and travelling to maintaining the house, garden and taking care of pets.” (261)

**Source:** Health Survey for England (262)

In 2018 24% of adults in England had some unmet need with regards to help with activities for daily living, Figure 3.34. However, looking at unmet need by deprivation reveals deep inequalities. 48% of women in the most deprived areas have unmet need, double the number

of women with unmet need in the least deprived areas. In men there are similar inequalities, 32% in the most deprived areas report unmet need in activities of daily living, compared to 12% in the least deprived areas.

**Figure 3.34. Percent of population with unmet need\* for help with Activities of Daily Living in the last month, by Index of Multiple Deprivation (IMD) and sex, England, 2018**



*Notes:* Age-standardised.

*Source:* Health Survey for England (262)

*A Healthier Wales* aims to keep people healthy and independent for as long as possible, and prevention is one of the five main ways the Welsh Government is seeking to deliver this aim: “We want to shift services out of hospital to communities, and we want more services which stop people getting ill by detecting things earlier or preventing them altogether” (47).

In December 2022 the Welsh Government issued guidance that patients may be discharged while waiting for a social care assessment or without a care package being in place. The chief medical and nursing officers stated: “There will be a need for everyone to consider discharge arrangements that may not be perfect, a care package may not yet be in place, and social care assessments may need to happen at home rather than in hospital.” In light of the additional needs identified in Figures 3.34 and 3.35 it is likely that there will be inequalities in patients sent home without care packages, with those in the more deprived areas likely to have higher needs. Directors of social care in Gwent stated their views about reducing current hospital discharges were welcome however, they were rarely included in discussions about early intervention and prevention, despite their expertise and knowledge of the capacity of the sector.

The evaluation of the Social Services Act concluded stronger commissioning frameworks were needed to

better allocate for preventative purposes (260). For example, Care and Repair Cymru is regarded as a key partner in providing housing repairs for older people and keeping them out of hospital. Referral rates to Care and Repair Cymru increased in the last few years and it described its teams as “stretched to the limit to fill the gaps left by public services” and that they are seeing “increasingly complex cases involving mental health, hoarding and wider societal issues” (179). Despite the importance of the organisation in keeping people out of hospital, its core revenue funding has not changed for six years and prior to that, funding was reduced by nearly 22% between 2010 and 2016. Capital funding has remained the same for 10 years. The organisation states: “Funding is not sufficient to meet need...we see thousands of older people in desperate need of help to make their homes safe to live in that we cannot help” (179).

The place-based datapacks include the following charts:

- Overweight or obese adults
- Adults (16+) who meet the physical activity guidelines
- Pupils who did no frequent sporting activity
- Percent drinking more than 14 units of alcohol in the usual week
- Drug deaths, rate per 100,000

## RECOMMENDATION: STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION

<b>Related Marmot indicator</b>	Inactivity rate excluding students (males, females) Percent walking for 10 minutes every day or several times a week to get somewhere Percent of people who are lonely (age 16+)
<b>2023-2024</b>	<b>2024-2029</b>
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>Assess Gwent's current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and the social determinants of health approach and a whole systems working approach in Gwent.</li> <li>Assess the steep decline in life expectancy for women in Gwent.</li> <li>In partnership with local authorities provide inequalities-informed behaviour change approaches to e.g. public transportation and active travel.</li> <li>Develop approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation.</li> <li>Adopt equivalent of equity informed approach (for example, Deep End or equivalent) in all primary care practices in areas of higher deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>Behavioural prevention policies and actions all have equity and social determinants of health approach and a whole systems approach.</li> <li>Implement actions to reduce the steep decline in life expectancy for women in Gwent.</li> <li>Support work with communities in areas of higher deprivation to provide the activities, support, spaces and opportunities they want. Monitor use and work with communities to increase uptake.</li> </ul>
<b>Accountable lead:</b> ABUHB	
<ul style="list-style-type: none"> <li>Maximise secondary prevention opportunities in acute and primary care in Gwent through health promoting hospitals and health services and supporting clinicians to identify and act on these inequalities.</li> <li>Review exercise on referral and social prescribing offers to ensure they are addressing the social determinants of health and offered to citizens living on lower incomes.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor secondary prevention opportunities in acute and primary care in Gwent, ensure it is addressing inequalities.</li> <li>Exercise on referral and social prescribing offers have equity and social determinants of health approach.</li> </ul>

### Areas for national actions:

- SportsWales to analyse funding available for areas of higher deprivation and amend funding proportionate to need to reduce health inequalities.
- Examine the impact of the minimum alcohol price on household income.
- Make statistics on alcohol and drug misuse available at local authority disaggregation and by deprivation status.

# 3G. TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES

## KEY MESSAGES

- Structural and systemic racism contributes to perpetuating health inequalities, as one of the ‘causes of the causes of the causes’ of ill-health, and lies behind ethnic inequalities in the social determinants.
- While most ethnic populations in the UK have longer life expectancies than White Britons, some ethnic populations appear more likely to be in poor health.
- Data on ethnicity is lacking in many health outcomes and in key social determinants of health. It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services, to enable employers and providers of services to reduce discrimination and inequalities.
- In Gwent, Newport has the highest proportion of people from ethnic minority backgrounds. It is a relatively young population with impacts on public services such as schools.

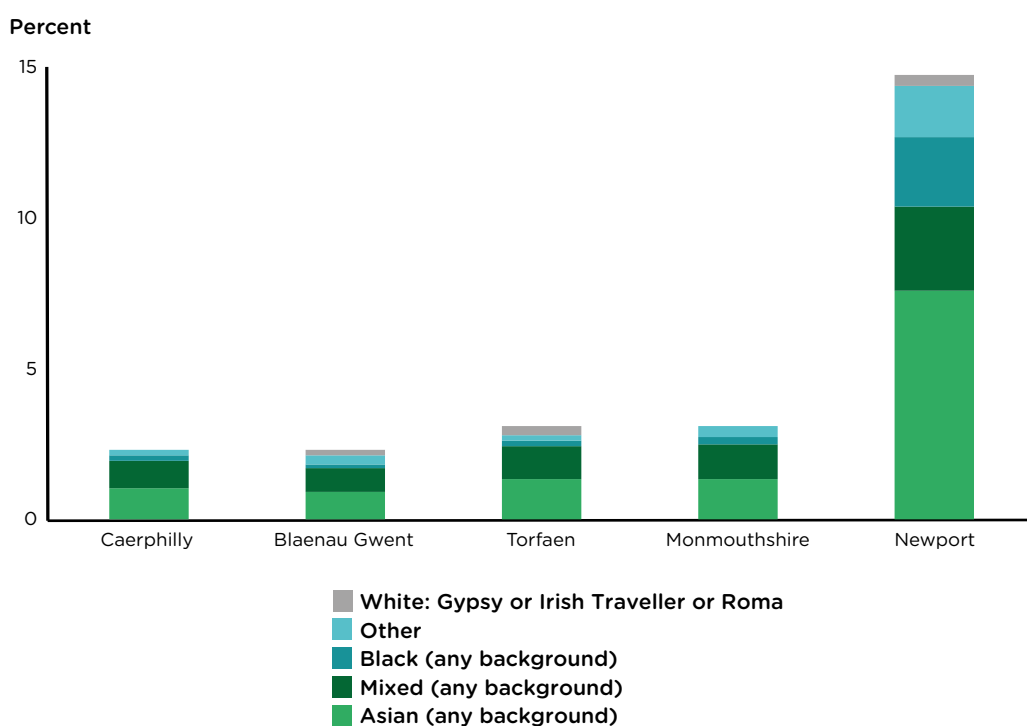


Compared with the White population, disability-free life expectancy is estimated to be lower amongst several ethnic minority populations and rates of infant and maternal mortality, cardiovascular disease and diabetes are higher amongst Black and South Asian ethnic populations and people from ethnic minority groups are more likely to report being in poorer health and report poorer experiences of using health services than the White British population (263).

In the UK, people from many ethnic minority populations are more likely to live in more deprived communities compared to White populations (264). The Runnymede Trust states that in the UK, in 2018-2020, 37% of ethnic minority populations lived in relative poverty, compared with 19% of the White population. Ethnic minority populations are currently 2.2 times more likely to be in deep poverty, experiencing extreme levels of hardship, meaning they struggle to afford everyday basics such as food and energy, than White populations. Bangladeshi populations are more than three times as likely to do so (265).

In the 2021 Census 82% of the Welsh residents stated they were white, a decrease from 86% in 2011. Figure 3.35 shows Newport is the most ethnically diverse area in Gwent, 8% of the city's population are from an Asian ethnic background, 2% from an Asian ethnicity and 1% each from a mixed Black or 'other' ethnicity (266).

**Figure 3.35. Percent of population from broad minority ethnic groups, Gwent local authorities, 2020**



Source: Office for National Statistics Census (266)



The IHE report *Building Back Fairer* showed the pandemic revealed stark inequalities in health and economic and social inequalities in many of the UK's ethnic minority communities. At the height of the pandemic the diagnosis rate of COVID-19 per 100,000 population for Black males was nearly three times that of White males. People of Chinese, Indian, Pakistani, Other Asian, Black Caribbean, and other Black ethnicity had between 10 and 50 percent higher risk of death from COVID-19 compared to the White population (5). The pandemic exacerbated existing inequalities and exposed the degree to which ethnic minority groups were affected by health inequities.

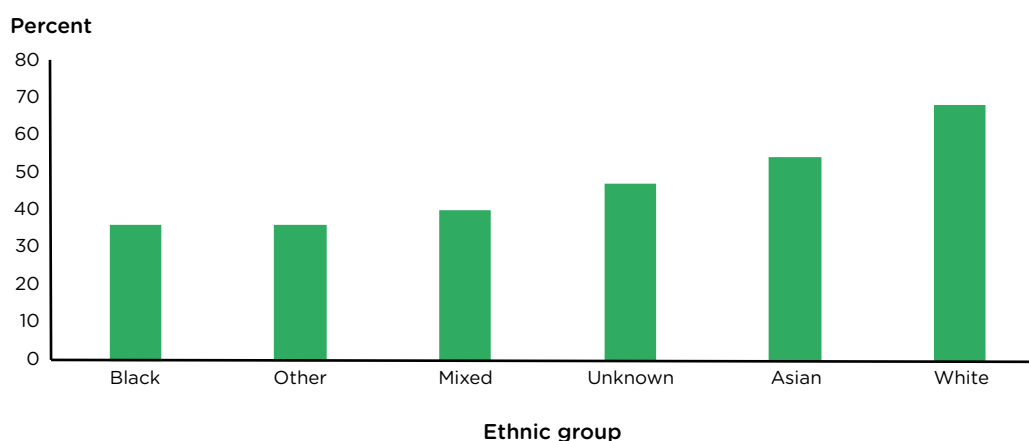
In January 2023 the Welsh Government published its *Anti-Racist Wales Action Plan* (267). The ambitious plan focuses on “six ways in which racism impacts on the lives of ethnic minority people”, in:

- experience of racism in everyday life
- experience of racism when experiencing service delivery
- experience of racism in being part of the workforce
- experience of racism in gaining jobs and opportunities
- experience when they lack visible role models in position of power
- experience of racism as a refugee or asylum seeker

One of their priority action areas is health inequalities. The health inequalities working group, yet to be established, will be required to “work alongside and coproduce with Black, Asian and minority ethnic people to identify barriers faced by these communities in accessing services and (b)y 2023... make recommendations on how barriers can be removed to ensure equality of access to services.” (267)

One of the goals of the Anti-Racist Action plan is to improve data to understand health inequalities related to ethnicity. Figure 3.36 shows the COVID-19 vaccination uptake by ethnicity and there are clear inequalities, with 32% of Black population groups having the 2022 autumn booster compared to 63% of the White population. In this statistic, 10% of responses stated ethnicity was ‘unknown’. This poor data compromises the ability of systems to best address inequalities and the recording of ethnicity in the NHS must improve.

**Figure 3.36. Percent of people vaccinated with the COVID-19 autumn booster, Wales by broad ethnic groups, at 14 March 2023**

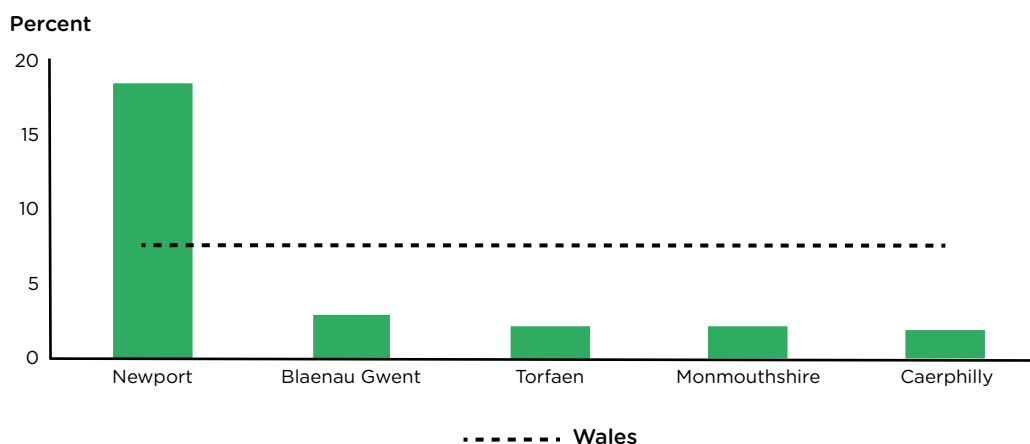


Source: NHS Wales (268)

As well as having the most ethnically mixed population in Gwent, Newport also has the highest percent of pupils whose language is not English or Welsh, more than twice the Welsh average. Figure 3.37 also shows the make-up of Newport's ethnic minority population, which is young.

With education budgets under pressure in 2023/24 and in subsequent years, it will be important to monitor the provision of additional support and the outcomes of students with English/Welsh as a second language.

**Figure 3.37. Percent of pupils aged over five whose first language is not Welsh or English, Gwent local authorities and Wales, 2020/21**



Source: Pupil Level Annual School Census (269)

The place-based datapacks include the following charts:

- Population by ethnic group
- Pupils who are Black, Asian or from an ethnic minority group, primary and secondary schools

RECOMMENDATION: TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES	
2023-2024	2024-2029
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>• All PSB partner organisations to gather data on their workforce by ethnicity, pay and grade.</li> </ul>	<ul style="list-style-type: none"> <li>• Based on findings in year one, PSB statutory partner organisations set actions to reduce structural racism and its outcomes in the NHS, local authorities and public sector.</li> <li>• Work with businesses to improve collection of workforce data about ethnicity and actions to reduce structural racism.</li> </ul>

**Areas for national actions:**

- Implement the Anti-racist Wales Action Plan.

# 3H. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

## KEY MESSAGES

- Tackling climate change and health inequalities in unison is vital so that efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage health equity.
- Harm to health from climate change will affect communities living in the most deprived areas the most.
- Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst-off who also bear the costs of remedying the problem.
- The Welsh Government has made significant commitments to improving air pollution emissions. Air quality in Gwent is at or slightly above Welsh averages.
- The Welsh Government has also made significant commitments to improving active travel however data at local authority levels is insufficient and applying an understanding of inequalities of active travel policies is advised.

**The IHE *Ten Years On and Achieving Net Zero* reports outlined the direct and indirect impacts of climate change to mental and physical health and unequal impacts that deepen health inequalities (3) (6).**

As the climate warms and the incidence of extreme weather events such as intense rainfall increases, harm to health from climate change will also increase and, in the future, will affect people who live in the most deprived areas the most (6). In 2022 extreme weather, in the form of heat waves, hit Gwent in July and August. The highest recorded temperature in Wales was recorded in July 2022. These high temperatures had significant impacts in Gwent: the Welsh Ambulance Service reported increased calls; the Gwent Fire Service had its busiest day since World War Two; roads were damaged and water levels in the River Wye were extremely low, measuring at two centimetres at points (270). These high temperatures impacted on health.

Between June and August 2022, 3,271 excess deaths were recorded in England and Wales, a 6.2% increase above the five-year average. In the 2022 summer heat-waves deaths due to dementia and Alzheimer's disease were the leading cause of excess deaths in England and Wales (271).

Many of the actions to reduce greenhouse gas emissions will also improve health as a co-benefit and reduce existing health inequalities, for example, by improving local air quality. However, there is potential for interventions such as phasing out petrol and diesel cars that would widen inequalities (6). The IHE *Sustainable Health Equity: Achieving a Net-Zero UK* report recommends an overarching health equity in all climate change policies approach, and that these policies must ensure the costs of measures to mitigate climate change are distributed progressively and that the benefits reach those who have the most potential to benefit (6). Adaptation and mitigation actions both require systematic cross-departmental working across the same areas of government, including housing, transport, health and fiscal policies among others. The report identifies the key policy levers to address health equity and climate change, Table 3.

**Table 3. Adaptation and mitigation measures to reduce inequalities and meet net zero (6)**

<b>Minimising air pollution</b>	<ul style="list-style-type: none"> <li>• Reduce dependence on fossil fuels and accelerate transition to clean energy.</li> <li>• Set target date to eliminate home installation of wood burning and gas stoves in urban areas.</li> <li>• Upgrade domestic heating systems to electric and/or heat pump technology.</li> <li>• Invest in retraining and diversify affected economies as fossil fuel industry sites are closed.</li> </ul>
<b>Building energy efficient homes</b>	<ul style="list-style-type: none"> <li>• Establish target to retrofit and upgrade existing homes to be energy efficient.</li> <li>• Revise building standards to become near-zero or zero-carbon with flexibility to adapt to local environment needs.</li> <li>• Ensure all homes are designed to reduce exposure to extreme heat without using refrigerants.</li> </ul>
<b>Promoting sustainable and healthy food</b>	<ul style="list-style-type: none"> <li>• Enable powers to transition to healthier and more sustainable diets, to be reflected in UK dietary guidelines.</li> <li>• Develop labelling system to inform consumers about health and environmental impacts of purchases.</li> <li>• Support interventions such as changing marketing of food, VAT structures and waste reduction duties.</li> </ul>
<b>Prioritising active and safe transport</b>	<ul style="list-style-type: none"> <li>• Support replacement of old polluting vehicles, expand electric charging network for vehicles and e-bikes and invest in walking/cycling infrastructure.</li> <li>• Increase availability of affordable and reliable public transport, promote ride-sharing and e-delivery services.</li> <li>• Optimise flexible speed restrictions/traffic control measures to protect cyclists and pedestrians, reduce air pollution and GHGs, and increase monitoring and enforcement.</li> </ul>

Wales' *Net Zero Strategic Plan* outlines actions taken by the Welsh Government to achieve net zero emissions by 2030 (272). The ambitious plan includes actions for staff and it is important that the delivery of the plan has an equity focus as well as a harm reduction and mitigation focus in interventions and policies to reduce the effects of climate change. For example, two commitments state they will provide “an enabling environment for low carbon travel” and “advice and support to Welsh householders to retrofit their homes towards net zero standards”. An equity-focused offer would be proportionate, such as offering proportionately more support for employees on lower wages.

The *South East Area Statement* is Natural Resources Wales' strategic approach in Gwent (273). Its Healthy, Active, Connected statement acknowledges the inequalities in green space, and we would encourage these approaches, such as increasing food growing spaces, improving the quality of green spaces and active travel infrastructures, to adopt a health inequalities lens and to take actions in areas of higher deprivation first, to reduce inequalities.

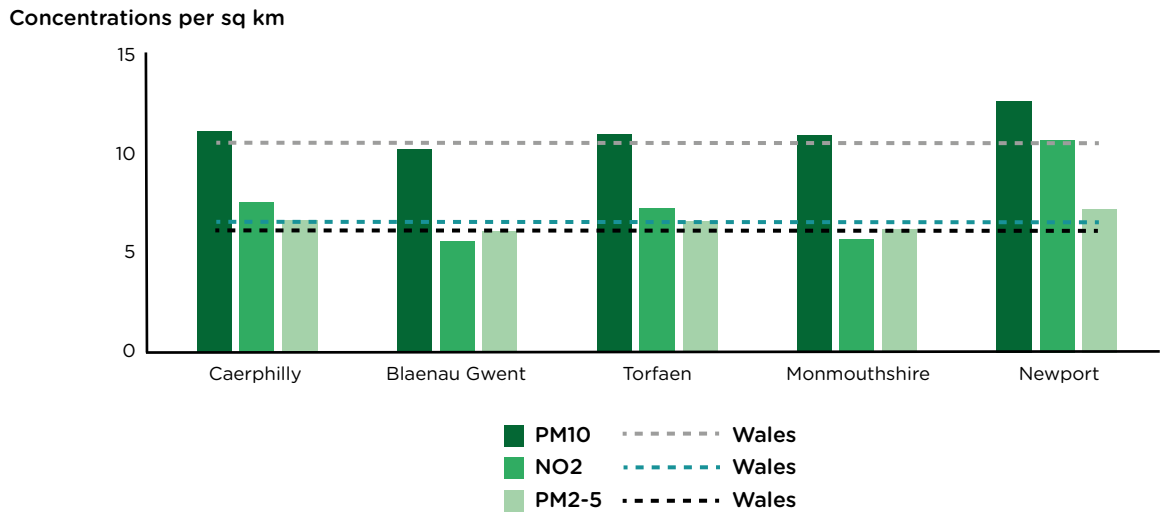
## AIR POLLUTION

Air pollution has a significant effect on public health and the Welsh Government has taken a number of actions to improve air quality, including reducing speed limits on motorways and, from September 2023, a 20mph default speed limit on restricted roads (residential roads) across Wales (274). Another significant policy to improve air pollution is the Roads Review decision to cancel new road schemes in February 2023. Whilst this is promising, the Senedd later voted to criticise this review and it is unclear if the decision to cancel new road schemes will stand (275).

Public Health Wales estimates the long-term exposure to air pollution is related to 1,000 to 1,400 deaths each year in Wales (276). It also estimates the cost to Welsh society (impacts on the health service and lost work days) from air pollution is around £1 billion per year (277). Pollution concentrations in Blaenau Gwent are all below Welsh averages but in the other four local authorities, air quality is equal to or slightly worse than the Welsh average, Figure 3.38.



Figure 3.38. Average pollutant concentrations for each square kilometre, Gwent local authorities and Wales, 2020



Source: Air Concentration, Department for Environment, Food and Rural Affairs





## RETROFITTING

There are co-benefits/positive side-effects from addressing climate change (6). The most effective policies focus on whole-house approaches, improving insulation, heating and ventilation as well as influencing behaviours and lifestyles (279). The IHE report *Fuel Poverty, Cold Homes and Health Inequalities in the UK* showed retrofitting existing houses (for example, improving insulation, fitting double-glazing, etc) will improve housing standards and reduce greenhouse gas emissions as well as improve health outcomes and reduce inequalities (188).

In Wales, energy use in homes accounts for 10% of Wales' greenhouse gas emissions (including from electricity consumption) (280). The UK Climate Change Committee states greenhouse gas emissions from existing homes are not falling fast enough to meet net zero as policies are not adequately supporting

homeowners to retrofit homes with low-carbon heating options (281). Locally, areas stated a proportion of housing grants for retrofitting were not spent due to the undersupply of contractors who can carry out the work. Local authorities reported: "Companies are not confident that there will be a steady supply of long-term work through retrofitting schemes to justify developing skills and resources needed to deliver retrofitting, a problem that gets worse every time a new scheme comes around due to past history of failed schemes."

The public wants better access to renewable energy. 63% of respondents to a Public Health Wales survey stated they 'strongly supported' cheaper and more accessible renewable energy from solar, wind and sea power (225). There have been programmes to support households to make their homes more energy efficient, Box 24 outlines the Energy Company Obligation.

### Box 24. Improving efficiency in low-income homes

The Energy Company Obligation (ECO4), introduced in 2013, is a government energy efficiency scheme for Great Britain that aims to provide long-term reductions in fuel poverty and energy bills and reduce carbon emissions. The current ECO4 order began in July 2022 and runs until March 2026, with an investment of £4 billion. The scheme supports low-income and fuel-poor households through installation of insulation and heating measures, especially in the least energy-efficient homes. The scheme places a legal obligation on suppliers to support these households. Homes with an Energy Performance Certificate (EPC), band of D-G may be eligible for the scheme. There is a minimum delivery requirement of improving band F or G homes to at least band D, and band D or E homes to at least a band C.

Detailed guidance outlines how local authorities can identify and refer households, who must be in private tenure. There are four separate routes to identify low income and vulnerable households under ECO4 Flex. All four routes can be used by a single local authority and each route should be used independently of each other. These are:

1. Household income - households with gross income less than £31,000.
2. Proxy targeting - households living in Band E, F, and G who meet two out of seven proxy criteria, based on deprivation, vulnerability and financial security.
3. NHS referrals - households with a low income and vulnerable, with an occupant whose health conditions may be impacted further by living in a cold home.
4. Bespoke targeting - suppliers and local authorities can submit a proposal for a new route to identify low income and vulnerable households (282).

Local authorities have experience of referring households to the scheme but the NHS referral element is relatively new and less well known, particularly by health professionals. There is an opportunity to help promote this referral route to ABUHB staff and offer training through the PSB with those local authority partners who are experienced in the scheme.

In Blaenau Gwent they have had success funding retrofitting schemes through the Energy Company Obligation and registered social landlords retrofit efforts as they targeted geographic areas (local community or even street level). This achieves economies of scale for contractors, and householders are not left to act in isolation with little or no support for what is a novel

and potentially high-risk undertaking. Blaenau Gwent Council is seeking to take part in a study with Warwick University based on engaging with communities at a very local scale because of the local low uptake of retrofit options. The aim is to address knowledge gaps and encourage a 'social contagion' type of approach, with solar panels going up in clusters on streets.

Local authorities and housing associations reported short-term funding lasting two to three years is not sufficient to improve uptake of retrofitting interventions in housing. In conversations with us and in the workshop described in Box 25 they requested core revenue funding to develop and deliver what is locally needed, instead of

short-term, one-off funding pots. Current UK and Welsh Government funding requirements are too restrictive and conditionality dictates the type of activity that should take place which does not allow local places to deliver the actions they believe are locally needed.

### Box 25. Decarbonisation of social housing

In March 2023 a workshop with key social housing providers and Caerphilly Homes discussed the possibility of acting collectively to decarbonise its stock in Gwent. A critical mass in Gwent would be a strong economic case and increase the number of green jobs in the local economy. Housing providers discussed how to achieve economies of scale and create a supply chain of small contractors in Gwent. The New Economics Foundation estimates £5.5 billion is needed to retrofit social housing in Wales (283).

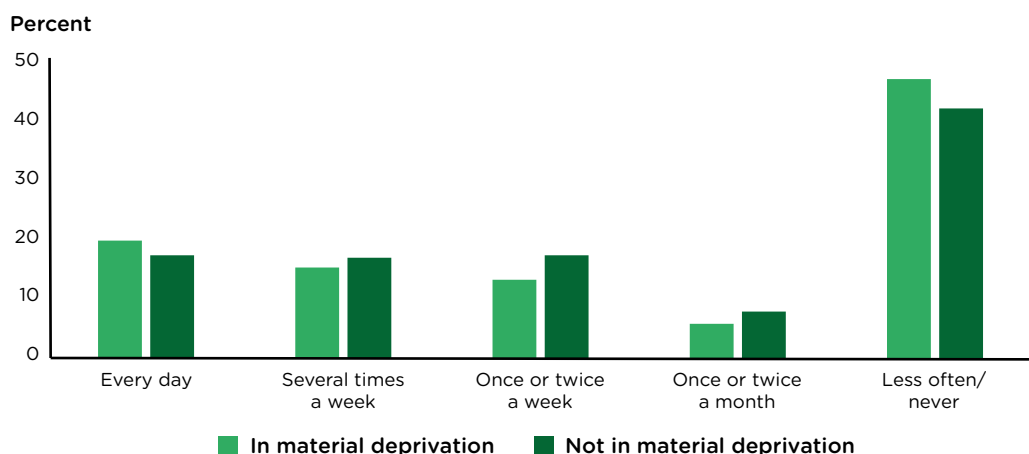
Workshop participants also discussed the inadequacies of the current EPC system. The Climate Change Committee agree that EPC ratings should be revised to better define standards reduce emissions from homes. It is accepted that the current EPC rating system does not incentivise the energy efficiency and heating solutions needed to deliver net zero homes. In addition, EPC ratings should be improved to compare actual and not expected performance and thus enable policies to be better targeted (284).

## ACTIVE TRAVEL

There have been long-standing plans to increase active travel in Wales, however, cycling rates remain low and the latest statistics show a drop in walking. In 2021/22 6% of people in Wales cycled at least once a week for active travel purposes and 51% walked, a drop of 9% in one year. Walking rates to primary school are increasing slowly but rates of walking to secondary school have not changed since 2016/17 (20). None of these statistics are available below national level and are not disaggregated by deprivation/income. When asked for active travel statistics, one local authority referred to the number of students who put up their hands in an assembly.

In 2021/22 91% of adults in Wales cycled 'less often' or 'never' and 4% cycled 'once or twice a month' (20). The only active travel question in the National Survey for Wales with an inequalities disaggregation is shown in Figure 3.39. Adults in material deprivation are slightly more likely to walk every day but they are also more likely to walk 'less often' or 'never', compared to people not in material deprivation. To design interventions to increase active travel and reduce inequalities, disaggregated and local statistics are needed.

Figure 3.39. Percent of adults who walked for more than 10 minutes as a means of transport in previous three months, by material deprivation, Wales, 2021/22



Source: National Survey for Wales (20)

Public Health Wales has modelled the benefits of active travel and estimates that for shorter journeys (for example, trips to shops or schools) walking and cycling has a return of £8 for £1 invested (277).

Since 2013, local authorities in Wales have had a legal duty to promote walking and cycling with the introduction of the Active Travel (Wales) Act. The Welsh Government has funded active travel but local authorities reported funding for active travel was too often in the form of grants and again, too specific, and conditionality dictates the type of activity that should take place.

Funding was not, for example, available for ongoing maintenance or public engagement to encourage active travel. A survey for Public Health Wales found 49% of respondents stated they ‘strongly agreed’ there should be more cycle routes and safe walking routes and 33% agreed (225).

The place-based datapacks include the following charts:

- Greenhouse gas emissions per capita, 2020
- Greenhouse gas emissions per capita, 2010-2020

RECOMMENDATION: PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER	
Related Marmot indicator	Average level of nitrogen dioxide
2023-2024	2024-2029
<b>Accountable lead:</b> Natural Resources Wales	
<ul style="list-style-type: none"> <li>• Adopt a health inequalities approach to the South East Wales Area Statement and related actions.</li> <li>• Health equity assessment of adaptation and mitigation approaches in Gwent.</li> </ul>	
<b>Accountable lead:</b> Transport for Wales	
<ul style="list-style-type: none"> <li>• Map bus transport links between areas of higher deprivation and areas of employment opportunity and access to primary and acute health services.</li> <li>• Map rail transport links between areas of higher deprivation and areas of employment opportunity.</li> <li>• Health equity assessment of school and further education transport (including bus journeys and active travel).</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce inequalities in bus transport in each local authority in Gwent.</li> <li>• Reduce inequalities in rail transport in each local authority in Gwent.</li> <li>• Reduce inequalities in transport to schools and further education colleges in each local authority in Gwent.</li> </ul>
<b>Accountable lead:</b> Housing associations	
<ul style="list-style-type: none"> <li>• Housing associations assess possibilities for retrofitting homes in Gwent to improve their thermal efficiency and reduce reliance on fossil fuels, energy costs.</li> </ul>	<ul style="list-style-type: none"> <li>• Social housing associations implement plans to retrofit homes in Gwent.</li> </ul>

**Areas for national actions:**

- Revise EPC rating metrics to make them easier for the public to understand. Compare with actual performance of dwellings and enable policies to be better targeted.
- Undertake health equity assessment of national bus funding decisions.
- Undertake health equity assessment of South East Wales metro system and active travel plans.

# CHAPTER 4

# SYSTEMS CHANGE IN GWENT FOR HEALTH EQUITY

## KEY MESSAGES

### LEADERSHIP FOR HEALTH EQUITY

- Strong leadership on health equity is essential for action on health inequalities and needs to be strengthened in Gwent, in each local authority and within the NHS.

### PARTNERSHIPS FOR HEALTH EQUITY

- Reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health.
- The Public Services Board includes local government, public services, the police and the Third Sector. It has the capacity to reduce health inequalities if it shifts its focus. The education sector (early years, primary, secondary and further education) and communities should be better incorporated into current partnerships.
- Strengthening partnership working with businesses and the economic sector will support health equity.

### CO-CREATING FOR HEALTH EQUITY

- Involving communities, the Third Sector and people with lived experience should be at the heart of Gwent's approach to tackling health inequalities.
- The Third Sector is vital to the success of actions on the social determinants of health. Whilst Third Sector organisations are included in the PSB and the RPB, they are still not regarded as equal partners nor adequately resourced.
- Third Sector partners should be involved at the highest level, to harness their energy, knowledge and skills.
- Funding for the Third Sector should become more sustainable and not small 'one-off' pots of money, as these degrade the capacity of the sector to have sustainable and lasting impact.

### FUNDING FOR HEALTH EQUITY

- Over the last 13 years, cuts to local authorities' spending and public services have harmed health and widened inequalities.
- An increase in long-term funding is urgently needed to reduce health inequalities and to take action on the social determinants of health; it should be proportionate to need and more equitably distributed,
- Government policies and strategies emphasise the importance of prevention, but spending continues to prioritise acute crises. Prevention funding and activities should be better identified and increased.
- The social determinants of health are central to the three priority areas of Shared Prosperity Funding. It is essential that both this funding and Levelling Up funding are monitored and analysed for their impact on health inequalities.

### DATA FOR HEALTH EQUITY

- Robust, timely, reliable and appropriately disaggregated data is needed to address health inequalities and improve the social determinants of health.
- Wales has abundant data on health outcomes, but there are limits in the availability of data at sufficiently small geographical level or disaggregation, that can capture within-local authority inequalities.
- A monitoring system is needed that reports on health inequalities and inequalities in the social determinants of health.
- The use of linked and shared datasets needs to improve.



**Public sector**

- Health equity is not just a concern for public health and for healthcare: all public services can play a role and bring their expertise to bear.
- Education, and the police are significant public services in health equity and need to be seen as such.

**Businesses**

- Businesses affect the health of their workforce and are a major factor in health and health inequalities.
- Businesses and public sector employers can help reduce health inequalities by providing good-quality employment and equitable recruitment; providing healthy products, services and investments; and influencing and partnering with communities.
- The private sector, particularly micro and small enterprises, can be key partners in working to improve health equity. In addition to the moral case, businesses will benefit from a healthier and more productive workforce, and increased attractiveness to potential employees, customers and investors.
- The anchor institution approach, developed in healthcare organisations, provides a good model for public services to support greater equity in the social determinants of health and reduce deprivation in local areas.

**NHS**

- Health equity and the social determinants of health should be a central concern for healthcare providers and the whole healthcare system.
- There is a financial as well as moral case for the NHS to reduce health inequalities. Areas with greater deprivation have greater healthcare needs, and as a result, higher healthcare costs.
- Primary care can support their population's health and reduce inequalities by working to improve local living and working conditions, being a strong advocate and working with individual patients to improve the social determinants of health. This can include access to services for better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment.
- There are a number of vacancies in GP practices in areas of higher deprivation. Actions to increase GPs in these areas should be prioritised. Funding for GPs should be weighted and adjusted to reflect need – GPs in areas of the highest deprivation in England receive around 7% less funding per patient than those serving more affluent populations.

Reducing health inequalities requires effective prioritisation, policies, resources and actions. In this section we outline the actions the Gwent system should adopt to enable local stakeholders to tackle health inequalities more effectively, even in the context of austerity. The second part of the section outlines the actions that stakeholders in Gwent can take – public services, businesses and the economic sector and healthcare organisations.

The recommendations that follow require a systems approach – both in collaboration and leadership. These recommendations challenge previous policies that treat the symptoms of poverty and challenge Gwent to implement policies and approaches to address the drivers of inequalities – and to deliver. In setting out how a health equity system can function in Gwent and in each local authority, we outline how to develop and sustain a health equity system to ensure effective leadership, partnerships and collaborations with communities.

## 4A. LEADERSHIP FOR HEALTH EQUITY

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At the beginning of this report, we quote Raymond Williams’ challenge to “make hope possible, rather than despair convincing”. Strong leadership, focused on addressing health equity across organisations, is essential to making it possible to better tackle health inequalities and give Gwent’s residents and the staff working in public services, the Third Sector and businesses, a sense of hope that their work is helping to make lives better.

It is up to leaders in Gwent to take this hope and provide the tools to help staff create services in Gwent that will reduce health inequalities. We heard a sense of urgency amongst many – who wanted more than words, they wanted to see actions and results. Many, many people believe local services and approaches should be, and can be, better and more equitable.

In Gwent the Aneurin Bevan University Health Board (ABUHB) public health team commissioned this work and is the lead organisation tackling health inequalities. But as this report has shown, it cannot deliver all the actions needed to tackle health inequalities. We propose that the Public Services Board oversees the implementation of a plan based on the findings and recommendations in this report and appoints a lead to improve accountability. When introducing new policies and approaches, such as an enhanced focus on inequalities, leadership is “essential for creating an organisational context conducive to change” (285). Chief executives in all organisations should encourage senior leads to deliver policies to reduce inequalities and this involves adopting longer-term approaches to reducing inequalities.

The Welsh NHS Confederation has also identified that better leadership is needed that focuses on tackling the causes of health inequalities. It recommends a national and cross-government group. However, many of the policies already exist (286). We recommend better

leadership at the regional and local levels to tackle health inequalities. This involves staff in senior positions within each local authority taking risks, as we saw in each local authority and in the NHS, such as the alcohol care team in Section 3F, and early years providers combining funding to reduce bureaucracy.

Whilst the Public Services Board and ABUHB documents have stated health inequalities are a focus, health equity has not been taken forward as a priority across the system – improving wellbeing is the focus instead. We recommend a shift towards delivering policies that will reduce inequalities and strengthen organisational and system-wide leadership to improve health equity in Gwent.

A Gwent approach to tackling health inequalities will:

- shift policies from improving wellbeing to focus on reducing inequalities
- give staff the time to deliver policies without letting processes overshadow delivery
- work with Welsh Government to secure longer-term funding for NHS, local authorities and the Third Sector
- Consistently assess if proportionate universalism is needed to reduce inequalities
- Scale-up policies and strategies that reduce inequalities
- Build commitment, not compliance.



## NATIONAL POLICY FOCUS AND PACE

Whilst a number of national strategies and policies to improve wellbeing in Wales have sought to reduce health inequalities, outcomes are still not shifting. Aiming at improving wellbeing is different from reducing inequalities. Often policies that have the goal of improving wellbeing will improve outcomes by meeting the easy targets, the so-called 'low hanging fruit' – and once these easier outcomes are achieved, actions are not then taken to reduce inequalities (or shift generational poverty). The national policy focus needs a more acute focus on inequalities, so that every resident in Wales has the opportunity to have the best start in life and a fair and prosperous life.

Reducing health inequalities requires effective national policies, actions and resources but to deliver these policies and actions requires trusting local systems, who know their communities best. Systems were yearning to be given the capacity and control funding to better reduce inequalities in their local areas.

In 2020 a senior civil servant in the Welsh Government stated: “We keep talking about poverty. We keep talking about low skills. We keep talking about poor housing. And we keep coming up with programmes to fix it, but we never do.” (287) Three years later, in 2023, our work in Gwent echoed this sentiment. The plethora of well-meaning but overwhelming policies is not allowing systems the time and capacity to deliver policies. An NHS interviewee stated: “Our intentions to improve are lost in the constant mire of new policies.” And a Third Sector leader working with local authorities echoed this sentiment, stating those developing policy, “keep trying to get perfect. There is a deflection of rolling up our sleeves and doing the hard work. We need to get in there and turn words into action.”

The pace of new national policies in Wales means there is a risk that the good legislation is deemed ineffective, but perhaps it is more that policies have not yet had a chance to succeed. Locally, professionals have responded differently to the abundance of Welsh policies. In workshops some participants spoke of being held back by the plethora of policies and processes, hesitant to implement policies as newer policies would eventually be introduced. Local systems – councils, the voluntary sector, public services – need time to deliver policies and adapt to local needs. One local policy lead in a Gwent local authority said: “We have the Cardiff University social sciences park but I don’t have time to use it.” Introducing new national strategies and policies, particularly without additional funding, are not a current priority, particularly in this difficult financial period.

Delivering policies and shifting how systems deliver is needed along with a more realistic approach that accepts the difficulty of reducing inequalities. There is a tendency to be over-optimistic in policy development. The National Audit Office in England stated this tendency, “leads public bodies to underestimate the delivery challenges of what are often complex projects”. Complexity in projects is defined as: having multiple stakeholders, being interlinked or related to other major projects, and dependent on organisational or citizen behavioural changes (288) – all factors relevant to reducing health inequalities. Despite the number of reports and research that find addressing health inequalities to be a complex problem, too often policies fail to reflect this complexity, which affects the ability of local systems to deliver and achieve policy outcomes (289). The 2022 ABUHB Director of Public Health’s annual report agreed: “Translating the strategic intent into action on the ground in communities will require system transformation, not just minor adjustments. Doing more of the same will see the level of inequity continue to widen.” (290).

RECOMMENDATION: LEADERSHIP FOR HEALTH EQUITY	
2023-2024	2024-2029
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>The Gwent PSB Marmot Programme Leadership Group becomes an Implementation Board and oversees development of an implementation plan, based on this report.</li> </ul>	<ul style="list-style-type: none"> <li>Public Services Board annual review of implementation of recommendations.</li> </ul>
<b>Accountable lead:</b> ABUHB Public Health Team and Public Health Wales	
<ul style="list-style-type: none"> <li>Actively work with partners outside of the NHS to address social determinants of health.</li> <li>Public Health Wales to work with Gwent public health team to support this work and provide tools and intelligence as requested.</li> </ul>	



## 4B. STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY

“The public don’t care what uniform is worn. They want action.”

Strong partnerships between different regional stakeholders are essential to reducing health inequalities. These stakeholders include the Third Sector, businesses, public services, local governments, the NHS and local residents. All of these, except residents, are either members of the PSB or the RPB – so why aren’t these partnerships leading to reduced health inequalities or better outcomes?

Forging partnerships requires more than simply meeting, it involves shifting priorities and cultures. The central focus of partnerships should be achieving equity and improving the social determinants of health. More broadly, other public services, including schools, transport, housing and regeneration, have enormous impacts on health and the social determinants of health, and need to be more centrally involved in efforts to improve health and reduce health inequalities. Such actions will also support better outcomes in each sector, such as reducing inequalities in education.

Engaging with employers, particularly small and medium enterprises, is essential for tackling health inequalities, see Section 4F. The Cardiff Capital Region has responsibility for the region, but businesses and the economic sector do not sit on the Public Services Board and have not yet been involved in plans for improving health equity, despite having a vital role in shaping health. This needs to change.

The Public Services Board and the Regional Partnership Board have so many statutory requirements to fulfil that they have little time to discuss local issues. In interviews these partnerships were described by many as “talking shops” “where little gets done”, where everyone is “working in partnership but no one is” and where “regional partnerships have become large and unwieldy, focused too much on governance”. As a result, people have come to regard some partnerships as “a nice add-on, they aren’t integral”.



Partnerships in Wales take up capacity and resources for all involved. Audit Wales found: “Public bodies find it challenging to resource delivery of the requirements of Welsh Government guidance in respect of partnership working” and in 2020, at a time when local authorities, public bodies and the NHS were better resourced, it found attendance from senior staff was “challenging for public bodies working regionally where capacity is stretched” (31). In 2023, with resources further stretched, this attendance may suffer even more. People stated they sometimes depended on other partnerships or individual relationships instead of the PSB or RPB.

In workshops people stated they wanted to “shift the relationship of public services working with each other”; “think about what the system needs to do and change relationships with other agencies”. People told us they see the value of partnerships, but in workshops and interviews individuals told us current partnership structures aren’t working. They all stated they want to work in partnership and achieve greater health equity. They could see the value of the PSB, if partners were able to genuinely hold each other to account: “In the PSB there’s an opportunity to hold partners to account... you have to be sat around the table. (For instance) the Health Board could pick up the phone today and say ‘Gwent Police, I need to have a quick chat to you about (this) policy that is having a massive impact on our Accident and Emergency’...with the PSB you have a forum to raise as an issue and then you have an opportunity to challenge someone...and hold each other to account. Whereas if you didn’t have it, it would rely on relationships”.

The Gwent Strategic Wellbeing Assessment Group (GSWAG) is responsible for developing strategies to address health needs, improve wellbeing and narrow inequalities across the region. However, it was described by some who attend this meeting as “not decision making, with no leadership, it’s five local authorities sitting together in a room but not working together”.

The Public Service Board and the structures to support them, such as GSWAG, should be supporting the work of the Future Generations Act. Instead, in interviews we were told the PSB has largely become a bureaucratic burden with a great deal of time and effort spent writing reports with little or no assessment as to whether they have any impact.

Many comments referred to Welsh Government expectations for local areas to work in partnerships and collaboration, while being firmly rooted in departmental siloes: “The Welsh Government is still working in siloes but expects (local authorities) not to”; “locally we are trying to collaborate, but this doesn’t happen nationally”. People also spoke of the NHS as being at times reluctant to work in partnerships or only on ‘their own terms’ and that the “NHS is unwilling to give up money or responsibility or power. Health is really hanging on.” A representative from the voluntary sector working in early years said there were “very few opportunities where we could work together with health. We’ve been really keen to explore partnership working but it just hasn’t been accepted, it’s been really frustrating”. One individual in the NHS agreed: “The learning from the pandemic, some of those ways of working together, I think we’ve probably retrenched back into our siloes again.”

The Third Sector was pleased to be included as a statutory partner in the PSB and RPB: “Normally the voluntary sector isn’t sitting on these (kind of partnerships)” but there was also a concern that it had yet to be regarded as true partners: “In three years we’ve been in these partnerships... there’s been nothing that’s come into the funding landscape that has allowed us to do anything with health” – more in-depth partnership arrangements in England have resulted in “resources that can really make an impact”.

The two key partnerships in Gwent, the PSB and RPB, will soon be joined by the South East Wales Corporate Joint Committees, responsible for: strategic development planning; regional transport planning and promoting the economic wellbeing. These partnerships will again bring together key stakeholders in South East Wales and again focus on wellbeing. Partnerships are necessary to reducing health inequalities but are not the answer to everything. Rather than holding full partnership board meetings there are smarter ways of working which rely on time-limited working groups and task and finish groups with clear timelines.

In other Marmot regions, partnerships have been created to address inequalities. Coventry has a “Marmot’ working and delivery group (291) and in Cheshire and Merseyside ‘All Together Fairer’ leads from each local authority meet regularly to analyse progress against recommendations, share problems and good practice.

**RECOMMENDATION: STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY**

2023-2024	2024-2029
<b>Accountable lead:</b> Regional Partnership Board	
<ul style="list-style-type: none"> <li>Regional Partnership Board chair and vice chair positions rotate between local authorities and health board.</li> </ul>	



## 4C. CO-CREATE FOR HEALTH EQUITY

The 2010 and 2020 IHE reports stated communities can have positive effects on health through the resources they have. Communities can have a positive influence through supporting the development of social capital and cohesion and feelings of safety, low levels of which are associated with higher stress and worse physical and mental health (230). The success of interventions and policies designed to improve health and the social determinants of health depends on the success of building relationships and coalitions with the local Third Sector and local residents/communities.

Wales was the first UK nation to create a legislative framework for the Third Sector. The Third Sector scheme seeks to better integrate the Sector into Welsh policies, aiming to “to support and promote, in the exercise of their functions as Welsh Ministers, the interests of relevant voluntary organisations” and ultimately, to lead to “stronger, more resilient, communities” (292). Interviews with over 100 Third Sector organisations in 2019 concluded that core funding and longer-term funding was needed to better support groups to deliver and plan for the future (293). Per capita funding for the Third Sector in Wales is below both England and Scotland. Between 2010/11 and 2016/17, funding from the Welsh Government to the Third Sector fell by 18%, though this is still higher than the UK average (294). Supportive policies are not enough: the Third Sector needs adequate funding to support and empower communities.

Despite increased partnership working with the NHS, the Third Sector has not received significant increases in funding from the NHS. The Integrated Care Fund drives integrated working between social services, health,

housing and the Third Sector and independent providers. Analysis from the Audit Office for Wales found the fund was not increasing funding to the Third Sector and that the Third Sector felt it had “insufficient access to the fund and benefits predominantly when spending on other projects slip” (295). As we heard from the Third Sector itself, it “has always been the sector which has been able to plug those gaps”. But the Sector warned that without adequate funding in 2023/24 and future years, it may not be able to provide the services it has in the past:

*“What we are seeing now is that there’s this huge demand on the public service budget, everyone’s contracting in and thinking the Third Sector will pick this up. The sector can’t afford it, there’s no capacity out there.”*

The make-up of the Third Sector in Wales differs from other parts of the UK. Many Third Sector organisations in Wales are small, operate at neighbourhood level



and employ few workers. 53% of charities have annual funding of less than £10,000 (296). The majority of Third Sector organisations in Wales support health and social care, communities, religion and sport and recreation. Assessments of the Welsh Third Sector argue this means the Third Sector is 'less likely to deal with poverty issues' however, these topics either directly or indirectly tackle the social determinants of health (294). Nonetheless, there are still concerns about the state of the Third Sector in Gwent, this research also found 'the poorest and most urbanised areas of Wales record the lowest number' of Third Sector organisations per capita (294).

Involving communities, the Third Sector and people with lived experience should be at the heart of any approach to

tackling health inequalities. This involves the NHS better integrating communities into the design and delivery of strategies and interventions addressing poverty and inequalities. Healthcare organisations have traditionally relied on patient groups for community involvement, but cocreating with the public involves listening to a range of voices in local communities, not only those who have engaged with health systems in the past, or speak the loudest. It involves working with and listening to those most in need, who may need additional support to communicate their needs and opinions.

There are indications that individual staff are working with communities to adapt services. In 2022 families were central to the redesign of the Children and Families Neurodevelopmental Pathway, Box 26.

## **Box 26. Nurturing change in neurodevelopmental services: coproducing with parents and carers**

In March 2022 the Children and Families Neurodevelopmental Pathway was redesigned by parents and carers, in partnership with NHS staff. The Gwent Regional Children and Families Transformation lead worked with the parents' group Parents with Voices and the assistant director for the Family and Therapies Division in ABUHB.

The group created a supportive space offering an opportunity for honesty (on all sides) to develop a 'doing with' approach as opposed to 'doing to' or 'doing for'. This process involved listening to the experience of parents and carers and sharing equal power when making and taking any decisions. They started by establishing trust within the group to ensure that parents and carers felt comfortable and equal partners. To support the collaboration, they reached out to a representative from Parents with Voices to act as a direct link to parents and carers.

The group decided to focus on improving signposting for families, communication and guidance. The parent group said the system was difficult to navigate and they didn't know how to initiate a neurodevelopmental assessment and or where they were in the system. When parents asked services for this information, they were unable to help.

Parents set the agenda in the process. After listening to their concerns, NHS staff designed a digital version of the pathway, including a pathway animation targeted at children to explain in a child-friendly way what to expect. They gave parents a single point of access for support and provided a 'frequently asked questions' document around the process.

Additional changes to the service included:

- A different approach to funding received from Welsh Government. The group piloted a Third Sector approach to support 'while people wait' and build local community support.
- Creation of a video to share parents' and carers' lived experience and the importance of codesign of services.

Parents also expressed concern that there was little to no support until they have a diagnosis. Parents had gone to their GPs for advice but felt unsupported. The group provided support for parents who wanted to talk to other parents going through similar experiences and there was also an opportunity to share with the NHS that they felt they had to fight for support instead of access it.

The group continues to meet monthly and now includes a task and finish group that meets the week after the main group to complete any actions that need a collaborative approach. NHS staff reflected that whilst this type of coproduction can be uncomfortable, it is necessary to make the changes needed to improve services. They said it was essential to sit and listen and acknowledge systems weren't working, that this was the most important way to overcome barriers and that increased transparency has improved their relationships with families using their services.

## WORKING WITH OR DOING TO?

A number of Welsh Government policies have prioritised improving community cohesion and resilience. Communities First was the key community-focused initiative to tackle poverty which concentrated its work in the most deprived communities in Wales. The programme closed in 2018 but left lasting legacies for many of those interviewed. They described some of the problems with Communities First:

*“I worked on Communities First for years... there was a lot of money. But what’s changed? ... You need money, but you need everything else with it. You can’t just take money somewhere and expect miracles, you need to bring the community in and get them on board.”*

*“All the anti-poverty programmes, Communities First, whatever they happen to be, they are a top-down approach to what should be done to a community and an individual. And then they wonder why they don’t work.”*

Asset-based approaches, place-based partnerships and systems working are all approaches used to reduce inequalities and inequities. A citizen-led asset-based approach to health care and inequalities works collaboratively across different sectors and disciplines to create solutions to tackle inequities and inequalities. It promotes community capacity building and community empowerment by building the strengths and assets of local communities rather than simply providing services to address their needs. In Monmouthshire a community development worker stated their approach is “asset-based and building on what is there (in communities)” and they are “doing with not doing to” and they aren’t “just going into communities and telling them what to do”.

Gwent, reflecting what is happening in the Third Sector across the UK, stated it was working “much further upstream... more in the preventative field”. ABUHB has funded health and social care coordinators in each local authority. Box 27 outlines the type of work they do, much of it addressing the social determinants of health.

### Box 27. Health inequalities and communities

Five health and social care coordinators in Gwent describe themselves as “the glue that glues the Third Sector to others”. They provide information on the Third Sector and look for opportunities and emerging developments to bring communities together and work better with the public services sector.

They work differently in each local authority, depending on the needs of each community and the relationships and partnerships in each area. In Blaenau Gwent, the coordinator works closely with GP surgeries. She meets with GP surgeries, noting it wasn’t effective to refer patients to groups, as they weren’t going, so provided advice and help to get patients involved in local community groups.

Some of the coordinators attend multidisciplinary team meetings in GP surgeries. Others have access to the GP and social services systems and can pull information and services altogether.

More recent place-based schemes have sought to address socioeconomic challenges in more targeted ways. As a result of the pandemic, Caerphilly Council reviewed and adapted its community development offer, seeking to work with communities, rather than

‘doing to’ communities and in Blaenau Gwent they have used ABUHB funding to work with communities. Both see these approaches as part of a longer-term coproduction approaches, Box 28.

## Box 28. Building community development from the bottom up

In Caerphilly community development is offered borough-wide to all individuals in need, a shift from previous approaches that were based on deprivation statistics. **Caerphilly Cares** sits under the Director of Social Services but is clear that it differs from social services: “Every local authority will have an information, advice and assistance offer that is an entry point into statutory support from social services - we are not that. We are pre-social services, we’re not social workers. It’s a similar type of support role but for people who are not at that threshold.”

This shift in approach resulted from the support Caerphilly Cares offered during the pandemic. In 2020 its community development work focused on supporting people who were shielding and during this period it uncovered a number of people who needed support but had never been in contact with any services and were falling through the support net.

Previously it had used the Welsh Index of Multiple Deprivation to identify areas in need but described this as “a postcode lottery, you have people in deprived communities who aren’t deprived...We have very small pockets of deprivation that are hidden within our more affluent wards.”

Caerphilly Cares takes calls, emails and referrals from services, individuals and partners who have identified people who need support. It meets with the individual and has a “what matters conversation, what’s your barriers and what outcomes you would like?” This ensures there is no duplication with other services. Caerphilly’s community connectors then link people with health issues or concerns with activities within Caerphilly to reduce isolation and loneliness and help with confidence building and travel training to make sure those people are getting the right support.

The Compassionate Community approach seeks to transform the way people access and rely on health and care by integrating community development initiatives with established services. The approach emerged as a public health response to support people and their loved ones at the end of their lives, but the benefits extend to whole communities by prioritising the value of social connectedness alongside health (286).

In Blaenau Gwent, it was reported that the **Compassionate Communities** approach was working well: ‘until about two years ago’. Some GP surgeries had funding for a Compassionate Communities worker, the Integrated Care Fund (ICF) paid for a link worker who provided information, advice and assistance. Another Third Sector worker provided support for mental health, housing and substance misuse. The ICF also funded two unpaid carer officers to be employed by the Third Sector, managed by the council and based in the GP surgeries and the hospital. They described this as a “big change in how Blaenau Gwent worked. The link workers and carers officers spent time every week in waiting rooms, engaging with patients directly, as well as having a consultancy room and holding appointments... Although set up originally to help prevent hospital admissions, it evolved into an arena where GPs could discuss patients that they were not able to help medically and vice versa... Between the workers thousands of patients were supported, as well as staff supporting each other across the sectors and building relationships. The local knowledge in the room was really important - one of us always knew of a group or something to help.”

However, cuts in funding have meant many of these posts no longer exist and the Compassionate Communities model is under threat. All except 2 GP surgeries in Blaenau Gwent have stopped working with Compassionate Communities. The local team still working in the area said: ‘This not only wasted the time and money that was invested, but also reduced the trust that the surgeries will have in future projects as well as the patients no longer receiving the high standard of care that was being provided. All of the GPs said that it had reduced pressure on them and their teams. For the Third Sector it meant that we were involved in sectors that are hard to break into and could evidence the need for the services, as well as helping the patients. The reason this worked so well, not only as prevention but also at later stages, was that everyone was working together and had formed relationships - we also included receptionists as they know the majority of the patients. It’s a shame when something is working that there isn’t more investment in continuing it, rather than trying new initiatives.’



## THE POTENTIAL OF THE THIRD SECTOR

The role of the Third Sector in providing services and support across a range of key social determinant areas should be extended; including employment support, support for housing, and guidance in navigating the healthcare, criminal justice and welfare and benefits systems and supporting uptake of benefits, reducing social isolation, improving community cohesion, supporting mental health and physical activity, providing financial advice, guiding service design and delivery and more. All of these support key social determinants of health and make significant contributions to reducing health inequality.

In Gwent, Third Sector services are offered in larger towns and we heard that this can prevent support being available where it is needed most. Many of the Third Sector services in Blaenau Gwent are offered out of offices in Caerphilly, and one interviewee felt they “were tagged on the end of their services... there’s very, very little locally”. Even within Caerphilly borough, there are similar problems, with support offered in Caerphilly town but not in areas of higher deprivation, such as in Rumney or Bargoed.

Letting community development processes embed is important, as well as engaging with local areas to see what is working. The perpetual policy evolution and culture of new initiatives is frustrating for those working in local communities, developing relationships. A more constant policy environment is needed, as well as longer-term funding.

Volunteering is one aspect of building community assets. The pandemic saw the role of community-led action as key partners improving the ability of public services to meet the needs of their community. Public Health Wales studied the use of volunteers during the pandemic and found, when compared to the less deprived quintiles, volunteers living in more deprived areas were more likely to report they would continue volunteering because of the positive impact it was having on their own health and wellbeing, and the improving skills and experiences they gained. However, volunteers living in these areas also said the barriers to them volunteering in the future was due to distance and lack of transport and health problems (298). As Box 11 explored, volunteering in the Third Sector can itself help build skills and knowledge and help people who have not been in the workforce find a way into, or back into, full-time employment, as well as reducing social isolation and providing a fulfilling experience of working for the community. The Third Sector can offer direct support to residents, help shape the design and delivery of statutory services and train community leaders – an important part of building community resilience and ensuring that communities’ voices are heard.

RECOMMENDATION: CO-CREATE HEALTH EQUITY	
2023-2024	2024-2029
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>NHS and local authorities to place local residents in areas of higher deprivation at the centre of identifying actions to reduce inequalities in their local communities.</li> <li>Work with Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance to identify how to increase direct commissioning of Third Sector by local authorities and the NHS by identifying where the Third Sector is better placed to provide services currently offered by the NHS or local authorities.</li> </ul>	<ul style="list-style-type: none"> <li>Implement asset-based community development and provide sustainable and longer-term funding.</li> <li>At least double the number of Third Sector contracts commissioned by local authorities and the NHS.</li> </ul>



## 4D. FUNDING FOR HEALTH EQUITY

In the last 13 years funding for public services in the UK has significantly declined, though the Welsh Government has sought to provide increased funding in the NHS and education, the extensive cuts to local authorities have had significant and critical impacts on the social determinants of health. Further austerity measures and high inflation are further undermining the capacity of public services to tackle the social determinants of health.

*“Health inequalities will never be addressed with three to four months of funding.”*

The quote above is a theme we heard repeatedly in Gwent. Current funding mechanisms and use of short-term and grant funding is impeding the intentions of many who wish to have a more sustainable and effective approach to tackling health inequalities. The Wellbeing of Future Generations (Wales) Act (WBFGA) states Wales should be working to longer-term planning cycles, yet after eight years, this is still not the norm. Funding from the Welsh Government and the NHS is still primarily for one, two or three years and pots of funding are offered near the end of the financial year, often to be spent in a short-term. Until these funding cycles change, longer-term planning is impossible. Despite the ambitions of this work and Gwent’s PSB plans and other approaches seeking to reduce inequalities, efforts are likely to fail as they do not have the right tools to plan in the long-term.

The use of short-term funding is in contradiction to the copious evidence demonstrating long-term approaches with longer-term funding is needed to reduce inequalities (3). Governments cannot fund in the short-term and expect long-term changes. As one interviewee stated: “We need to move away from discrete projects funded by short-term pots of money which almost always fail to become scalable and sustainable.”

The Welsh Audit Office reported that between 2017 and 2020 short-term funding and late notifications remain the norm in Welsh policies. They recommended longer-term funding. They showed that Integrated Care Fund projects concerning prevention and early intervention could not be mainstreamed into core budgets because funding was too short-term (299).

Local authorities and the Third Sector repeatedly stated it wanted longer-term funding that would enable them to shift from project-based interventions to funding core infrastructure which would better address inequalities.

*“Nothing should be just two years if it is going to be meaningful. Systems have to be challenged and work practices shifted.”*

In addition to the short-term funding culture is the level of bureaucracy involved in applying for relatively small sums of money. In 2019, the Wales Centre for Public Policy reported on 15-page grant conditions related to grants of less than £20,000 (41). We heard similar pleas from the Third Sector, asking for simplified funding processes, from the Welsh Government and other funders, to enable smaller Third Sector organisations to apply.

One of the ways local authorities have sought to increase funding for the Third Sector is through participatory budgeting, Box 29.

### Box 29. Participatory budgeting

In Gwent, the use of participatory budgeting is enabling communities to seek funding to carry out the actions they want. In 2021 ABUHB provided £100,000 funding to support communities affected by the pandemic. It had 81 bids totalling more than £422,000. A voting process led to 24 projects being supported. Swansea University evaluated Newport’s participatory budgeting process and found wide support, and that this process made it easier for some smaller groups to apply for funding, but others still felt the funding application process difficult. They found one of the most common criticisms of the process was digital exclusion – people who were not online could not participate. Depending on this type of format is likely to increase inequalities, though the evaluation does not include recommendations to reduce digital inequalities (297).

The Gwent PSB has supported participatory budgets, particularly to support recovery of community-led developments promoting wellbeing as a result of the pandemic. The PSB have supported participatory budgets in Newport, Torfaen, Blaenau Gwent and Caerphilly since 2019/20.

## PROPORTIONATE UNIVERSALISM

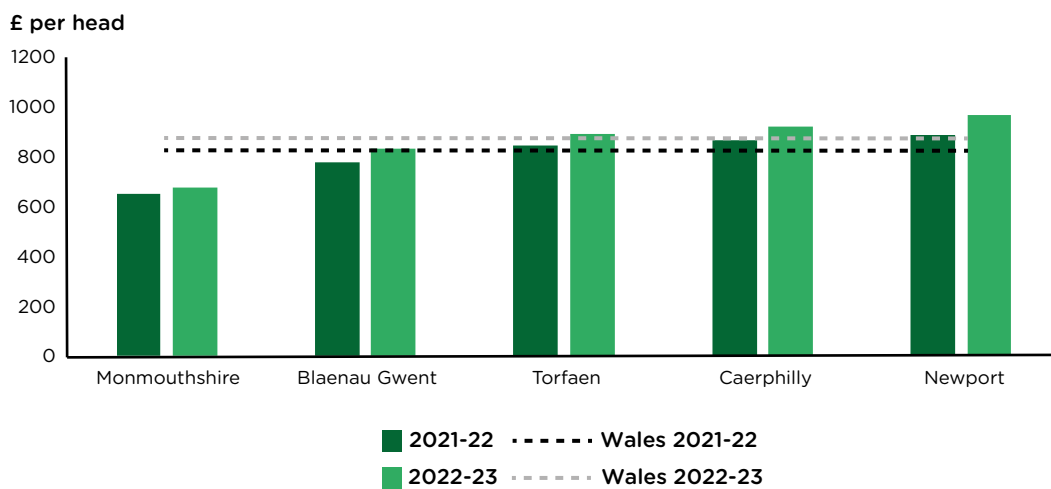
*“I have had difficult conversation with the Health Board - what about, for example, looking at Caerphilly differently than the rest of the region? How can Caerphilly possibly be comparable to Monmouthshire as an example? Why are we offering the same services regionally?”*

As discussed in Section 1, a proportionate universal approach adopts both universal policies and targets interventions more intensely where need is higher with the aim of raising overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace. Public services and the NHS are facing enormous demand pressures and this report shows there is a great need for population health measures and actions to reduce health inequalities. One approach for all of Gwent, or all of Wales, will not reduce inequalities. The First Minister has written of his support for “progressive universalism”, where “good quality

services are provided for all, with specific additional services for the most marginalised groups...It is characterised by early intervention, thereby minimising the cost of providing specialist services for those with acute needs in the longer term” (300). Whilst the First Minister has shown his support for this approach, current Welsh Government policies emphasise universalist approaches, such as free school meals to all children. This approach removes stigma, which is admirable but, unless accompanied by other interventions to reduce inequalities, making a targeted service universal is likely to exacerbate inequalities.

Figures 4.1 and 4.2 show the funding per capita for schools and transport in Gwent local authorities. Despite having a higher number of pupils on free school meals, Blaenau Gwent’s expenditure is the second lowest in Gwent and at the Welsh average, Figure 4.1, using a proportionate universalist approach would see Blaenau Gwent’s schools expenditure higher than the Welsh average, to reflect the larger pressures on schools.

**Figure 4.1. Budgeted revenue expenditure schools, pounds (£) per head, Gwent local authorities and Wales, 2021/22 and 2022/23**

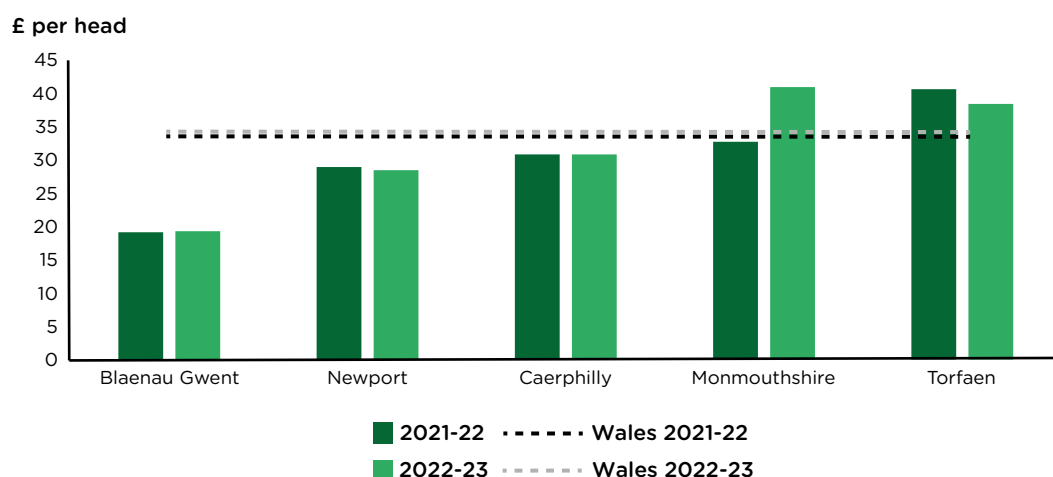


Source: Welsh Government (301)

Similarly, for transport Blaenau Gwent has the lowest per capita spend on public transport, half of Torfaen’s expenditure. Whilst each local authority determines its

own budget, it’s unclear why spending varies so widely yet need in both of these local authorities is similar.

**Figure 4.2. Budgeted revenue expenditure, public transport, pounds (£) per head, Gwent local authorities and Wales, 2021/22 and 2022/23**



Source: Welsh Government (301)

We propose the public sector and NHS increase their investments weighted to need. There are existing weighted resource allocation formulae that adopt a proportionate universal approach. The Lancashire and

South Cumbria weighted funding formula, described in Box 30, is leading by example, designed to ensure that funding is allocated according to level of need - to be proportionate and equitable.

### Box 30. Lancashire and South Cumbria weighted funding formula

The Lancashire and Cumbria weighted funding formula is helping to lead efforts in England to ensure funding for primary care is more equitable. The weighted funding formula was locally developed in an attempt to allocate resources to better reflect the inequalities faced by local communities and to allocate resources to the areas that need it the most.

The formula is based 50% on the Carr-Hill formula and 50% on the proportion of the population living in the 20% most deprived areas. The purpose of the Carr-Hill formula is to create fair funding allocations in England based on the cost of providing services for a given population and their respective needs. The formula has a number of variables including: patient age and sex; additional needs of patients; and rurality. Research shows the formula is 'very unlikely' to benefit areas with worse levels of deprivation (302).

The 50/50 formula is designed to reflect geographical differences in local deprivation and to acknowledge the impact that COVID-19 has had on communities. Morecambe Bay Clinical Commissioning Group (CCG) studied its own general practices serving atypical populations (for example, those that have higher levels of deprivation than the average) and looked at how other CCGs were supporting atypical populations across England. It found a number of CCGs were commissioning services for these atypical populations that had a greater need for improved access to local primary and community services in their local areas.

Currently 27% of the population health budget in Morecambe Bay is funded in this way and Morecambe Bay CCG is looking at other areas to apply the weighted funding formula, such as applying it to more of the population health budget or to other funding streams in their local Integrated Care System, in order to better address inequalities.

While there is not yet evidence the weighted formula is having an impact, current funding models have not had a beneficial effect on health inequalities. The weighted funding formula will be evaluated with academic partners to measure the short-, medium- and long-term impacts on health inequalities.

## SHIFTING FROM TALKING ABOUT TO FUNDING PREVENTION

*“We’ve got no money...when it’s all already invested in everything, it’s a really bold step to reorganise your money, especially at a local authority level.”*

While there has been some focus on increasing the level of spending on prevention within the NHS and public health, this ‘prevention spend’ is often not the same as spending on the social determinants of health. Prevention is often conceived as a clinical or behavioural intervention, which evidence shows will not reduce inequalities in health on anything like the scale required. The spending on prevention and on reducing inequalities needs to be mapped and its relationship to deprivation identified. A significant proportion of funding should be allocated to organisations that are working to achieve improved and more equitable outcomes in the social determinants of health, including investments for communities and the Third Sector. As Audit Wales concluded, prevention is “not the responsibility of one service or organisation and may require innovative thinking that connects different parts of the system” (299).

The Welsh Government states prevention spending is happening as a result of the WBFGA, and states: “It is often not possible to disaggregate budget which is specifically allocated to tackling health inequalities from the totality of government spending.” (48) The Welsh Government states other policies will increase prevention approaches. For example, *A Healthier Wales* integrates health and social care and prevention is one of its core values. *A Healthier Wales* claims NHS Wales has adopted a whole system approach to health and social care where “services are only one element of supporting people to have better health and wellbeing throughout their whole lives” (47).

Whilst government policies emphasise the importance of prevention, actual spending on prevention activities is unclear and funding continues to prioritise acute crises. As one interviewee stated:

*“Life expectancy does not drive ministerial action. It’s ambulances outside hospitals. We need a true system of early intervention. Acute care always trumps (prevention).”*

Other interviewees agreed that the NHS and Welsh Government are paying more attention to short-term success instead of addressing the longer term, more difficult issues:

*“We seem to be constantly firefighting against issues or problems, another crisis on top of another crisis. This kind of constant firefighting by the Health Board doesn’t give anyone any chance to sit down or really plan and work out how we’re going to change things, that time to think.”*

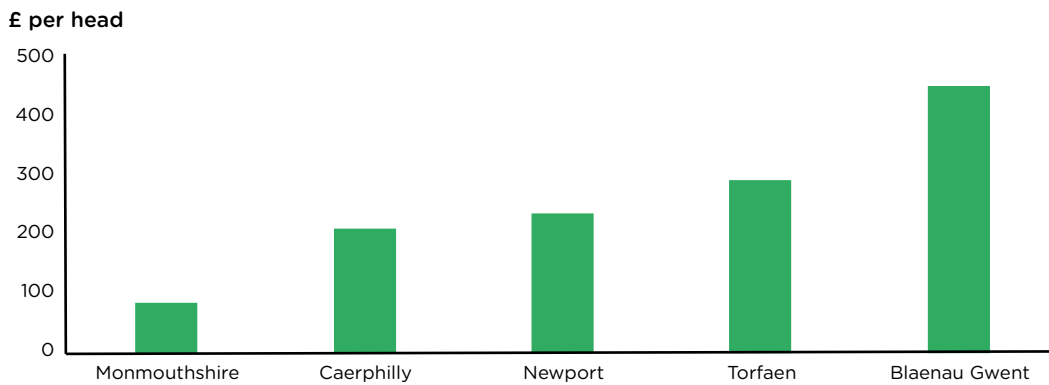
The Welsh NHS Confederation has similarly concluded that, “Prevention and early intervention also are central themes across Welsh public policy, but too great a proportion of funding is still directed towards tackling crises.” (286).

## SHARED PROSPERITY AND LEVELLING UP FUNDING

In the 2014-20 EU funding period Wales received 20% of the UK’s total structural funds, with only 5% of the population. Though EU funding levels were high, it did not have long-term substantial impacts – GDP “has barely changed for Wales and a Welsh majority voted to leave the EU in the Brexit referendum” (287).

Shared Prosperity Funding (SPF) replaced EU Structural Funds. In contrast to EU funding, local authorities rather than the Welsh Government, are responsible for delivering the funding. A health impact assessment of Brexit in Wales warned that communities in higher levels of deprivation could be “disproportionally disadvantaged by the ending of the EU Structural Funds, which could lead to further inequalities” (303). This has become true in the sense that the SPF allocation in Wales is far below the EU funding allocations. Wales received £1.1 billion less in SPF funding compared to EU funds (304). Figure 4.3 outlines SPF per capita in Gwent covering 2022 to 2025.

Figure 4.3. Shared Prosperity Funding and Multiply funding per head of population, Gwent Local Authorities, 2022-2025



Source: Department for Levelling Up, Housing & Communities (305).

The social determinants of health are central to the three priority areas of the SPF:

- Community and place,
- Creating jobs and boosting community cohesion,
- People and skills and the Multiply programme (306).

The Institute for Fiscal Policy stated the Multiply fund - which aims to improve adult numeracy - is unnecessarily large in Wales. The level of Multiply funding is seven times as much per person compared to England despite numeracy levels in Wales and England being almost identical (305). This restricts how local places, such as Gwent, are able to decide how to spend SPF, increasing the likelihood of central funding, once again, failing to meet local needs.

Gwent received no funding during the first round of Levelling Up funds. In the second round three areas in Gwent received funding:

- Blaenau Gwent County Borough Council: HiVE - £9 million to build a new engineering campus for 600 young people, offering local apprenticeships and industry placements.
- Caerphilly County Borough Council: Caerphilly Leisure and Wellbeing Hub - £20 million to build a leisure centre, including a new gym and swimming pool.
- Torfaen County Borough Council: Pontypool Cultural Hub and Cafe Quarter - £7.6 million to renovate derelict buildings into a cultural centre and boost the local night-time economy (307).

For both SPF and Levelling Up funding, it is essential that the funding is monitored and analysed for its impact on health inequalities, with impacts communicated to local residents.





### RECOMMENDATION: FUNDING FOR HEALTH EQUITY

2023-2024

2024-2029

**Accountable lead:** Public Services Board

- Assess resource allocations and shift to proportionate universalist funding based on levels of socioeconomic deprivation.
- Benchmark NHS and local government funding for social determinants of health.
- NHS and local government funding to Third Sector to shift from grant to revenue and for longer time-frames funding to reduce poverty.
- Local authorities to assess where it may be possible to consolidate Welsh Government funding to reduce bureaucracy.
- Assess possibility of increasing participatory budgeting projects.
- Link Shared Prosperity Funding to Marmot indicators.

- Increased proportion of local authority and NHS funding is proportionate universalist funding.
- Increase NHS and local government funding for social determinants of health by agreed amount per year for the next 10 years.
- NHS and local authorities offering larger proportion of funding that is longer-term and revenue to Third Sector.
- Local authorities consolidating Welsh Government funding to reduce bureaucracy.
- Participatory budgeting projects led by local authorities, not outsourced.
- Monitoring Shared Prosperity Funding and links to Marmot indicators and recommendations.

## 4E. DATA FOR HEALTH EQUITY

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To adequately assess and take actions on health inequalities, robust, timely, reliable and appropriately disaggregated data that covers key health outcomes and social determinants based on data is necessary.

Such data is also essential to help evaluate and track the impact of policies and interventions, to identify new and emerging issues and to ensure there is accountability for health inequalities.

Whilst Wales has abundant data on health outcomes, there are limitations to the availability of data at sufficiently small geographical level or disaggregation that can capture within-local authority inequalities. There is also a lack of data disaggregated by ethnicity and by socioeconomic position such as income, occupation or education. One interviewee who works with data in a local authority said most of the data provided by StatsWales is based on national outcomes and “doesn’t allow us to target”. Others stated that in the absence of local data they turned to packages such as Mosaic to understand local inequalities.

In addition, there is data that is available to some stakeholders, but not others. For example, Flying Start data is not publicly shared with staff in local authorities who said they didn’t have access to data based on their own population:

*“We don’t have the data...That’s one of our issues. They’ve got a separate data team, we don’t get to see the detail of our data.”*

One interviewee stated:

*“Digital Health Wales is a barrier, they are sitting on a gold mine of information.”*

Non-data professionals stated they wanted better support from data teams to translate data into practice and provide evidence to address inequalities. In 2013 the Bevan Commission found similar shortcomings in Welsh data, saying there was “significant room for improvement with the current emphasis on quantity of data rather than quality or usage... there appears to be limited central analysis or evaluation, including population health and inequality data” (308). Since 2013, there appears to have been little improvement in data available to measure health inequalities at local and national levels in Wales.

### QUALITY AND EQUITABLE PERFORMANCE MEASURES

In Wales there is a “complex and everchanging landscape with hundreds of targets and performance measures, national wellbeing indicators and national milestones” (309). The policy context in Wales, such as the WBFGA and *A Healthier Wales*, should enable local systems to take actions to address health inequalities however the bureaucratic processes associated with these policies dominates local systems’ time, leaving little capacity for delivery. An interviewee pleaded for data collection to be meaningful:

*“There’s an absolute industry in health around performance measures, performance targets - thousands and thousands and thousands of pounds worth of people’s time being invested in reporting on stuff that nobody does anything about.”*

Process should not overwhelm systems or be prioritised at the expense of delivery.

Addressing inequalities and improving prevention approaches are core in NHS policies, national targets continue to dominate. As long as local organisations, such as local health boards, focus on national targets/outcomes, reducing local inequalities will not be prioritised and risk being ignored completely. Accountability measures should measure achievements on reduction of local inequalities, not only whether or not national targets are met. An analysis of health inequalities policies in 10 European countries recommended “clear targets and a system of impact assessment to demonstrate the quality and results of the actions and interventions are often missing” (310).

## LINKED AND SHARED DATASETS

In interviews and workshops, people gave multiple references to examples of quality of partnership working and data-sharing between health and public services and national bodies during the pandemic. For example, council tax data was shared, which allowed local authorities to share who was eligible for welfare benefits, which helped them to offer assistance to those in need. However, it was reported that the data sharing which occurred in 2020 and 2021 has not lasted:

*“We genuinely thought we would harness (data sharing) and carry on with it that because that was our one of our main learnings – people were apparently impressed and happy with it, it was showing them things there and then. But we’ve all gone back (to not sharing).”*

*“All of a sudden...we had (shared data) in an instant, and we used that in an instant to target the right people...everybody (has gone) back to where they were, it’s crazy.”*

In addition to not continuing with sharing data, interviewees lamented the lack of use of linked datasets and using it to empower systems to act. As discussed in Section 3A, local systems pointed out the missed opportunity to use the SAIL databank, based at Swansea University, to understand inequalities in early years. The 2013 Bevan Commission also concluded that there were opportunities to better use data linkages but stated whilst the technology was available there are “risk aversion, capacity and cost issues” (308). Shared and linked data are crucial to identifying and tackling inequalities. The Health Foundation argues better data linkages and new ways of analysing data can “can help NHS commissioners and providers measure inequalities, understand their causes and allocate resources more equitably” (311).

There are basic improvements that could be made to StatsWales and the National Survey for Wales to better understand inequalities: for example, by providing disaggregation by level of deprivation or socioeconomic status at local authority level for more indicators and the ability to compare trends more easily across a number of years.

RECOMMENDATION: DATA AND MONITORING FOR HEALTH EQUITY	
2023-2024	2024-2029
<b>Accountable lead:</b> Gwent public health team	
<ul style="list-style-type: none"> <li>Digital Health Wales and SAIL databank to work with local authorities to provide data on social determinants.</li> <li>In early years adopt shared system records between health and social care.</li> <li>Create Gwent Marmot indicators public website.</li> <li>Assess possibility of lower-level data to better assess inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Digital Health Wales and SAIL databank provide data on social determinants.</li> <li>Create a central integrated customer account as a gateway to services.</li> <li>Assess further areas where shared record systems can reduce health inequalities.</li> <li>Review and renew Marmot indicators every five years.</li> </ul>

## 4F. STAKEHOLDERS FOR HEALTH EQUITY

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Rising inflation and costs and increased demand have led to NHS Wales going into its largest budget deficit in 2023/24 and local authorities are facing increased pressures to do more with less money. Even in these difficult economic times, change is possible, in local services as well as in the private sector, to improve approaches and develop a fairer and healthier Gwent.

### PUBLIC SERVICES

This report reiterates other IHE reports on the central importance of local authorities in improving the social determinants of health. In this difficult financial period, the local authorities in Gwent have chosen to adapt their corporate plans and place reducing inequalities and improving the social determinants of health central to their work. The Gwent wellbeing plan, the five-year plan of its Public Services Board, has also placed reducing inequalities as its central function, alongside improving wellbeing and adapting to mitigate climate change.

A fair and equitable Gwent requires an equitable offer in the region. Interviewees spoke of the variable offer from public services in Gwent, for example, early years services. They stated the need for a consistent minimum public service guarantee and one that also is proportionate to need – as deprivation increases, so should the offer of support.

Public services also have a role in adopting an ‘anchor institution’ approach. Anchor institutions are institutions such as hospitals, universities and councils that are physically rooted in communities and can directly and indirectly shape the health and wellbeing of the local population. They can leverage their position as employers, purchasers of goods and services, providers of services, owners of local buildings, land and other assets and as leaders in the community to effect change. For example, they can ensure that they are providing good, health-supporting work to the local community, including to underrepresented and groups living in high deprivation, and pay a real living wage that enables a healthy lifestyle. In local authorities, moving from crisis management to a prevention-focused model, tackling the causes of health inequalities and improving the social determinants has the potential to relieve pressure on overburdened services. This requires all organisations to consider what they can do, in partnership, to improve social conditions, beyond their core operations, including as employers, as contractors of services, and as anchor institutions for their communities.

The impact of procurement is increasingly better understood (312). The Social Partnership and Public Procurement Bill, another innovative piece of legislation

from the Welsh Government, will aim to make better use of NHS spending in Welsh local economies. The Act places a statutory responsibility on a number of public bodies to consider socially responsible public procurement to help meet wellbeing goals from the WBFGA. A public procurement strategy aims to ensure there are socially responsible outcomes that result from a fairer and more socially responsible supply chain (2). In addition, Public Health Wales has created a vision for public sector procurement in Wales and outlines 10 principles the public sector should follow for procuring wellbeing for Wales based on the seven wellbeing goals identified in the WBFGA and key Welsh Government policies (313).

Whilst the concept of anchor institution approaches has attracted a great deal of policy attention in England, in Wales the concept of the Foundational economy has received more attention. Foundational economy sectors are vital to the functioning of daily life such as health, education, energy and food and are key to a country’s future prosperity and wellbeing (314). There is an opportunity for the Foundational Economy approach in Wales to engage with improving health more specifically and influencing the social determinants of health, particularly the health of communities in the most deprived areas, for example by being good employers and providing fair work. Local authorities, as well as the NHS should be offering the real living wage; all contracts with minimum hours and minimal use of zero-hour contracts (that is, unless in agreement with employees) and all employees offered training and development opportunities. An example of the Foundational Economy is how Caerphilly Borough Council shifted its catering services during the pandemic. When schools closed in March 2020, the borough council considered how it could provide a service to pupils eligible for free school meals, over 6,000 pupils. The catering team implemented a home delivery service for these pupils that involved partnership working with local suppliers in the private sector and over 20 service areas within the authority.

Other public services have important roles in tackling inequalities. The police in Wales, who sit as members



of each PSB, are expected to adopt a public health approach to policing. The local wellbeing assessments for many areas in Gwent referred to the problem of anti-social behaviour amongst younger people and this was raised as a problem in workshops. Preventing youth crime requires work in a range of areas. West Midlands Combined Authority and the West Midlands Police and Crime Commissioner examined 80 children in the criminal justice system and found:

- Nine in 10 children were known or suspected to have been abused
- Eight in 10 were known or suspected to have a health issue
- Eight in 10 had been excluded from school or attended multiple secondary schools
- Seven in 10 were known or suspected to have lived with domestic violence while growing up
- Seven in 10 were known or suspected to have been a victim of violence
- Seven in 10 were living in poverty (315).

Tackling the socioeconomic and household circumstances of children and young people – the social determinants of health – would reduce youth crime and anti-social behaviour. Adopting a public health approach to policing involves investigating the causes of crime and working at the most fundamental level of prevention including collaborations with schools, employers the community and local authorities to improve conditions locally.

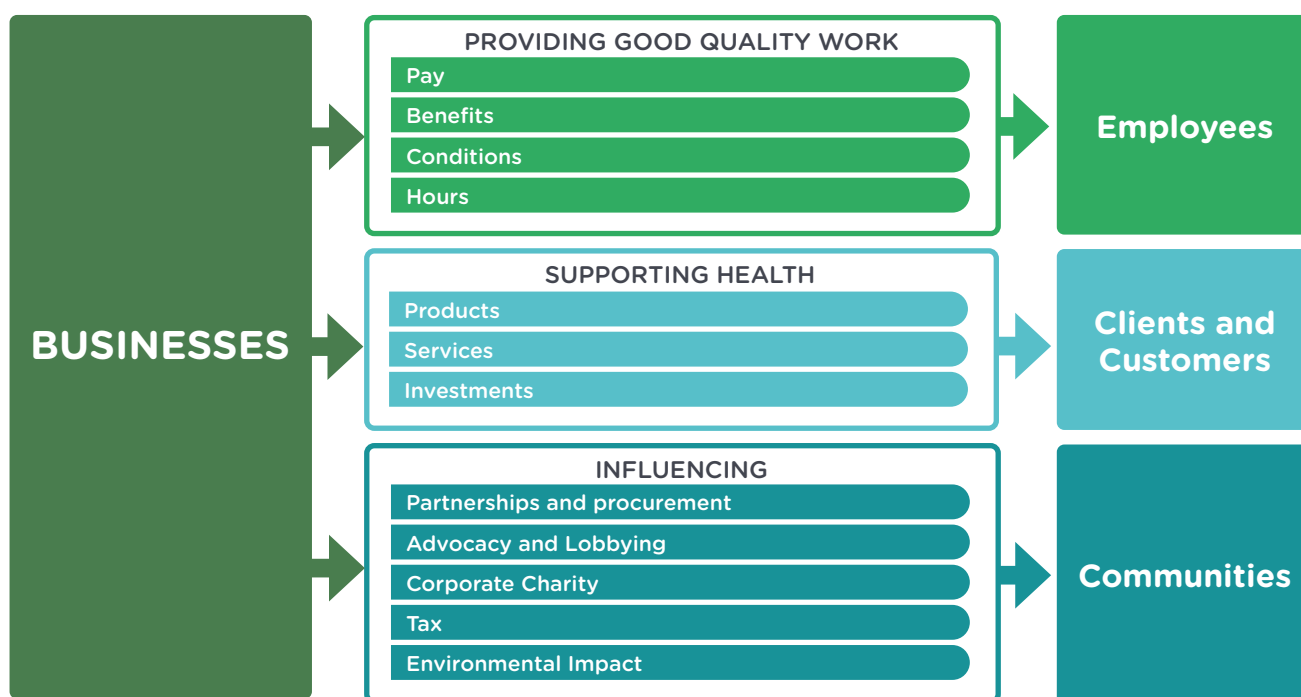
The important role of education was discussed in detail in Section 3B. It can improve health equity by mitigating the effects of deprivation, supporting families, providing flexible, good quality jobs for parents and being good employers. Educational institutions can further their partnerships with the Third Sector and private and public employers by helping children and young people to achieve their potential and creating good, health-supporting careers guidance and work-based learning opportunities.

## BUSINESS AND THE ECONOMIC SECTOR

The IHE report *The Business of Health Equity: The Marmot Review for Industry*, examines the ways in which businesses shape the conditions in which people live and work and, through these, their health (316). Businesses affect the health of their employees and suppliers through the pay and benefits they offer – hours worked, job security and conditions of work. They affect the health of their clients, customers and shareholders through the products and services they provide and how their investments are held.

Businesses can also affect the health of individuals in the communities in which they operate and in wider society, through local partnerships, procurement and supply networks, and in the way they use their influence through advocacy and lobbying. Reducing the harmful impact of business and enhancing the positive contribution is vital for health and wellbeing and reducing inequalities. Figure 4.4 outlines the key ways businesses shape health and inequalities.

Figure 4.4. How businesses shape health: the IHE framework



Source: Institute of Health Equity (316)



Improving housing is an example of how partnerships between business and local authorities can help to improve housing conditions for local communities, tackle the social determinants of health and meet net zero commitments, Box 31.

### **Box 31. Setting the standard for low energy social housing in Caerphilly**

The Welsh Government has committed to deliver 20,000 new low carbon homes for rent within the social sector during this government term (317).

Caerphilly County Borough Council is working in partnership with local developers to provide affordable homes for residents, and is also seeking to provide affordable homes that will contribute to its net zero goals. It is completing work on ultra-energy efficient homes as part of a partnership with a local construction company and steel manufacturer to explore innovative ways to provide low-carbon homes, utilising local supply chains to boost the economy (319) (320). As well as helping to lower carbon emissions, the high-quality homes will result in low energy costs for tenants, helping to tackle fuel poverty whilst meeting the housing needs of the county borough (319).

The project was supported by funding of £3.1 million from the Welsh Government's Innovative Housing Programme. In Caerphilly 12 one-bedroom apartments in Trethomas and six homes in Trecenydd were built (320). Homes on the sites will be owned and managed by Caerphilly County Borough Council. The developments are the first homes to be built by the council in almost 20 years (319). The council has more than 4,000 people registered for social housing and has a particular demand for one-bedroom homes (320).

The building developments have been constructed to Passivhaus standards, consisting of high levels of insulation, high-performance windows with insulated frames, airtight building fabric and a mechanical heat ventilation system (319). The high levels of insulation within the homes mean that heat stays within the building, and can be recovered and circulated, re-using up to 95% of the warmth that would have otherwise been lost and making fuel costs for residents considerably lower than average, with the scheme seeking to achieve at least 75% less than a standard house (321). The internal air quality measures also help to improve tenant health by eliminating damp and mould.

The programme aims to meet the need for low-energy affordable housing in Wales, whilst ensuring those who can least afford to pay high energy bills are living in warm, quality homes. The project sets a precedent for new low-carbon housing provision in the area (321), and Caerphilly Borough Council hopes to use the pilot and partnerships it has developed as a blueprint for future home building plans (322).

The new energy efficient developments are a vital step in meeting the climate change agenda, utilising local partnerships to fulfil the county's housing needs, whilst meeting the needs of residents amidst rising energy costs and the cost-of-living crisis.

The costs of ill-health are well-known to businesses, which find that productivity and staff retention are linked to the health of the working age population. The social justice case for reducing health inequalities is clear and is also a motivation for many businesses to contribute to achieving better health and reducing inequality. There is also a strong economic case for businesses to help improve health. The economic costs of poor health are high: the IPPR Commission on Health and Prosperity estimated loss of earnings related to long-term sickness cost the UK economy £43 billion in 2021, equivalent to around 2% of GDP (323). In its assessment of a 10% reduction in illness, IPPR estimate in Wales this would increase average earnings by an average of 1.8%, the highest increase in the UK (323).

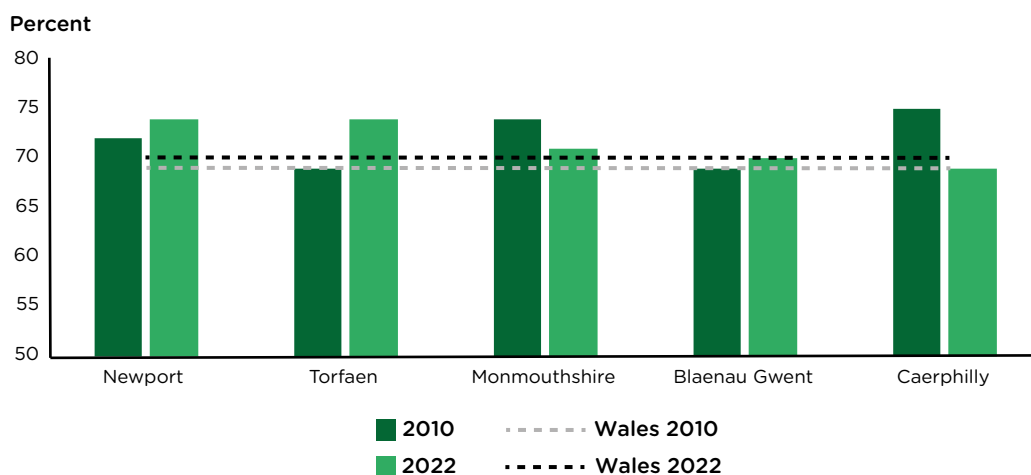
As set out in Section 3C, good health requires good quality employment and pay and terms and conditions sufficient to provide a minimum income for healthy living. Recruitment should benefit local and excluded communities and provide opportunities for progression and on-the-job training, with links to community and voluntary sector organisations and schools and colleges to support training and skills development.

Wales' Prosperity for All: An Economic Action Plan sets out the nation's vision for inclusive growth, built on strong foundations, 'supercharged' industries of the future and productive regions (324). The Plan supports the twin goals of growing the economy and reducing inequality. It is essential that Wales works with the private sector

to improve working conditions. Figure 4.5 shows most people are employed in the private sector in Gwent. A number of the national indicators include improving the work environment in Wales: an elimination of the pay gap for gender, disability and ethnicity by 2050; reducing the number of 16 to 24-year-olds not in education, employment, or training; increasing both the percent of people earning at least the real living wage and the proportion of employees whose pay is set by collective bargaining. Meeting these national indicators in Gwent by developing better relationships and opportunities with businesses in Gwent has the potential to create a great impact on the social determinants of health from the business and economic sector.



**Figure 4.5. Percent of all employed people who work in the private sector, Gwent local authorities and Wales, 2010 and 2022**

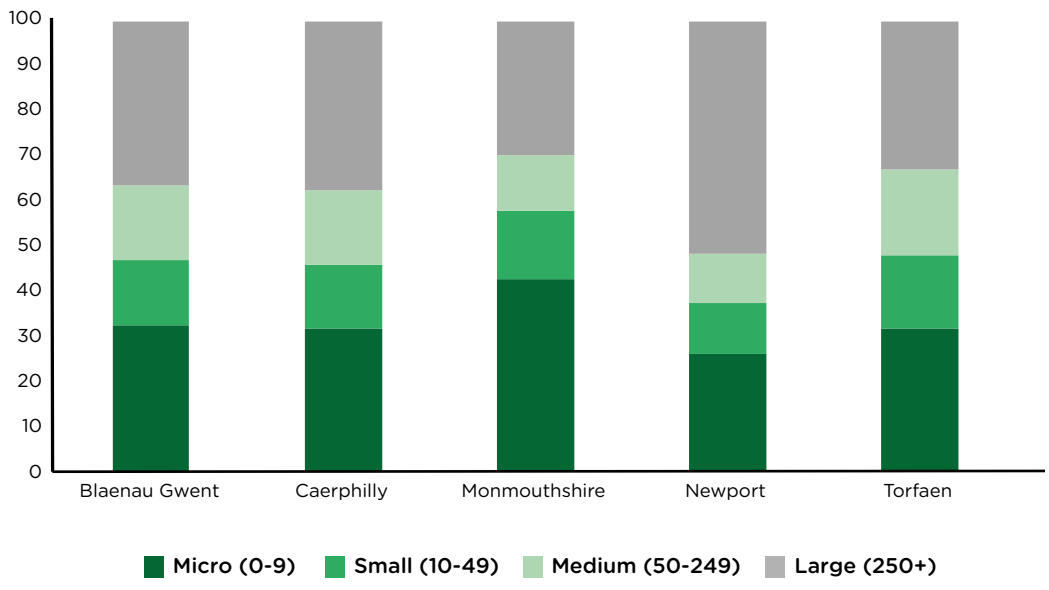


Source: Office for National Statistics (325)

Micro and small businesses are a vital part of Gwent's economy - as a percent of business, these small enterprises employ close to 50% of people in each

local authority except Newport, where large businesses, with more than 250 employees, are the most common employer, Figure 4.6.

**Figure 4.6. Percent distribution of those in employment by size of business, Gwent local authorities, 2021**



Source: StatsWales (326)

There is great potential for businesses, including SMEs, to take further action to support health and advance positive social as well as economic impacts. This involves meeting the recommendations of the Fair Work Commission and there is an opportunity for Public Health Wales to more proactively work with businesses to help them identify ways to improve the social determinants of health.

It is promising that the CCR plan has tackling inequality and inclusive growth as central tenets of its work and has acknowledged its role in contributing to reducing child poverty. The CCR has committed to including a child poverty assessment process in future projects and programmes and in existing programmes to assess if there is more it can do to support the reduction in child poverty within the CCR (327).

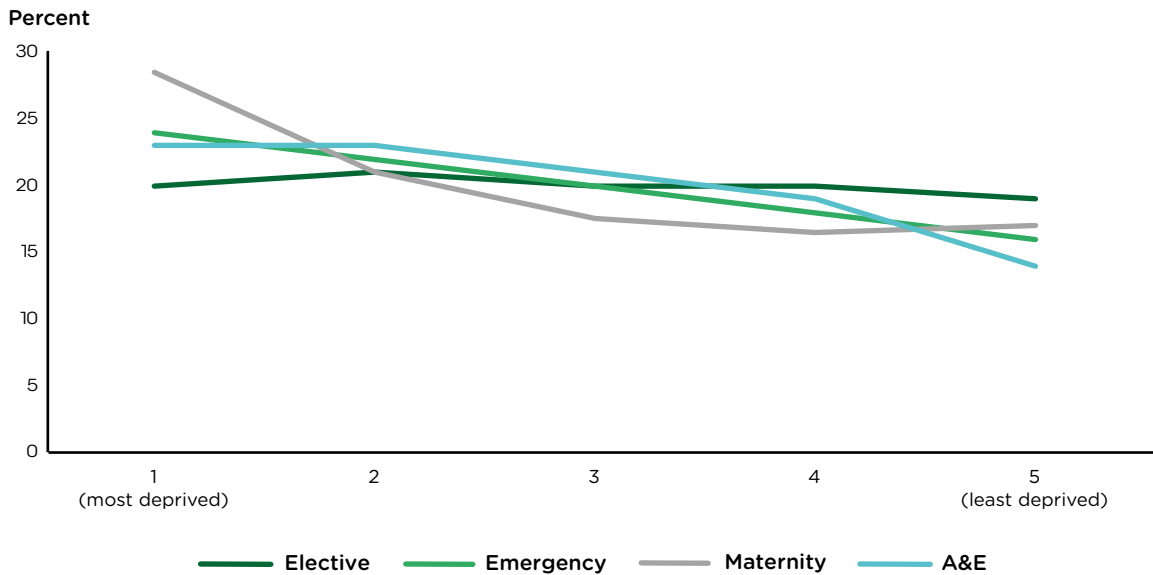
The Cardiff Capital Region (CCR) is regarded as the key vehicle through which to improve the economy and business landscape in Gwent through an inclusive prosperity strategy. The region includes 10 local authority areas in South Wales including the five local authorities in Gwent. Thus far the bulk of the CCR's work has been below the M4 corridor, and Gwent has yet to see any impact from it.

## NHS

There is far more that healthcare services and those who work in them can do to reduce health inequalities and support action on the social determinants of health. However, one of the main obstacles to action on the social determinants of health in the NHS is that it is currently overstretched and under-resourced. Tackling long waiting lists has become the priority across the system and actions on prevention less of a priority.

The NHS spends considerably more on populations living on the lowest incomes than wealthier populations, due to the effects of social and economic inequalities (3). Figure 4.7 shows in Wales, as levels of deprivation increase, health worsens and as a result, hospital service use increases.

**Figure 4.7. Estimated hospital service use\*, by WIMD, Wales, 2018/19**



**Notes:** See paper for methodology.

**Source:** Public Health Wales (25)

We heard anecdotally that shortages of GPs in Gwent are highest in areas of higher deprivation, but figures are not listed so we cannot evidence of the shortages of GPs. One of the most famous public health tenets finds that areas of highest need for medical care tend to have the worst provision. The ‘Inverse Care Law’ was identified by Dr Julian Tudor Hart, a Neath Valley GP. In 1971 he stated: “The availability of good medical care tends to vary inversely with the need for the population served” and labelled this the inverse care law (330). These shortages in primary care affect hospital usage. In areas where people have difficulties accessing a GP there are higher rates of hospital admissions (elective and emergency) (331). These shortages of GPs in Gwent are likely to increase health inequalities and contribute to the high use of Accident and Emergency. Not only is it unjust that these inequalities exist, that people in areas of high deprivation are less able to use local health services – but this increased dependence on hospitals is also more expensive.

There are a number of initiatives to improve recruitment and support to GPs based in areas of high deprivation. In England, Trailblazer rotations aim to improve GP recruitment in areas of high deprivation. A Health Equity-focused trainee is provided with enhanced training. (328). The Deep End approach, currently under review in Wales, is another programme that aims to provide additional support to GPs that are situated in areas with a high proportion of patients living in deprivation. Deep End GPs is a network of GP practices, aiming to address the social determinants of health through cooperation and the sharing of best practice. Populations living in Deep End practice areas, such as in parts of Gwent, have lower life expectancy and spend far more of their lives in poor health, physical and mental, than people living in more affluent areas. Deep End practices focus on working collaboratively to create the best outcomes for practices, patients and communities, addressing health inequalities. Deep End GPs recognise the additional demands that come with working in practices with high levels of its population living in deprived areas. Being part of the network gives practitioners a sense of identity and recognition of the additional challenges (329).

The costs of treating ill health, driven by deprivation and exclusion, fall heavily on the NHS; if the NHS were able to extend action on the social determinants of health it would reduce costs and demand as well as improving health. The British Red Cross analysed frequent attendance at Accident and Emergency departments and found people who live in the most deprived areas were more likely to attend frequently (five or more times a year). These people account for less than 1% of England's population yet account for more than 16% of Accident and Emergency attendances and 29% of ambulance journeys (332). The study suggests three areas of action to reduce demand on Accident and Emergency services: providing non-clinical, specialist support (for example, support for people experiencing homelessness and substance abuse); improving access

to community-based support so that people do not need to reach Accident and Emergency; taking action on the social determinants of health, to address the causes of high intensity use, such as poor housing and low income. The High Impact Services at the Grange hospital, outlined in Box 20, provides many of these services yet its future remains uncertain.

IHE has previously set out potential routes for the NHS and healthcare staff to take action on the social determinants, Box 32. These opportunities have become more important as health inequalities widen and as the development of place-based health care systems provides further opportunities for the NHS to act on the social determinants of health.

### Box 32. The NHS, health inequalities and the social determinants of health

The NHS and health care staff have many routes to improving the social determinants of health - including through:

- **Workforce education and training:** Communication, partnership and advocacy skills are all general areas that will help professionals to tackle the social determinants of health. There are also specific practice-based skills, such as taking a social history and referring patients to non-medical services, which should be embedded in teaching in undergraduate and postgraduate courses. Student placements in a range of health and non-health organisations, particularly in deprived areas, should be a core part of every course. This will help to improve students' knowledge and skills related to the social determinants of health.
- **Working with individuals and communities:** Health professionals should be taking a social history of their patients alongside medical information. This should then be used at an individual level to enable the practitioner to provide the best care for that patient, including referral where necessary; and at aggregate level to help organisations understand their local population and plan services and care. Health professionals should refer their patients to a range of services - medical, social services, other welfare agencies and organisations, so that the root causes of ill health are tackled as well as the symptoms being medicated.
- **NHS organisations:** Health professionals should utilise their roles as managers and employers to ensure that:
  - staff have good quality work, which increases control, respects and rewards effort, and provides services such as occupational health
  - their purchasing power, in employment and commissioning, is used to the advantage of the local population, using employment to improve health and reduce inequalities in the local area
  - strategies on health inequalities are given status at all levels of the organisation, so the culture of the institution is one of equality and fairness, and the strategies outlined elsewhere in this document are introduced and supported.
- **Working in partnership:** In order to take effective action to reduce inequalities, working in partnership is essential. Evidence shows that effective action often depends on how things are delivered, as much as what is delivered (2). A key element of this is collaborative, cooperative work that is either delivered jointly by more than one sector or draws on information and expertise from other sectors. Since many of the causes of ill health lie in social and economic conditions, actions to improve health should be taken collaboratively by a range of stakeholders that have the potential to affect social and economic conditions, including local government, business and the Third Sector (333).



Primary care is well placed to take action to improve health and reduce health inequalities through action on the social determinants to improve the conditions in which people are living, to prevent ill-health occurring in the first place. This can include creating access to services supporting better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment. In Wales strategies to address the social determinants in the NHS include Neighbourhood Care Networks (NCNs) in Gwent (known as Primary Care Clusters in the rest of Wales), and Integrated Wellbeing Networks (IWNs).

NCNs bring together all local services involved in health and care to provide place-based care, typically serving a population between 40,000 and 60,000. NCNs work in partnership with the Third Sector and communities to identify solutions and exist in each of Gwent's boroughs. In interviewees both those in and outside of the NHS agreed NCNs deliver a medical model. A number of local authority respondents emphasised that IWNs were more focused on working with communities in a way NCNs are not currently doing. IWNs were described as doing "a fantastic job because they find what's out there for people to access... and link up the partners."

NCNs are in the process of training 'Care navigators' who will direct patients to different pathways to care - most of these pathways are medical - pharmacies, dentists, optometrists. There are no referrals to the Third Sector and some in the Third Sector reported they had little to no contact with their local NCNs. Local authorities also stated that one of the problems with the delivery the aims of NCNs is that no funding was provided to address local priorities. In 2019 the Wales Audit Office recommended ABUHB assess the activities of NCNs. They found 'variation' in what was delivered across NCNs in Gwent and recommended ABUHB strengthen support to NCNs, "(r)evue the membership of the NCNs and attendance at NCN meetings to assess whether there is a need to increase representation from local authorities, Third Sector, lay representatives and other stakeholder groups" (334).

In 2019, 12 place-based collaboratives were established in Gwent. IWNs seek to coproduce solutions with local residents and build on their strengths and abilities with the aim of building resilience in the wider community and adopt an asset-based approach. This involves: increasing confidence and social connections, connecting people to existing social networks, and improving collective agency and the sense of pride for communities. The service hasn't started 'something new' but looks at what already exists in each of Gwent's local authorities, as such, each IWN looks different in Gwent. In Monmouthshire the IWN team employs wellbeing links coordinators, employed by the Gwent Association of Voluntary Organisations and Monmouthshire County Council. Residents access the IWN through local groups, community hubs, health and social care referrals and other places where people go for information (for example, libraries). As in other IWNs, they promote preventative opportunities to improve health and wellbeing. They work alongside people, listen and engage with the ways people can focus on their existing assets and help to build their strengths. There are no assessments, no pathways and no referrals, the team help to address problems until they are solved.

In Caerphilly the IWN is responding to community needs. For example, it is supporting a menopause support group after direct requests from women in the local community and conversations with health professionals looking to better support women. The group is run in Abertysswg, the Upper Rhymney Valley, one of the highest areas of deprivation in Caerphilly County. They had 25 at their first meeting. The women run the group themselves and do not currently require funding but rely on the use of free spaces in the library to hold their meetings. As such, they can only hold daytime meetings despite women wanting to meet in the evening, after work. The IWN is supporting the group to find other premises to meet. Providing a room to local groups such as this menopause support group is an opportunity for public services to be 'anchors' and provide free space in the evenings in local premises. In Torfaen they have supported the work of Healthy Blaenavon, Box 33.

### **Box 33. Place-based approaches to health and wellbeing: Healthy Blaenavon**

The Healthy Blaenavon Network is a group of partners consisting of public services including police, social services, early years, housing and primary care. Alongside statutory and Third Sector partners, the community is represented by the school, churches and youth club.

Healthy Blaenavon emerged as a framework for the coordination of wellbeing resources and community activities across Blaenavon in 2019 and has become the identity for Aneurin Bevan University Health Board's Integrated Wellbeing Networks Programme (335). A successful pilot period with part funding from Torfaen County Borough Council, led to a Community Wellbeing Development Officer being fully funded and employed by Blaenavon Town Council to offer health and wellbeing support to residents of Blaenavon. This partnership project provides a framework for health and wellbeing in the community and has an ethos of 'connections and conversations' rather than 'referrals and assessments', generating wide acceptance across the community and partnership spaces (336).

As part of this partnership, the Community Wellbeing Development Officer helps local people connect with agencies for tenancy, employment and mental health support or to activities to improve health and wellbeing. The project uses a place-based approach to addressing inequities through collaboration and a focus on community hubs and spaces, helping to build resilience within the local community. Various initiatives have been developed to break down barriers to good health and wellbeing including healthy eating on a budget, intergenerational projects, and free exercise sessions. These activities are shaped by the people that attend them, including the over 60s exercise class who opted for light weights and circuit training over the suggested chair yoga and gentle exercise.

In January 2020, Healthy Blaenavon began 'Family Club' as part of the Welsh Government funded StreetGames Family Engagement Project. This partnership offers flexible, drop-in sessions for local families to get active, including basketball, tennis, street golf and dance. Healthy Blaenavon codesigned the sessions with families, asking them what they wanted to do and how, the result being to get active together as families. Project members build relationships with those attending, get to know their needs and any barriers to getting active and adapt the sessions accordingly. During the pandemic, some sessions were held online alongside creative ways to get families involved in remote team challenges. Since its inception over two years ago, Family Club sessions have increased in popularity and are now fully subscribed, with some families still attending since the start. However, despite its popularity the project is primarily attended by mothers and children and a pilot project to try and get dads involved was not successful. The challenge ahead is to find activities that also attract and retain men.

Further barriers to getting active in Blaenavon include the town's lack of leisure resources. The local swimming pool was closed in 2012 and although gym and classes are available in Blaenavon Active Living Centre, it is part of Blaenavon Heritage VC School and is only open to the public in evenings and weekends. Other leisure centres can be found in Pontypool or Abergavenny in Monmouthshire but at roughly £25 for a return ticket, travel via bus is unaffordable for many families.

Attempts to regenerate the town have focused on the heritage and tourism offer – Blaenavon is a UNESCO World Heritage Site - and the popular mining attraction, Big Pit is just outside of the town. The levels of community engagement in Healthy Blaenavon now offer an opportunity for local people to shape local developments to meet their needs (337).



Whilst the IWNs are responding to local needs, they only operate in selected areas in Gwent's five local authorities. For example, in Newport, the IWN works only in Pill and Ringland, whilst Newport has 10 areas of high deprivation. There was concern amongst some in local authorities that the IWNs duplicated what they, or the Third Sector are already offering. Some local authorities were unclear how areas were selected to have IWNs:

*"I don't even know how the areas for IWN in Caerphilly were identified".*

Currently policies, such as the Transformation Fund, part of *Healthier Wales*, aims to provide a "whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives" (47). As is evident, a whole system approach was not visible in Gwent, instead, the system continued to rely on pockets of good practice and lack of cohesion.

In 2023 it is expected the Welsh Government will publish its National Framework for social prescribing. It is unclear how IWNs would fit into this policy. With NCNs, IWNs and link workers/social prescribers, there is a risk of 'duplication in non-GP roles' as highlighted by some interviewees.

## **NHS AS AN ANCHOR**

In addition to the services they provide to improve health directly, hospitals and other healthcare organisations can also act on the social determinants of health by being anchor institutions. For healthcare organisations in particular, this represents a form of disease prevention, and an investment in the future of the community that they serve. The Council for Economic Renewal assessed the role of the NHS as an anchor in Wales. NHS Wales is the largest employer in Wales and has a significant economic impact on the Welsh economy. They show the process of improving health and social care impacts economic impacts through improving the health of populations and increasing economic activity, improving social capital and a reducing the impacts and effects of poverty (338).

At the Gwent level, the NHS can improve its role as an anchor. Section 3B outlined the new apprentice programme ABUHB offers, including its bespoke programme to support young people with learning difficulties. However, employability leads in local authorities and the DWP spoke of difficulties in improving recruitment to the NHS. One employability lead spoke of a previous ringfenced contract with ABUHB, enabling

people to go into the health sector in entry level jobs (porters and cleaners). They did a placement, a work trial and had a good success rate. But the programme no longer exists. They stated mandated opportunities are "absolutely needed. You need guaranteed placements, guaranteed interviews." Whilst they have tried to make inroads for years after the ringfenced contract ended they have had little success. Yet at the beginning of the pandemic ABUHB approached them for employees:

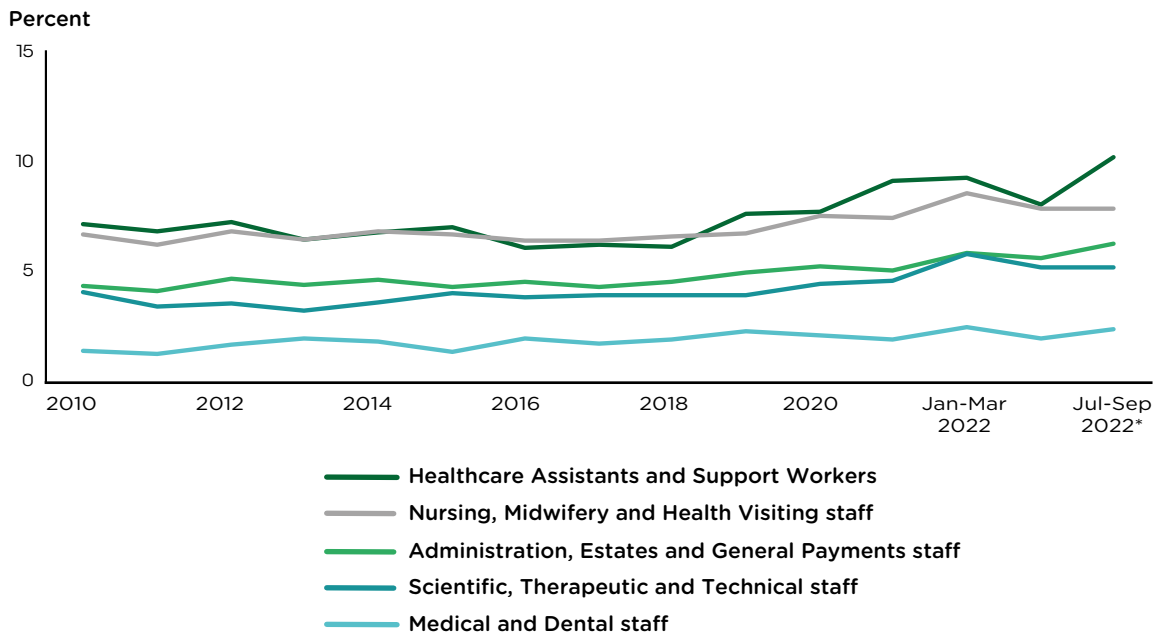
*"When the pandemic came, I had an email that there's over 300 vacancies in the Health Board. We've been trying to broker this relationship for years and now you're coming to me saying there's all these vacancies? They were trying to sign up people who were absolutely petrified to leave their homes, were long-term unemployed, with health conditions - they wanted them to go and work in a hospital and port it and clean it."*

The DWP reported that the ABUHB could make more use of local Job Centre teams. Currently the DWP has no links to the ABUHB despite attempts to improve the relationship and improve the number of applications to their jobs. The DWP reports that in other areas, it works with health boards and hospital trusts to simplify online application forms, and provides advice on how to increase the number of job applications.

Being better employers is one aspect of being an anchor. Post-pandemic, staff in public services report feeling burnt-out and there are low levels of moral. Surveys of staff at ABUHB found 47% said they "often" or "always" felt worn out at the end of their working day/shift; 34% said they feel burnt out because of their work; 2% do not have enough energy for family and friends during leisure time and 31% feel exhausted at the thought of another day/shift at work (339). A survey of staff in Nevill Hall Hospital in August 2020 found high levels of burn out, highest in those on the lowest pay - operating department practitioners and non-ICU nurses (340).

There are inequalities in staff absences. Staff most likely to be absent are those on the lowest pay. Figure 4.8 shows healthcare assistance and support workers had the highest absence rates and these had shot up in the latter stages of the pandemic.

Figure 4.8. Percent absent by staff group and year/quarter, Aneurin Bevan UHB, 2010-2022



Notes: Provisional results for Jul-Sept 2022  
 Source: NHS electronic staff record (341)

SECTOR RECOMMENDATIONS	
2023-2024	2024-2029
<b>Public services for health equity</b>	
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>All public services, including ABUHB and primary care and local authorities to outline anchor organisation place-based approach.</li> </ul>	<ul style="list-style-type: none"> <li>Gwent-wide anchor approach implemented.</li> <li>Develop bespoke training, aspiration and offering mentorships for children and young people eligible for free school meals.</li> </ul>
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>Work with police in Gwent to define and implement a public health approach to violence prevention.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring inequalities in public health approach to violence.</li> </ul>
<b>Businesses and economics for health equity</b>	
<b>Accountable lead:</b> Cardiff Capital Region	
<ul style="list-style-type: none"> <li>Work with businesses of different sizes in Gwent to improve links to primary and secondary schools in areas of higher deprivation for training, aspiration and offering mentorships.</li> <li>Businesses to implement the Fair Work Commission recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Increase work in all local authorities in Gwent, providing opportunities for people with varying levels of skills throughout the region.</li> </ul>



2023-2024	2024-2029
<b>NHS for health equity</b>	
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>• Work alongside local authorities (including staff working in local authorities) to encourage a broader remit to address social determinants of health and better coordinate actions on the social determinants of health and act as a bridge between health and non-health stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Public health and local authorities working in partnership to improve social determinants of health.</li> </ul>
<b>Accountable lead:</b> ABUHB	
<ul style="list-style-type: none"> <li>• Integrated Wellbeing Networks – assess actions of each local authority in reducing inequalities, in all areas of higher (not highest) deprivation.</li> <li>• Assess inequalities in hospital patients sent home without care packages and in patients waiting to be discharged from hospitals.</li> <li>• Welsh GP trainee programme to include rotation in areas of high deprivation beyond where universities are based.</li> <li>• Identify health inequalities lead at board level in ABUHB and in primary care clusters.</li> <li>• Fund expansion of High Impact Service in Grange University Hospital.</li> <li>• Marmot Trust approach discussed in all ABUHB hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• IWN implemented at scale in each local authority in all areas of deprivation.</li> <li>• Hospital discharge includes inequalities assessment and reducing inequalities in patients waiting to be discharged in hospitals.</li> <li>• High Impact Service in Grange University Hospital continues to be funded.</li> <li>• Marmot Trust approach implemented in all ABUHB hospitals.</li> </ul>

### Areas for national actions:

#### Public services

- Shift from grant to revenue funding for local authorities. Provide over a longer timescale to allow multi-year allocations. Streamline processes and grant conditions and reporting to reduce the administrative burden.
- Assess universal targets and whether they are impeding reductions of inequalities (for example, Well-being of Future Generations Act milestones).
- Amend universal targets to include reductions of inequalities.
- National bodies – such as Natural Resources Wales, Public Health Wales, Office of the Future Generations Commissioner – to be more responsive to local organisations to help them address inequalities and improve the social determinants of health, respond to their requests and be more active partners with local systems.
- Academics in Welsh universities to research Welsh Government policies independent of Welsh Government evaluations.

#### Businesses and economics

- Implement the recommendations in the Cardiff Capital Region Growth and Competitiveness Commission.



# CHAPTER 5

# RECOMMENDATIONS

**IHE proposes the following Marmot Eight and system-wide recommendations for action across the Gwent system. The system-wide recommendations enable and support actions in the Marmot Eight thematic areas and cover the critical social determinants of health and are tailored to the circumstances across Gwent.**

They are the building blocks for building a healthier and more equitable society in Gwent. Recognising the financial pressures on local authorities and the NHS, the recommendations highlight the importance of good health to the economy and businesses and the reduced demand and costs to services that will result from better health and reduced inequalities. Some recommendations will require additional funding, but many recommended actions can be done without additional investment and require better partnerships and leadership and shifting ways of working – all of which will bring enormous benefits to health equity.

These recommendations were created in partnership with stakeholders in Gwent, with drafts first created within the Leadership group, then shared more widely for comments.

The recommendations are classified in two categories: Year 1 (2023-24) and Years 2-5 (2024-2029). A lead organisation is suggested for each recommendation though most, if not all, should be developed and implemented in partnership.

In making the recommendations we have considered the pressures on local authority and NHS budgets. There is a role for the ABUHB Public Health Team or Gwent Strategic Wellbeing Action Group to monitor the status, implementation and best practice of the recommendations in each local authority and for the PSB leadership to amend or refine actions in subsequent years.

1. GIVE EVERY CHILD THE BEST START IN LIFE	
Related Marmot indicator	Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator
2023-2024	2024-2029
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>Define best start and school readiness in Gwent in partnership with parents, early years staff and health.</li> <li>Assess impact of staff shortages on the delivery of Flying Start in areas of higher deprivation.</li> <li>Healthy and Sustainable Pre-school scheme identifies actions across seven health topics and shift aim to reduce inequalities in every nursery.</li> <li>Assess and recommend improving maternity and parental leave policies and support for childcare in PBS members.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor best start and school readiness in Gwent in partnership and reduce inequalities.</li> <li>Healthy and Sustainable Pre-school scheme actively implements actions to address inequalities across seven health topics in every nursery.</li> <li>Recommendations for improving maternity and parental leave policies implemented in PSB members.</li> <li>Extend improved parental leave policies to private employers, including improved flexible working offer.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>Identify areas of low childcare provision and map to deprivation and assess quality of provision.</li> </ul>	<ul style="list-style-type: none"> <li>Intensive recruitment for early years staff in areas of higher deprivation.</li> <li>Increase childcare provision and quality in areas of higher deprivation with aim of reducing inequalities.</li> </ul>

### AREAS FOR NATIONAL ACTIONS:

- Provide data to enable local authorities to assess inequalities by income and free school meal eligibility in Foundation Phase.
- Shift more of early years funding from grants to revenue funding and longer-term funding.
- Implement findings from evaluation of the Early Years Integration Transformation Programme.
- Increase funding for further education colleges to focus on creating and expanding sustainable, high quality local childcare workforce.

## 2. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.

Related Marmot indicator	Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above
2023-2024	2024-2029
<b>Accountable lead:</b> Directors of Education	
<ul style="list-style-type: none"> <li>• Reduce the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.</li> <li>• Work with young people, business and the Third Sector to identify information needed to better access relevant further education opportunities (courses and apprenticeships and work-based learning) in Gwent with a focus on areas with higher levels of deprivation, generational poverty, and those most at risk of exclusion, levels 2 and 3.</li> <li>• Focus the pupil development grant to improve attainment of pupils eligible for free school meals to reduce the gap in attainment.</li> </ul>	<ul style="list-style-type: none"> <li>• Eliminate the gap in year 11 attainment between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.</li> <li>• Evaluate and improve use of pupil development grant to reduce inequalities in attainment.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>• Assess inequalities in affordable travel to school, improve data collection.</li> <li>• Work with communities in areas of higher deprivation to understand education and training needs for adults in each local authority.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce inequalities in travel to school.</li> <li>• Education and training for adults in each local authority targeted at populations to reduce socioeconomic inequalities. Improve communication of offer.</li> </ul>
<b>Accountable lead:</b> Healthy schools coordinators	
<ul style="list-style-type: none"> <li>• Healthy Schools scheme in primary and secondary schools shifts to proportionate offer to schools that have higher number of students eligible for free school meals and where there are pockets of deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Schools scheme in primary and secondary schools monitoring and improving proportionate offer to schools.</li> </ul>

2023-2024	2024-2029
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>In partnership with young people, businesses and the Third Sector assess provision of career guidance and aspiration approaches in <b>primary and secondary schools</b>.</li> <li>Work with <b>young people</b> to better communicate available youth services and future youth services.</li> <li>Assess Shared Prosperity Funding and spend on <b>NEETs</b> and better coordinate the approach and offer in the region.</li> <li>Work with communities in areas of higher deprivation to increase <b>volunteering opportunities and skills building</b> for adults in each local authority.</li> </ul>	<ul style="list-style-type: none"> <li>Review revised provision of career guidance and aspiration approaches in primary and secondary schools to ensure aspiration for all.</li> </ul>
<b>Accountable lead:</b> Regional Children and Families Transformation lead	
<ul style="list-style-type: none"> <li>Reduce duplication and provide consistent offer of mental health support in <b>schools</b>. Proportionate offer of support according to number of students eligible for free school meals and where there are pockets of deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>Define how to monitor inequalities impacted by mental health support in schools.</li> <li>Work with students, school staff and parents to improve mental health support offer in schools and ensure tackling inequalities.</li> </ul>
<b>Accountable lead:</b> Educational Achievement Service	
<ul style="list-style-type: none"> <li>Assess and reduce inequalities in <b>school absences</b>.</li> <li><b>Schools</b> and EAS share best practice and leadership in addressing inequalities in education attainment.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor inequalities in school absences and continue to work in partnership with families.</li> </ul>
<b>Accountable lead:</b> Coleg Gwent and Coleg y Cymoedd	
<ul style="list-style-type: none"> <li>Increase the <b>level 2 and level 3 apprenticeship</b> opportunities in Gwent.</li> <li>Map <b>apprenticeship</b> providers in Gwent.</li> <li>Work with <b>apprentices</b> and employers to assess pastoral care offer for apprentices in Gwent.</li> <li>Work with local, regional and national employers in Gwent to identify <b>adult education upskilling needed</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Increase apprenticeship providers in Gwent, with a focus on small and medium enterprises and public service.</li> <li>Provide improved pastoral care to apprentices in Gwent.</li> <li>Provide adult education needed for future jobs market.</li> </ul>
<b>Accountable lead:</b> <b>Cardiff Capital Region</b>	
<ul style="list-style-type: none"> <li>Work with employers and education providers to ensure that further education provision and skills investment is aligned to the Cardiff Capital Region economic strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Work with employers, schools and families to build <b>aspirations and skills in primary and secondary schools</b>.</li> </ul>

#### AREAS FOR NATIONAL ACTIONS:

- Make data available at local authority level disaggregated by eFSM.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Cease use of fixed penalty notices for school absences.
- Increase apprentice minimum wage to match real living wage.

### 3. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Related Marmot indicator	Percent of all employees earning below the real living wage Percent unemployed (16-64 years) (females, males)	
2023-2024	2024-2029	
<b>Accountable lead:</b> Local authority		
<ul style="list-style-type: none"> <li>Support work of employability staff, focus on reducing generational unemployment. Work with employers to secure more flexible working.</li> <li>Assess possibility of frontline employability staff sitting in DWP offices in each local authority.</li> <li>Measures of success for employability services to include entry into work and quality of work.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline employability staff sit in DWP offices in each local authority.</li> <li>Continue working with employers to secure flexible working.</li> </ul>	
<b>Accountable lead:</b> Public services		
<ul style="list-style-type: none"> <li>Public services (NHS, local authorities) use Job Centre Plus to recruit entry level staff.</li> </ul>	<ul style="list-style-type: none"> <li>Public services (NHS, local authorities) increase use of Job Centre Plus to recruit staff.</li> </ul>	
<b>Accountable lead:</b> Gwent Association of Voluntary Organisations, Torfaen Voluntary Association		
<ul style="list-style-type: none"> <li>Work with anchors, local employers and businesses to identify the number of opportunities to use volunteering as pathway to employment.</li> </ul>	<ul style="list-style-type: none"> <li>Double the number of opportunities using volunteering as pathway to employment.</li> </ul>	
<b>Accountable lead:</b> Cardiff Capital Region		
<ul style="list-style-type: none"> <li>All Cardiff Capital Region-funded capital projects to support a minimum number of apprenticeships, with a fair proportion in Gwent, dependent on the size and scale of the project. Focus working with potential apprentices living in areas of higher deprivation.</li> <li>Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor Cardiff Capital Region-funded capital projects and number of apprenticeships in Gwent, with focus on working with potential apprentices living in areas of higher deprivation.</li> <li>Cardiff Capital Region to rebalance strategies to improve employment in areas of higher deprivation across all local authority areas.</li> </ul>	

**National advocacy:** Implement recommendations of Fair Work Commission.



#### 4. ENSURE A HEALTHY STANDARD OF LIVING **FOR ALL**

Related Marmot indicator	Percent of children living in relative low-income families Percent of people living in households in material deprivation
2023-2024	2024-2029
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>Develop training for primary and secondary care and local authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services.</li> <li>Training on living in poverty (for example, poverty proofing) offered to public services staff.</li> </ul>	<ul style="list-style-type: none"> <li>Primary and secondary care and local authority workforce trained and offering support to address poverty including fuel poverty.</li> </ul>
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>All members of PSB to pay real living wage for all roles and all procurement contracts.</li> <li>Assess hygiene poverty in Gwent, identify local indicator.</li> <li>Shift to prevention approaches in delivering sustainable and healthy food security.</li> <li>Define proportionate universalism in Gwent and communicate and adopt.</li> <li>Assess use and value of Socioeconomic Duty within PSB members.</li> </ul>	<ul style="list-style-type: none"> <li>All employers in Gwent paying the real living wage.</li> <li>Reduce hygiene poverty.</li> <li>Eliminate need for food banks, replace with actions addressing the causes of food poverty.</li> <li>Improve use and value of Socioeconomic Duty within PSB members.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>Assess Citizen Advice offer in areas of high deprivation without offices. Work with communities in each local authority to understand their needs for social welfare, legal and debt advice wanted and in what format.</li> </ul>	<ul style="list-style-type: none"> <li>Based on year one, colocate social welfare, legal and debate advice on-site in NHS and local authorities without need for external referral.</li> </ul>
<b>Accountable lead:</b> Educational Achievement Service	
<ul style="list-style-type: none"> <li>In partnership with businesses, assess support about financial management advice in schools and workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>Improve financial management advice in schools and workplaces.</li> </ul>

#### Areas for national actions:

- Focus on reducing and eliminating intergenerational poverty.
- Implement recommendations in Audit Wales Time for Change report.

## 5. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

Related Marmot indicator	<p>Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households</p> <p>Rate of households in temporary accommodation</p> <p>Percent of people satisfied with local area as a place to live</p> <p>Percent of people satisfied with their ability to get to/ access the facilities and services they need</p>
2023-2024	2024-2029
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>Work with <b>local communities</b>, across <b>all ages</b>, to support longer-term revival of local high streets in areas of higher deprivation.</li> <li>Put <b>health equity and sustainability</b> at the centre of planning decisions.</li> <li>Develop linked or shared data to better <b>identify and support those who are homeless or living in insecure housing</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Each local authority creates a healthy high street or town centre plan in partnership with residents.</li> <li>Identify further areas to develop linked or shared data to address social determinants of health.</li> </ul>
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li><b>Assess impact of Rent Smart Wales on quality of private rental sector in Gwent.</b></li> <li><b>Health inequalities assessment of regeneration plans in partnership with local authorities.</b></li> <li>Assess provision of social determinants approaches in social housing associations and Caerphilly Housing.</li> <li>Public health and primary care work with residents to identify information and approaches needed to <b>reduce risks of housing causing poor physical and mental health.</b></li> </ul>	<ul style="list-style-type: none"> <li>Improve quality of private rented sector in Gwent, using Rent Smart Wales or other approach.</li> <li>Closer working between ABUHB public health team and local authority planners to health equity assess future planning and regeneration strategies.</li> <li>In partnership with social housing associations and Caerphilly Housing, build on work to address social determinants approaches, share best practice.</li> <li>Provide support to social housing associations and Caerphilly Housing to reduce risks of housing causing poor physical and mental health.</li> </ul>
<b>Accountable lead:</b> Local authorities	
<ul style="list-style-type: none"> <li>Assess possibility of <b>free bus travel</b> offer in Gwent.</li> <li>Ensure <b>new walking and cycling infrastructure</b> reaches areas with the lowest rates of physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>Implement findings of free bus travel assessment.</li> <li>Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.</li> </ul>
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>Work with <b>communities to develop</b> actions to improve <b>use of green spaces</b> and local heritage sites for those living in areas of higher deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor use of green spaces and local heritage sites by residents in areas of higher deprivation.</li> </ul>

**Areas for national actions:**

- Improve data available to local authorities on the private rented sector.
- Enforce and implement Rent Smart Wales.
- Ensure public interest is not compromised in Section 106 planning decisions.
- Increase funding for lifelong learning and adult education in areas of higher deprivation and link to job market demands.
- Increase revenue and long-term funding for retrofitting homes and active travel. Allow local areas to determine what is needed.

**6. STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION**

<b>Related Marmot indicator</b>	<b>Inactivity rate excluding students (males, females)</b> <b>Percent walking for 10 minutes every day or several times a week to get somewhere</b> <b>Percent of people who are lonely (age 16+)</b>	
<b>2023-2024</b>	<b>2024-2029</b>	
<b>Accountable lead:</b> ABUHB Public Health Team		
<ul style="list-style-type: none"> <li>• Assess Gwent’s current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and the social determinants of health approach and a whole systems working approach in Gwent.</li> <li>• Assess the steep decline in life expectancy for women in Gwent.</li> <li>• In partnership with local authorities provide inequalities-informed behaviour change approaches to e.g. public transportation and active travel.</li> <li>• Develop approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation.</li> <li>• Adopt equivalent of equity informed approach (for example, Deep End or equivalent) in all primary care practices in areas of higher deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioural prevention policies and actions all have equity and social determinants of health approach and a whole systems approach.</li> <li>• Implement actions to reduce the steep decline in life expectancy for women in Gwent.</li> <li>• Support work with communities in areas of higher deprivation to provide the activities, support, spaces and opportunities they want. Monitor use and work with communities to increase uptake.</li> </ul>	
<b>Accountable lead:</b> ABUHB		
<ul style="list-style-type: none"> <li>• Maximise secondary prevention opportunities in acute and primary care in Gwent through health promoting hospitals and health services and supporting clinicians to identify and act on these inequalities.</li> <li>• Review exercise on referral and social prescribing offers to ensure they are addressing the social determinants of health and offered to citizens living on lower incomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor secondary prevention opportunities in acute and primary care in Gwent, ensure it is addressing inequalities.</li> <li>• Exercise on referral and social prescribing offers have equity and social determinants of health approach.</li> </ul>	

**Areas for national actions:**

- SportsWales to analyse funding available for areas of higher deprivation and amend funding proportionate to need to reduce health inequalities.
- Examine the impact of the minimum alcohol price on household income.
- Make statistics on alcohol and drug misuse available at local authority disaggregation and by deprivation status.

## 7. TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES

2023-2024	2024-2029
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>All PSB partner organisations to gather data on their workforce by ethnicity, pay and grade.</li> </ul>	<ul style="list-style-type: none"> <li>Based on findings in year one, PSB statutory partner organisations set actions to reduce structural racism and its outcomes in the NHS, local authorities and public sector.</li> <li>Work with businesses to improve collection of workforce data about ethnicity and actions to reduce structural racism.</li> </ul>

### Areas for national actions:

- Implement the Anti-racist Wales Action Plan.

## 8. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

Related Marmot indicator	Average level of nitrogen dioxide
2023-2024	2024-2029
<b>Accountable lead:</b> Natural Resources Wales	
<ul style="list-style-type: none"> <li>Adopt a health inequalities approach to the South East Wales Area Statement and related actions.</li> <li>Health equity assessment of adaptation and mitigation approaches in Gwent.</li> </ul>	
<b>Accountable lead:</b> Transport for Wales	
<ul style="list-style-type: none"> <li>Map bus transport links between areas of higher deprivation and areas of employment opportunity and access to primary and acute health services.</li> <li>Map rail transport links between areas of higher deprivation and areas of employment opportunity.</li> <li>Health equity assessment of school and further education transport (including bus journeys and active travel).</li> </ul>	<ul style="list-style-type: none"> <li>Reduce inequalities in bus transport in each local authority in Gwent.</li> <li>Reduce inequalities in rail transport in each local authority in Gwent.</li> <li>Reduce inequalities in transport to schools and further education colleges in each local authority in Gwent.</li> </ul>
<b>Accountable lead:</b> Housing associations	
<ul style="list-style-type: none"> <li>Housing associations assess possibilities for retrofitting homes in Gwent to improve their thermal efficiency and reduce reliance on fossil fuels, energy costs.</li> </ul>	<ul style="list-style-type: none"> <li>Social housing associations implement plans to retrofit homes in Gwent.</li> </ul>

### Areas for national actions:

- Revise EPC rating metrics to make them easier for the public to understand. Compare with actual performance of dwellings and enable policies to be better targeted.
- Undertake health equity assessment of national bus funding decisions.
- Undertake health equity assessment of South East Wales metro system and active travel plans.

## SYSTEM CHANGE RECOMMENDATIONS

2023-2024

2024-2029

### LEADERSHIP FOR HEALTH EQUITY

**Accountable lead:** Public Services Board

- The Gwent PSB Marmot Programme Leadership Group becomes an Implementation Board and oversees development of an implementation plan, based on this report.

- Public Services Board annual review of implementation of recommendations.

**Accountable lead:** ABUHB Public Health Team and Public Health Wales

- Actively work with partners outside of the NHS to address social determinants of health.
- Public Health Wales to work with Gwent public health team to support this work and provide tools and intelligence as requested.

### RECOMMENDATION: STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY

**Accountable lead:** Regional Partnership Board

- Regional Partnership Board chair and vice chair positions rotate between local authorities and health board.

### RECOMMENDATION: CO-CREATE HEALTH EQUITY

**Accountable lead:** Public Services Board

- NHS and local authorities to place local residents in areas of higher deprivation at the centre of identifying actions to reduce inequalities in their local communities.
- Work with Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance to identify how to increase direct commissioning of Third Sector by local authorities and the NHS by identifying where the Third Sector is better placed to provide services currently offered by the NHS or local authorities.

- Implement asset-based community development and provide sustainable and longer-term funding.
- At least double the number of Third Sector contracts commissioned by local authorities and the NHS.



2023-2024	2024-2029
<b>RECOMMENDATION: FUNDING FOR HEALTH EQUITY</b>	
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>Assess resource allocations and shift to proportionate universalist funding based on levels of socioeconomic deprivation.</li> <li>Benchmark NHS and local government funding for social determinants of health.</li> <li>NHS and local government funding to Third Sector to shift from grant to revenue and for longer time-frames funding to reduce poverty.</li> <li>Local authorities to assess where it may be possible to consolidate Welsh Government funding to reduce bureaucracy.</li> <li>Assess possibility of increasing participatory budgeting projects.</li> <li>Link Shared Prosperity Funding to Marmot indicators.</li> </ul>	<ul style="list-style-type: none"> <li>Increased proportion of local authority and NHS funding is proportionate universalist funding.</li> <li>Increase NHS and local government funding for social determinants of health by agreed amount per year for the next 10 years.</li> <li>NHS and local authorities offering larger proportion of funding that is longer-term and revenue to Third Sector.</li> <li>Local authorities consolidating Welsh Government funding to reduce bureaucracy.</li> <li>Participatory budgeting projects led by local authorities, not outsourced.</li> <li>Monitoring Shared Prosperity Funding and links to Marmot indicators and recommendations.</li> </ul>
<b>RECOMMENDATION: DATA AND MONITORING FOR HEALTH EQUITY</b>	
<b>Accountable lead:</b> Gwent public health team	
<ul style="list-style-type: none"> <li>Digital Health Wales and SAIL databank to work with local authorities to provide data on social determinants.</li> <li>In early years adopt shared system records between health and social care.</li> <li>Create Gwent Marmot indicators public website.</li> <li>Assess possibility of lower-level data to better assess inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Digital Health Wales and SAIL databank provide data on social determinants.</li> <li>Create a central integrated customer account as a gateway to services.</li> <li>Assess further areas where shared record systems can reduce health inequalities.</li> <li>Review and renew Marmot indicators every five years.</li> </ul>
<b>SECTOR RECOMMENDATIONS</b>	
<b>Public services for health equity</b>	
<b>Accountable lead:</b> Public Services Board	
<ul style="list-style-type: none"> <li>All public services, including ABUHB and primary care and local authorities to outline anchor organisation place-based approach.</li> </ul>	<ul style="list-style-type: none"> <li>Gwent-wide anchor approach implemented.</li> <li>Develop bespoke training, aspiration and offering mentorships for children and young people eligible for free school meals.</li> </ul>
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>Work with police in Gwent to define and implement a public health approach to violence prevention.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring inequalities in public health approach to violence.</li> </ul>

2023-2024	2024-2029
<b>Businesses and economics for health equity</b>	
<b>Accountable lead:</b> Cardiff Capital Region	
<ul style="list-style-type: none"> <li>• Work with businesses of different sizes in Gwent to improve links to primary and secondary schools in areas of higher deprivation for training, aspiration and offering mentorships.</li> <li>• Businesses to implement the Fair Work Commission recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase work in all local authorities in Gwent, providing opportunities for people with varying levels of skills throughout the region.</li> </ul>
<b>NHS for health equity</b>	
<b>Accountable lead:</b> ABUHB Public Health Team	
<ul style="list-style-type: none"> <li>• Work alongside local authorities (including staff working in local authorities) to encourage a broader remit to address social determinants of health and better coordinate actions on the social determinants of health and act as a bridge between health and non-health stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Public health and local authorities working in partnership to improve social determinants of health.</li> </ul>
<b>Accountable lead:</b> ABUHB	
<ul style="list-style-type: none"> <li>• Integrated Wellbeing Networks – assess actions of each local authority in reducing inequalities, in all areas of higher (not highest) deprivation.</li> <li>• Assess inequalities in hospital patients sent home without care packages and in patients waiting to be discharged from hospitals.</li> <li>• Welsh GP trainee programme to include rotation in areas of high deprivation beyond where universities are based.</li> <li>• Identify health inequalities lead at board level in ABUHB and in primary care clusters.</li> <li>• Fund expansion of High Impact Service in Grange University Hospital.</li> <li>• Marmot Trust approach discussed in all ABUHB hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• IWN implemented at scale in each local authority in all areas of deprivation.</li> <li>• Hospital discharge includes inequalities assessment and reducing inequalities in patients waiting to be discharged in hospitals.</li> <li>• High Impact Service in Grange University Hospital continues to be funded.</li> <li>• Marmot Trust approach implemented in all ABUHB hospitals.</li> </ul>

### Areas for national actions:

#### Public services

- Shift from grant to revenue funding for local authorities. Provide over a longer timescale to allow multi-year allocations. Streamline processes and grant conditions and reporting to reduce the administrative burden.
- Assess universal targets and whether they are impeding reductions of inequalities (for example, Well-being of Future Generations Act milestones).
- Amend universal targets to include reductions of inequalities.
- National bodies – such as Natural Resources Wales, Public Health Wales, Office of the Future Generations Commissioner – to be more responsive to local organisations to help them address inequalities and improve the social determinants of health, respond to their requests and be more active partners with local systems.
- Academics in Welsh universities to research Welsh Government policies independent of Welsh Government evaluations.

#### Businesses and economics

- Implement the recommendations in the Cardiff Capital Region Growth and Competitiveness Commission.

# CHAPTER 6

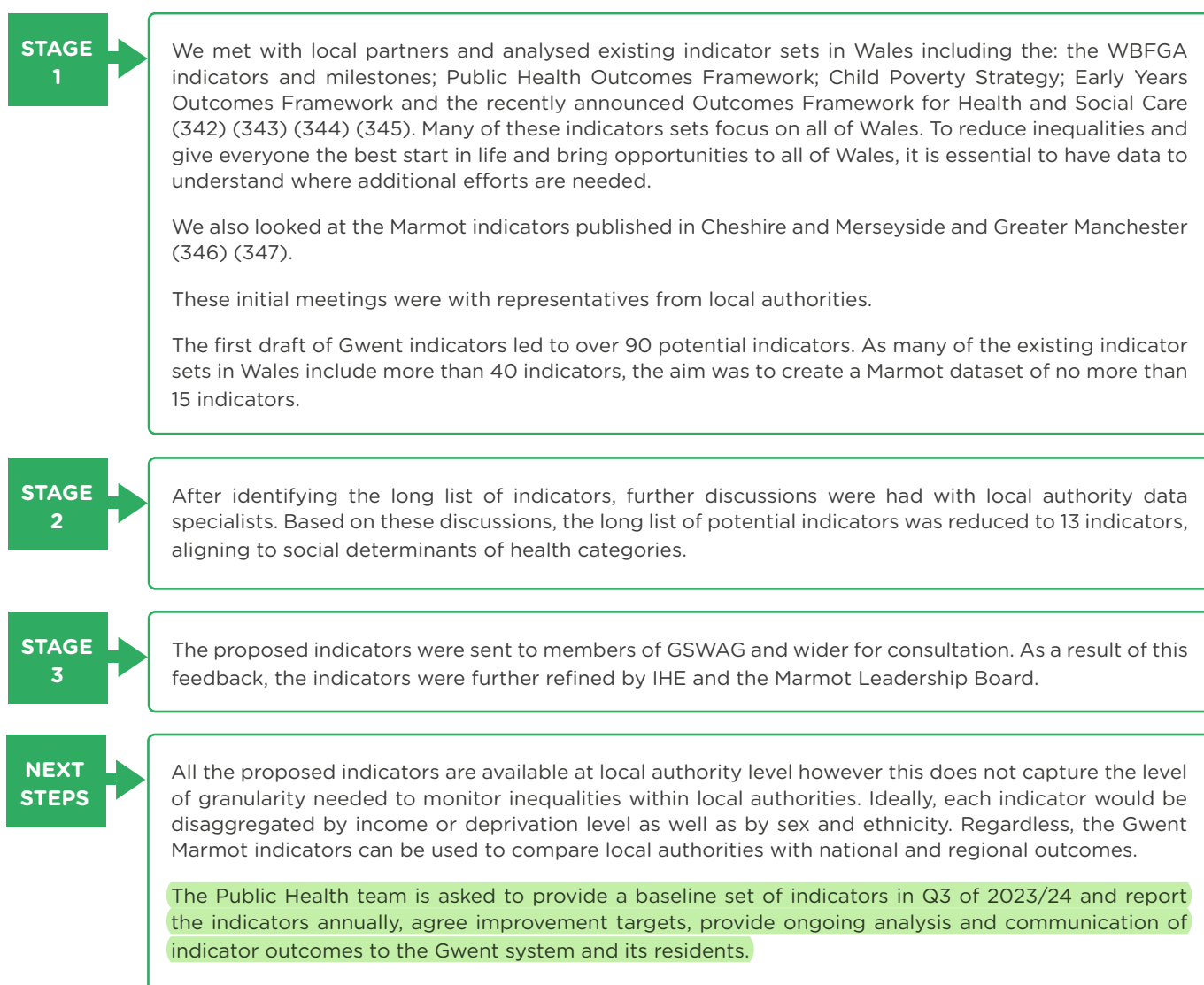
# GWENT MARMOT INDICATORS

## The Gwent Marmot indicators provide the region with tools to establish a baseline and monitor progress of system-wide actions to address health inequalities and improving the social determinants of health in Gwent.

The Gwent region asked for a set of local health inequalities indicators relevant to the communities themselves. The Gwent Marmot indicators are aimed at bringing local systems together to address the causes of health inequalities more effectively. The responsibility does not lie only with the NHS or local authorities, it is the responsibility of many to plan, implement and deliver. Whilst Gwent is a region and covers five local authorities, stakeholders stated they did not want regional measures as the planning and delivery of actions would mostly be at the local authority level. As such, the system sought to have indicators that would measure factors influenced by local actions to reduce health inequalities.

The indicators selected are not a comprehensive set, instead the Gwent Marmot indicators seek to measure performance improvement in the short, medium and long term based on improvements being sought by the recommendations in this report.

The process for developing the indicators followed these steps:



The following are the Gwent Marmot indicators.

#	Indicator	Level	Frequency	Disaggregation	Related source	Devolution power
1	Healthy life expectancy at birth (females, males)	LA	Annual	IMD	PHOF, PHW	Wales
<b>Early years, children and young people</b>						
2	Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator*	LA	Annual	FSM status	Welsh Govt	Wales
3	Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above	LA	Annual	FSM status	Welsh Govt NI-08	Wales
<b>Work and employment</b>						
4	Percent of all employees earning below the real living wage	LA	Annual	NA	ONS	Combination
5	Percent unemployed (16-64 years) (females, males)	LA	Annual	None	Welsh Govt NI-21	Combination
6	Inactivity rate excluding students (males, females)	LA	Quarterly	NA	APS	Wales
<b>Income, poverty and debt</b>						
7	Percent of children living in relative low-income families	Ward, LA	Annual	NA	DWP	UK
8	Percent of people living in households in material deprivation	LA	Annual	NA	Welsh Govt NI-19	UK
<b>Housing and the environment</b>						
9	Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households	LA	Annual	NA	Welsh Govt NI-34	Wales
10	Rate of households in temporary accommodation**	LA	Annual	NA	Welsh Govt	Wales
11	Average level of nitrogen dioxide	LA	Annual	NA	Welsh Govt NI-04	Wales
<b>Public health</b>						
12	Percent of people satisfied with local area as a place to live	LA	Annual	None	Welsh Govt NI-26	Wales
13	Percent of people satisfied with their ability to get to/access the facilities and services they need	LA	Annual	None	Welsh Govt NI-24	Wales
14	Percent walking for 10 minutes every day or several times a week to get somewhere***	LA	Annual	Household in material deprivation	National Survey for Wales	Wales
15	Percent of people who are lonely (age 16+)	LA	2-3 years	None	Welsh Govt NI-30	Wales
<b>In development</b>						
<b>Early years</b>						
	Percent of 0-7-year-olds living in households in receipt of income-related benefits, or tax credits with income less than 60% of the Wales median^^					
<b>Tackle climate change and health equity in unison</b>						
	Percent (£) spent in local supply chain through contracts^^	-	-	-	NHS, local government	Wales

\* This data is no longer publicly published and will require a freedom on information request.

\*\*To be calculated per 10,000 households by local authorities

\*\*\* To be sourced at local authority level from National Survey for Wales.

#### In development indicators

^^ These indicators are currently under development. The 0-4-year-olds living in receipt of income-related benefits has been under development for many years. This would help to better understand poverty in families with babies and young children.

Welsh Government (2019) Early Years Outcomes Framework. Available from: <https://www.gov.wales/sites/default/files/publications/2019-07/early-years-outcomes-framework.pdf>

The local supply chain indicator is related to the Social Partnership and Public Procurement (Wales) Bill, under development at the time of writing. Depending on indicators created to support the Bill, we recommend Gwent select an associated indicator to monitor outcomes related to the Bill.



# CHAPTER 7

# APPENDIX



## Members of the Gwent Leadership Board:

- **Paul Matthews** – Monmouthshire Council CEO
- **Stephen Vickers** – Torfaen Council CEO
- **Tammy Boyce** – Institute of Health Equity
- **Owen Callaghan** – Institute of Health Equity
- **Stephen Tiley** – GAVO CEO
- **Howard Toplis** – Tai Calon CEO
- **Maureen Howells and Claire Germain** – Welsh Government
- **Tracy Daszkiewicz** – ABUHB Director of Public Health
- **Stuart Bourne** – ABUHB Consultant in Public Health
- **Anna Pennington** – Gwent Marmot Region Programme Manager
- **Caroline McDonnell** – Senior Public Health Practitioner
- **James Adamson** – SpR ABUHB Local Public Health Team
- **Scott Wilson-Evans** – ABUHB Strategic Head of Communications
- **Liam Williams** – Public Health Practitioner

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