

<b>Date:</b>	6 November 2002
<b>Venue:</b>	Committee room 2, National Assembly Building
<b>Title:</b>	Well Being in Wales

## **Purpose**

1. This paper facilitates discussion of the consultation document *Well Being in Wales*, which was launched on 24<sup>th</sup> September 2002. Personal copies of the document were sent to all Assembly Members in advance of the launch date.

## **Summary**

2. This paper provides the context within which *Well Being in Wales* was produced and an explanation of the consultation exercise being undertaken. *Well Being in Wales* builds on the foundation laid by *Better Health Better Wales*, and provides a solid platform for even more joint action to protect and improve people's health by the Assembly Government, the NHS, local authorities, voluntary sector organisation, employers and other public, private sector organisations.

## **Background**

3. *Improving Health in Wales* made a commitment to produce a follow-up to *Better Health Better Wales* in 2002. *Well Being in Wales* (as it is now known) develops further the Assembly Government's work to improve health and to reduce inequalities through an integrated approach to policies and programmes. This integrated approach is endorsed by Professor Peter Townsend in his report *Targeting Poor Health*, which has been adopted by the Assembly.

4. The document covers each of the Assembly Government's policy areas in turn and makes more explicit their links with health and well being using available evidence. It provides examples of progress made towards integrated policies and programmes. Each section concludes with two themes. The first highlights the action in other policy areas that can contribute to people's health and well being. The

second reflects on what the NHS and social care organisations can do to contribute to the achievements and objectives of other policy areas.

5. Over and above the demand on health and social care services, ill health has a huge impact on individuals and their families, on businesses and on the economy. Not all ill health can be avoided, but some of it can. In recent years, *Better Health Better Wales* has done much to raise awareness of the social, economic and environmental factors that affect people's health. It has also helped many organisations, particularly local authorities, to develop their role in helping people to improve their health.

6. *Well Being in Wales* builds on the foundation laid by *Better Health Better Wales*. It develops further the Assembly Government's work to improve health and to reduce inequalities through an integrated approach to policies and programmes. We have made good progress on building health into other policies and programmes and this document captures that, but there is more we can do.

7. The improvements that the Assembly Government is putting in place for the NHS will improve further the quality and the effectiveness of health care, and will ensure fairer and better access to hospital services. For the new Local Health Boards, promoting health and well-being and preventing disease will be as important as ensuring effective and efficient health services. This

will be reinforced by the joint duty upon Local Health Boards and local authorities to prepare local health, social care and well being strategies in conjunction with other organisations and through consultation with local people. This document provides direction and a national context for these local strategies. *Well Being in Wales* is another significant step forward in our efforts to improve health and to reduce the inequalities in health that exist between communities. It can help to build bridges between organisations and sectors for more joint action to increase well being across communities.

8. *Well Being in Wales* is a further step forward in the Assembly Government's development of a more integrated approach to achieving policy outcomes. Integrated policies and programmes, built around strong partnerships, are at the heart of the Assembly Government's approach. The document positions health, public health and social care services in that context. It:

- Highlights the relevance of health to well being for all policy areas and emphasises the importance of people's health to the economy.
- Sets out proposals for action by the Assembly Government to work with the wide range of organisations and groups that can help to reduce inequalities in health.
- Asks health, public health and care services to make a significant contribution to building strong communities and to the objectives of other policy areas through their day-to-day roles.
- Provides national direction and context for *Local Health*, *Social Care* and *Well Being Strategies*

which, from April 2003, Local Health Boards and local authorities will be under a joint duty to produce in conjunction with other organisations and through public consultation. *Well Being in Wales* is aimed at all organisations and groups that can contribute in some way to improving people's well being.

9. Progress has been made on bringing together policy areas, for example, in the *Communities First* and *Objective 1* programmes, in education through the *Welsh Network of Healthy Schools Schemes*, and in strategies such as the National Economic Development Strategy *A Winning Wales* which features the Welsh Assembly Government's *Corporate Health Standard*. Other

strategies and frameworks such as the National Housing Strategy *Better Homes for People In Wales*, the strategy for older people *When I'm 64 and More*, and the *Children and Young People's Framework* also feature action on health. But there is more to do.

## **Health and well being**

10. The concept of well being provides a strong test of the extent to which policies are coming together to reduce inequalities in health and to achieve sustainable development. A high level of well being is a feature of strong and vibrant communities. People's well being depends on several things. These include: their interests and the extent to which there is a sense of engagement in, and access to, the community, their happiness and feelings of confidence and self-esteem, their health and their safety. It also encompasses their security – financial and otherwise, the services, facilities and opportunities available to them, the care and support that is available when needed, and their comfort and overall quality of life.

11. The social, economic and environmental factors that affect individuals' lives determines their well being. We can only improve well being in the long term by addressing these factors. Protecting and improving people's health can make a significant contribution to their well being.

## **Sustainable development**

12. Wales needs to be fit for the future and the Assembly Government has a duty to promote sustainable development. All developments have social, economic and environmental dimensions and can only be sustainable if there is a balance between the different factors that contribute to overall quality of life. Sufficient social, economic and environmental resources need to be made available to future generations in order for them to enjoy levels of well being at least as high as our own. People's health is intimately linked with sustainable development.

13. Developing people is critically important and is the key to improving well being as part of sustainable development. This, and wider action to strengthen communities, is as important as repairing the health damage caused by disease and years of poor lifestyle.

## **Inequalities in health**

14. Life expectancy in Wales is rising but good health is not evenly distributed across the population. Average life expectancy in some parts of Wales is 5 years less than in others and there are marked differences between different social groups. That is unacceptable.

15. Inequalities in health often start from childhood because some people face poorer economic circumstances and environments, and fewer opportunities. Poverty and deprivation disadvantage people. They affect health and well being which affect education and economic prospects, which in turn affect health. The risk of unhealthy lifestyles becoming permanent is greater for young people in such circumstances.

## **Who is responsible?**

16. Responsibility for health does not rest with the Assembly Government or the NHS alone. Everyone needs to recognise that we all share responsibility for health and well being. This involves individuals and organisations, including all arms of local authorities, community and voluntary organisations, employers, and businesses.

17. Local councils have a major part to play given their community leadership role and the breadth and depth of their services. Voluntary organisations also have a major role to play. Some individuals can, through their position in the community, help others to improve their well being, for example: local councillors, community leaders, teachers, managers, and community workers

to name but a few.

18. Broadly speaking, the shared responsibilities are:

- The Assembly and organisations in the public, private and voluntary sectors, including employers - for providing opportunities and services, and for creating the conditions to help people to safeguard and improve their health.
- Individuals - for their own health and that of their children.

19. Success is well beyond the achievement of single organisations working alone. Success hinges on effective partnership working and this is continuing to develop in Wales. All organisations and groups – local authorities, NHS Trusts, and Primary Health Care Teams and other NHS organisations,

employers, national agencies, and community and voluntary organisations – can play their part by thinking ‘outside the box’ to consider the impact that their services and actions have, or could have, on improving people’s well being.

## **Different words - same goal**

20. Many terms are used to describe public services and action. Take health for example. Common terms include '*public health*', '*health promotion*', '*health care*', '*social care*', and '*social services*'. Take this a stage further and in local government, '*environmental health*' and '*public protection*' are key roles, and for businesses, '*health and safety*' is an important requirement.

21. The terms are grounded in the organisations and people with the necessary expertise, and in strategies and plans that set out priorities for action. But this multiplicity of terms can cause confusion or can create artificial barriers to partnership working. In interpreting the terminology, there is a need to bear in mind that the ultimate goal – protecting and improving health - is the same.

## **Health and care services in a new light**

22. Health, public health and social care services are essential elements in the more integrated approach to policymaking that is needed. Unfortunately, the terms 'health' and 'NHS' are still synonymous with 'ill health' and 'treatment' or 'hospitals'.

23. Through no fault of their own, the NHS and social services tend to be regarded as a cost as opposed to an investment in developing a stronger, fairer and more prosperous country. This may be true for the costs of treating ill health that can be avoided but overall, the services constitute a major investment in our future. They look after the health of mothers-to-be and

babies, and help parents bring up children. They contribute to the economy by helping to keep people in work, helping them back to work, and by helping people to live longer and independently into old age.

24. Health and care services are under immense pressure. Some of this results from continuing innovation, which means that more can be done than before. Some of it stems from rising public expectations while some is the result of an ageing population. However, a substantial part of the pressure stems from treating accidents and injuries, and the outcome of smoking, alcohol and drug abuse, and the other risks that people take with their health. Not all ill health can be avoided but a great deal can be prevented, and the importance of preventing ill health must continue to gain recognition.

25. Health and care services are also major employers and purchasers of goods and services that contribute directly to local and national economies. They can therefore make a major contribution to other policy objectives and this is part of our integrated approach.

## **The right structures and skills**

26. A sound infrastructure and effective planning is needed to support action. The National Public Health Service that is being developed as part of the restructuring of the NHS in Wales will have the expertise to support multi-disciplinary action that cuts across policy and organisational boundaries. The

new Wales Centre for Health will provide an independent source of advice and support on protecting and improving public health. The developments will help to develop further the evidence base and an evaluative culture, and will help to demonstrate a return on investment over time.

27. Local Health Boards and local authorities will have a joint duty to produce health, social care and well being strategies in conjunction with others. This will help to drive forward the well being agenda. Reinforcing this will be a set of national targets and indicators for health and inequalities in health. These are currently being developed following a separate consultation exercise.

## **Well Being in Wales**

28. Given its aim of developing a more integrated approach, *Well Being in Wales* is structured around each of the Assembly Government's policy areas.

29. Each section of the document describes the links between health and well being and the policy area concerned. The impacts on health and well being are illustrated using available evidence, and examples of progress towards integrated policies and programmes are given. Each policy section concludes with two themes. First, proposals for more action that will contribute to health and well being. Second, what the NHS and social care organisations will be asked to do to contribute to the achievement of the objectives of other policy areas.

30. Underpinning the Assembly Government's approach are two things. First, a commitment to a long-term view and to investment in public services that support people, prevent problems and create opportunities; and, second, a commitment to fairness so that all people can access the services and opportunities needed for a satisfying and healthy life.

## **Consultation**

31. The document and its summary versions have been widely disseminated to key organisations and stakeholders. Large print, audiocassette, and Braille versions of the document are also available and have been used. The views of children and young people are being sought through, for example, Llais Ifanc and the Welsh Network of Healthy School Schemes. Facilitated discussion groups are also being arranged to capture the views of equality organisations and those of people in a selection of communities.

32. Responses to this consultation will be published. All responses will be acknowledged and, unless the author requests anonymity, copies of the responses will be available for viewing at the end of the consultation period. Analysis of the comments received will be undertaken and details provided for the plenary debate.

## **Timescale**

33. I launched *Well Being in Wales* for consultation on 24 September 2002. The consultation period will last until 19 November 2002. A plenary debate has been scheduled for 17 December 2002.

## **Compliance**

34. The Ministry of Health Act 1919 covers action conducive to the health of people. The National Health Service Act 1977 covers services related to health. Powers for both have been transferred to the Assembly and are delegated to staff. The Government of Wales Act 1998 provides the Assembly with the power to do anything to facilitate, or conducive or incidental to, the exercise of any of its functions (Section 40). Expenditure is covered by section 85(2). There are no issues of regularity or propriety.

## **Finance**

35. Additional funding for health may not be required as policies implemented by other Departments can also have a positive impact on health in Wales. As the policy deals with where money is spent rather than how much money is spent it is expected that any recommendations concerning Health policy should be accommodated within the overall provision of the Health and Social Services MEG approved by the Assembly. Effectively, implementation will depend upon the speed at which the NHS can accommodate change in areas of spending. Action will be accommodated within existing lines.

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