

SOCIAL WELL-BEING

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1 Chapter introduction

This section of the report focuses on social well-being in Gwent. It looks at people's health, the housing and communities they live in and how safe and cohesive they are. It tells us about transport and how people travel around Gwent and beyond. It also considers education outcomes how these can impact on long-term well-being.

It highlights the inequalities that exist in our communities around health, housing and education and that these are often interconnected; that housing quality can impact on health and poor health can impact on educational performance and people's ability to find or sustain employment.

We also know that the cost of and access to transport is an issue for some and that how people travel can also have an impact on health – directly by incorporating opportunities for walking or cycling, or indirectly from the air pollution caused by traffic. How safe people feel can also impact on how comfortable they feel taking public transport or going for a walk.

The need for children and young people to have the best start in life is clear and we know that much of the inequality and poor life circumstances experienced in our communities is preventable or its impact can be reduced. We also know that the most disadvantaged in our communities are more likely to experience some of the negative impacts of a changing climate –whilst milder winters will help to reduce fuel poverty, we know that much of our housing stock has poor thermal efficiency and is harder and more expensive to heat in cold weather or cool in hot weather. The UK climate risk assessment identifies that cold is expected to remain a significant cause of death¹.

2 Crime and community safety

2.1 Introduction to crime and community safety

This section tells us about, crime, community safety, fire safety and about the cohesiveness of our communities in Gwent.

We want people in Gwent to live in inclusive communities where they feel safe and able to be involved and influence the things that affect them. Getting involved in cultural and recreational activities can be a good way of getting to know people. Taking part in activities that improve the local area, such as managing a communal green space, litter picking, organising or participating in local events can also help bring people and communities together. Community energy projects can provide useful income that can be invested back into the places people live, making them more efficient and nicer places to be, as well as increasing the production of clean energy. The Covid-19 pandemic has seen our communities coming together to support the most vulnerable in innovative and resourceful ways.

Reducing the impact of crime and anti-social behaviour (ASB) on local businesses will help the economy to thrive and will improve how people feel about where they live. Tackling crimes such as fly-tipping will make our green spaces safer for people to meet up and enjoy. Improving road safety will support businesses who rely on the local infrastructure to move raw materials, goods and deliver services as well as reducing the burden on our emergency services. Safe, active travel routes, particularly those which provide commuting potential, will reduce the cost of travel and allow more people to realise the health benefits of being active.

Community safety, crime, disorder and anti-social behaviour affect us and our communities, which is an important issue for us all. It's not just about solving crimes, but also about looking at what can be done to prevent these activities happening altogether. Public services across Gwent are already working together through community hubs and local partnerships to support victims and those affected by crime and anti-social behaviour, understand the root causes and find solutions to these issues.

More detail on these issues at a smaller geographical level can be found in the Local Assessments of Well-being that accompany this document, where the data exists at this level.

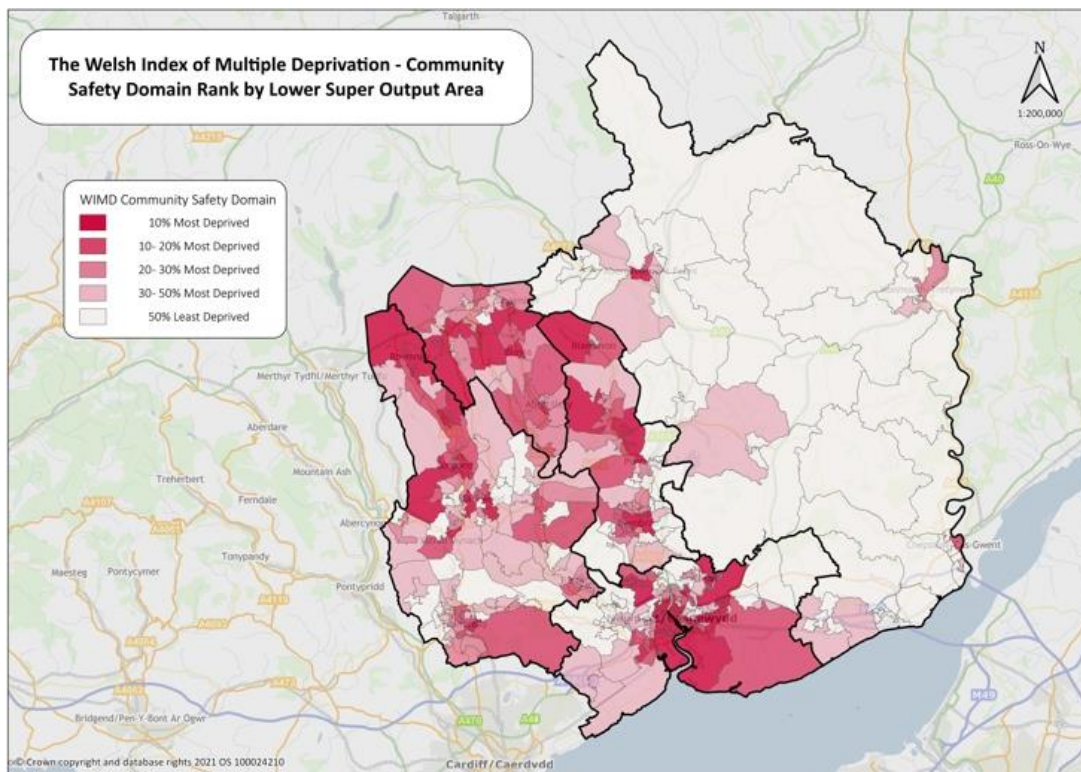
2.2 The Welsh Index of Multiple Deprivation Community Safety Domain

The Welsh Index of Multiple Deprivation (WIMD) Community Safety domain is constructed from indicators which include criminal damage, violent crime, anti-social behaviour, burglary, theft and fire incidences.

Figure S1 shows that Stow Hill 3, Stow Hill 1 and Pillgwenlly 4 LSOAs in Newport are the 2nd, 4th and 9th highest ranked LSOAs respectively (from 1909 across the whole of Wales) which are amongst the most deprived in Wales for the Community Safety domain overall, with corresponding high levels of deprivation in relation to criminal damage, anti-social behaviour and theft.

Overall, 73 of the 191 most deprived (top 10%) LSOAs across the whole of Wales are within Gwent, which is equivalent to 38.2% of all the LSOAs in this most deprived category. Of these, Blaenau Gwent has 13 LSOAs (17.8% of the total), Caerphilly county borough has 16 (21.9%), Monmouthshire has 1 (1.4%), Newport has 34 (46.6%) and Torfaen has 9 (12.3%). This evidences that almost half of the most deprived LSOAs in Gwent for the Community Safety domain are within Newport.

Figure S1: Gwent Lower Super Output Areas (LSOAs) in the 10% most deprived category across Wales for Community Safety



Source: Welsh Index of Multiple Deprivation 2019, Welsh Government

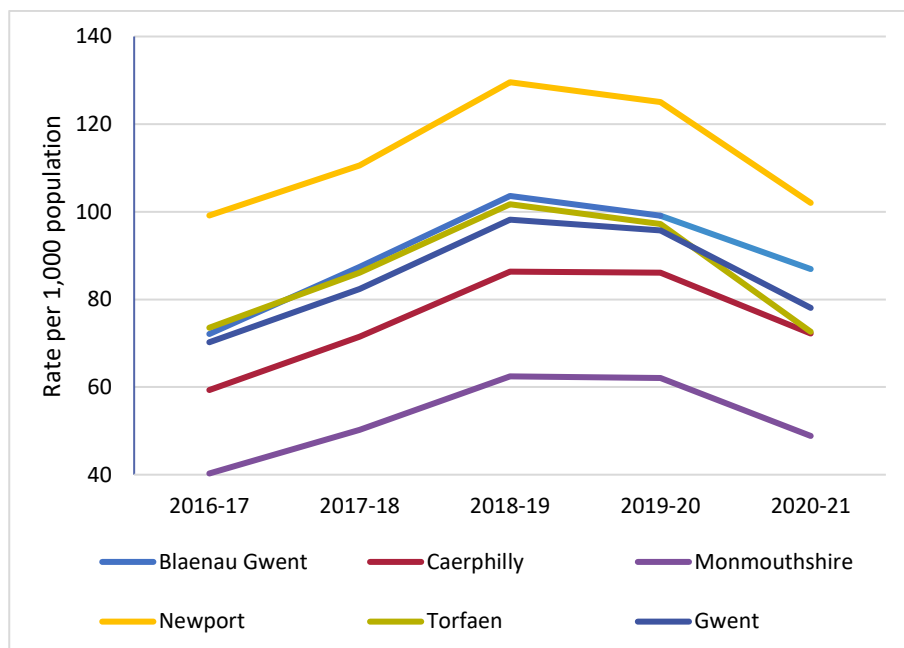
2.3 Police Recorded Crime

The Safer Gwent Strategic Assessment provides a snapshot of issues affecting the safety of people living in Gwent. It aims to support evidence-based decision-making, both for Gwent and locally, about the priorities for the coming year. We have used this information, along with the strategic assessments relating to combating substance misuse and reducing reoffending, to tell us about crime in Gwent.

Deprivation and inequalities between different areas and the residents of Gwent may increase the likelihood of an individual becoming a victim of crime or becoming an offender. Offending behaviour can, in many instances, be traced back to social and family issues such as alcohol and drug misuse or domestic violence. Within Gwent, some of our most deprived communities are in close geographical proximity to the least deprived areas, and within every community there will be a mix of levels of deprivation amongst individuals and households. This may help to explain the disproportionate and differing levels of actual, and perceived, crime and anti-social behaviour in the region.

2.3.1 Overall crime

Figure S2: Overall crime per 1,000 population in Gwent 2016-17 to 2020-21



Sources: Overall Crime figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Overall crime levels in Gwent per 1,000 population (and each of the constituent local authorities) increased between 2016-17 and 2018-19, before stabilising and even falling in some local authorities in 2019-20. In every local authority area and Gwent as a whole the rate per 1,000 population fell fairly substantially 2020-21, although this is likely to be due (at least in part) to the various restrictions and lockdowns in place as a result of the Covid-19 pandemic. In general, Monmouthshire had the lowest levels of overall crime per 1,000 population across the time period, whilst Newport had the highest levels.

Covid-19 pandemic restrictions have played a huge part in crime reduction (in some high volume categories like shoplifting there continues to be a step change downwards – this is likely to be due to organisations working to keep homeless people off the streets in order to give them more opportunity to claim benefits, thus reducing the need to shoplift for cash). To help reduce crime Gwent Police have introduced ‘We don’t buy crime’ and ‘Problem solving hubs’ as a catch-all for crime reduction strategies. In addition, the Home Office offending tag initiative for burglary has certainly impacted these trends.

Together with partners, the Force participates in an Integrated Offender Management (IOM) scheme. This is an overarching approach to managing priority groups of high-risk offenders, which ensures that all offenders leaving prison have coordinated support to divert them from reoffending. The approach recognises that repeat offenders may have multiple problems which contribute to their offending, and which cannot be addressed by one agency. The Force continues to work together with local authorities, drug and alcohol services, health providers and IOM Cymru.

Serious Crime Prevention Orders can be given to individuals convicted of serious offences, leading to restrictions being imposed on them, which enables monitoring of their activity to prevent reoffending. The court can impose these restrictions on serious offenders to restrict their ability to plan, fund and commit serious crime in the future, with a breach of the order a criminal offence. The conditions imposed on the person can include restricting who they associate with; restricting travel; or placing an obligation on them to report their financial affairs to the police.

IOM Cymru has strong links with organisations in the area, ensuring that there is daily contact among those involved in managing cases included in the IOM scheme, and this partnership approach is further supported by the opportunity for co-located working between Gwent Police, the National Probation Service (NPS) and the Wales Community Rehabilitation Company (CRC) across various locations in the region.

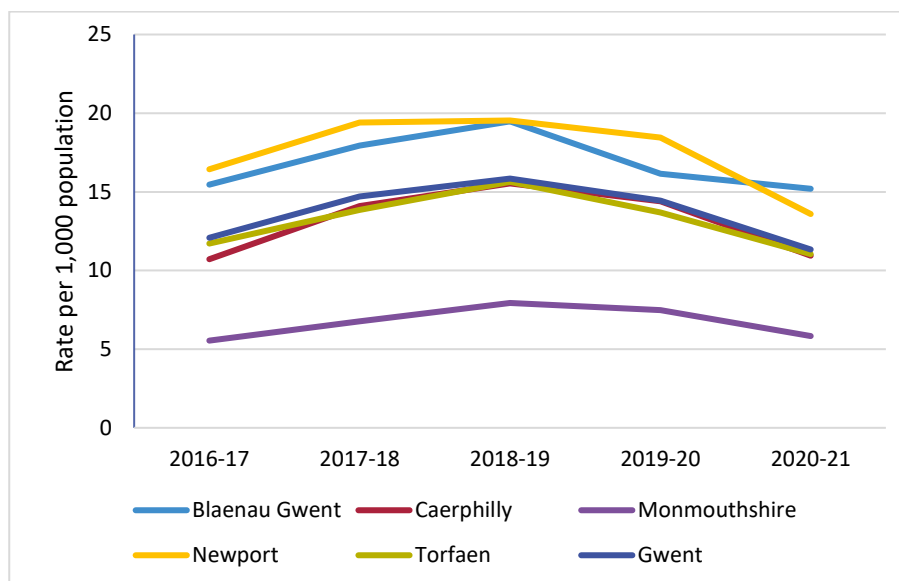
Daily briefings help to ensure a quick and considered partnership response to local priorities, and these, supplemented by fortnightly multi-agency meetings, allow wider partners to contribute to decision-making around the selection and management of those on the scheme. Other local partners that may be involved include the local authorities, health, the Gwent Drug and Alcohol Service, Gwent Social Registered Landlords, the Youth Offending Services, the prison service and Newport Women's Aid.

2.3.2 Criminal damage and arson

Figure S3 shows that the general trend for criminal damage and arson was a small increase in this type of crime per 1,000 population between 2016-17 and 2018-19, with the rate falling back to 2016-17 levels or lower by 2020-21. Newport had the highest rate of this crime type per 1,000 population in 2016-17, 2017-18 and 2019-20, with Blaenau Gwent having the same rate as Newport in 2018-19 and a higher rate in 2020-21. Monmouthshire consistently had the lowest rate for the whole time period, significantly lower than the other areas.

Overall, criminal damage & arson shows an increase from 2016 to 2019 and a decline since the beginning of the Covid-19 pandemic in March 2020. Although the pandemic would have contributed to this decline, Gwent Police also work closely with partners such as the local authorities, housing associations and Fire Service to address these areas of concern.

Figure S3: Criminal Damage & Arson per 1,000 population in Gwent 2016-17 to 2020-21



Sources: Criminal Damage & Arson figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

2.3.3 Anti-social behaviour

Non Covid-19 related anti-social behaviour figures include personal, environmental and nuisance anti-social behaviour, but not those related to Covid-19, as this would only have taken place in 2020-21. As Figure S4 shows, the rate of this type of crime fell substantially in all local authority areas in Gwent between 2016-17 and 2018-19, before remaining at a similar level in 2019-20 and 2020-21. Newport had the highest rate of non Covid-19 related anti-social behaviour across the whole time period, followed by Blaenau Gwent. Monmouthshire had the lowest rate across the whole time period.

Figure S4: Non Covid-19 Anti-Social Behaviour per 1,000 population in Gwent 2016-2017 to 2020-21



Hate Crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender².

Year	Blaenau Gwent	Newport	Caerphilly	Torfaen	Monmouthshire	Gwent
2016-17	0.7	1.3	0.6	0.8	0.3	0.8
2017-18	1.3	1.8	1.0	1.0	0.4	1.3
2018-19	1.4	2.4	1.1	1.2	0.7	1.4
2019-20	1.0	2.1	0.9	1.1	0.7	1.2
2020-21	1.1	2.1	0.9	0.9	0.7	1.2

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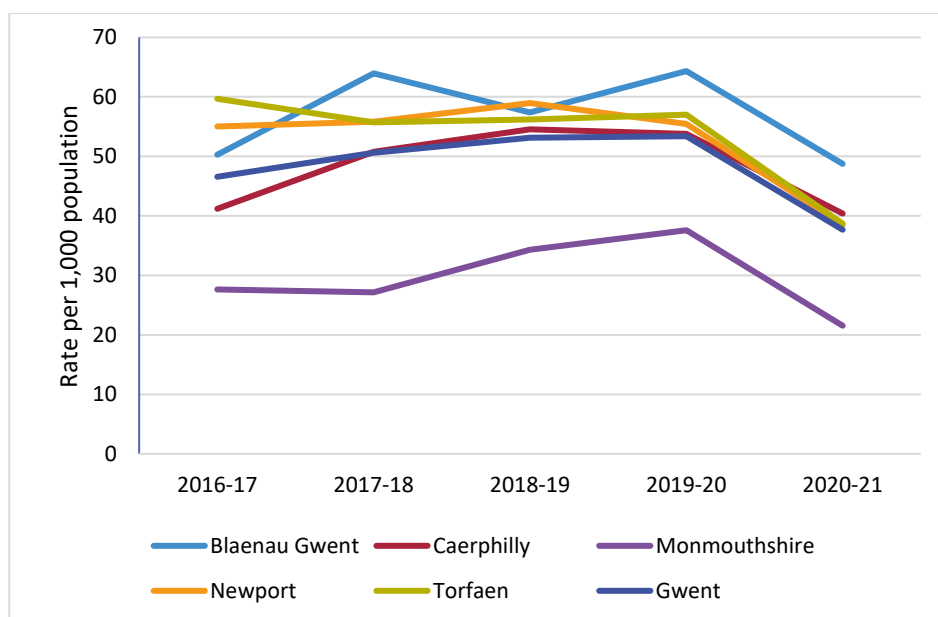
Figure S5 shows that the number of hate crimes per 1,000 population have remained at around the 2017-18 level for most local authority areas in Gwent over the time period, following an increase from the 2016-17 level. Newport had the highest rate of hate crime per 1,000 population, with the peak in 2018-19, and this may be due to greater ethnic diversity in the Newport area. Monmouthshire had the lowest rate of this crime type across the whole time period, although there was a slight increase in the rate between 2017-18 and 2019-20. It should be noted that the rate per 1,000 population of crimes of this type is very small for every local authority area across the time period.

Higher levels of deprivation, the ability to take part in community activities, the resettlement of refugees and the proximity to main transport routes (which enables people with different cultures and values to visit Newport) may also be factors in higher rates of hate crime in this area. Another factor in the general increase in the level of hate crimes since 2016 is that Gwent Police have been engaging with the public through social media, to give them confidence to come forward and report crimes of this nature.

2.3.5 Youth offending

The criminal justice system treats children and young people differently from adults. The age of criminal responsibility in England and Wales is 10 years old. This means that children under 10 cannot be arrested or charged with a crime, however, there are other punishments available to children under 10 who break the law. Children between 10 and 17 can be arrested and taken to court if they commit a crime.

Figure S6: Youth Offending in Gwent per 1,000 population (aged 10-17 years) 2016-17 to 2020-21



Sources: Youth Offending figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Figure S6 shows the rate of crimes per 1,000 population (aged 10-17 years) committed by children and young people between the ages of 10 and 17 across Gwent between 2016-17 and 2020-21. The general trend is that the rate of crimes of this type was increasing in up until 2019-20 before falling significantly in 2020-21. The same trend was seen in each of the local authority areas of Gwent over the time period. Blaenau Gwent had the highest rates in 2017-18, 2019-20 and 2020-21. Monmouthshire had a significantly lower rate than all other local authority areas in Gwent across the whole time period.

Youth offending was increasing between 2016 to 2019 and has shown a decline since the start of the Covid-19 pandemic at the beginning of 2020. Although this is likely due to youths staying indoors during lockdowns and shops and businesses being closed, Gwent Police work with partners to address areas of

concern and arrange events to discourage youth offending at particular times of year e.g. Thorpe Park trips at Halloween and Bonfire night, youth engagement clubs in the Summer holidays etc.

Positive Futures

The Positive Futures project, funded by the Police and Crime Commissioner (PCC) for Gwent and Sport Wales (led by Newport City Council's Sport and Physical Activity Development Team) offers young people fresh and engaging opportunities to become involved in sporting activities, which helps them develop life skills and achieve their potential. The programme is targeted at 10-19 year olds in Newport who are at risk of being excluded from school, not gaining qualifications and in some cases at risk of drug and alcohol misuse.

By providing quality sport, the programme acts as a positive alternative to anti-social behaviour, creating safer and more inclusive communities as a result. It has now started expanding across Gwent into Caerphilly, Torfaen, Blaenau Gwent and Monmouthshire.

Fearless

Fearless is a website where young people can access non-judgemental information and advice about crime and criminality. What makes the site different is that it is a safe place to give information about crime - 100% anonymously. There are 8 Fearless Outreach Workers delivering workshops to young people and professionals in a variety of areas across the country. Workshops have ranged from an introduction to Fearless, to specific crime workshops to targeted groups of young people on topics such as knife crime, exploitation and county lines. In Gwent, a variety of crime type sessions in both schools and youth services have taken place, including some specifically tailored to the local community, such as a Fearless and drugs session.

Fearless also provide training for professionals to introduce Fearless and explain how they can gain access to and use their resources. Following the training, professionals can confidently inform young people about key crime types that may affect them and how to safely report crime - including via Fearless.org anonymously. For more information visit <https://www.fearless.org/>.

Youth Offending Service

The Youth Offending Service (YOS) is key in tackling Organised Crime Groups (OCGs). There is a YOS in every local authority in Gwent; they provide effective supervision for 10 to 17 year olds at risk of or involved in offending behaviour. Each young person is assessed and referred for support where necessary.

Locally, the service brings together staff from a wide range of organisations including the local authorities, Police, Probation Service, Health Board, St Giles Trust and specialist project workers. By working together and sharing knowledge, skills and experience, they aim to help young people make the right life choices and reduce youth offending.

The Force maintains a positive contribution to the YOS, which is key to early intervention and impacting on volume crime, anti-social behaviour and school exclusions. It is achieving significant success in reducing first time entrants to the criminal justice system

Mini Police is a project that works with children from deprived communities that may have historical issues with the police, to help build better relationships with the police for the future and reduce the risk of them becoming offenders.

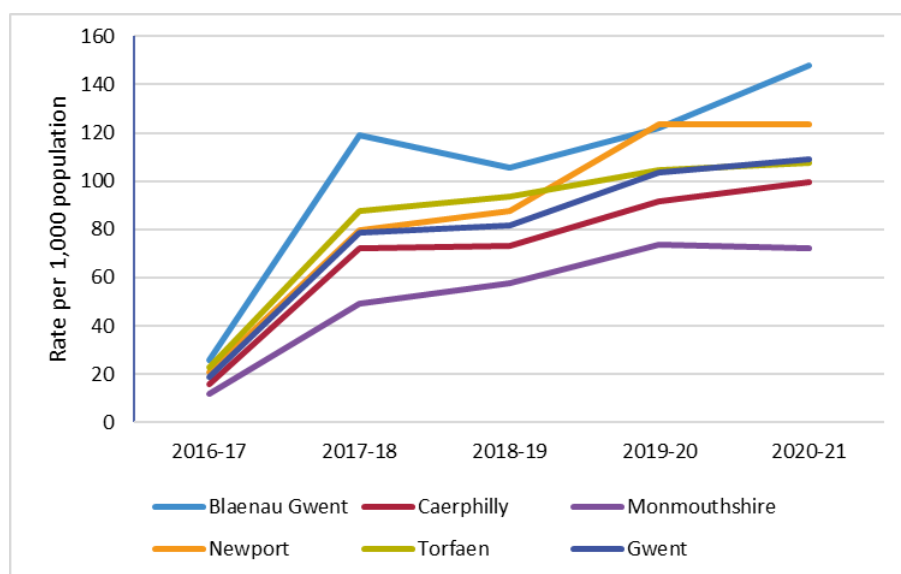
i This organisation is funded by the Police and Crime Commissioner and works with high risk offenders

2.3.6 Child concern occurrences

A child concern is defined as if he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her by a local authority. Also his/her health is likely to be significantly impaired, or further impaired without the provision for him/her of such services.

Figure S7 evidences that the rate of occurrences of this type of crime per 1,000 population (aged 0-17 years) in Gwent increased significantly between 2016-17 and 2017-18 and continued to increase in every year until 2020-21. This trend is repeated in all local authority areas apart from in 2020-21, where Newport and Monmouthshire experienced very small reductions in their rates. Blaenau Gwent had the highest rates across the whole time period and Monmouthshire had the lowest rates.

Figure S7: Child Concern occurrences in Gwent per 1,000 population (aged 0-17 years) 2016-17 to 2020-21



Sources: Child Concern Occurrence figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Child concern occurrences have increased since 2016 due to a new way of reporting through school. Gwent Police has a dedicated Public Protection Unit (PPU) which comprises several central teams, including Central PPU and the Management of Sex or Violent Offenders (MOSOVO) Team and two teams covering the East and West Local Policing Areas (LPAs) of the Force.

The PPU deal with the most vulnerable of society including child protection matters, children at risk of exploitation both sexually and criminally, protection of vulnerable adults (POVA) and victims of honour based abuse. The Safeguarding Hubs work closely with local authority Social Services to safeguard those at risk.

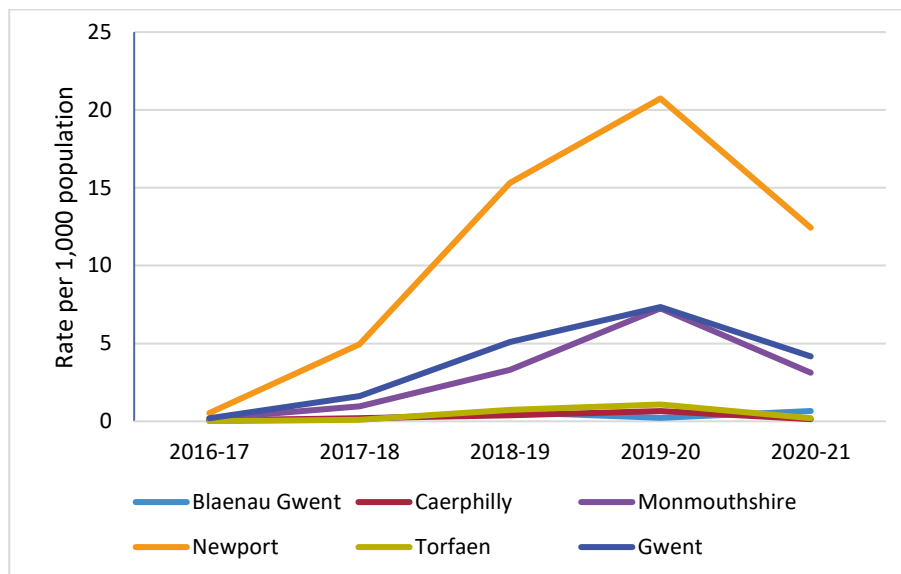
2.3.7 Child criminal exploitation

Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited, even if the activity appears consensual. Child criminal exploitation is not always through physical contact, it can also use technology. Criminal exploitation often happens alongside sexual or other forms of exploitation. Child criminal exploitation is broader than activities such as county lines, and includes children forced to work on cannabis farms, to commit theft, shoplift or pickpocket, or to threaten other young people.

Figure S8 shows the rate of child criminal exploitation crimes per 1,000 population (aged 0-17 years) in Gwent between 2016-17 and 2020-21. The first thing to note is that the rate of crimes of this type is extremely low,

with a rate of virtually zero for Blaenau Gwent, Caerphilly and Torfaen over the time period. The rate increased in Monmouthshire between 2016-17 and 2019-20 before falling again in 2020-21. The rate in Newport increased substantially between 2016-17 and 2019-20, before again falling in 2020-21. At least part of this decrease is likely to be due to the lockdowns associated with the Covid-19 pandemic.

Figure S8: Child Criminal Exploitation in Gwent per 1,000 population (aged 0-17 years) 2016-17 to 2020-21



Sources: Child Criminal Exploitation figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

When a child concern has been identified by either the police, Social Services, school or other partners, a strategy meeting is held between the appropriate agencies to assess the risk for the child and to put plans in place to address concerns.

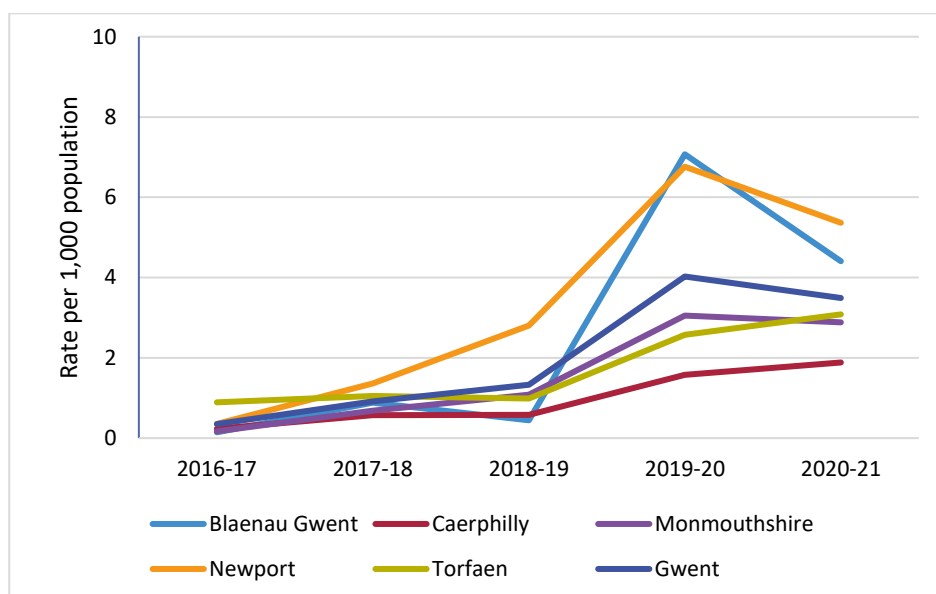
The reduction in crimes of this type is mostly due to the Covid-19 lockdowns, as there were limited opportunities for people to exploit children and less peer-to-peer exposure to the type of methods used to exploit children.

2.3.8 Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants; and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited, even if it appears consensual. Child sexual exploitation does not always involve physical contact and can also occur through the use of technology.

Figure S9 shows the rate of child sexual exploitation occurrences per 1,000 population (aged 0-17 years) within Gwent between 2016-17 and 2020-21. The rate of occurrences of this crime type was fairly steady in every local authority area apart from Newport between 2016-17 and 2018-19. The rate increased in every local authority area in 2019-20, and particularly so in Blaenau Gwent and Newport. The rate fell in 2020-21 in Blaenau Gwent, Newport and Monmouthshire in 2020-21, but increased slightly in Torfaen and Caerphilly. Once again it is worth noting that the rate of crimes of this type is extremely low over the whole time period.

Figure S9: Child Sexual Exploitation in Gwent per 1,000 population (aged 0-17 years) 2016-17 to 2020-21



Sources: Child Sexual Exploitation figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Once again, the reduction in crimes of this type is mostly due to the Covid-19 lockdowns as there were limited opportunities for people to exploit children and less peer-to-peer exposure to the type of methods used to exploit children.

Each child affected by child sexual exploitation is allocated a dedicated officer within the Gwent Police Exploitation Team, who will work with partner agencies to mitigate the risk of sexual and criminal exploitation by targeting offenders through any means, to disrupt their activity and break the cycle. Regular engagement with the child through Section 47 or Section 17ii visits will depend on the willingness of the child to engage. Regular Child Criminal Exploitation review meetings are held involving all of the relevant agencies involved in the child to share up-to-date information, identify new risks and formulate plans to negate the risk. Periodical MACE (Multi Agency Criminal/Sexual Exploitation) meetings provide all agencies with oversight of cases, information, intelligence and activity across each local authority and across boundaries, and collectively look to remove blockages to safeguarding and respond to new identified trends.

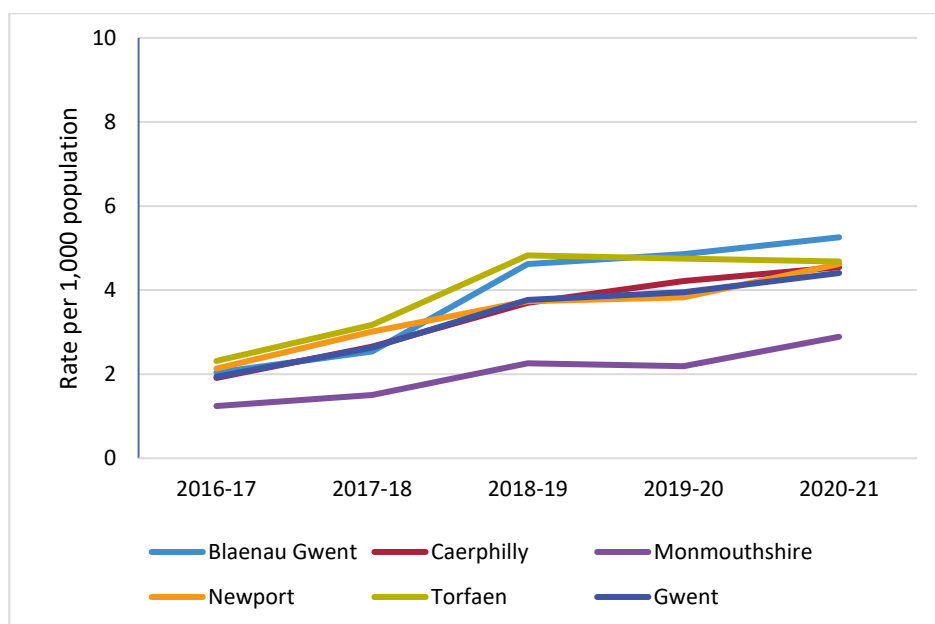
2.3.9 Cyber-enabled crime

Cyber-dependent crimes (or 'pure' cyber-crimes) are offences that can only be committed using a computer, computer networks or other form of information communications technology (ICT). These acts include the spread of viruses or other malware, hacking and distributed denial of service (DDoS) attacks.

Other crimes which are carried out online but could be committed without the use of the internet (such as sexual grooming, stalking or harassment, bullying, and financial or romance fraud) are called cyber-enabled crimes.

Figure S10 shows that cyber-enabled crime is a growing problem in Gwent, with the general trend of the rate per 1,000 population increasing gradually between 2016-17 and 2020-21, although the rate is still low. The same trend is seen in every local authority area across Gwent over the time period.

Figure S10: Cyber-crime in Gwent per 1,000 population 2016-17 to 2020-21



Sources: Cyber enabled crime figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Although cyber-crime is on the rise not only in Gwent but globally, Gwent Police run social media campaigns to inform the residents of Gwent about the signs and dangers of all types of cyber enabled crime. There are dedicated Community Support Officers (CSOs) in place to deal with cyber-crime issues and a dedicated Cyber Crime Team.

As well as being digitally inclusive, the future Gwent will need to be to cyber-secure.

2.3.10 Gwent Police and Crime Plan 2021-2025

The Gwent Police and Crime Plan 2021-2025 priorities have been chosen to meet the needs of communities and ensure that Gwent Police are best placed to provide an effective Police service. Tackling offending, supporting victims and increasing community confidence in policing are all central to the plan. The five key priorities of the Plan 2021-2025 are:

1. **Keep Neighbourhoods Safe** – every day, Gwent Police’s neighbourhood teams work in the heart of communities to prevent crime and anti-social behaviour, while tackling offending where it does occur. Acquisitive crime – such as robbery, burglary and theft – public order offences and criminal damage are corrosive to the safety and well-being of communities. Motoring offences, such as dangerous driving, also impact community safety and can lead to devastating consequences. To address these crimes and prevent harm, Gwent Police work with community safety partners to target those who offend persistently. The key commitments under this priority are: Reduce public order offences and anti-social behaviour, and the number of people who repeatedly carry out these acts; Reduce acquisitive crime and repeat offenders; Improve the safety of roads throughout Gwent; Commission and invest in effective crime prevention initiatives.
2. **Combat Serious Crime** – serious crime is deeply damaging to communities and often affects the most vulnerable in society. Serious crime will be combatted using all the tools available, ranging from proactive prevention through to tackling offending and safeguarding those at risk. With this priority, the focus will be on offences with potential to cause significant harm, such as serious organised crime and violence, child criminal and sexual exploitation, hate crime and terrorism. In addition to these crimes, eradicating violence against women and girls will be central to the work. This will necessitate robust responses to rape and other sexual offences, domestic abuse and stalking and harassment. The key commitments under this priority are: Reduce the number of repeat victims of child criminal and sexual exploitation; Increase disruption of serious organised crime, and reinvest assets seized back into

communities; Improve the overall criminal justice response to violence against women, domestic abuse and sexual violence; Commission and invest in services that work with perpetrators of serious crime to prevent and reduce re-offending.

3. **Support Victims and Protect the Vulnerable** – Becoming a victim of crime can have a devastating effect on someone's life. It is therefore critical that the response to victims is right every time. Delivering effective support for victims means taking a compassionate and victim-centred approach. This includes ensuring that support services are timely and capable of meeting a range of needs. In addition to supporting those who have experienced crime, those who are vulnerable or at risk of harm must also be safeguarded. For example, victims of domestic abuse, sexual and criminal exploitation, and modern slavery and human trafficking. The key commitments under this priority are: Improve victim services and ensure that the needs of victims are identified and responded to appropriately through Connect Gwent and the Victim Care Unit; Further improve work with partners to protect those most vulnerable; Increase the timeliness of police investigation updates provided to victims; Commission and invest in specialist services to support victims throughout the criminal justice process.
4. **Increase Community Confidence in Policing** - The police service polices by consent. To continue to do so, the relationship with residents and those that access police services must be developed, to ensure the police are acting legitimately, ethically and transparently in everything they do. Any abuse of the position of power and trust that police officers hold can, and does, have significant impacts on community trust and confidence in policing and cannot be tolerated. Regular, two-way engagement with all communities, particularly those that are seldom heard and harder-to-engage, provides opportunities for residents to share their opinions and experiences of policing in Gwent. To improve public confidence, the way in which the police respond to changes in demand and public expectations considers the needs of our diverse communities, while improving the representation of the workforce. The key commitments under this priority are: Increase the effectiveness of officer and staff engagement with residents in their communities, and community confidence and trust in Gwent Police; Improve the accessibility of neighbourhood police teams through a variety of contact channels that meet the needs of the public; Increase reporting of crime by communities that are less likely to engage with the police; Further increase officer and staff diversity to ensure the police service reflects the communities served.
5. **Drive Sustainable Policing** – The nature of policing is dynamic and constantly flexing to meet rapidly changing demands. To deliver an efficient service for communities and successfully tackle the biggest challenges, adaptable and resilient organisational structures are needed. They need to be complemented with sustainable processes and financial arrangements that enable effective and consistent resourcing of officers and staff. Traditional use of buildings, technology and consumable items, and ongoing requirements for police vehicles creates a significant ecological footprint. Through responsible procurement and disposal processes, as well as the use of greener vehicles and energy, the contribution to creating a globally-responsible Wales can be increased. The key commitments under this priority are: Ensure Gwent Police have the right number of officers, staff and volunteers in the right places; Increase investment in and adopt 21st Century policing technology to meet tomorrow's challenges today; Enhance health and well-being support for officers and staff to ensure the workforce is fit and ready to meet the challenges of policing; Reduce the environmental impact of policing in line with Welsh Government's carbon neutral targets and the Well-being of Future Generations (Wales) Act 2015.

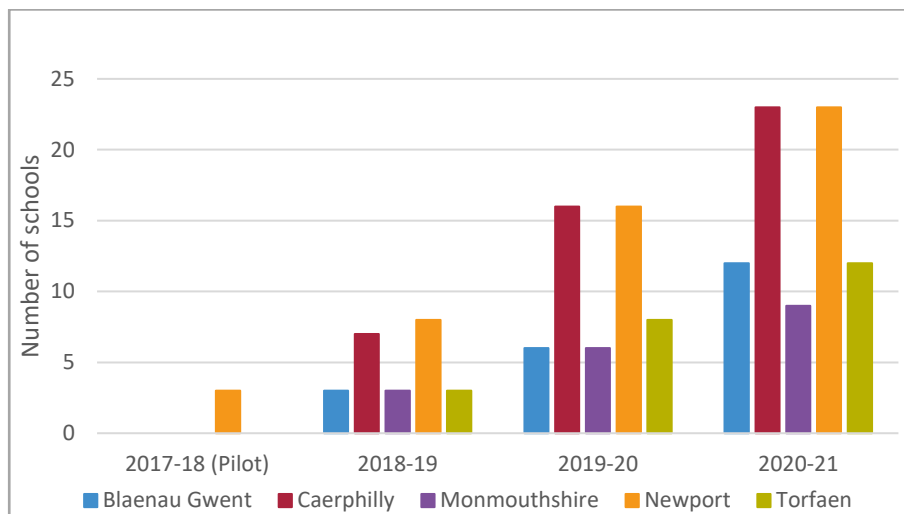
2.4 Approaches to improving community safety and reducing crime

There are a number of schemes in place to try to improve community safety and reduce crime in the Gwent area, and one example of this is Heddlu Bach.

The Heddlu Bach scheme is a fun and interactive volunteering programme delivered jointly by Gwent Police and schools, for children aged between 9 to 11 years old. Children and schools who participate help tackle local issues, highlighted by the children in their own community. They work alongside local Neighbourhood Policing Teams on crime prevention initiatives and taking ownership of the tasks, whilst having fun and building confidence.

Other schemes also operate at the local level within the communities of Gwent, with local County Voluntary Councils (such as the Gwent Association of Voluntary Organisations and the Torfaen Voluntary Alliance) and many other third sector organisations undertaking volunteering engagement work in the crime, community safety and youth work area.

Figure S11: Number of schools involved in Heddlu Bach in Gwent 2016-17 to 2020-21

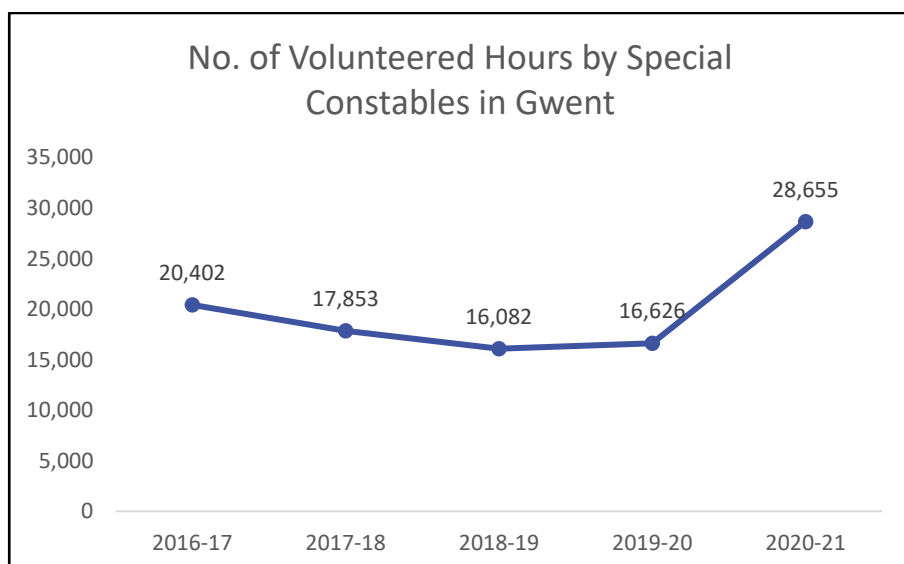


Source: Gwent Police

Heddlu Bach began as a pilot in Newport in 2017-18 with 3 schools involved, increasing to 79 schools across Gwent over the following three years. Caerphilly and Newport local authority areas have the highest number of schools participating, with 23 in each area by 2020-21.

Volunteers for the Special Constabulary come from a diverse range of backgrounds, experiences and communities. Although they are volunteers Special Constables have full police powers, uniform and equipment, and work alongside full-time Police Officers and Community Support Officers to keep Gwent safe.

Figure S12: Number of volunteered hours by Special Constables in Gwent 2016-17 to 2020-21



Source: Gwent Police

Figure S11 shows that across Gwent the total number of volunteered hours by Special Constables gradually fell between 2016-17 and 2018-19 before a small increase in 2019-20. However, there was a significant increase in the number of hours volunteered in 2020-21, possibly due to individuals being furloughed from their usual working roles and having more time available to them to be able to volunteer.

The Strategic Assessment recognises that whilst every attempt has been made to gather timely, accurate and relevant information, there may be gaps due to lack of available data, under-reporting or issues with data quality. The majority of the analysis is based on data recorded by the Police. Where an issue is known to be significantly under-reported, this only presents part of the picture. This specifically applies to:

- Hate crime or Incidents
- Domestic abuse
- Sexual violence
- Anti-social behaviour
- Low level personal thefts
- Shoplifting
- Criminal damage

2.5 Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aims to improve the public sector response to violence against women, gender-based violence, domestic abuse, and sexual violence. VAWDASV occurs in all social classes and is equally prevalent in both rural and urban parts of Gwent. It is classless and affects all people across all protected characteristics as detailed in the Equality Act 2010. The Gwent VAWDASV Strategy was published in May 2018 setting out a strategic approach to how the Gwent region would improve arrangements for the prevention, protection and support for individuals affected by such violence and abuse, and contribute to the consistency, quality and joining-up of service provision in Wales

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 incorporates all aspects of VAWDASV including:

- Female Genital Mutilation (FGM)
- Forced marriage
- 'Honour' Based Abuse (HBA)
- Trafficking
- Domestic abuse
- Sexual violence including rape and sexual harassment
- Sexually exploited people within the sex industry
- Stalking and harassment

Being affected by VAWDASV is often linked to causing both physical and mental ill health. Through consultation with survivors and partner agencies the importance of supporting individuals holistically is seen as vital but is sometimes difficult. Working alongside mental health, substance misuse and VAWDASV services can enable support that is more effective and save victims and survivors from repeating their experiences at each separate assessment.

There are a number of specialist agencies and organisations working in Gwent to support those effected by VAWDASV, including BAWSO, Cyfannol Women's Aid, Hafan Cymru, Llamau, New Pathways and Phoenix DAS.

In Gwent in 2020-21:

- 92 women and 54 children accessed refuges
- 318 children & young people accessed direct community-based support for children & young people affected by domestic abuse
- 235 women and 4 men accessed community-based housing related support

- 256 women and 2 men accessed early intervention family safety support
- 263 women and 48 men accessed homelessness prevention support

Sessions in schools and community groups for young people were delivered in addition to the formal support provided.

In Gwent there is a strong and long history of statutory and expert sector organisations, including many of the PSB partners, working in partnership to commission the specialist services to prevent, protect and support those affected by VAWDASV. These are provided by a range of specialist sector organisations which each cater for different groups.

Figure S13: Summary of VAWDASV services provided in Gwent

Service	Summary of services provided in Gwent
Barnardo's	Whole Family Support programme for survivors, perpetrators and children/young people
BAWSO	BAME specialist provision for those affected by all aspects of VAWDASV
Cyfannol Women's Aid	VAWDASV services including refuge, move on, drop in, community outreach, educational work, group work, counselling, ISVA, sexual exploitation advocacy service, and specialist children and young people interventions
Gwent Regional IDVA Service	Provides intensive 1-2-1 support to domestic abuse victims assessed as high-risk of harm and murder
Hafan Cymru	Housing related support for those affected by Domestic Abuse. Includes Spectrum Programme, promoting healthy relationships in schools across Gwent and Wales
Llamau	Refuges and community-based support for those affected by domestic abuse and/or homelessness, plus training
New Pathways	Sexual violence services, sexual assault referral centre, Liberate anti-slavery project, training, SURE Mental Health
Phoenix Domestic Abuse Services	Support for perpetrators and victims/survivors of Domestic Abuse, including children and young people

Source: Gwent VAWDASV Partnership Board

Additional support is also provided by Gwent Police, Connect Gwent, the Victim Care Unit and Umbrella Cymru.

The region has embedded processes to support those assessed at high risk of domestic abuse, including the Multi-Agency Risk Assessment Conference (MARAC). A MARAC is an information sharing and risk management meeting attended by the Police and other key partner agencies. The aims of the meeting are to increase the safety of the victims, identify and manage their risks and establish if the perpetrator is a significant risk to individuals and the wider community

Victims and survivors of domestic abuse who are at high risk of serious harm or murder, can also access an Independent Domestic Violence Advisor. Within Gwent, this service is jointly funded by Gwent Police and Crime Commissioner's Office and Welsh Government, through the Regional VAWDASV annual revenue grant. Gwent continues to raise awareness of the signs and symptoms of VAWDASV including training, and work to maintain, adapt and improve working structures and sharing lessons learnt.

Operation Encompass was initiated in Gwent Schools in March 2019 to help children involved in families where domestic abuse is reported. It allows the Police to share information on incidents involving children with local schools early the next school day, enabling schools to provide a supportive response. Research shows that children who are experiencing traumatic events, and may be victims or witnesses of domestic abuse, are more likely to become involved in violent crime, abuse, drug taking and experience long term issues with their mental or physical health. This early intervention aims to support these children and young people in an environment they feel safe in, allowing them to express their concerns and help with wellbeing.

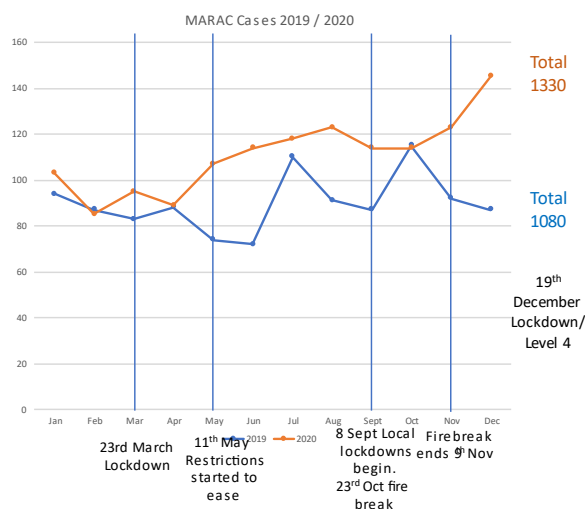
Experiencing violence or abuse of any kind is traumatic and incidents have severe and lasting impacts on a person's physical and mental health needs, their behaviour, and interpersonal skills. It also has a significant impact on a person's ability to process what is happening to them, to think logically, forward plan or problem solve. It can also leave the person with no sense of time, confused timelines and can disrupt memory recall. Survivors need trauma-informed practical support to help them make sense of what has happened as well as to navigate the services and systems, such as the criminal justice system, children's social care or housing, they need to recover and move forward.

Mental health concerns for victims, survivors, and perpetrators of VAWDASV is a key area, along with the mental health impact on children and young people of incidents experienced. Demand on mental health services from current and historic experiences of VAWDASV is increasing.

The Covid-19 pandemic and associated restrictions have exacerbated all issues in relation to VAWDASV, due to reduced calls and referrals to services, individuals living with perpetrators and unable to access help and support, and increased calls to national helplines Childline.

Figure S14: Comparison of MARAC cases 2019/20

MARAC Cases 2019 /2020 Comparison



Source: Gwent Police

The Multi-Agency Risk Assessment Conference (MARAC) data in Figure S14 shows how the restrictions have impacted upon people's ability to seek help and support. Referrals in 2020 were below 2019 levels right across the year, but particularly around the various lockdown periods during 2020. This caused great concern amongst regional partners and led to several campaigns to highlight the different ways in which people could access Gwent Police and specialist support agencies.

The VAWDASV Needs Assessment is subject to continuous change and does not claim to be fully comprehensive or exhaustive, instead demonstrating the levels of demand and direction of travel. There are gaps in the knowledge and information, particularly in relation to 'Honour' based abuse, FGM, forced marriage and specialist services provided to the BAME community in Gwent, and this is a key focus of improvement moving forward.

The key finding of the Needs Assessment has been the difficulty in obtaining accurate and timely information on the prevalence of VAWDASV across the region. Data is not available consistently or centrally, thus reducing the ability to have a clear and comprehensive picture of the extent of need in Gwent. Similarly, there is a gap in data about the extent to which victims, survivors and perpetrators use public and specialist services across Gwent. Information on those with specific protected characteristics is also a particular gap. In addition to a lack of understanding of the hidden element of VAWDASV (not everybody will want, or be able to, report or seek help and support), this impacts on the ability to make considered, evidenced based decisions. The mix of rural and urban populations, with market towns and farming communities, present very different commissioning challenges for delivering consistent, effective, and qualitative VAWDASV services.

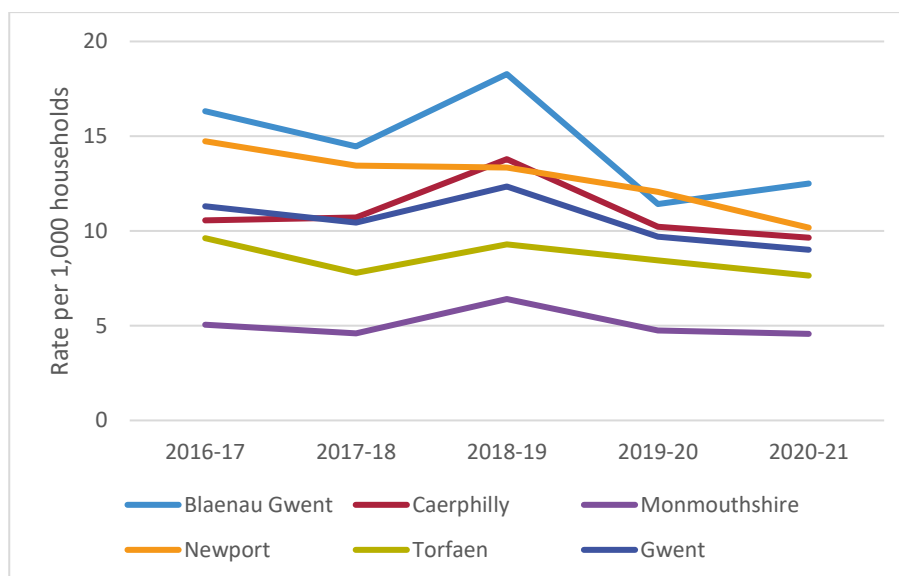
VAWDASV services in general are increasingly reporting they are seeing a decline in people's mental health, with staff regularly working with people with suicidal thoughts and attempts or having to refer to crisis services. Feedback from specialist sector organisations states the levels of physical violence experienced by those accessing refuge has increased, and health harming behaviours of those supported have risen. There is concern amongst all partners that these pressures could lead to a two-fold issue of staff exhaustion or their own well-being declining, and those individuals being supported needing to be escalated to an already overstretched crisis service.

There is a huge backlog in the Criminal Justice System (not just due to the Covid-19 pandemic), meaning that cases are taking a considerable amount of time to process or get to court, so much so that victim are starting to disengage with the process. As a result, perpetrators are not being held to account for their actions, are having no conditions placed on them, which increases the risk and potential damage to victims. Perpetrators are more able to move on to commit abuse in new relationships, with no historic abuse coming to light.

2.6 Fire and Rescue Service Incidents

The modern Fire and Rescue Service does more than fight fires – modern firefighters keep the public safe from many other threats (including floods and road traffic incidents) and play a major role during incidents such as terrorist attacks. Crucially, Fire and Rescue Service workers help prevent fire and loss of life with comprehensive public information and engagement campaigns and keep the public safe when their safety is threatened, protecting them from fire and other dangers.

Figure S15: All Fires recorded in Gwent per 1,000 Households 2016-17 to 2020-21



Sources: Household estimates – Household Estimates for Wales, Welsh Government; Fire Incidents – South Wales Fire and Rescue Service

Figure S15 shows the rate of fires recorded across Gwent per 1,000 households between 2016-17 and 2020-21, and although variable, the rate peaked in 2018-19, probably due to the exceptionally dry summer of 2018. Blaenau Gwent had the highest rate per 1,000 households in every year apart from 2019-20, When Newport had a slightly higher rate. Monmouthshire had the lowest rate across the whole time period, with their rate fairly stable apart from a small increase in 2018-19.

As shown in Figure S16, in 2018/19 there was an increase of 29% in fires in Caerphilly, with refuse (up 13%) and grass fires (up 119%) accounting for the majority of this increase compared to the year before. The numbers of fires overall in Caerphilly had reduced from 1,057 in 2018-19 to 745 in 2020/21.

Figure S16: Number of fires by type in the Caerphilly local authority area 2016-17 to 2020-21

Property Type Summary	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	Grand Total
Refuse/Refuse Container	361	366	415	311	346	1799
Grassland, woodland and crops	148	181	396	191	172	1088
Road Vehicle	120	89	88	108	79	484
Dwelling	78	70	70	82	84	384
Non Residential Building	57	64	48	58	39	266
Outdoor structures	28	34	23	26	17	128
Other outdoors (including land)	7	5	6	4	2	24
Other Residential Building	2	9	4	3	3	21
Outdoor equipment and machinery			5	1	3	9
Other Vehicle	2		2	2		6
Grand Total	803	818	1057	786	745	4210

Source: South Wales Fire and Rescue Service

As shown in Figure S17, the number of fires in Newport decreased from 934 in 2016-17 to 676 in 2020-21 (down 28%). Refuse fires have on average accounted for 52% of all fires during this period. The proportion of refuse fires has increased marginally over the time period, from 51% in 2016-17 to 57% in 2020-21.

Figure S17: Number of fires by type in the Newport local authority area 2016-17 to 2020-21

Property Type Summary	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	Grand Total
Refuse/Refuse Container	476	486	417	392	385	2156
Road Vehicle	177	109	126	130	89	631
Grassland, woodland and crops	86	85	165	105	64	505
Dwelling	82	82	77	94	73	408
Non Residential Building	60	51	41	26	35	213
Outdoor structures	40	36	32	35	25	168
Other Residential Building	9	9	2	3	3	26
Outdoor equipment and machinery	4	5	7	6	1	23
Other outdoors (including land)		2	1	3	1	7
Other Vehicle			2			2
Grand Total	934	865	870	794	676	4139

Source: South Wales Fire and Rescue Service

The proportion of deliberate fires in Gwent has remained on average around the 75% mark over the time period, with the other 25% being accidental or unknown fire. Figure S18 shows the number of accidental dwelling fires in Gwent over the 5 year time period.

Figure S18: Number of Accidental Fires in Gwent 2016-17 to 2020-21

Financial Year	Count
2016/2017	255
2017/2018	206
2018/2019	196
2019/2020	257
2020/2021	208
Total	1,122

Source: South Wales Fire and Rescue Service

As can be seen in Figure S18, the number of accidental fires fell from 255 in 2016-17 to 196 in 2018-19, but then increased to 257 in 2019-20. Accidental fires can potentially be very serious, and some reasons for them are shown below:

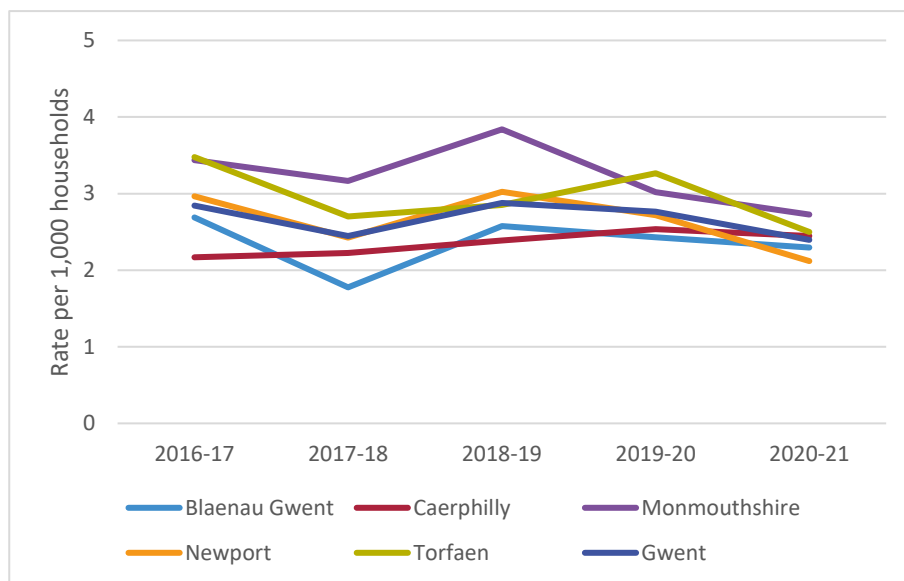
- 35% or 1 in 3 accidental fires were caused by cooking
- Firefighters attend on average up to four accidental cooking fires every week
- 75% or 3 in 4 were caused by a human factor
- 37% or 1 in 3 accidental cooking fires were caused by distraction
- 16% or 1 in 6 of all accidental cooking fires were caused by a person falling asleep
- 15% or 1 in 7 of all accidental cooking fires were caused by a person suspected of being under the influence of drugs or alcohol

South Wales Fire and Rescue Service (SWFRS) carried out 6,852 home fire safety checks in the Gwent area during 2019-20. During 2020-21 this number dropped to 2,774, as access to people's homes was restricted due to the Covid-19 pandemic. A new enhanced modified Home Safety Check was introduced, which was carried out over the phone rather than in person. Advice is given over the phone to help an individual improve their health and well-being and reduce their risk from fire within their home. Modified checks can be completed if the occupier does not want us in their property, or sufficient information can be gathered by Fire Service personnel completing the check to assess that the occupant is a) able to understand the education materials and b) if equipment is necessary the occupant is able to fit the equipment themselves.

The check involves identifying the occupancy type, whether there are smoke detectors in the property and if so, are they in working order, people who smoke, use candles, are hoarders and whether they overload electric sockets, as well as identifying other fire safety risks. As restrictions have eased the number of checks carried out has increased, with 1,821 home safety checks carried out to the end of September 2021.

Accidental fires include those where the motive for the fire was presumed to be either accidental or not known (or unspecified).

Figure S19: Accidental Fires per 1,000 households within Gwent 2016-17 to 2020-21

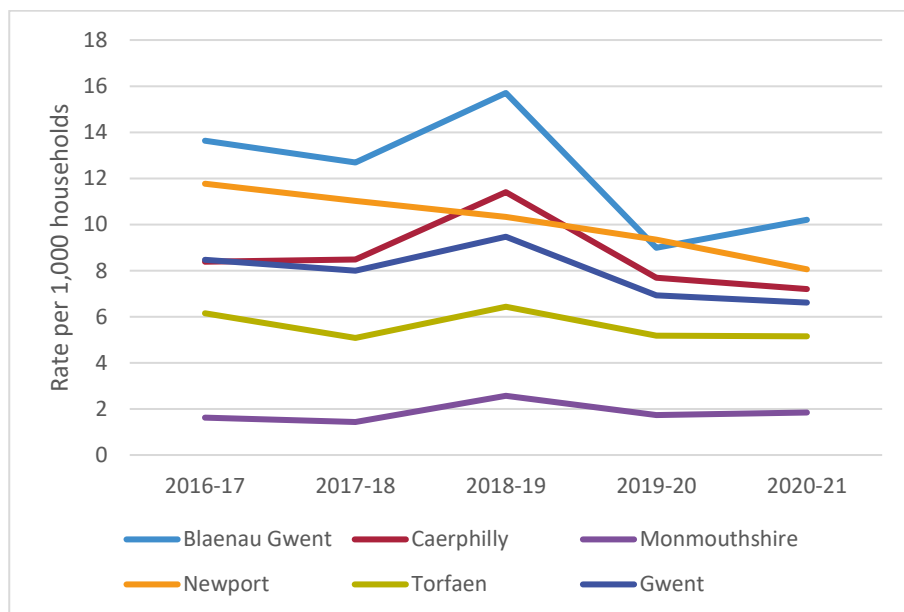


Sources: Household estimates – Household Estimates for Wales, Welsh Government; Fire Incidents – South Wales Fire and Rescue Service

Figure S19 shows the rate of accidental fires per 1,000 households recorded across Gwent between 2016-17 and 2020-21, and evidences that the rate is fairly static over the time period across all local authority areas in Gwent. Generally, Monmouthshire had the highest rate over the time period, whilst Blaenau Gwent and Caerphilly have the lowest rates. It should be noted that the rate of accidental fires general is very low right across Gwent.

Deliberate fires include those where the motive for the fire was ‘thought to be’ or ‘suspected to be’ deliberate. This includes fires to an individual’s own property, others’ property or the property of an unknown owner. Deliberate fires are not the same as arson, as arson is defined under the Criminal Damage Act 1971 as ‘an act of attempting to destroy or damage property, and/or in doing so, to endanger life’.

Figure S20: Deliberate Fires per 1,000 households within Gwent 2016-17 to 2020-21

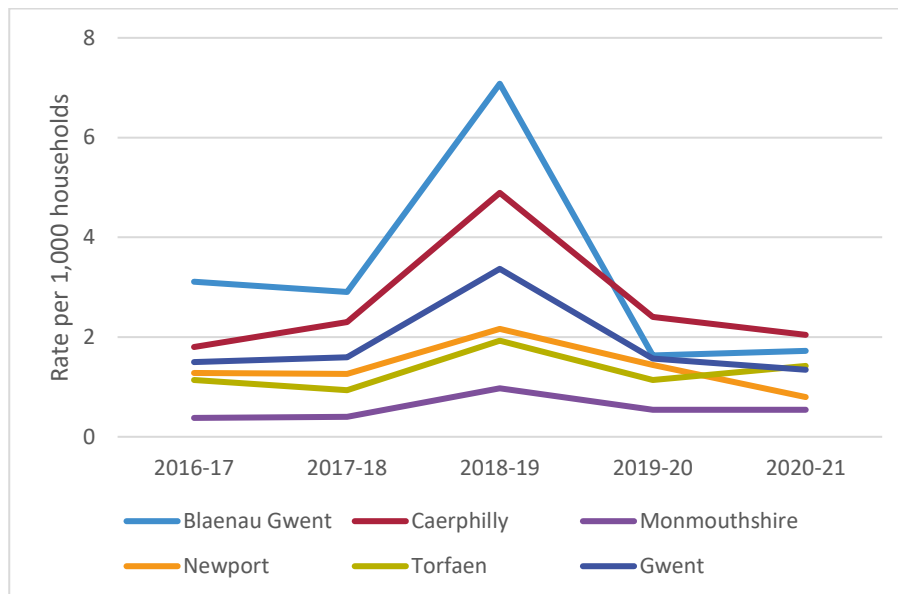


Sources: Household estimates – Household Estimates for Wales, Welsh Government; Fire Incidents – South Wales Fire and Rescue Service

Figure S20 shows the rate of deliberate fires per 1,000 households recorded across Gwent between 2016-17 and 2020-21, and evidences that the rate peaked in 2018-19 before falling in 2019-20 in all areas. The rate continued to fall in Newport, Caerphilly and Torfaen in 2020-21. Blaenau Gwent had the highest rate of deliberate fires across the time period, apart from in 2019-20, when the Newport's rate was slightly higher. Monmouthshire had the lowest rate of deliberate fires across the whole time period, and the rate is fairly stable in this area apart from a small increase in 2018-19.

Grass Fires are generally small outdoor fires not involving people or property, such as refuse fires, grassland fires and fires in derelict buildings or vehicles. Fires involving casualties or rescues, or five or more pumping appliances attended are classed as primary other outdoor fires.

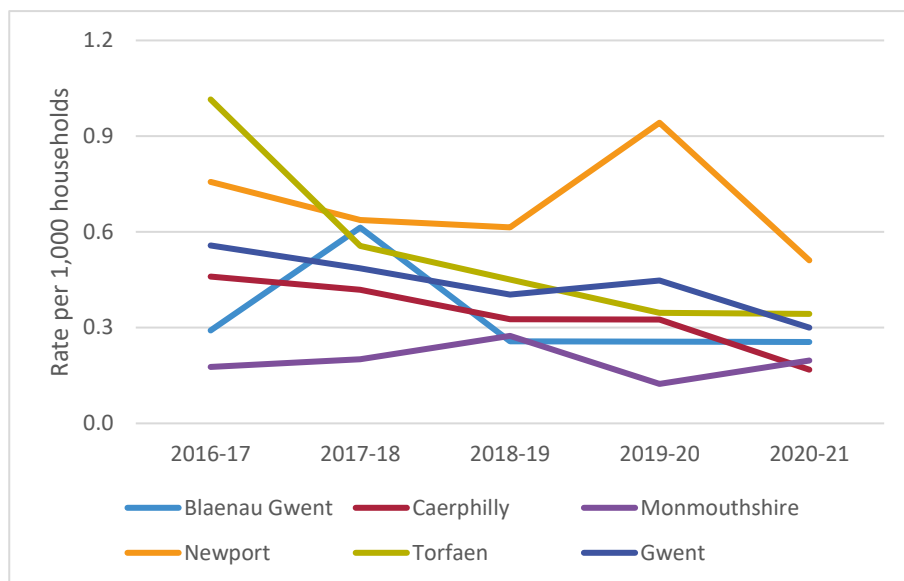
Figure S21: Deliberate Grass Fires per 1,000 households in Gwent 2016-17 to 2020-21



Sources: Household estimates – Household Estimates for Wales, Welsh Government; Fire Incidents – South Wales Fire and Rescue Service

Figure S21 shows the rate of deliberate grass fires per 1,000 households recorded across Gwent between 2016-17 and 2020-21. There was a large peak in the rate in 2018-19 in all areas, probably due to the extremely hot and dry summer of 2018, and the rate fell considerably in all areas in 2019-20 and remained static in 2020-21. Blaenau Gwent had the highest rate of deliberate grass fires between 2016-17 and 2018-19, with Caerphilly having the highest rate in 2019-20 and 2020-21. Monmouthshire had the lowest rate of deliberate grass fires across the whole time period, and the rate is fairly stable apart from a small increase in 2018-19. There was a similar picture in Newport and Torfaen.

Figure S22: Malicious False Alarms in Gwent per 1,000 households 2016-17 to 2020-21



Sources: Household estimates – Household Estimates for Wales, Welsh Government; Fire Incidents – South Wales Fire and Rescue Service

Malicious False Alarms are calls made with the intention of getting the Fire Service to attend a non-existent event, including deliberate and suspected malicious intentions and are usually via a hoax phone call or activation of fire alarms.

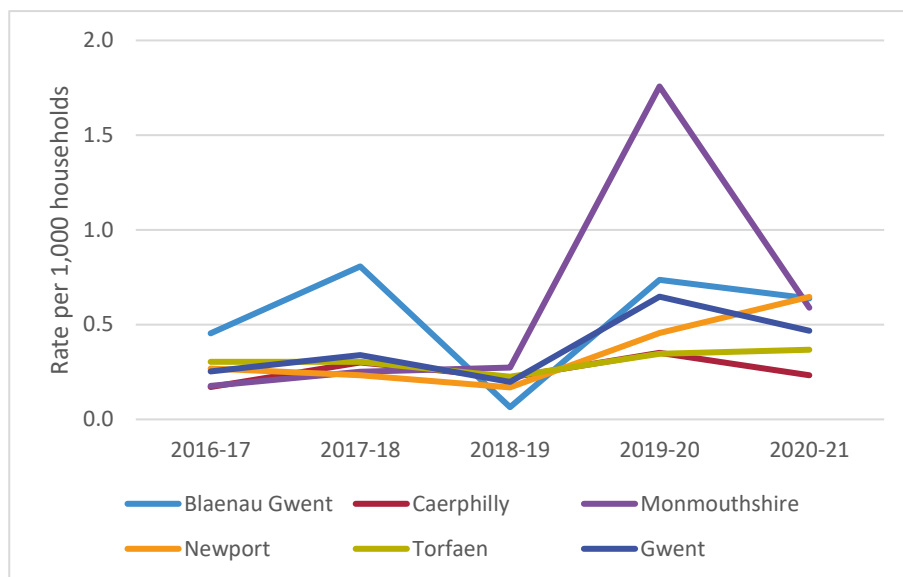
Figure S22 shows the rate of malicious false alarms per 1,000 households recorded across Gwent between 2016-17 and 2020-21, and evidences that whilst the general trend is variable, the rate is extremely low. Apart from in 2016-17, Newport had the highest rate of malicious false alarms in every year of the time period, and a peak in 2019-20. The rate in Torfaen has fallen across the whole time period. Monmouthshire had the lowest rate in three of the five years (2016-17, 2017-18 and 2019-20).

Non-fire incidents (also known as Special Service incidents) are incidents requiring the attendance of an appliance or officer. They include, but are not limited to:

- local emergencies e.g. road traffic incidents, responding to medical emergencies, rescue of persons and/or animals or making areas safe
- major environmental disasters e.g. flooding, hazardous material incidents or spills and leaks
- domestic incidents e.g. persons locked in/out, lift releases, suicide/attempts
- prior arrangements to attend or assist other agencies, which may include some provision of advice or standing by to tackle emergency situations

Figure S23 shows the rate of flooding calls per 1,000 households recorded across Gwent between 2016-17 and 2020-21, and evidences that whilst the general trend is variable, the rate is extremely low. There was a large peak in the rate in Monmouthshire in 2019-20, and smaller peaks in Blaenau Gwent and Caerphilly. Blaenau Gwent had the highest rate of flooding calls in 2016-17 and 2017-18, Monmouthshire had the highest rate in 2018-19 and 2019-20, and Blaenau Gwent and Newport had the joint highest rate in 2020-21.

Figure S23: Flooding Calls per 1,000 households in Gwent 2016-17 to 2020-21



Sources: Household estimates – Household Estimates for Wales, Welsh Government; Fire Incidents – South Wales Fire and Rescue Service

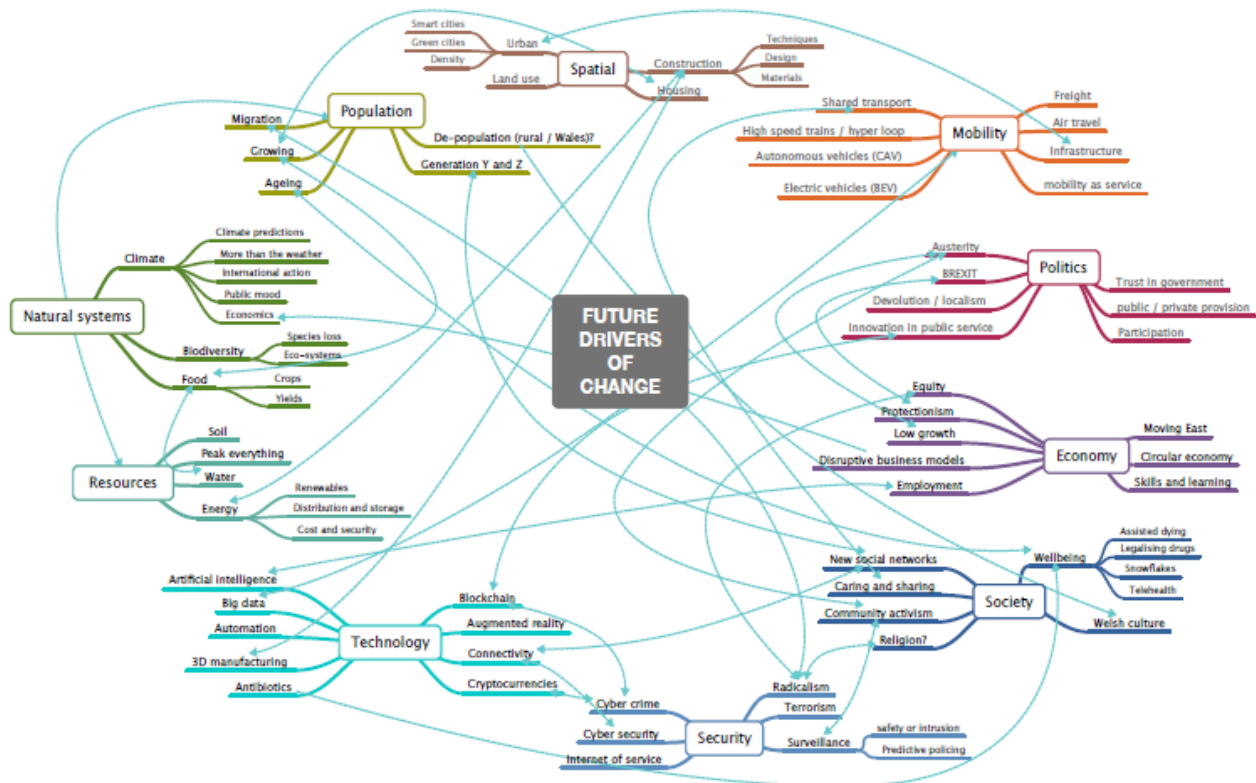
2.7 Future trends and challenges

In 2018, Ash Futures³ were commissioned by the five former Public Services Boards (PSBs) in Gwent to establish a set of future scenarios for the Gwent area. As part of this work, they undertook a series of detailed horizon scans to identify a wide range of trends, potential disruptors and drivers of change which are likely to impact on and shape society over the next 10 to 20 years. These horizon scans were grouped around ten key themes – Population, Spatial, Mobility, Politics, Economy, Society, Security, Technology, Resources and Natural Systems. A representation of these key themes and their associated sub-themes is shown in Figure S23, which also attempts to show the interrelationships between them.

Some of these themes and sub-themes have global scope, while others are much more localised. However, they will all have consequences for the people, business and environment of Gwent. Some may offer tangible opportunities for the area, and others may hold it back. But being aware of these trends and their potential impacts on Gwent will help the Gwent PSB to anticipate potential threats, identify new possibilities and consider strategic responses.

The key theme of Security is most relevant to crime and community safety, as it considers the sub-themes of cyber-crime, cyber security, radicalism, terrorism, surveillance, safety or intrusion and predictive policing. The following information is taken from Gwent Futures Horizon Scanning Report⁴ by Ash Futures (March 2018).

Figure S24: Gwent Futures Project – Future Drivers of Change



Source: Gwent Futures Summary Horizon Scanning Report, Ash Futures, March 2018

The dark web is a small segment of the internet mainly used as an online black market for illegal trade in illegal goods and services such as drugs, fake passports, child pornography, weapons and software exploits (computer hacking services). The dark web is accessed through specialist software, which conceals the user's location and dark web use.

Less nefarious users are beginning to use the dark web for legitimate purposes in order to benefit from the ability to remain hidden from prying eyes - whether law enforcement, marketers or nosy neighbours. Policing the dark web is challenging, but authorities are increasing their efforts.

The proportion of UK drug users believed to have obtained illegal substances on the dark web in 2017 (1 in 4) was double the proportion in 2014. Ecstasy is the most commonly purchased drug, followed by cannabis, new psychoactive substances (NPS's) such as Spice and Clockwork Orange, and LSD. The Rand Corporation think tank⁵ believes the UK's online drugs market to be the largest in Europe, accounting for 20,000 web transactions worth £1.8 million each month. Globally, only the US market was larger in terms of profit, though the UK boasted a greater number of sales per population.

The dark web is perplexing crime fighting agencies, who see it as a growing threat to health and security. The success of law enforcement will depend on (amongst other things) international co-operation between technology industry actors and establishing joint investigations units and cyber patrols.

Research into practice will be important too, and the Global Drug Policy Observatory⁶ based at Swansea University is exploring ways to tackle the dark web.

Increased connectivity has increased the need for **cyber-security**. Once everything is networked, small groups and individuals working remotely can launch covert attacks, stealing (for example) personal information from customer databases, distributing and activating malware or carrying out botnet distributed denial of service (DDoS) attacks. Organisations may come under cyber-attack from individuals, criminal

groups or hostile nation states. It is now accepted that all future conflicts will have a cyber element and that some may be fought entirely in cyber-space.

What does this mean for the future of cyber-security? Simply put, companies and organisations with no experience of the information security industry should not work alone on products which require a connection to the Internet and should work with experts to ensure their information and systems are safe and secure.

The demand for cyber-security skills is expected to surge, but tackling the issue will also require all workers and employees to become cyber aware and governments and businesses to maintain up-to-date security software and systems to protect themselves and their clients and/or the general public.

Research published by Invotra⁷ at the end of 2017 highlights that the majority of senior IT managers working in the public sector view data and system security as their biggest priority. 79% of IT managers saw security as their main priority, while 60% said high profile cyber-attacks had prompted more scrutiny of their systems. Just over a quarter (26%) said the attacks made people within their organisation 'fearful', which negatively impacted productivity. A further 23% described high profile hacks as 'demotivating'.

When asked about the progress made towards the Government's 'digital by default' standard, 44% described digital transformation as 'an important focus', but said the public sector is 'way behind' the private sector. Almost a third (32%) feel too little is invested in technology to achieve digital transformation goals, and 29% believe a lack of skills is a barrier. The survey found that, even when investment has been made in technology, just over half of respondents did not believe there was sufficient training in new systems.

Human rights group Liberty has lost its High Court challenge against the government's Investigatory Powers Act (IPA) in July 2019⁸. Called the "Snoopers' Charter" by its critics, the legislation allows for mass surveillance of electronic devices, allowing intelligence agencies to extract and store information. Liberty claimed the powers of "bulk hacking" were unlawfully wide. But Lord Justice Singh and Mr Justice Holgate told the High Court that the surveillance powers were lawful. The case was brought to court following criticism of the way MI5 handled its data storage operations. Liberty's lawyers said the data gathered by the security services and other agencies - under warrants granted by a judge or the home secretary - can include:

- Intimate data, including an individual's internet browsing history
- The apps users have downloaded to their phone
- Usernames and passwords
- Cell site data that can pin-point a person's location at a given time

The group said warrants did not cover collecting data in bulk, meaning it breached human rights law, and the data would be kept on file for searching after any warrant had expired.

There is little public support for the IPA. Concerns are that the legislation will invade personal and professional privacy and increase mistrust between citizens and the state. The debate on IPA is probably distracting citizens from a potentially much more intrusive issue: covert tracking of app users' movements, relationships and shopping habits.

The pros and cons of **surveillance** seem complicated. On the one hand, citizens are concerned that the state does not watch their every move. On the other, they willingly carry devices and drive cars that can be tracked, and they willingly hand over all sort of personal data to private corporations who are mining their personal information, choices and purchasing profiles for commercial advantage.

It may be that the public discourse on surveillance – even the word itself – is simplistic and out of date; in which case, the argument needs to change significantly and quickly.

Predictive policing uses predictive analytics to tie crimes to people or places. The techniques are moving beyond existing approaches (such as CCTV-based pattern analysis and surveillance) towards algorithms that forecast where crimes are likely to occur and who might commit them; and on towards making recommendations for allocating police resources.

Responses are granular and directed. Patrols are sent to a specific area rather than to a whole neighbourhood and crime data are added daily to generate predictions for each shift.

Predictive policing raises a number of issues around privacy and civil rights, and emerging reports on practice in China suggest that the approach might be used for social control as easily as it might be used to fight crime.

Nevertheless, Chicago is increasing its investment in the technology, and new systems like LineSight⁹ (a Unisys system which could help authorities flag suspicious people and cargo at border crossings and airports around the world “in as little as two seconds”) show how technology can support policing.

Greater Manchester Police and Kent Police have been trialling predictive policing since 2012 and are (broadly) positive about the results. While some experts believe there is a lot of progress yet to be made, the general mood seems to be that this is one important approach to crime fighting in the future.

An important issue for improving predictive policing is the accessibility and quality of the data being used. Big Data and Policing¹⁰ (a report published by the Royal United Services Institute in September 2017) explores the issues around this in some detail and identifies four priorities for strengthening predictive policing. It also identifies barriers to implementation and calls for greater investment and improved practice to support the approach.

Most of the report’s 14 recommendations are directed at Police Forces and policing bodies but one – Shared MASH (Multi-Agency Safeguarding Hub) databases - should be created to allow for better data sharing between the police and partner agencies, and calls on local authorities, Social Services and the Police to collaborate closely when identifying vulnerable individuals in need of safeguarding.

The Gwent Multi-Agency Safeguarding Hubs were launched in January 2021, and they have seen a number of agencies (including Police officers, social workers, health and education professionals, probation officers and staff from the voluntary sector) working in partnership to provide valuable information and professional expertise to ensure that those that need help, get the support that they need as quickly as possible. By working together, front line professionals will look at all forms of vulnerability, including child and adult protection issues such as exploitation, abuse and neglect.

The purpose of the Future Trends Report Wales 2021¹¹ is to draw together, in one accessible place, a range of information to assist Welsh citizens and policy makers in understanding the big trends and drivers that are likely to shape Wales’ future. It has a specific role under the legislation to inform the work of PSBs in their assessment of local well-being. The report also aims to support a national dialogue on how all stakeholders can best prepare for the future. It is a resource document, where people can go to get information on key trends that prompts them to consider the challenges and opportunities these trends may bring.

The report features four megatrends which are most likely to pose risks or opportunities for Wales. These are: **people and population, planetary health and limits, inequalities, and technology**. Recognising the distinctive role that public bodies play in achieving the well-being goals, the report provides additional insight on the trends covering public finances and public sector demand and digital.

Ongoing impact of the COVID-19 pandemic

The Covid-19 pandemic is an example of a disruptor affecting economic, social, environmental and cultural trends in Wales. The impact of the pandemic has led to renewed discussions and interest in futures foresight and has had profound effects on economies and societies around the world, with some noticeable short-term disruptions to trends, as highlighted earlier in this report in relation to crime patterns and fire occurrences, for example. The pandemic has amplified existing inequalities in Wales, particularly for the most vulnerable, but also more widely across society. Women, older people, young people, people from Black, Asian, and Minority ethnic groups, disabled people, people with underlying health conditions, people living in sub-standard housing, and people working in informal, lower-income, and frontline service roles have all been disproportionately impacted.

It is likely that the ongoing pandemic will lead to the acceleration of some existing trends and potentially create new trends. However, how the evolving impact of pandemic will shape medium and long-term trends globally and for Wales is far more uncertain at this stage.

Climate change

Global temperatures have been steadily increasing over the past few decades – nine of the ten warmest years have been recorded since 2010¹². Climate change is widely expected to continue increasing the frequency, intensity, and impacts of extreme weather events in the coming years¹³. In Wales, there is a high probability that unprecedented weather events including **coastal storms, flooding, heatwaves, and droughts** will increase in the years ahead¹⁴. Summers are projected to be warmer and drier, winters milder and wetter, and sea levels predicted to rise across the country by up to 24cm by 2050. In Wales, the impacts of climate change will not be felt equally across the country – economically and socially disadvantaged people will be disproportionately impacted¹⁵. Existing inequalities are likely to be compounded, with people living in lower-income areas and more exposed locations having fewer available resources to mitigate and adapt to changes in the climate.

Digitalisation

Globally, businesses are increasingly adapting to digitalisation and adopting new technologies. The overarching trend is one of accelerating digitalisation of work processes. In the near future, the adoption of encryption and **cyber security technologies** is projected to increase by 29%, while the adoption of cloud computing is estimated to rise by 17%¹⁶. Alongside the growth of digitalisation, **cyber security threats** are posing an increasing danger to all societies. 82% of UK businesses use online banking and 58% hold personal information about customers electronically. 40% of UK businesses have experienced data breaches or attacks within the last 12 months¹⁷. Cyber security is likely to become increasingly salient if current trends continue.

The Gwent PSB will need to work to minimise the threats posed by these predicted future trends, potential disruptors and drivers of change, and seek to maximise the potential opportunities, in order to ensure the greatest benefit for the residents and communities of Gwent.

2.8 Conclusion

The level of different crime types across Gwent are generally decreasing over time, although there have been increases in certain crime types such as hate crime (due to efforts to improve relationships with certain communities to encourage them to report crime) and types such as child concern occurrences and child criminal or sexual orientation (due to how these types of crimes are reported). The Covid-19 pandemic has had a noticeable impact on many types of crime, as less people were out and about in their communities, and there were limited opportunities for individuals to have contact with vulnerable individuals, or peer to peer contact.

Violence Against Women, Domestic Abuse and Sexual Violence continues to be an issue across Gwent and there are robust arrangements in place for the prevention, protection and support for individuals affected by such violence and abuse. However, there is evidence that the lockdowns due to the pandemic affected victims' ability to access this support, and there is a huge backlog in the Criminal Justice System which is failing to hold perpetrators account for their actions.

The number of fires of all types are generally falling across Gwent, although the figures can be affected by environmental issues such as the exceptionally dry summer of 2018 can have a big impact. Climate change is likely to lead to warmer summers, increasing the risk of fires, whilst there are likely to be cooler winters, increasing the risks of storms and floods.

Many of the predicted challenges for the future revolve around cyber-crime and cyber-security, as individuals and organised groups are increasingly using the cyber world to target vulnerable victims, which has been a particular issue during the pandemic. The emergency services will need to embrace new technology in order to provide the sorts of services that individuals and communities expect.

3 Education

3.1 Introduction to education

Having a good education can play a key role in enabling young people to take full advantage of the opportunities available to them, and to achieve their potential. Tackling educational attainment gaps and improving educational outcomes and skills, especially for young people from low income families, will support the longer-term economic well-being of them and their communities.

School can be the first opportunity for young people to learn the skills to get on well with people from different backgrounds and to be active citizens. New cultural activities can be experienced, and Welsh language skills developed. In school, young people can also learn about the importance of looking after the environment and the impact humans are having globally on the planet.

Childhood experiences can have a significant impact on a person's long-term development and overall life achievements. We know that there are families living in Gwent who are finding it hard to pay for the basics of life. Free School Meals (FSM) data also tells us that there are inequalities in our communities, and we know that access to a good meal can improve health and support learning. Taking early action to support young people to have the best start in life and a good quality education will support their economic well-being in later life.

There are five individual Local Education Authorities in Gwent and a shared Education Achievement Service, providing support and challenge to schools within the five local authorities to strive for excellence. Gwent has also benefitted from Welsh Government's 21st Century schools programme, providing better premises and facilities to support modern teaching methods that benefit pupils and communities, now and in the future.

Figure S25: Overview of education data

School aged children 	Gwent has 73,324 compulsory school age children, which is 19.3% of all pupils in Wales ¹⁸ .
Free school meals	24.8% of pupils of compulsory school age are eligible for free school meals ¹⁹ .
Schools 	Gwent has 233 maintained schools - 20 Welsh medium primary schools, 3 Welsh medium secondary, 17 Roman Catholic and 11 Church in Wales schools within the region ²⁰ .
Ethnicity	11.8% pupils aged 5 or over in Gwent are from an ethnic minority background ²¹ .

Figure S26 shows that there are many different types of schools in Gwent. Which school someone attends is most likely to be determined by catchment area of where they live, but there are also other factors such as faith schools and Welsh language schools.

Figure S26: A breakdown of educational provision by local authority in Gwent

Blaenau Gwent (31.4% FSM)	Caerphilly (24.9% FSM)	Monmouthshire (16.6% FSM)	Newport (23.1% FSM)	Torfaen (30.0% FSM)
3 Non-maintained Nursery settings 19 Primary (1 Welsh medium, 3 Roman Catholic, 1 Church in Wales) 2 Secondary 2 Special 2 3-16	14 Non-maintained Nursery settings 63 Primary (11 Welsh medium, 1 Roman Catholic) 6 Infant 4 Junior 11 Secondary (1 Welsh medium) 1 Special 1 Pupil Referral Unit 1 3-18	25 Non-maintained Nursery settings 30 Primary (2 Welsh medium, 6 Church in Wales, 2 Roman Catholic) 4 Secondary 1 Pupil Referral Service	23 Non-maintained Nursery settings 2 Nursery 43 Primary (3 Welsh medium, 2 Church in Wales, 6 Roman Catholic) 9 Secondary (1 Welsh medium, 1 Roman Catholic) 2 Special 1 Pupil Referral Unit	15 Non-maintained Nursery settings 25 Primary (3 Welsh medium, 3 Church in Wales, 3 Roman Catholic) 6 Secondary (1 Welsh medium, 1 Roman Catholic) 1 Special 1 Pupil Referral Service

Source: Education Achievement Service

School environments are a place where people of different backgrounds come together, often for the first time, promoting community cohesion. Enabling people of different backgrounds to have similar life opportunities will result in greater equality.

3.2 Educational attainment

3.2.1 Early years

Flying Start is the Welsh Government's Early Years programme for families with children aged under 4 years old and is targeted at some of the most deprived areas in Wales. Child poverty is linked to poor life outcomes, including health outcomes in early childhood. Flying Start includes four core elements: free quality childcare, parenting support, intensive health visitor support, and support for early literacy²².

There are Flying Start areas located throughout the Gwent region. The most recently available data from 2016 shows the percentage of Flying Start children reaching or exceeding their developmental milestones at 3 years in Gwent ranges from 61% in Blaenau Gwent to 43% in Monmouthshire, with a Wales rate of 51%²³.

Foundation Phase Nursery (FPN) provision is the part-time education for 3 and 4 year old children before they enter compulsory education at the age of 5. Local authorities are required to provide a minimum of 10 hours a week of FPN during school terms in maintained settings (e.g. school-based nursery) and/or non-maintained settings (e.g. day nursery, playgroup, Cylch Meithrin or a childminder)²⁴.

Local authorities must satisfy their duty to secure sufficient nursery education for children in its area, which is considered fully in the Early Years Part Time Education (Foundation Phase) and Flying Start Provision/Foundation Phase Nursery (FPN) of the Gwent local authorities' Childcare Sufficiency Assessments.

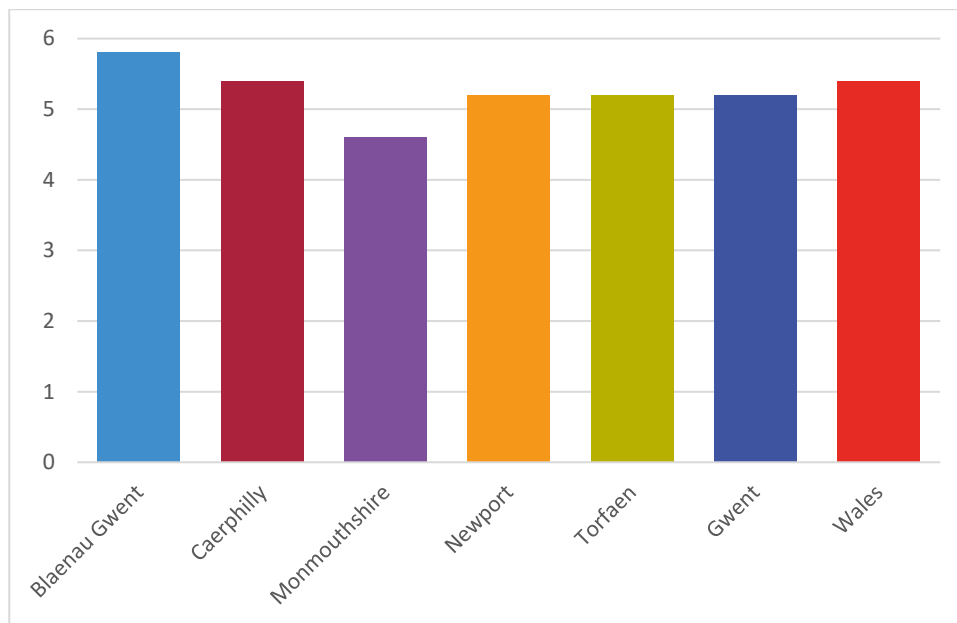
Across the area, it is assessed that there is sufficient provision, although there is a lack of Welsh medium provision in some areas. The provision allows some flexibility and choice for parents, for example, Monmouthshire points to cross border arrangements in place with all six neighbouring authorities (in England and Wales) allowing access to provision across borders if deemed more convenient.

While take up is generally good, some parents are not claiming their free entitlement, sometimes due to not being aware of the entitlement and sometimes because of confusion with the Flying Start programme if living outside a Flying Start area. Information on childcare is contained within the Economic section of the Well-being Assessment.

3.2.2 Primary School

School attendance is widely agreed to be a critical factor in student achievement. Attendance in Gwent primary schools for the last 2 years of available data is above the Welsh average. In 2018/19 there were variations across Gwent from 4.6% half-day sessions missed due to all absences in Monmouthshire, to 5.8% in Blaenau Gwent as shown in Figure S27.

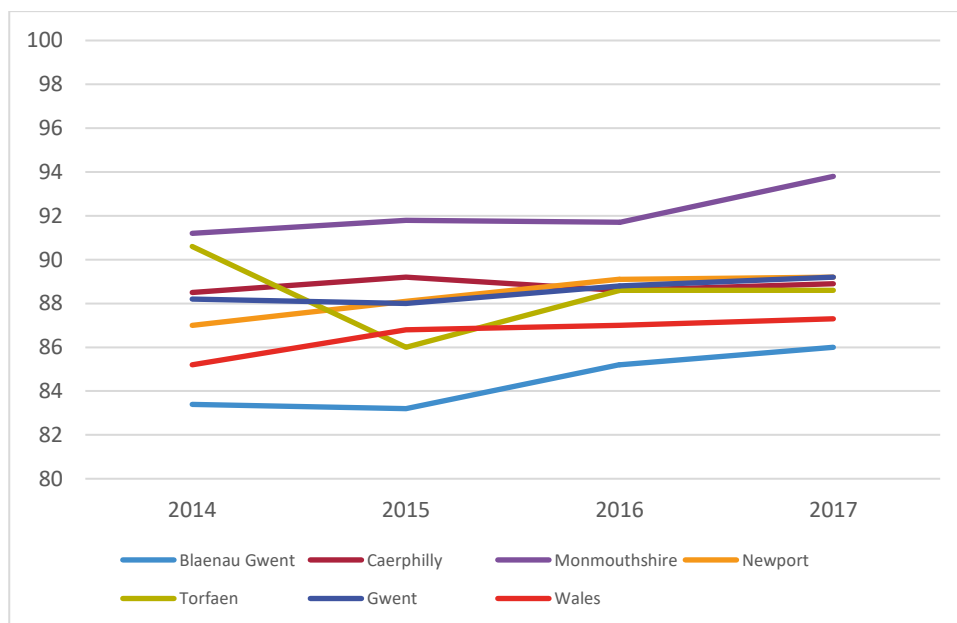
Figure S27: Percentage of half days missed due to all absences in primary schools, 2018-19



Source: StatsWales

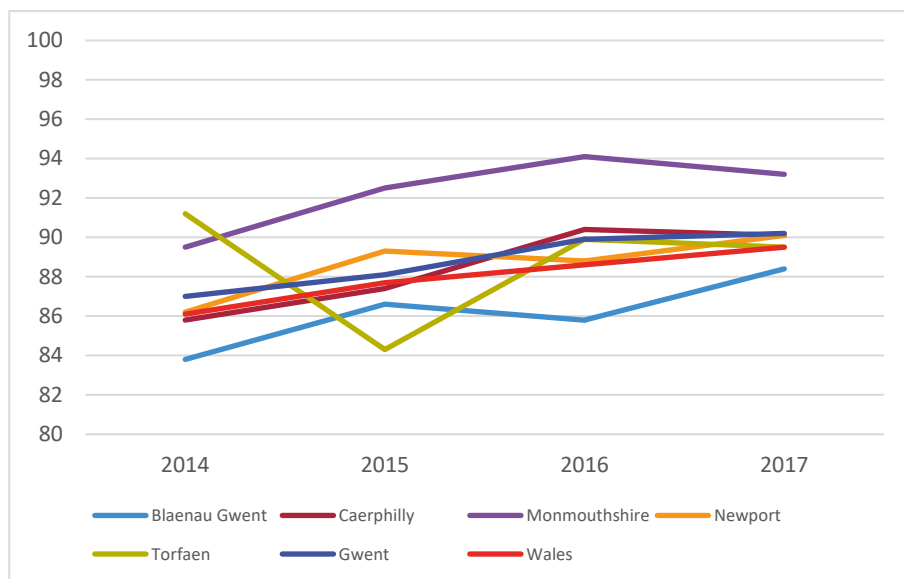
Assessment outcomes as measured by the Foundation Phase Indicator (FPI) and Key Stage 2 Core Subject Indicator (CSI) data from 2014-2017 (the most recent published) shows the Gwent region performed better than Wales as a whole, but there are variations between local authorities in Gwent, as shown in Figures S28 and S29.

Figure S28: Percentage of children achieving the Foundation Phase Indicator (FPI), 2014 to 2017



Source: StatsWales

Figure S29: Percentage children achieving Key Stage 2 Core Subject Indicator (CSI), 2014 to 2017

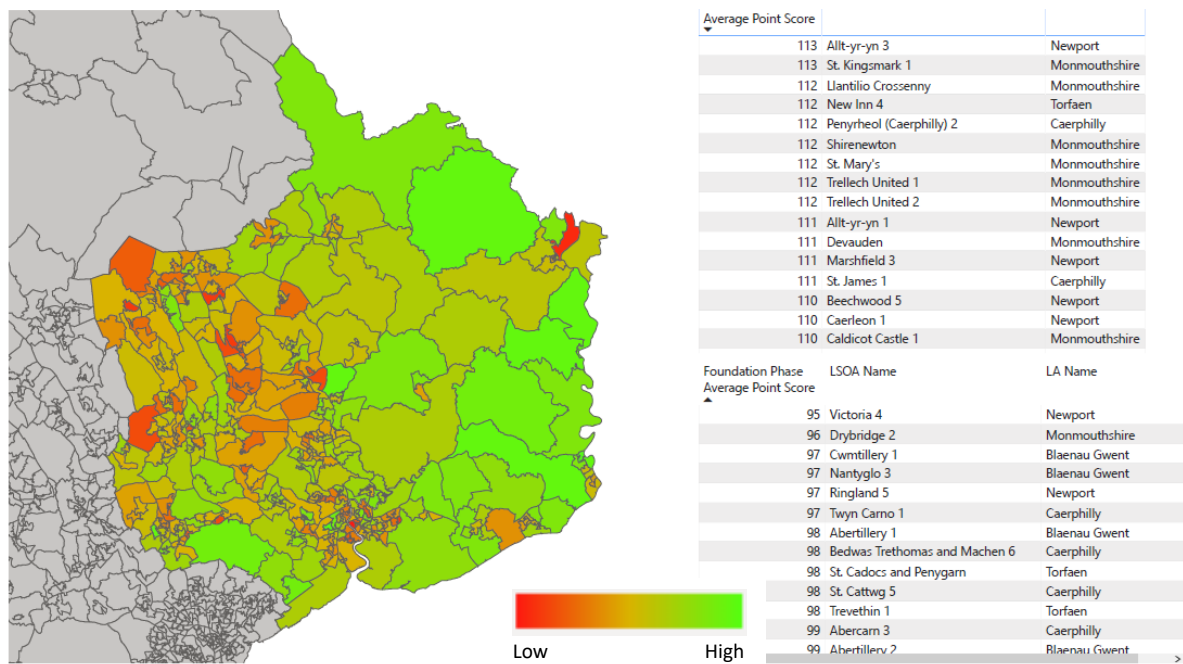


Source: StatsWales

The Welsh Index of Multiple Deprivation (WIMD) 2019 uses data on the average results of teacher assessments in years 2 and 6 of primary pupils. Each assessed outcome is allocated a score, and these are used to provide an average point score using results of pupils from academic years 2015/16 to 2017/18. There were small variations between local authorities in Gwent, with Monmouthshire having the highest point score (107 at Foundation Phase and 90 at Key Stage 2) and Blaenau Gwent the lowest (103 at Foundation Phase and 86 at Key Stage 2) compared to the Wales average of 104 at Foundation Phase 87 at Key Stage 2.

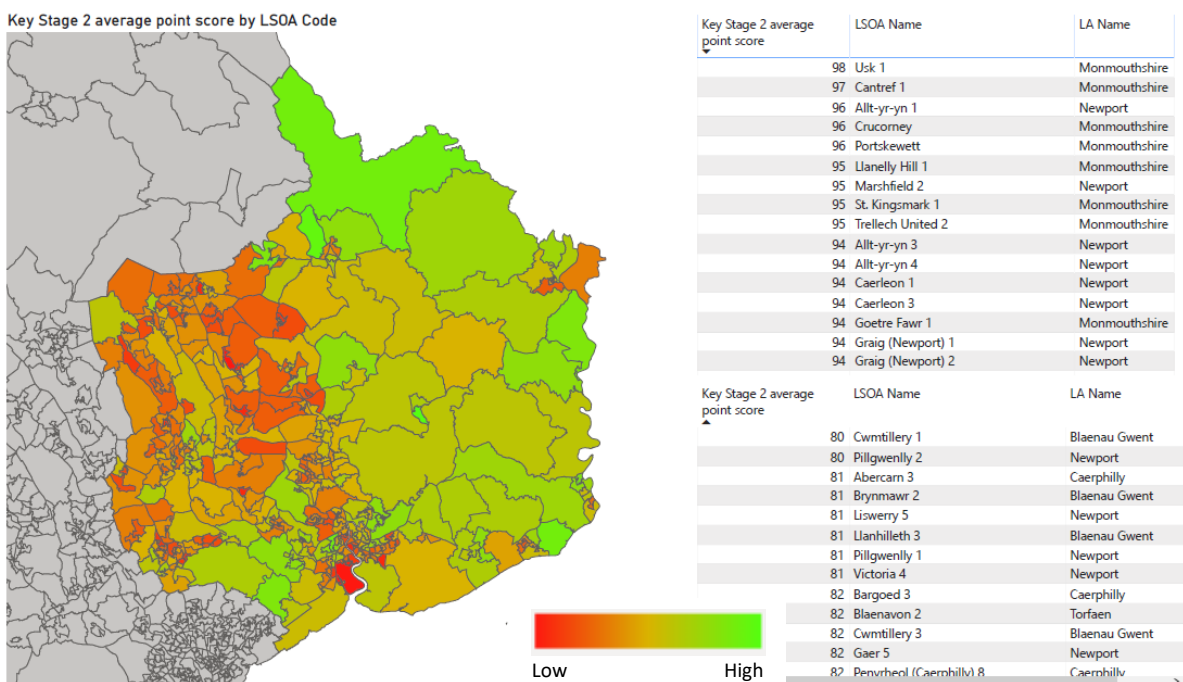
This data also allows comparison at smaller areas within local authorities (LSOAs), where wider variations are evident. Figure S30 shows the average Foundation Phase point score of children in Newport, for example, varies from 113 in Allt-yr-yn 3 to 95 in Victoria 4. Similar in-county variations exist at Key Stage 2, as shown in Figure S31. Such inequalities in our communities demonstrate that getting the best start in life is important, so that current intergenerational patterns of disadvantage do not continue.

Figure S30: Foundation Phase average point score by LSOA in Gwent



Source: WIMD 2019 Education Domain Indicator, Welsh Government

Figure S31: Key Stage 2 average point score by LSOA in Gwent

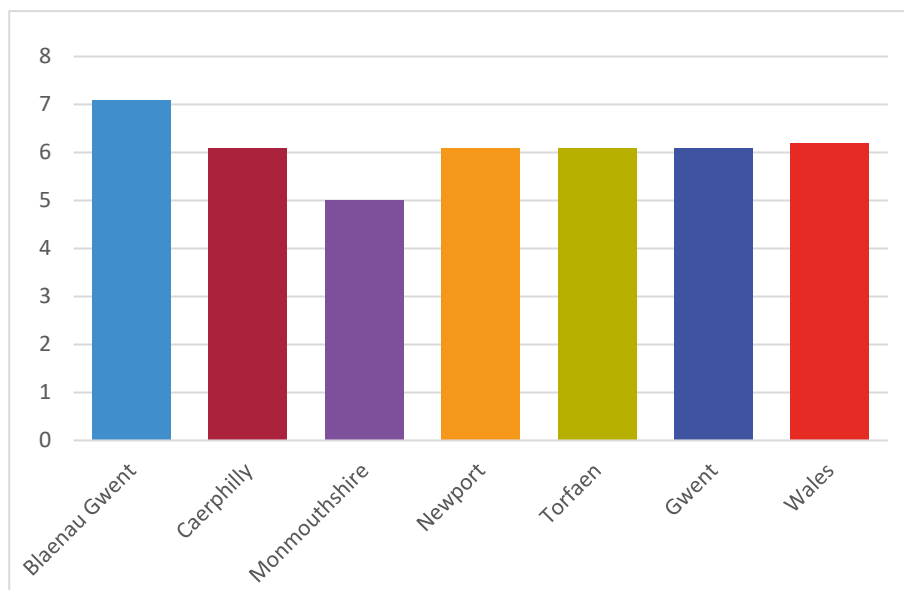


Source: WIMD 2019 Education Domain Indicator, Welsh Government

3.2.3 Secondary School

Attendance in secondary schools tends to be slightly lower than in primary schools. In 2018/19 attendance in Gwent secondary schools was marginally better than across Wales – the percentage of half-day sessions missed due to all absences ranged from 5% in Monmouthshire to 7.1% in Blaenau Gwent, as shown in Figure S32.

Figure S32: Percentage half-days missed due to all absences in secondary schools, 2018/19



Source: StatsWales

At Key Stage 4, most recent data available (2018/19) shows the Gwent region performs below the Welsh average on the various measures. There are wider variations between local authorities at this level compared to primary school, for example, the percentage achieving Level 2 inclusive varies from 43.1% in Blaenau Gwent to 60.8% in Monmouthshire, as shown in Figure S33.

Figure S33: Key Stage 4 measures 2018/19

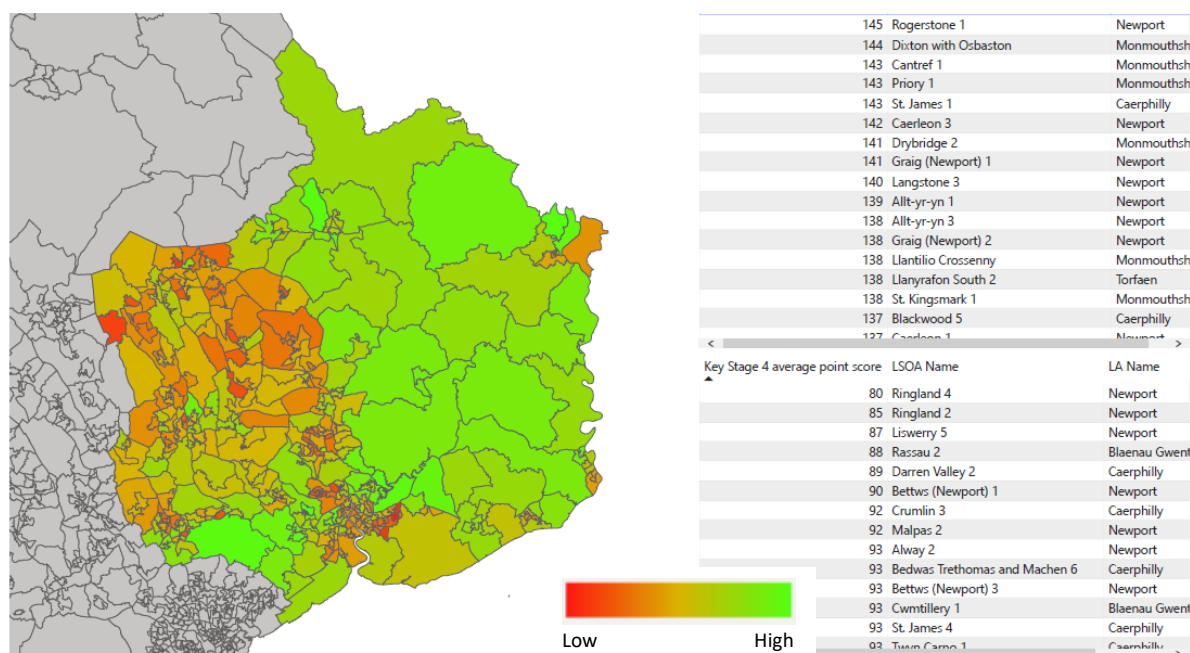
Area	Local Authority	% Achieving Level 1 (5 GCSEs A*-G)	% Achieving Level 2 inclusive (5 GCSEs A*-C including English/Welsh and Maths)	% Achieving 5 A*-A GCSEs
	Blaenau Gwent	93.8	43.1	9.9
	Caerphilly	90.9	50.6	15.2
	Monmouthshire	93.5	60.8	23.1
	Newport	91.3	53.4	18.0
	Torfaen	93.1	48.3	12.5
South East Wales		92.0	51.7	16.1
Wales		92.8	53.8	18.0

Source: StatsWales

Data on the Key Stage 4 average point score from WIMD 2019 shows there were variations between local authorities in Gwent, with Monmouthshire having the highest point score (126) and Blaenau Gwent the lowest (108) compared to the Wales average point score of 119.

Figure S34 shows this data for smaller areas within local authorities, where wider variations at Key Stage 4 are apparent. For example, within Newport, pupils in Rogerstone score on average 145 points, while students in Ringland 4 score 80.

Figure S34: Key Stage 4 average point score by LSOA in Gwent



Source: WIMD 2019 Education Domain Indicator, Welsh Government

Poorer educational attainment can act as a barrier to post-16 education, training and meaningful employment. Longer-term, poorer attainment can affect earning potential, employment opportunities and life chances, which can exacerbate cycles of poverty. Attainment can also vary by different groups of vulnerable learners; further assessment of the attainment of vulnerable groups in Gwent is provided in the next section.

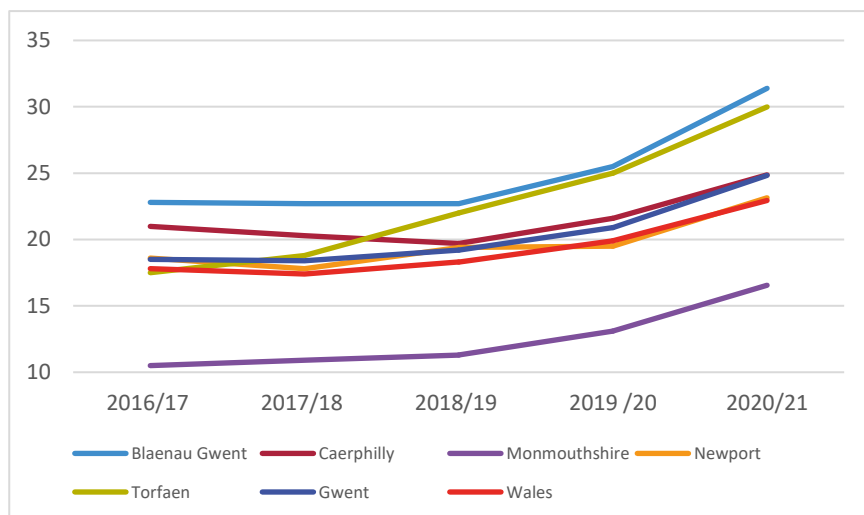
3.2.4 Vulnerable groups attainment

In considering effective school support for disadvantaged and vulnerable pupils, Estyn defines vulnerable pupils as those who may be more likely to experience emotional, social and developmental barriers to learning, for example pupils with special educational needs; pupils with mental health issues and medical needs; and looked after children. Disadvantaged pupils are considered to be pupils who may have barriers to succeeding in school because of detrimental circumstances beyond their control, for example, pupils eligible for free school meals and pupils from low income families²⁵. Further assessment of children and young people with health conditions, disabilities and sensory impairments, including the predicted number of children with a disability in Gwent, is included in Section 3 of the Gwent Population Needs Assessment²⁶.

Gwent has some of the highest percentages of compulsory school age children eligible for free school meals (FSM) in Wales. In 2020/21 Blaenau Gwent had the highest percentage in Wales (31.4%), followed by Torfaen (30%), compared to a Wales average of 22.9%. Conversely, Monmouthshire (16.6%) one of the lowest proportions after Gwynedd, Ceredigion and Pembrokeshire.

There is an increasing number of children eligible for free school meals in Gwent, and amongst all the local authorities in the area (see Figure S35). The largest increase has been in Torfaen, with 30% of pupils entitled to free school meals in 2019-20, an increase from 17.5% in 2016-17. The increase between 2019-20 and 2020-21 is particularly notable across all areas but more so in Blaenau Gwent, where an increase from 25.5% to 31.4% was seen with one year.

Figure S35: Percentage of pupils aged 5-15 years eligible for free school meals, 2016-17 to 2020-21



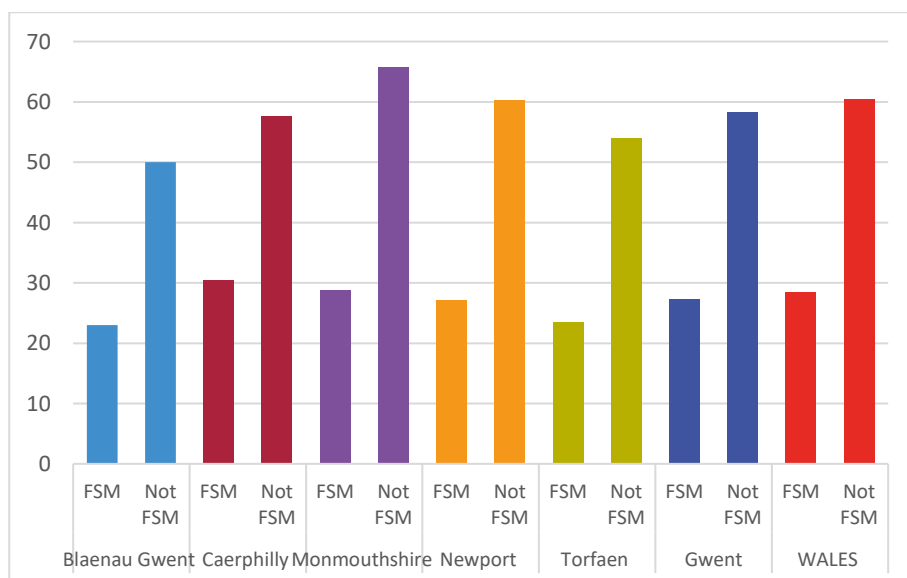
Source: PLASC 2020-21

Not all pupils may take up free school meals. There are likely to be varying reasons why free school meals may not be taken up, for example, the Joseph Rowntree Foundation identify some children, or their parents, may be reluctant to make use of free school meals due to the stigma surrounding this initiative and the unwanted attention this can encourage²⁷.

The Joseph Rowntree Foundation says “The percentage of 15 year olds achieving the equivalent of five or more higher-grade GCSEs, including English (or Welsh) and mathematics, is increasingly regarded as a key indicator of educational attainment. This is because having literacy and numeracy skills at this level is critically important for progression to further study and into employment”²⁸.

At Key Stage 4 there is a significant gap in achievement between children entitled to FSM and those who are not. Latest published data for 2018-19 shows that there is a gap in attainment for all local authorities in Gwent. In Gwent overall, 27.2% of young people eligible to receive FSM achieved Level 2 inclusive, compared to 58.2% of Gwent pupils not eligible for FSM. The attainment gap is largest in Monmouthshire, where in 2018/19, 28.8% of children eligible for FSM achieved Level 2 inclusive, compared to 65.7% not eligible for FSM (see Figure S36).

Figure S36: Percentage of children achieving Key Stage 4 Level 2 Inclusive FSM/non-FSM



Source: StatsWales

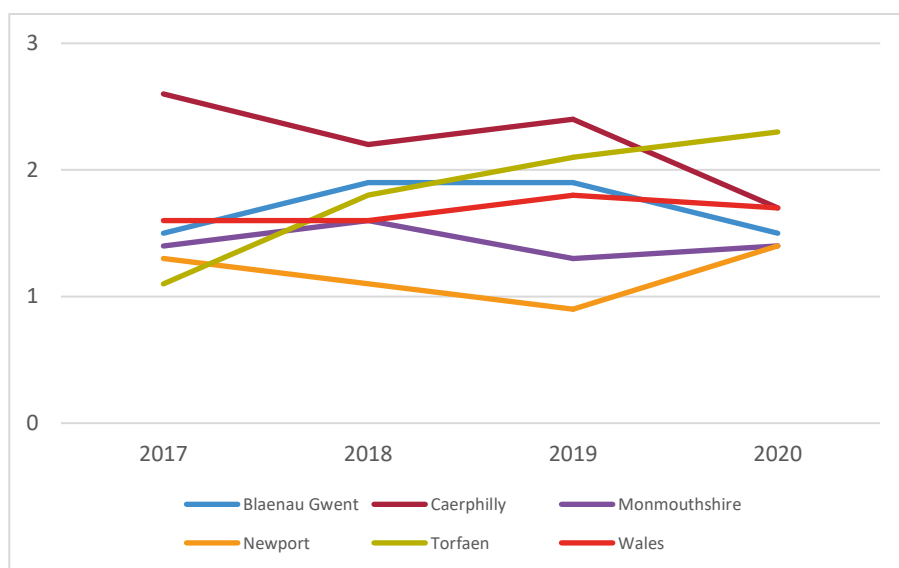
There are other groups of vulnerable learners, for example, children involved with social care, where around half are eligible for free school meals, and outcomes are poorer than in the general pupil population. Most recent data available for care leavers (2016) shows that in Wales, 39% were not in education, employment or training (NEET) on their 19th birthday²⁹.

3.3 Education outcomes for children and young people

The Annual Population Survey (APS) produces estimates on the number of young people not in education, employment or training (NEET) in Wales. At the end of 2020, 14.9% of 19-24 year olds and 7.4% of 16-18 year olds were NEET in Wales, both of which are higher than in England³⁰.

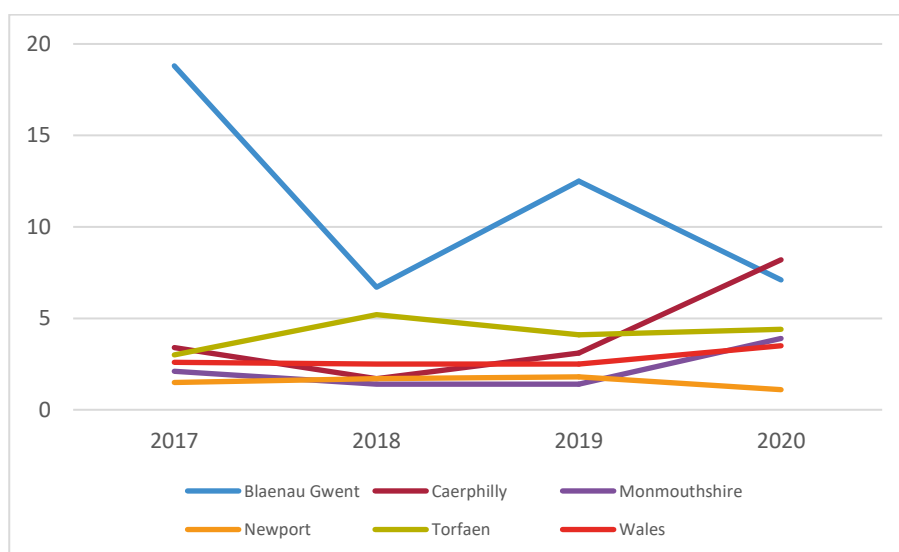
Careers Wales data shows that in Gwent, the percentage of year 11 school leavers who were NEET in 2020 ranges from 1.4% in Monmouthshire and Newport to 2.3% in Torfaen, and for year 13 school leavers 1.1% in Newport to 8.2% in Caerphilly, as shown in Figures S37 and S38. Further information is also provided in the Economic chapter.

Figure S37: Percentage of year 11 school leavers who are NEET, 2017 to 2020



Source: Careers Wales

Figure S38: Percentage of year 13 school leavers who are NEET, 2017 to 2020



Source: Careers Wales

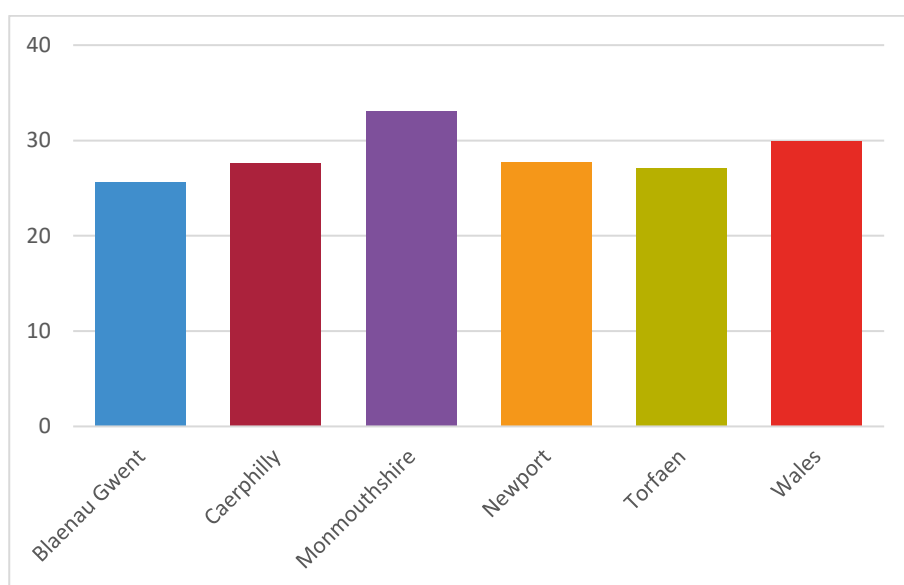
(Note: Blaenau Gwent only has a tertiary college and the year 13 pupils are a small cohort from Penycwm Special school.)

Studies have shown that time spent NEET can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life³¹.

A Department for Education funded report³² on NEET students included a section on risk factors. This concluded that the most significant educational risk factor was low educational attainment at GCSE. Personal risk factors included health problems, caring responsibilities and difficult family circumstances (such as being in care or experiencing a breakdown in relationship with parents). Structural risk factors included difficult labour market conditions, a lack of training and apprenticeship opportunities and welfare support providing a higher income than potential wages.

WIMD 2019 data on KS4 pupils who at some point in the subsequent three years after leaving year 11 entered Higher Education, shows the variation between local authorities in Gwent, from 25.6% in Blaenau Gwent to 33.1% in Monmouthshire compared to a Wales average of (see Figure S39).

Figure S39: KS4 leavers entering Higher Education



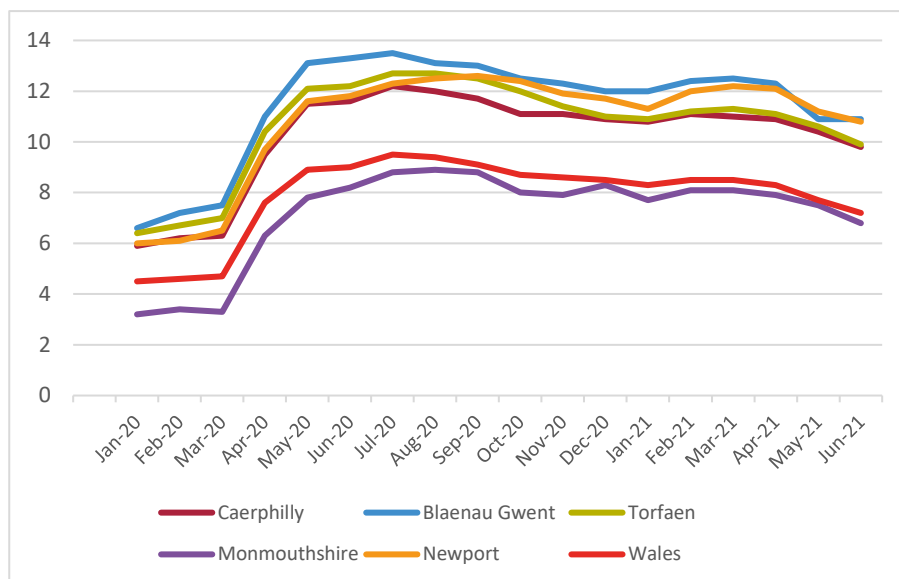
Source: WIMD 2019 Education Domain Indicator, Welsh Government

ONS data shows that there has been a steady increase in the number of graduates in the UK over the past decade (data up to 2017) and that graduates are more likely to be employed compared to non-graduates³³. ONS analysis also shows that in 2019, 39.9% of all graduates in Wales were working in non-graduate roles, compared to 32.7% in the South East of England³⁴.

A lack of high-quality graduate jobs in South Wales means that the healthy and better qualified often leave the area for better opportunities, leading to a 'brain drain' effect. As more people that are qualified leave, it becomes more difficult for the area to recover and attract the employment opportunities people seek³⁵.

The Covid-19 pandemic has particularly affected the labour market status of young people – the percentage of claimants aged 18-24 in Wales rose from 4.7% in March 2020, peaking at 9.5% in July 2020. The local authorities in Gwent were vulnerable to this trend, with four of the five local authorities exceeding the Welsh average July peak. By June 2021, claimant rates were lower than the peak in summer 2020 but still some way above pre-pandemic levels (see Figure S40).

Figure S40: Percentage of Job Seekers Allowance claimants aged 18-24, January 2020 to June 2021



Source: NOMIS

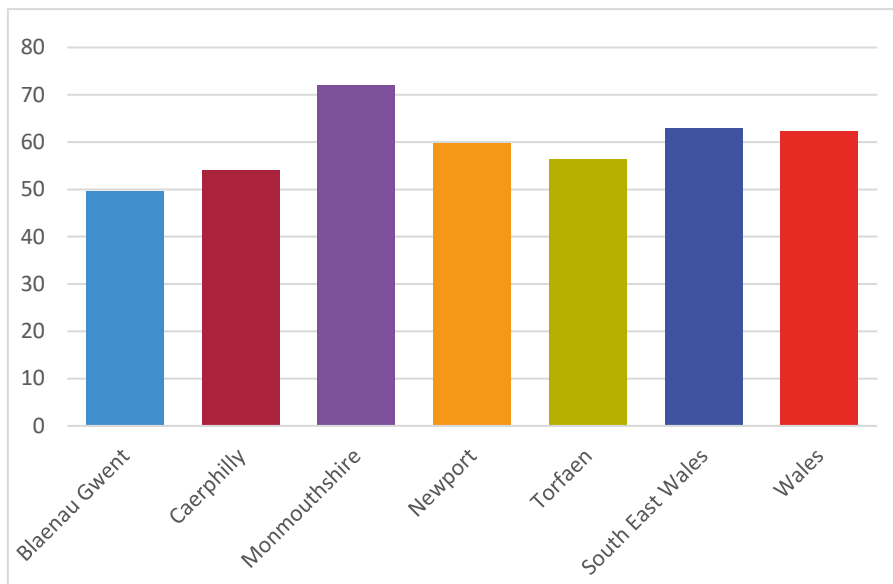
In addition, UK government figures released under the Covid-19 Job Retention Scheme show that in the UK in July 2020, the highest proportion of employments on furlough were in the under 18 age band (41%), followed by the 18 to 24 age band (28%)³⁶.

Lifelong learning throughout adulthood can aid employment progression, retraining and career change, as well as positively affecting well-being. While pursuing additional formal qualifications or education might cause short-term stress, longer term a more positive impact on a person's well-being is experienced, as qualifications can lead to employment and higher quality jobs³⁷.

Beyond career opportunities, informal learning can bring positive well-being benefits such as improved social interaction, confidence, self-esteem and interpersonal awareness. Such outcomes can be as (if not more) important than the more tangible benefits such as new skills and qualifications. Adult learning provides important well-being outcomes for older people, where learning for pleasure and social reasons are often key motivations³⁸.

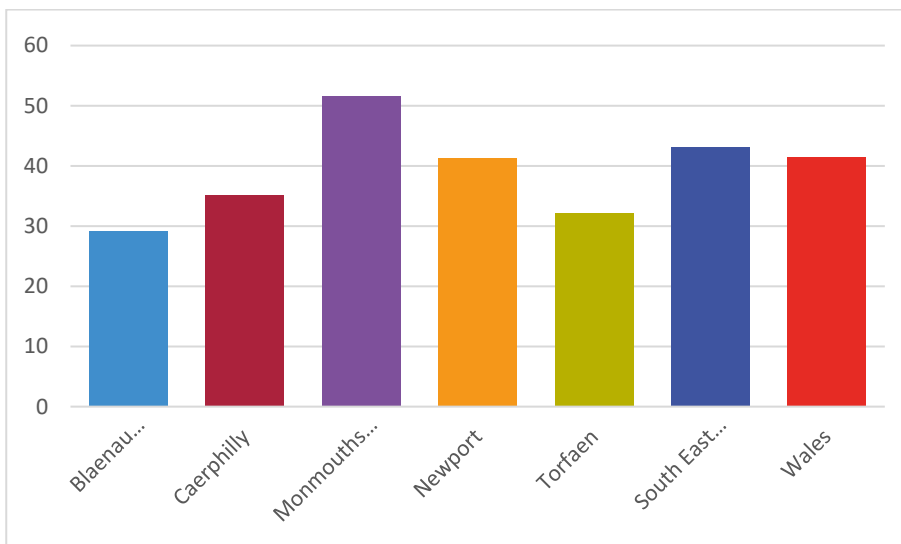
Qualifications of working age adults at both National Qualification Framework (NQF) Level 3 and 4 are higher in South East Wales (this includes Cardiff, Vale, Bridgend, Rhondda Cynon Taff and Merthyr Tydfil) than Wales overall. Once again, variations exist between local authorities in Gwent as shown by data for 2020 in Figures S41 and S42.

Figure S41: Percentage of working age adults qualified to NQF Level 3 and above, 2020



Source: StatsWales

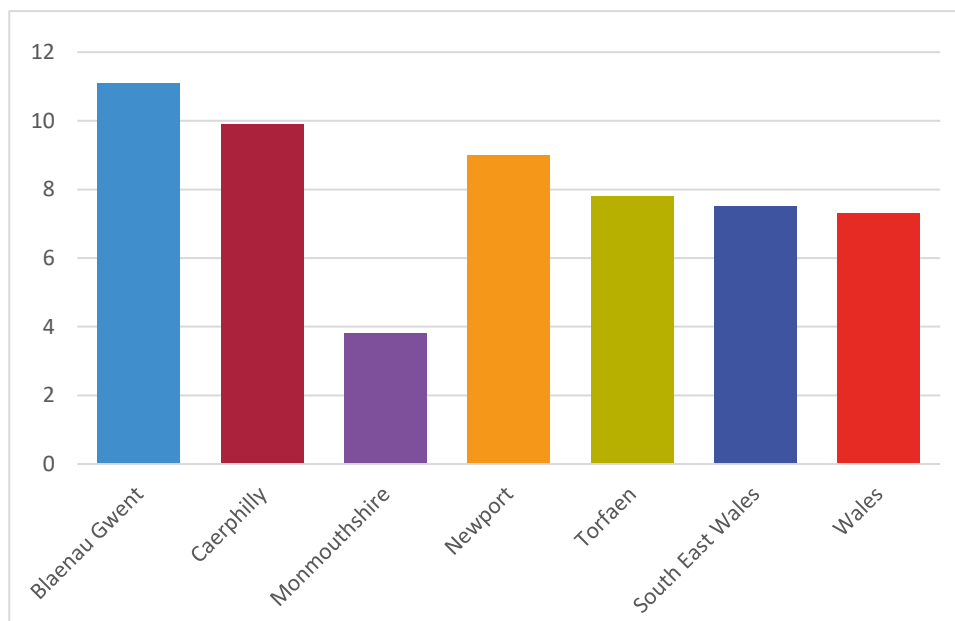
Figure S42: Percentage of working age adults qualified to NQF Level 4 and above, 2020



Source: StatsWales

The percentage of working age adults with no qualifications is higher than the Welsh average in all Gwent authorities except Monmouthshire, as shown in Figure S43.

Figure S43: Percentage of working age adults with no qualifications, 2020



Source: StatsWales

Low levels of educational attainment can be a barrier to employment and well-paid employment opportunities. Conversely, graduates are more likely to be employed and have greater well-being than non-graduates – tending to be happier, more satisfied with their lives and find their lives more worthwhile³⁹. Although as mentioned previously, they are also more likely to leave the area to find suitable work, or may be under-employed in relation to their qualifications.

3.4 Education for well-being

The new education curriculum in Wales, introduced in 2022, includes within its four purposes a desire to support children to become ethical, informed citizens of Wales and of the world who “show their commitment to the sustainability of the planet”.

Another of the four purposes is to support our children and young people to become healthy, confident individuals who “are building their mental and emotional well-being by developing confidence, resilience and empathy”⁴⁰.

There has been focus on well-being for pupils and staff throughout the Covid-19 pandemic. A study by two Welsh universities found that schools increased their focus on health and well-being during the spring, summer and autumn terms of 2020, including increasing the role of outdoor learning to support physical and mental well-being. The study also acknowledged the increased workload resulting from the pandemic had a significant impact on the health and well-being of teachers and school staff. The study recommended that schools take the opportunities provided through the new curriculum to further embed the provision for health and well-being in a sustainable way through work with families and communities⁴¹.

The way we interact with the natural environment contributes to our well-being and fulfilment, as well as supporting creativity and innovation. Employment, volunteering, placements, education and training in the natural environment can increase physical activity levels, boost mental well-being, develop new skills and knowledge, and enhance our understanding of the sustainable management of natural resources.

Formal and informal nature-based learning develops an understanding of the natural world and the human impact on it. Research suggests that people with a greater connection to nature are more likely to behave positively towards the environment.

Recent evidence in relation to the pandemic shows outdoor education being advocated as a tool for home schooling and the safe reopening of schools. Children have benefited from learning and play in an outdoor environment and outdoor learning resources have been promoted and utilised extensively. There is wider recognition that outdoor space is part of the classroom, and outdoor education is being promoted for schools to adopt, with benefits to physical and mental health⁴².

The 21st Century Schools Programme is a long-term, strategic capital investment for schools and colleges to develop them as hubs for learning and reduce poor conditions within buildings. The programme is delivered in collaboration with the Welsh Government, local authorities, further education institutions and dioceses. Its aim is to create educational communities fit for the 21st century in Wales⁴³.

Schools across Gwent have benefited from improved school facilities, with further development plans in place. The aim of these enhanced school environments is to provide fit for purpose facilities, allowing access for all and enabling teachers to focus on maximising educational outcomes.



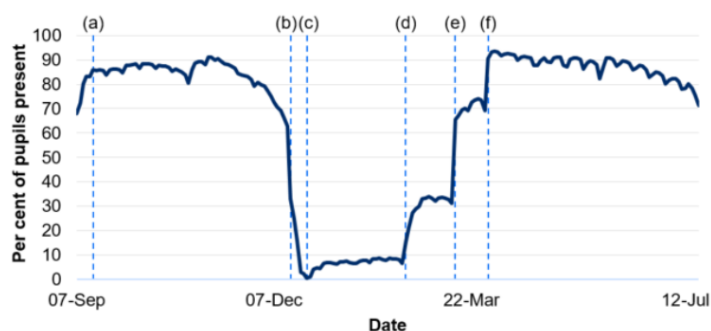
Figure S44: Jubilee Park Primary School, Newport

3.5 The Covid-19 pandemic

The pandemic has had a disruptive effect on schools and education. School attendance has been affected and led to extended periods of remote learning for pupils. Figure S45 shows the 2020-21 attendance pattern in schools across Wales, as well as the periods of remote learning. As different areas in Gwent experienced differing rates of coronavirus infection and regulations, there were also variations in attendance at school.

The impact of disruption to schooling during the Covid-19 pandemic has presented unprecedented challenges to children and young people in Gwent, including the effect time away from school will have had on the learning trajectory of many learners. This is not likely to be uniform, with disadvantaged and vulnerable pupils more likely to be impacted by being unable to access the support they needed⁴⁴.

Figure S45: Percentage of pupils present at schools in Wales from 7th September 2020 onwards



Source: Schools in Wales

(a) Schools open to all pupils from 14 September 2020.

(b) All secondary schools in Wales moved to online remote learning for the last week of term before Christmas. Many primary schools also closed during the last week of term before Christmas (14 to 18 December 2020).

(c) Schools closed to most pupils from 4 January 2021.

(d) A phased return of Foundation Phase pupils began on 22 February 2021.



(e) From 15 March 2021, all remaining primary school children and children in qualification years were able to return to learning on site.

(f) From 12 April 2021, all remaining pupils were able to return to learning on site.

Source: Welsh Government

The usual process of awarding Key Stage 4 and 5 results was also altered for the academic years 2019-20 and 2020-21, leading to uncertainty for students. Across Wales, both the percentage of GCSE grades that were A and A* and those that were at least C grade or above increased from 2019 to 2021 (see Figure S46). However, at the top grade there was a widening gap between those eligible for free school meals and those who were not. In 2021, there was a 11.5 percentage points difference at A*, an increase by 2.8 percentage points on 2020 and by 6.2 percentage points on 2019⁴⁵.

Figure S46: GCSE results in Wales, 2019 to 2021

	2019	2020	2021
GCSE A and A* 	18.4%	25.5%	28.7%
At least C or above 	62.8%	73.8%	73.6%

Source: Qualifications Wales

According to BBC research, the number of children registering for home education in the UK rose by 75% in the first eight months of the 2020-21 school year. More than 40,000 pupils were formally taken out of school in the UK between September 2020 and April 2021, compared with an average of 23,000 over the previous two years. In some cases, parents have taken the decision based on health concerns over Covid-19, but in other cases, periods of remote learning accelerated the parental decision to home educate their children. BBC research shows Torfaen has had the highest increase in home education registrations amongst the Gwent local authorities⁴⁶.

As well as a disruption to education, the pandemic has also had an impact on the health and well-being of young people. During and following these periods of disruption, the health and well-being of pupils, their families and staff was prioritised by schools.

Results from the Children's Commissioner for Wales 'Coronavirus and Me' survey conducted during January 2021, demonstrates the well-being impact on young people during the pandemic, as well as young people's views on the impact on their education. Over a quarter of young people aged 12-18 felt lonely most of the time, the main reasons being not being able to see friends, not being able to see other family members and the impact of school and college closures.

Around half of young people liked learning at their own pace and just under half were positive about the support they are getting from teachers. 63% of young people were worried about falling behind and 61% worried about qualifications. 59% did not feel motivated to do schoolwork at home. Despite sharing worries and concerns, many children and young people also described positive experiences, including enjoying spending time at home and receiving good support from schools and youth workers⁴⁷.

3.6 Future trends and challenges

Workplaces are changing, and the Covid-19 pandemic has accelerated the move towards greater use of **technology and automation**⁴⁸ which is a trend that is expected to continue. Technology will probably change most jobs, with those that are lower skilled and highly routine becoming increasingly automated. There is a risk that young people could be trained in the **wrong, or outdated skills**, impacting on their employment prospects⁴⁹.

We do not currently know what some of the **jobs of the future** are, but we do know that there are certain everyday things that will always be needed, and so we will need skilled people able to work in them, such as health and social care, food and energy sectors.

We need to make sure that young people are well prepared for the **employment sectors of the future**, including those linked to Wales' transition to zero carbon, by better aligning skills, training and learning with the emerging sectors such as smart technology, artificial intelligence, and robotics.

The Cardiff City Region identified the following areas as being important for the region's prosperity over the next 10-20 years: life sciences, financial technology, artificial intelligence, the creative economy, transport engineering, semi-conductor production, cyber security and analytics and energy and environment⁵⁰.

As well as **more technical skills** many jobs in the future will require, logical reasoning and problem sensitivity skills⁵¹. Going forward our training and education systems will need to provide these skills and develop more flexible, creative, problem solvers⁵².

We know that the **social and economic inequalities** that exist in our communities can impact on young people's ability to learn. Responding to and reducing how inequalities develop in the future, including **breaking inter-generational patterns of poverty**, will help to ensure that future generations of children can reach their educational potential and go on to have economic well-being in later life.

3.7 Conclusion

There is an increasing number of pupils eligible for FSM in all areas of Gwent, which has accelerated in the last year, showing increasing inequality in the region.

There are noticeable variations in attainment and qualification levels between areas in Gwent. Similarly, there are differences in attainment between less and more disadvantaged groups of children. Lower attainment can affect well-being throughout the life course.

The Covid-19 pandemic has led to a focus on well-being and outdoor learning. Attendance has been significantly affected and the disruption is likely to affect disadvantaged and vulnerable pupils the most. During the pandemic, there has also been a notable increase in elective home education. The evidence of the impact of the pandemic on education will need to continue to be monitored to understand any further impacts on well-being.

The importance of children and young people getting the right skills for the future is crucial. It will support their ability to achieve their potential, as well as their longer term economic well-being and that of the communities in which they live.

4 Health

4.1 Introduction to health

There are many factors that can have an impact on our health from the environment, housing, what we do for work, how much we earn, our lifestyles, transport and community cohesion. These *wider determinants of health* can impact in either a positive or negative way on physical and mental health. We also know that some of our communities are experiencing challenges related to these factors, which can impact on health. How these inequalities develop over time will impact on the health of future generations living in Gwent.

Increasing life expectancy will result in the number and proportion of older people in Gwent rising. For the well-being of individuals and the sustainability of services, it will be vital that these extra years are lived in good health.

We don't yet know what the long-term impact of the Covid-19 pandemic will be on health. 'Build Back Fairer: the COVID-19 Marmot Review' published in December 2020 looked at socio-economic and health inequalities in England and highlights that the inequalities that exist in communities contributed to the high and unequal death toll from COVID-19 in England. The report also identifies that some health inequalities have been exacerbated by the pandemic and that investment in public health will need to be increased to mitigate the impact of the pandemic on health, and on health inequalities and their wider determinants. The report concludes that much that can be done to improve the quality of people's lives with the right long-term policies, that health inequalities can be reduced⁵³.

4.2 Health inequalities – The Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales. It is a National Statistic produced by statisticians at the Welsh Government.

WIMD identifies areas with the highest concentrations of several different types of deprivation. The prime purpose of the Index is to provide the evidence needed about the most deprived areas of Wales to inform a variety of decisions, such as targeting of funding, programmes and services for local areas. WIMD ranks all small areas in Wales (known as Lower Super Output Areas or LSOAs) from 1 (the most deprived) to 1,909 (the least deprived).

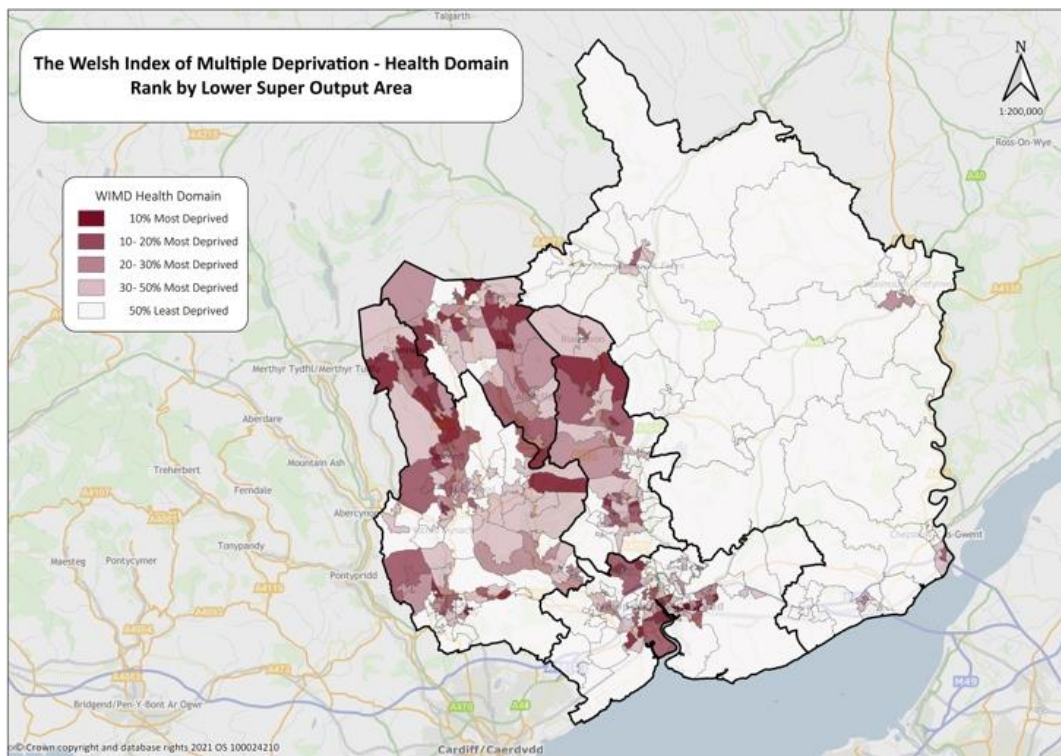
WIMD is currently made up of eight separate domains (or types) of deprivation. Each domain is compiled from a range of different indicators. The domains included in WIMD 2019 are Income, Employment, Health, Education, Access to Services, Housing, Community Safety and Physical Environment.

In other parts of the assessment we consider the other domains of deprivation, but for this particular section we will look at the Health domain in particular.

We have used the WIMD 2019 Health domain to tell us about the health inequalities that exist across Gwent. The data is telling us there is significant variance and that parts of our communities are experiencing poor health.

The WIMD 2019 Health domain thematic map in Figure S47 shows the spread of health deprivation across Gwent, with the most deprived areas being focused on the valleys and Newport city centre communities.

Figure S47: Ranking of each LSOA in Gwent for the Health Domain overall



Source: Welsh Government

The domain is constructed from indicators which include GP-recorded chronic conditions, limiting long-term illness (LLTI), premature death, GP-recorded mental health, cancer incidence and low birthweight babies. There are significant health inequalities in Gwent and pockets of communities where health deprivation is in the top 10% most deprived category in Wales. St James 3 LSOA in Caerphilly is the most deprived area for health in Gwent ranked 7th out of 1909 LSOAs in Wales. Other LSOAs with high ranks overall for the Health domain include Trevethin 1 in Torfaen (rank 16), Sirhowy 2 in Blaenau Gwent (rank 17) and Pillgwenlly 4 in Newport (rank 19). At the other end of the spectrum, the least deprived health related LSOA is Shirenewton in Monmouthshire with a rank of 1899. Of the 191 LSOAs across Wales, 40 are in the 10% most deprived category in Gwent, which equates to 20.9%. Of these 40 LSOAs, 9 are located in Blaenau Gwent, 12 are located in Caerphilly, 14 are located in Newport and 5 are located in Torfaen.

This demonstrates the wide health inequalities that exist across the area. The indicators below that form the WIMD Health domain illustrate this inequality from the most deprived to least deprived across Gwent, but also show the disparity that exists within and across each local authority area⁵⁴.

- The joint highest rate of GP-recorded chronic conditions are found in Victoria 4 and Pillgwenlly 3 in Newport, with a rate of 25.9 per 100 persons (ranked 3rd in Wales). The lowest rate is found in Langstone 2 in Newport (rate of 8.5) – ranked 1894 in Wales.
- The highest rate of limiting long-term illness (LLTI) is found in St James 3 in Caerphilly, with a rate of 40.7 per 100 persons (ranked 1st in Wales). The lowest rate is found in St Martins 5 in Caerphilly (rate of 11.3) – ranked 1904 in Wales.
- The highest rate of premature death (before age 75) is found in Pillgwenlly 4 in Newport, with a rate of 1006 per 100,000 persons (ranked 7th in Wales), which is significantly higher than the next highest rate in Pillgwenlly 1 in Newport (rate of 880.6). The lowest rate is found in The Elms in Monmouthshire (rate of 143) – ranked 1906 in Wales.

- The highest rate of GP-recorded mental health is found in Bettws 1 in Newport, with a rate of 39.9 per 100 persons (ranked 6th in Wales). The lowest rate is found in Blackwood 3 in Caerphilly (rate of 14.7) – ranked 1841 in Wales.
- The highest rate of cancer incidence is found in Alway 4 in Newport, with a rate of 987.9 per 100,000 persons (ranked 1st in Wales). The lowest rate is found in Risca West 2, Caerphilly (rate of 397.6) – ranked 1906 in Wales.
- The highest percentage of low-birthweight babies (live single births less than 2.5kg) is found in New Tredegar 3 in Caerphilly, with rate of 11.2% (ranked 14th in Wales). The joint lowest rate is found in Usk 1 in Monmouthshire and Rogerstone 1 in Newport (0%) – ranked 1901 in Wales⁵⁵.

We don't yet know what the impact of Covid-19 will be on health inequalities in Gwent, however, a report published in March 2021⁵⁶ highlighted health inequalities were already widening in Wales. This is illustrated by widening life expectancy (particularly for women) between those living in the most and least deprived areas.

4.3 Life expectancy

We know that the number of older people in Gwent is expected to rise in the next 20 years and that there are many benefits from people living longer, including the positive contribution they can make to family and the wider community. We want our older people to be as healthy as possible for as long as possible.

Average healthy life expectancy	Between 2015 and 2017, the average healthy life expectancy for males in Gwent is 58.5 years. This is lower than the average for Wales (61.4 years) ⁵⁷ .	
	Between 2015 and 2017, the average healthy life expectancy for females in Gwent is 59 years. This is lower than the average for Wales (62 years) ⁵⁸ .	
	Average healthy life expectancy (years)	
	Males	Females
Blaenau Gwent	54.1	54.5
Caerphilly	55.2	56.1
Monmouthshire	65.7	64.3
Newport	58.4	62.0
Torfaen	59.6	57.6

Healthy life expectancy is the expected number of remaining years of life spent in good health from a particular age, typically birth or age 65.

Within Gwent, Blaenau Gwent had the lowest healthy life expectancy for both males and females, with Caerphilly occupying the next place. Each of the local authority areas in Gwent apart from Monmouthshire had figures below the Wales average for males (61.4 years), with the same picture for healthy life expectancy for females (62 years), apart from Newport's figure which was the same as Wales. Monmouthshire had higher life expectancy for both males and females than the average figures for Wales.

There is a gap of 11.6 years between the lowest (Blaenau Gwent – 54.1 years) and highest (Monmouthshire – 65.7 years) figures for healthy life expectancy in males, and there is a gap of 9.8 years between the lowest (Blaenau Gwent – 54.5 years) and highest (Monmouthshire – 64.3 years) figures for healthy life expectancy in females.

Increasing healthy life expectancy could reduce the demand for social care and health services in Gwent in the future. Increasing physical activity and adopting a healthy diet could help people living in Gwent in the future to have more years of good health.

Gap in life expectancy	Between 2015 and 2017, there were 6.7 years of difference between the life expectancy of male residents living in the most and least deprived areas of Gwent. This is less than the average figure for Wales (7.4 years) ⁵⁹ .																					
	Between 2015 and 2017, there were 6.1 years of difference between the life expectancy of female residents living in the most and least deprived areas of Gwent. This is the same as the average figure for Wales ⁶⁰ .																					
	<table border="1"> <thead> <tr> <th rowspan="2">Area</th><th colspan="2">Gap in life expectancy (years)</th></tr> <tr> <th>Males</th><th>Females</th></tr> </thead> <tbody> <tr> <td>Blaenau Gwent</td><td>3.5</td><td>2.7</td></tr> <tr> <td>Caerphilly</td><td>4.9</td><td>5.0</td></tr> <tr> <td>Monmouthshire</td><td>6.7</td><td>4.2</td></tr> <tr> <td>Newport</td><td>7.8</td><td>7.4</td></tr> <tr> <td>Torfaen</td><td>7.7</td><td>6.1</td></tr> </tbody> </table>		Area	Gap in life expectancy (years)		Males	Females	Blaenau Gwent	3.5	2.7	Caerphilly	4.9	5.0	Monmouthshire	6.7	4.2	Newport	7.8	7.4	Torfaen	7.7	6.1
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Blaenau Gwent	3.5	2.7																				
Caerphilly	4.9	5.0																				
Monmouthshire	6.7	4.2																				
Newport	7.8	7.4																				
Torfaen	7.7	6.1																				

The gap in life expectancy at birth between the most and least deprived within an area is an important measure, as it considers the effect of deprivation on how long an individual can expect to live at birth.

Within Gwent, Newport had the fourth largest gap in life expectancy in Wales between the most and least deprived fifth for males (7.8 years), followed in fifth place in Wales by Torfaen (7.7 years). Blaenau Gwent had the smallest gap of 3.5 years within Gwent, which was the fourth smallest gap within Wales.

Newport had the largest gap in life expectancy in Wales between the most and least deprived fifth for females (7.4 years), followed in seventh place in Wales by Torfaen (6.1 years). Blaenau Gwent had the smallest gap of 2.7 years within Gwent, which was the third smallest gap within Wales. Blaenau Gwent, Caerphilly and Monmouthshire all had gaps significantly smaller than the Wales average (particularly in Blaenau Gwent), whilst Newport had a significantly higher gap and Torfaen was the same as the Wales average.

An article in The Guardian in December 2020⁶¹ claimed that the Covid-19 pandemic has cut life expectancy in England and Wales by roughly a year, reversing gains made since 2010.

A study conducted by University of Oxford researchers found that life expectancy at birth had fallen by 0.9 and 1.2 years for females and males respectively, relative to 2019 levels. Life expectancy in England and Wales had been steadily improving for 50 years, before stagnating in the past decade.

The impact of the Covid-19 pandemic is likely to have a negative effect on the difference in life expectancy between the most and least deprived areas in Gwent, as those individuals living in the most deprived areas are more likely to have been affected by the associated effects of the pandemic. This includes loss of income due to redundancy or being furloughed; exacerbation of existing health conditions due to lack of face-to-face contact with primary and secondary health care services and the cancellation of planned operations; and the likely impact of long-Covid on the health and well-being of individuals suffering from the condition, although it will be some time before the full impact of this will be known.

There is also a lot of concern in the medical profession over the severely reduced number of people being referred for investigations for cancer and other diseases during the pandemic, which could result in later diagnosis of illness, reduced treatment options and a higher likelihood of death.

Many forms of cancer, especially if detected early enough, can be treated successfully. If the proportion of cancer diagnosed at early stages increased by 10%, between 7,000 and 9,000 more people would survive cancer for 5 years in the UK⁶². Early diagnosis depends on health services, but also on patient's awareness of cancer signs and symptoms and whether treatment is sought promptly.

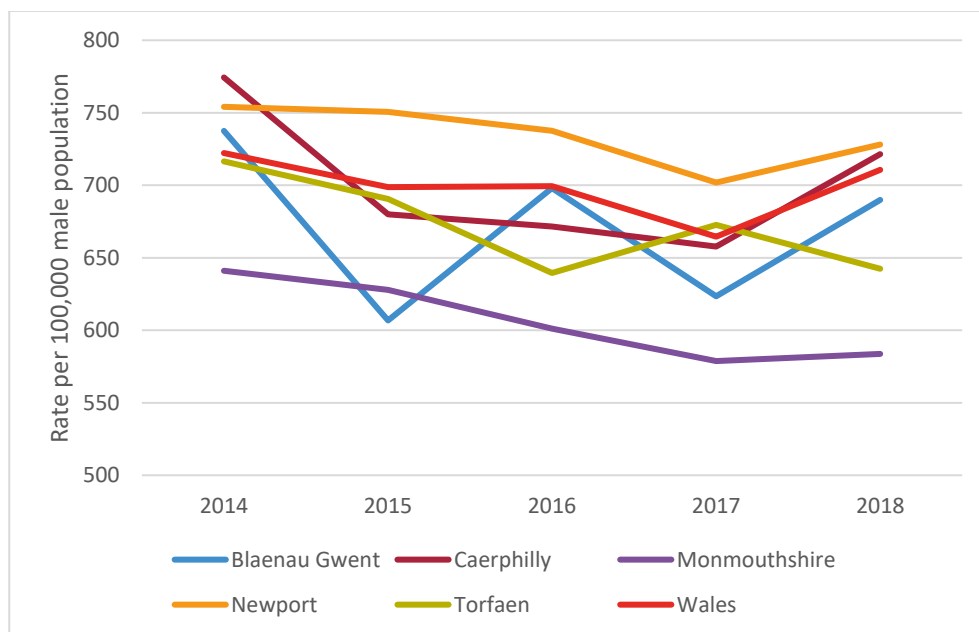
The major causes of death are circulatory disease and cancers. Reducing overall mortality from circulatory disease to levels seen in the least deprived areas of Wales would increase life expectancy in the most deprived areas by 1.5 years in males and 1.3 years in females. Similar gains could be made if cancer mortality rates were reduced (1.3 years in males, 1.2 in females)⁶³.

4.4 Cancer registrations

Cancer is a major cause of ill health and 1 in 2 people in the UK will be diagnosed with cancer in their lifetime⁶⁴. Although factors such as age, sex, and genetic makeup influence an individuals' risk of developing cancer, many cases of cancer could be prevented by reducing health harming behaviours such a smoking, alcohol consumption and physical inactivity. If detected early enough many cancers can be treated successfully.

Cancer incidence and survival are also linked to deprivation and the circumstances that go with it. Not only are those with greater socio-economic deprivation more likely to present with new cancers, but they are also less likely to survive than those who are less deprived. If more cancers were diagnosed at an early stage across Gwent, then more people would be more likely to survive cancer.

Figure S48: Male cancer registrations per 100,000 population, 2014 to 2018

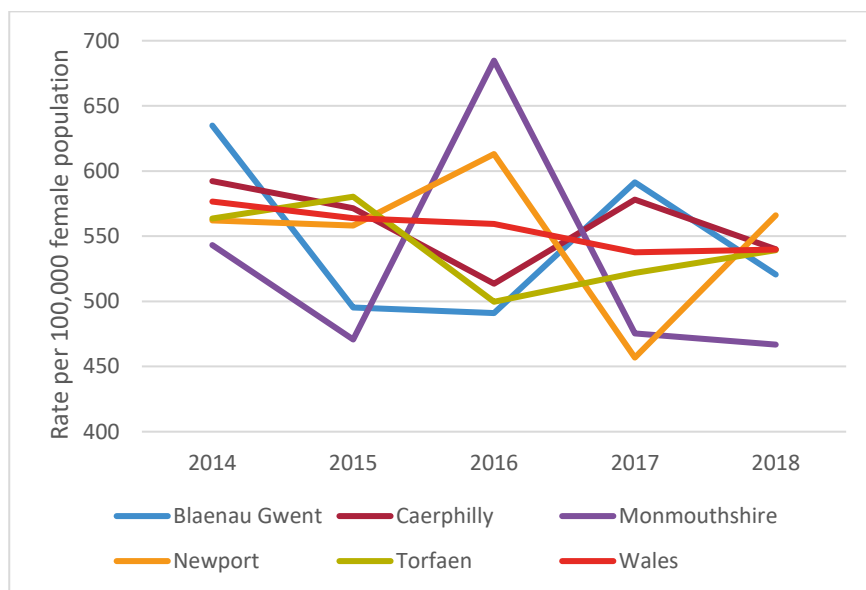


Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Figure S48 shows the rate of cancer registrations per 100,000 for males between 2014 and 2018. Over the time period, Monmouthshire had a significantly lower rate of cancer registrations per 100,000 population for males than other local authority areas in Gwent. For Monmouthshire the rate of registrations fell each year between 2014 and 2017, although there was a slight increase in 2018. The rate of registrations in Monmouthshire local authority area was significantly below the Wales average for every year within the time period.

In every year of the time period, cancer registrations per 100,000 population for males in the Newport were higher than the Wales average and were significantly so between 2014 and 2017. The number of cancer registrations per 100,000 population for males was more variable over the time period in the other local authority areas in Gwent.

Figure S49: Female cancer registrations per 100,000 population, 2014 to 2018

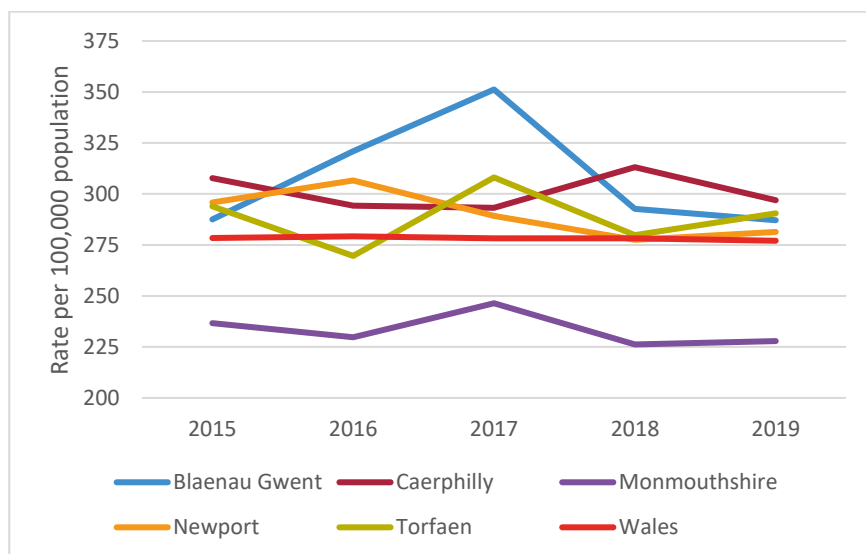


Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Figure S49 shows the rate of cancer registrations per 100,000 population for females between 2014 and 2018. Over the time period, Monmouthshire local authority area had a lower rate of registrations per 100,000 population for females than other local authority areas in Gwent, apart from in 2016 when the rate of registrations was significantly higher than for other local authority areas in Gwent, and Wales as a whole. In every year apart from 2016, Caerphilly had a higher rate of cancer registrations per 100,000 population for females than Wales as a whole. The rate of cancer registrations per 100,000 population for females is more variable across the time period in the other local authority areas.

4.5 Deaths due to cancer

Figure S50: Rate of deaths due to cancer per 100,000 population (European age-standardised)



Source: NHS Wales Informatics Service (NWIS)

Whilst the general trend has been an increase in the incidence of cancer both locally and nationally, survival rates have improved and death rates have reduced, largely due to advances in early detection and treatment.

Age-standardised mortality rates (ASMR's) are the number of deaths observed per 100,000 population, standardised to control for differences in population size and age structure between places and time points.

Figure S50 shows the rate of deaths from cancer per 100,000 people between 2015 and 2019. Monmouthshire had a significantly lower death rate per 100,000 population than the Wales average in every year over the time period. Only one other local authority area in a single year over the time period (Torfaen in 2016) had a lower death rate from cancer per 100,000 population at the local authority level than the Wales average.

Caerphilly had the highest rate of deaths from cancer per 100,000 population in three of the five years (2015, 2018 and 2019), and a rate higher than the Wales average for each of the five years in the time period. Blaenau Gwent had the highest rate of deaths from cancer in the other two of the five years (2016 and 2017), and also had a rate higher than the Wales average for each of the five years in the time period. Newport's rate was also higher than the Wales average in every year over the time period, apart from in 2018.

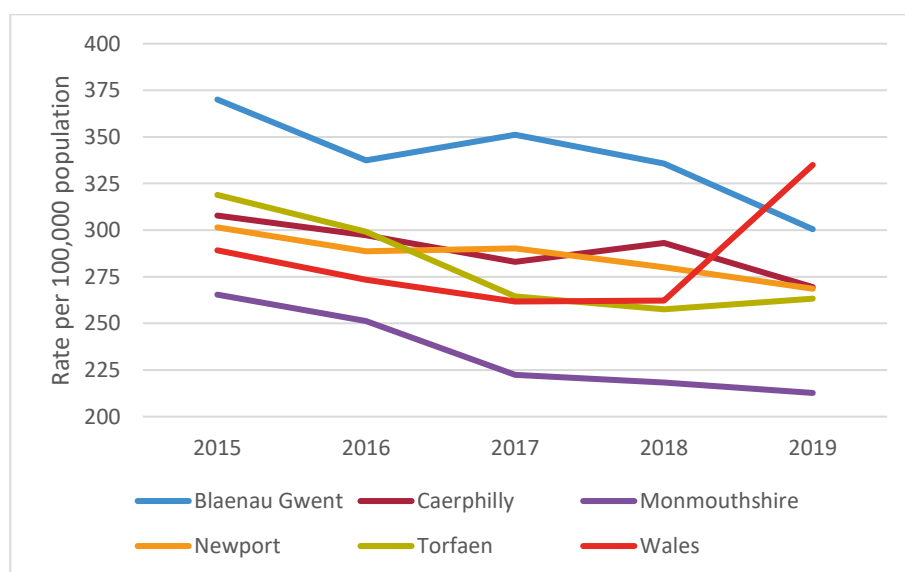
4.6 Deaths due to cardiovascular disease

There is a lot of cardiovascular disease in Wales. Over 10,000 deaths per year are caused by diseases of the circulatory system, including approximately a third of premature deaths in men and a quarter of premature deaths in women. Cardiovascular disease includes the following - congenital heart disease, coronary heart disease, heart failure, atrial fibrillation, cardiac rehabilitation, stroke and peripheral vascular disease.

Premature cardiovascular events affecting individuals under the age of 75 years are common. Within this group of diseases, the main single cause of death is from coronary (ischaemic) heart disease, resulting in 4,700 deaths in 2010. Areas that are deprived have a much higher level of cardiovascular disease in general.

The risk of cardiovascular disease is influenced by a number of well-recognised factors including increasing age, male gender, ethnicity, high blood pressure, cholesterol levels, smoking and diabetes mellitus, many of which can be changed by healthier lifestyles. Other factors such as obesity, socio-economic status, family history of premature cardiovascular disease, alcohol intake, chronic kidney disease and inflammatory disease are also important.

Figure S51: Rate of deaths due to cardiovascular diseases per 100,000 people (European age-standardised)



Source: NHS Wales Informatics Service (NWIS)

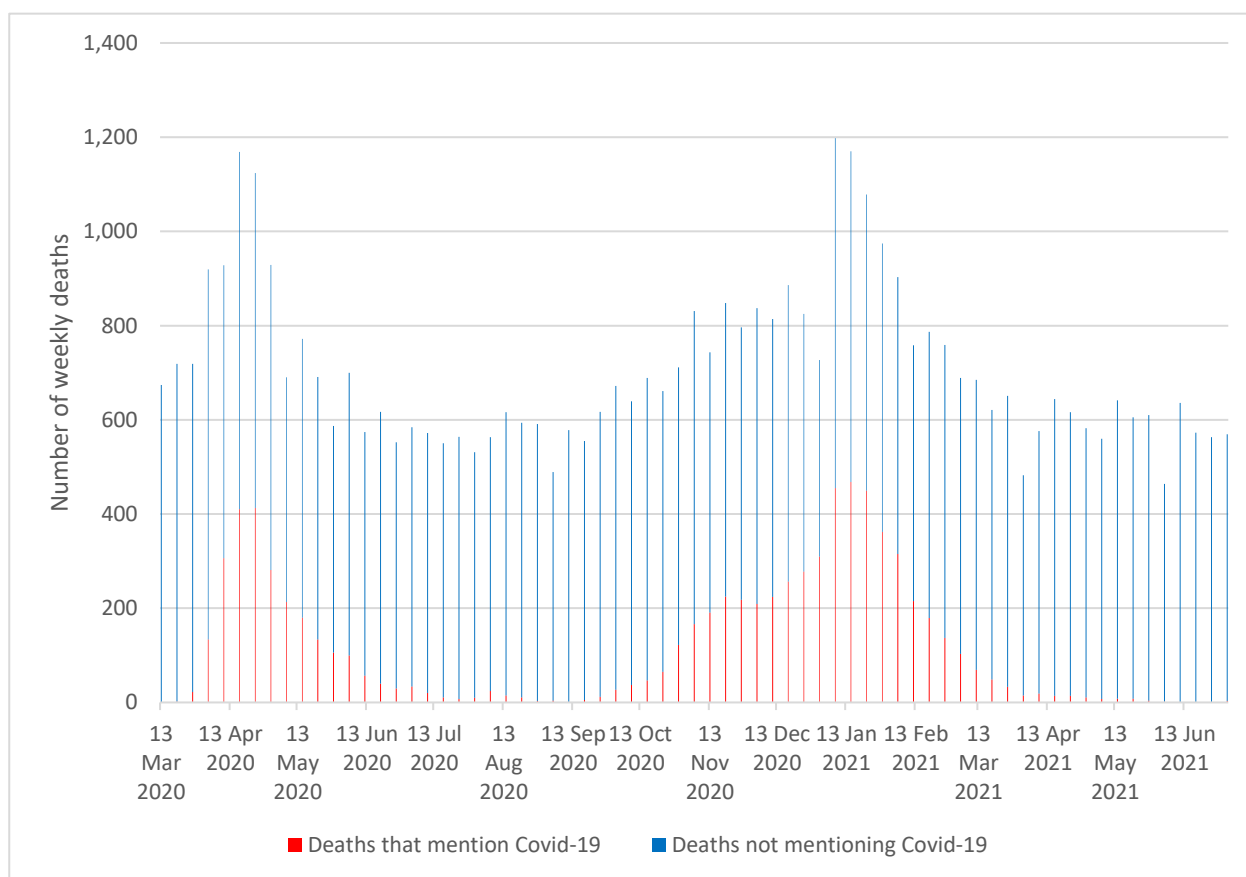
Figure S51 shows the rate of deaths from cardiovascular diseases per 100,000 population between 2015 and 2019. Monmouthshire had a significantly lower death rate per 100,000 population than the Wales average in every year over the time period. Only one other local authority in a single year over the time period (Torfaen in 2018), had a lower death rate from cardiovascular diseases per 100,000 people than the Wales average between 2015 and 2018, and the average death rate for Wales as a whole in 2019 was significantly higher than every local authority in Gwent.

Blaenau Gwent had the highest rate of deaths from cardiovascular diseases in every year of the time period, significantly higher than every other local authority area in Gwent, and significantly higher than the Wales average in every year apart from 2019. This probably reflects the relatively higher levels of socio-economic deprivation in this area.

4.7 Deaths due to Covid-19

Covid-19 has had a major impact on health and well-being right across the UK, and in particular deaths. Within Wales there have been 9,544 deaths with Covid-19 on the death certificate. Within Gwent there have been a total of 1,875 deaths with Covid-19 on the death certificate, 19.6% of the total across Wales⁶⁵.

Figure S52: Number of weekly deaths and those involving Covid-19 in Wales, 13th May 2020 to 2nd July 2021



Source: Office for National Statistics

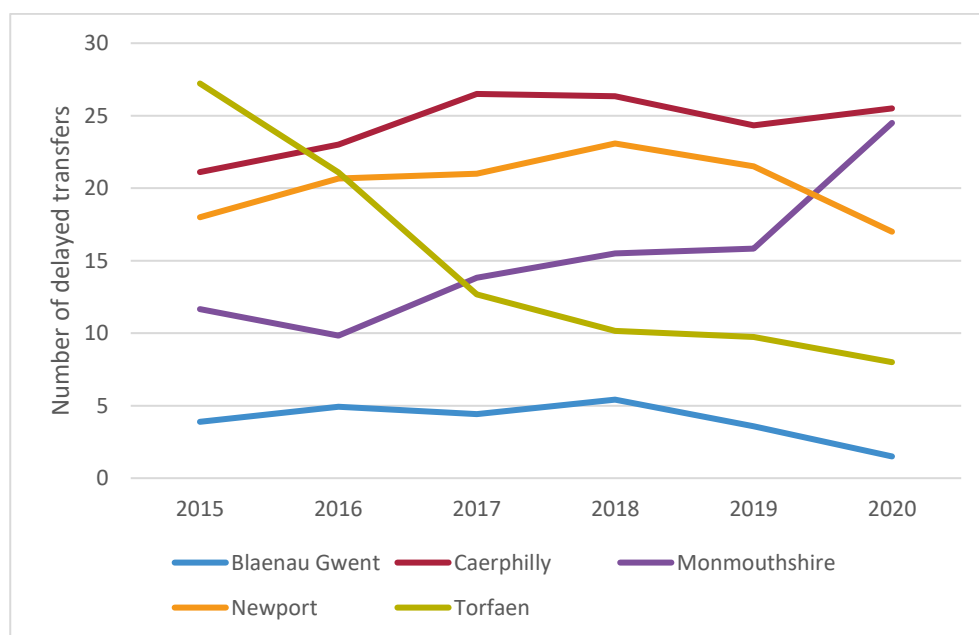
As can be seen from Figure S52 there have been two clear peaks in deaths registered that mention Covid-19, in mid-April 2020 and mid-January 2021. This has meant that the overall deaths at these time periods also increased, although there were considerably fewer deaths from other winter viruses such as influenza.

4.8 Delayed transfers of care

A delayed transfer of care occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a residential or nursing home or are awaiting transfer to a community hospital or hospice.

Delayed transfers – often described by the media as ‘bed blocking’ – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

Figure S53: Number of delayed transfers of care (all reasons), 2015 to 2020



Source: Welsh Government

Figure S53 shows the number of delayed transfers of care for each local authority in Gwent between 2015 and 2020. It shows that the Caerphilly had the highest number of delayed transfers of care in each year over the time period. The figure increased up until 2017, before falling slightly up until 2019 and then increasing again in 2020.

Blaenau Gwent had the smallest number of delayed transfers in care between 2015 and 2020, much lower than the other local authorities in Gwent. The number of delayed transfers of care in Torfaen has fallen significantly between 2015 and 2020, whereas the number in Monmouthshire has increased between 2016 and 2020.

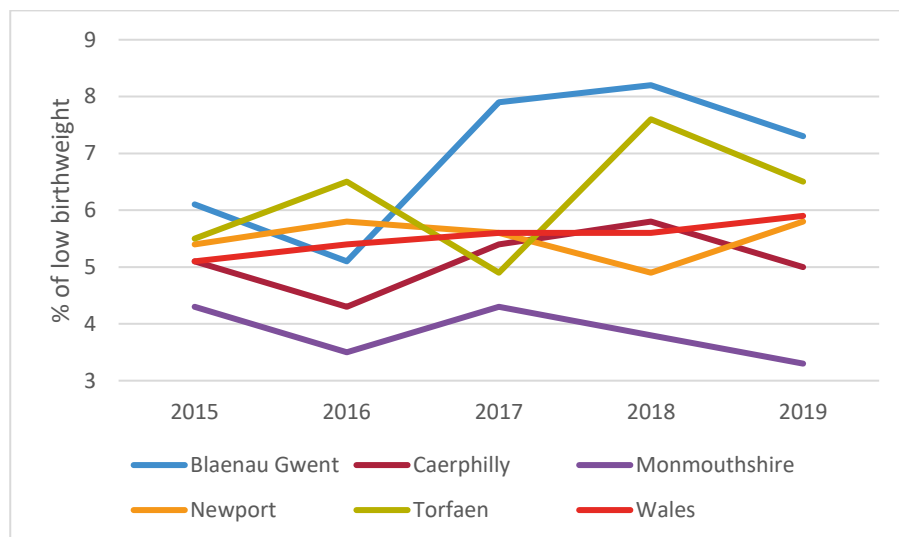
4.9 Baby and children's health and development

We know that even before birth, factors which can affect a babies' healthy life expectancy and life chances are already taking effect. At present, children born into poverty are more likely to be adults with poor health than those born into affluence. A baby born to a mother who is obese and smokes throughout pregnancy is at greater risk of developing unhealthy lifestyles in the future, which put them at greater risk of serious chronic conditions, which in turn will impact on their quality of life and their life expectancy. The effect of childhood experiences on a person's health and life expectancy of, and health behaviours, continue to impact and accumulate throughout childhood and into adulthood.

4.9.1 Low birthweight live single births

Low birthweight is a key predictor of health inequalities and is defined as the percentage of singleton live births with a birthweight less than 2,500g. Babies born with a low birthweight are at greater risk of problems occurring during and after birth, and also have an increased risk of chronic diseases in adulthood.

Figure S54: Percentage of low birthweight live single births, 2015 to 2019



Source: Welsh Government

Figure S54 shows the proportion of low birthweight babies as a percentage of all live births for all local authorities in Gwent and Wales between 2015 and 2019. Blaenau Gwent had the highest proportion of low birthweight babies in every year of the time period (ranging from 6.1% to 8.2%) apart from 2016, when Torfaen had the highest proportion (6.5%). Monmouthshire had the lowest proportion of low birthweight babies across the time period, ranging from 3.3% to 4.3%. The average for Wales as a whole ranged from 5.1% to 5.9% over the time period.

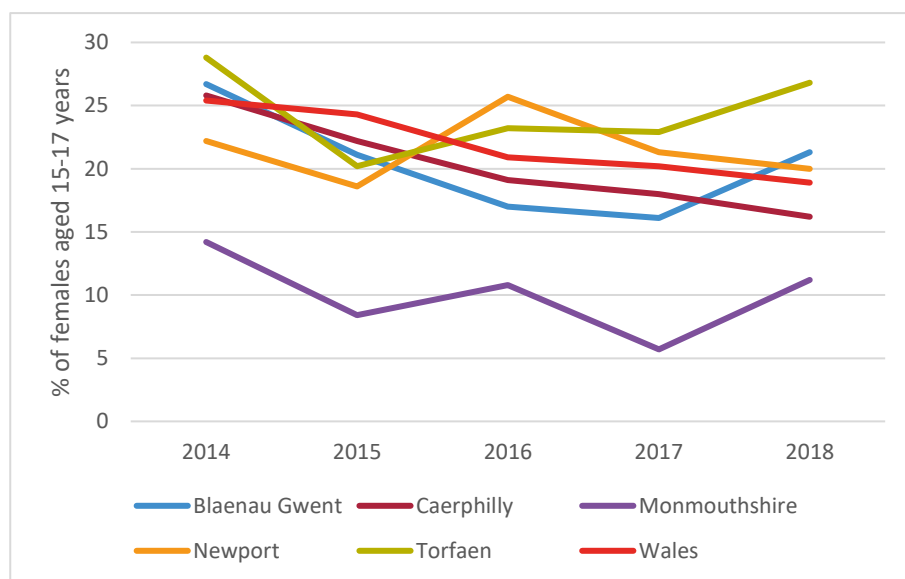
4.9.2 Teenage conceptions

Teenage pregnancy is a possible cause and consequence of child poverty, which can increase the likelihood of health inequalities. Being a teenage mother, or a child of a teenage mother, increases the risk of health problems and other issues, for both mother and child.

Figure S55 shows the rate of conceptions for under 18's as rate per 1,000 females aged 15-17 years, for all local authorities in Gwent and Wales between 2015 and 2018. The general picture is that there is some variation in this rate over the time period, with increases and decreases in each local authority. This is likely to be due to the relatively small number of occurrences. Monmouthshire had a significantly lower rate than the Wales average and every other local authority in Gwent over the whole time period, ranging from a rate of 5.7 to a rate of 8.4. The Wales average rate ranged from 18.9 to 25.4 over the time period.

Torfaen had the highest rate in three of the five years over the time period (2014, 2017 and 2018), with the rate for this area ranging from 20.2 to 28.8. Caerphilly had the highest rate in 2015 (although this was less than the Wales average) and Newport had the highest rate in 2016 (higher than the Wales average).

Figure S55: Rate of under 18 conceptions per 1,000 females aged 15-17 years, 2014 to 2018



Source: Office for National Statistics

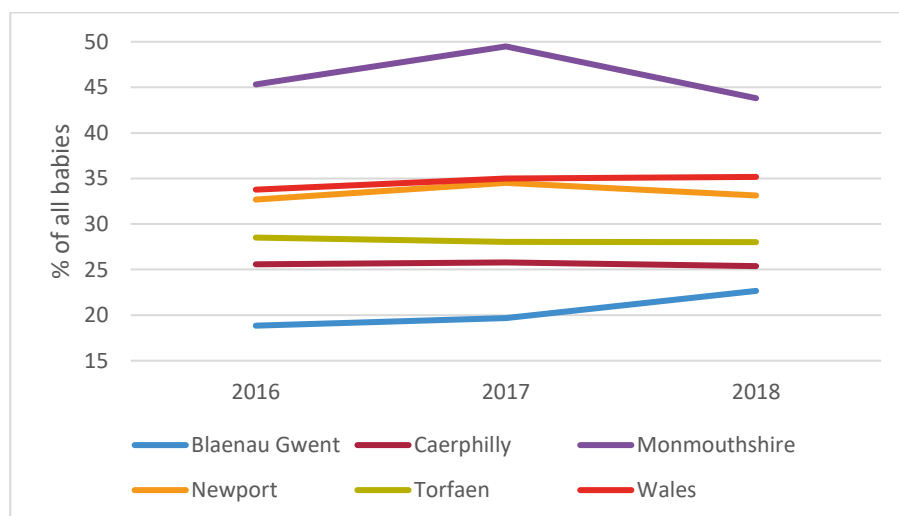
4.9.3 Breastfeeding

Breastfeeding has benefits to both mothers and babies and it continues to be promoted as the most beneficial diet for babies. The presence of antibodies in breast milk helps to protect babies from common childhood illnesses. Breastfed babies are less likely to be admitted to hospital with infections and are more likely to grow up with healthy weight and without allergies⁶⁶.

Exclusively breastfeeding infants provides a wide range of benefits, which begin immediately and track through to adult wellbeing. Breastfeeding produces benefits for the baby through reduced risk of infections, diarrhoea and vomiting, sudden infant death syndrome (SIDS), childhood leukaemia, type 2 diabetes, obesity, and cardiovascular disease in adulthood.

Benefits of breastfeeding for the mother include lower risk of breast cancer, ovarian cancer, osteoporosis, cardiovascular disease and obesity. Furthermore, breastfeeding and the early bonding and attachment it brings promotes optimal brain development of the baby and emotional resilience, which tracks through adolescence and into adulthood, positively impacting on a number of well-being factors.

Figure S56: Percentage of babies exclusively breastfed at 10 days following birth, 2016 to 2018



Source: Public Health Wales

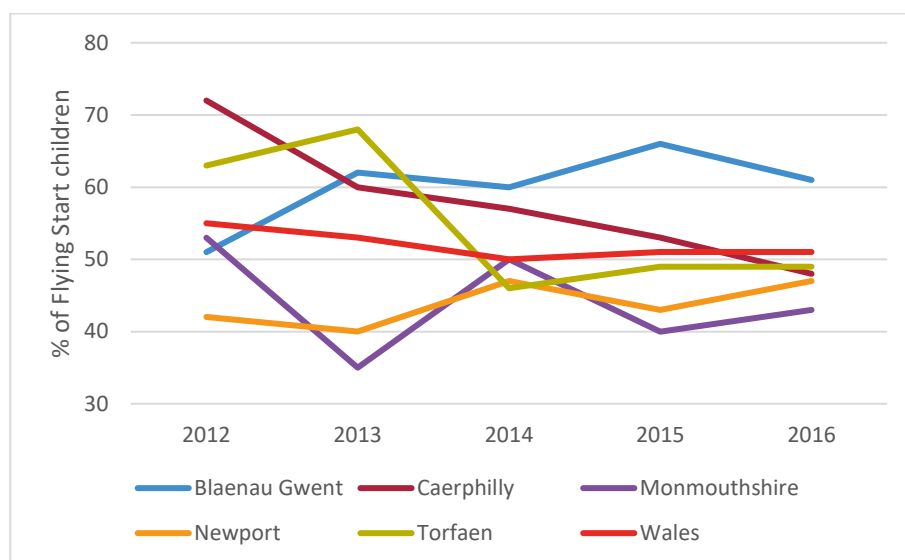
Figure S56 shows the percentage of babies who were exclusively breastfed at 10 days following birth for each of the local authorities in Gwent and Wales as a whole between 2016 and 2018. It shows that the percentage of babies exclusively breastfed in Monmouthshire was significantly higher than every other local authority area in Gwent and Wales as a whole, ranging from 43.8% to 49.5% over the time period. The percentage for Wales as a whole ranged from 33.8% to 35.2% over the time period.

In every other local authority in Gwent, the percentage of babies exclusively breastfed at 10 days following birth was lower than the Wales average over the time period. Blaenau Gwent had the lowest percentage over the time period, ranging from 18.8% to 22.7%, although there was a gradual increase year on year.

4.9.4 Flying Start children reaching or exceeding developmental milestones

Flying Start is the Welsh Government's targeted early years programme, aimed at families with children below 4 years of age in some of the most deprived areas in Wales. A child's early development is vital for their life chances, and young children living in poverty often do not meet their developmental milestones. In addition, there is a persistent gap in early learning outcomes between the poorest children in Wales and their peers in more affluent areas, which continues at each stage of their education.

Figure S57: Percentage of Flying Start children reaching or exceeding their developmental milestones at 3 years, 2012 to 2016



Source: Welsh Government

Figure S57 shows the proportion of Flying Start children who reached or exceeded their developmental milestones at 3 years of age for the local authorities in Gwent and Wales as a whole between 2012 and 2016. It shows a changeable picture over the time period, with an inconsistent pattern between local authorities and years.

In general, Monmouthshire, Newport and Torfaen had percentages below the Wales average across the whole time period (apart from Torfaen in 2012 and 2013, and the figure in Monmouthshire was the same as the Wales average in 2014). Both Blaenau Gwent and Caerphilly had percentages above the Wales average in four out of the five years across the time period.

4.9.5 Healthy weight and obesity

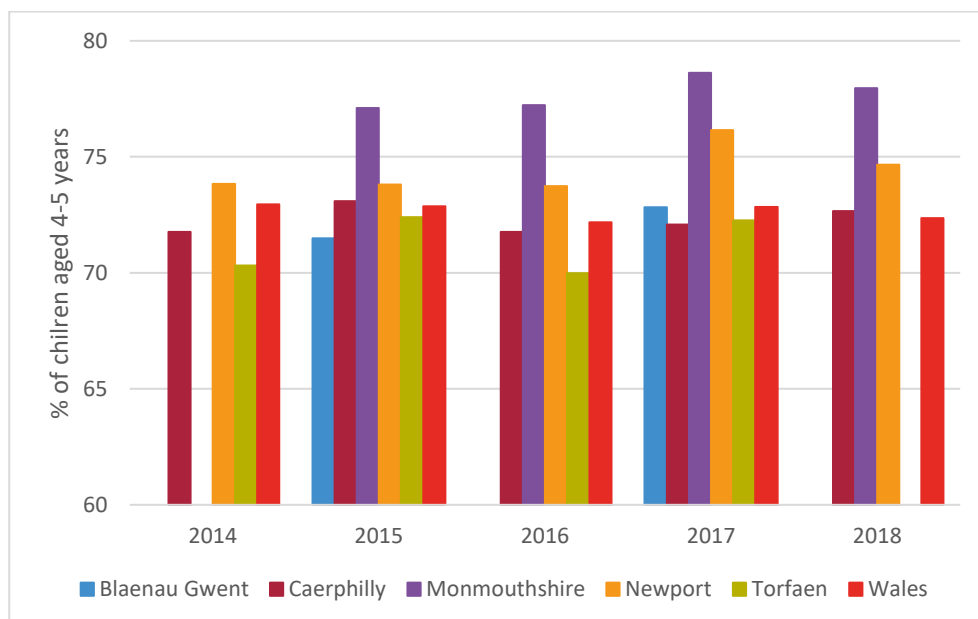
The World Health Organisation regards obesity as one of the most serious global public health challenges for the 21st Century. Obesity results in shorter life expectancy and less years of healthy life and it is linked to many health conditions including type II diabetes, heart disease, high blood pressure, stroke and cancers. Wider impacts include less contribution to family and community; reduced employment opportunities; lower

income; reduced productivity and increased absenteeism; poor school performance and poor mental well-being.

Excess weight is a significant health issue for individual children, their families and public health. Nearly a third of children aged 2 to 15 (28%) are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer⁶⁷. This can have serious implications for the physical and mental health of a child which can follow on into adulthood, and there are significant health inequalities for the poorest families.

The Child Measurement Programme 2017/18 reported that 12% of children in Wales were categorised as obese, and the gap between obesity prevalence in the most and least deprived areas was 6%⁶⁸.

Figure S58: Percentage of children aged 4-5 years of a healthy weight, 2014 to 2018



Source: Public Health Wales

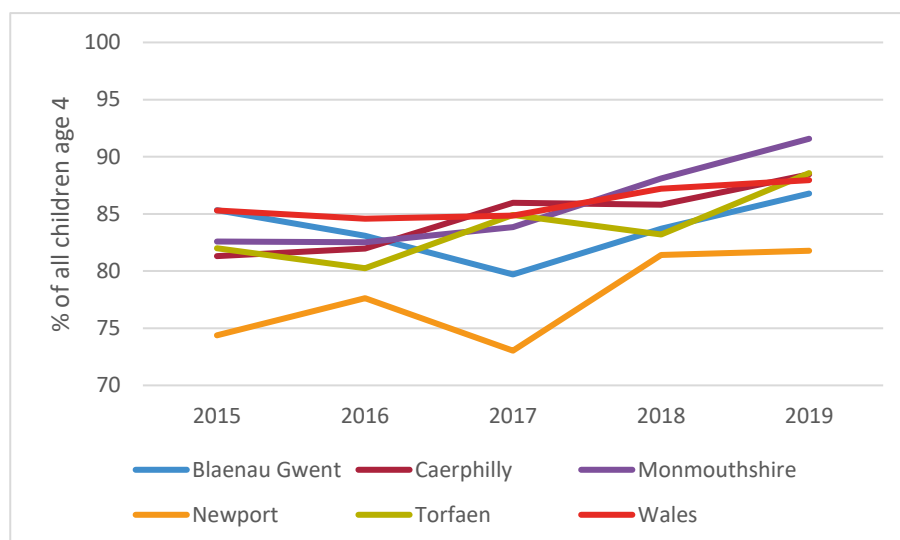
Figure S58 shows the percentage of children aged 4-5 years who were of a healthy weight between 2014 and 2018, for each local authority in Gwent and the Wales average. It should be noted that data is missing for some local authority areas in some years.

Monmouthshire had the highest percentage of children aged 4-5 years of a healthy weight in each year that their data was available, and higher than the Wales average. Newport also had a percentage higher than the Wales average in every year over the time period. Torfaen had the lowest percentage across Gwent in three years of the time period (2014, 2015 and 2016).

4.9.6 Immunisations

It is important that all children and babies are fully immunised to protect them from potentially serious diseases. Once common illnesses (such as diphtheria and tetanus) are now rare in the UK because of immunisation. While polio has been eliminated in Europe, the threat of other diseases such as measles and meningitis has not gone away in the UK today. Some serious infectious diseases have a risk of complications and long-term side effects.

Figure S59: Percentage of all children up to date in the immunisation schedule by age 4, 2014 to 2019



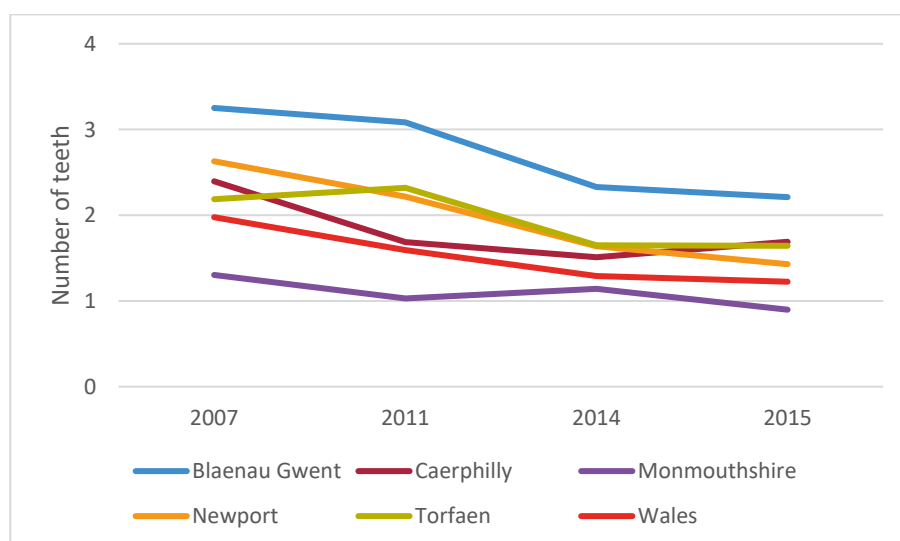
Source: Welsh Government

Figure S59 shows the percentage of children up to date in their immunisation schedule by age 4 for each of the local authorities in Gwent and Wales as a whole, between 2015 and 2019. For most local authority areas, the percentage of children up to date in the immunisation schedule was within 5% of the Wales average in each year of the time period. The one local authority area that had a percentage significantly below the Wales average was Newport, a pattern observed in every year of the time period.

4.9.7 Oral health

Poor oral health impacts on health and well-being. There can be immediate problems such as pain and infection, but there can also be other long-term consequences on health. Tooth decay in children is almost entirely preventable, but poor oral health can make eating difficult, affect nutrition and subsequently growth and development. Poor dental health is the most common single reason that 5-9 year olds are admitted to hospital, and in some cases, children are admitted for multiple extractions under general anaesthetic, as the condition of their teeth is so poor.

Figure S60: Average number of decayed, missing or filled teeth in children aged 5 years – 2007, 2011, 2014 and 2015

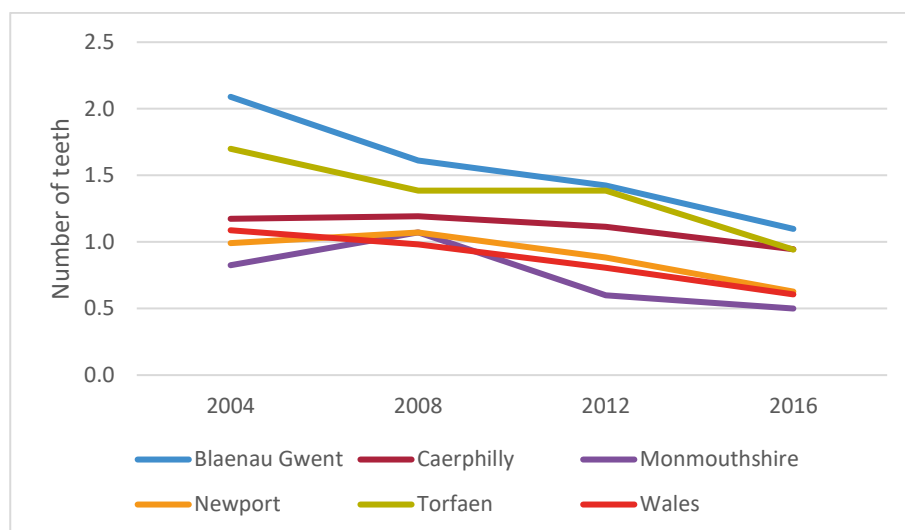


Source: Welsh Oral Health Information Unit (WOHIU)

Figure S60 shows the average number of decayed, missing or filled teeth in children aged 5 years for each of the local authorities in Gwent and the Wales average, for selected years between 2007 and 2015. Only Monmouthshire had a figure below the Wales average in each of the selected years over the time period.

All the other local authorities had numbers above the Wales average in each of the selected years over the time period, although the general trend for every local authority was that the number of decayed, missing or filled teeth in children aged 5 years decreased over the time period.

Figure S61: Average number of decayed, missing or filled teeth in children aged 12 years - 2004, 2008, 2012 and 2016



Source: Welsh Oral Health Information Unit (WOHIU)

Figure S61 shows the average number of decayed, missing or filled teeth in children aged 12 years for each of the local authorities in Gwent and the Wales average, for selected years between 2004 and 2016. Monmouthshire local authority area had a figure below the Wales average in three of the four selected years over the time period and was just 0.1 years higher than the Wales average in 2008.

All the other local authorities in Gwent have figures above the Wales average in each of the selected years, apart from Newport in 2004. Once again, the general trend for every local authority area was that the number of decayed, missing or filled teeth in children aged 12 years decreased over the time period. However, with cancellation of routine six monthly dental check-ups during the Covid-19 pandemic, backlogs in waiting times to see a dentist and longer time periods between check-ups now being offered, it is quite possible that this downward trend in dental decay may increase in the future⁶⁹.

4.9.8 Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are chronic stressful experiences in childhood that can directly hurt a child (such as abuse or neglect) or affect them through the environment in which they live (such as growing up in a house with domestic violence or with individuals with alcohol or other substance use problems).

Public Health Wales (in collaboration with Liverpool's John Moores University) undertook a study⁷⁰ of ACEs and their impact on health-harming behaviours in the Welsh adult population, surveying 2,028 people about their current health behaviours and their exposure to ACEs.

The survey found that 47% of respondents reported having experienced at least one ACE, with 14% experiencing four or more. These proportions are comparable to those found in other parts of the UK, as well as further afield. It is also known that people living in areas of deprivation are at greater risk of experiencing multiple ACEs.

The study also looked at how poor experiences in childhood can often affect negatively in adolescence and adulthood, contributing to mental health issues and diseases such as cancer, heart disease and type II diabetes, causing not only premature death but also possibly poor performance in school and involvement in crime. ACEs tend to be experienced through generations of families and lock successive generations into poor health and anti-social behaviour. Figure S62 shows how many adults in Wales have been exposed to different types of ACEs.

Figure S62: Percentage of adults in Wales exposed to different types of Adverse Childhood Experiences

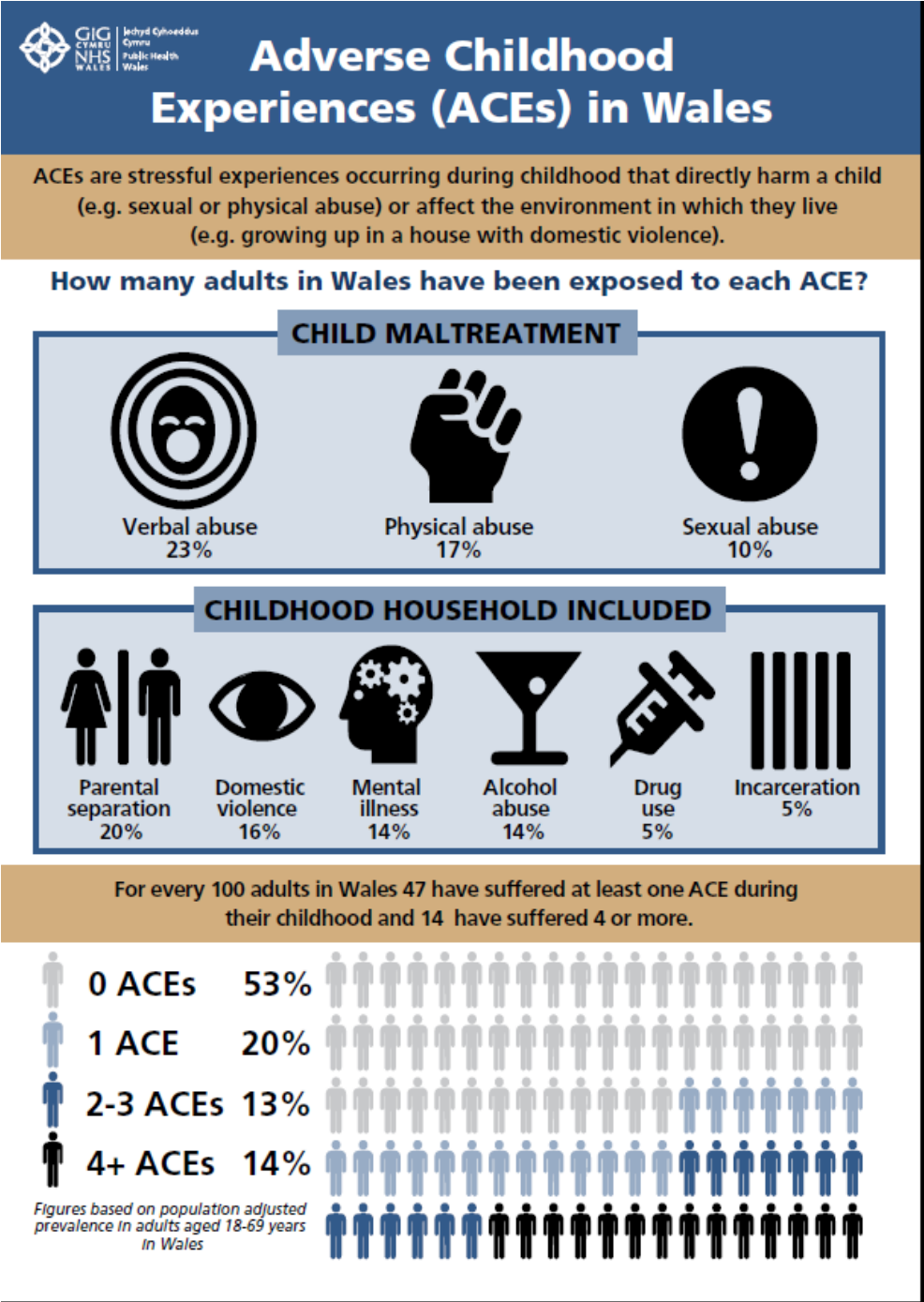
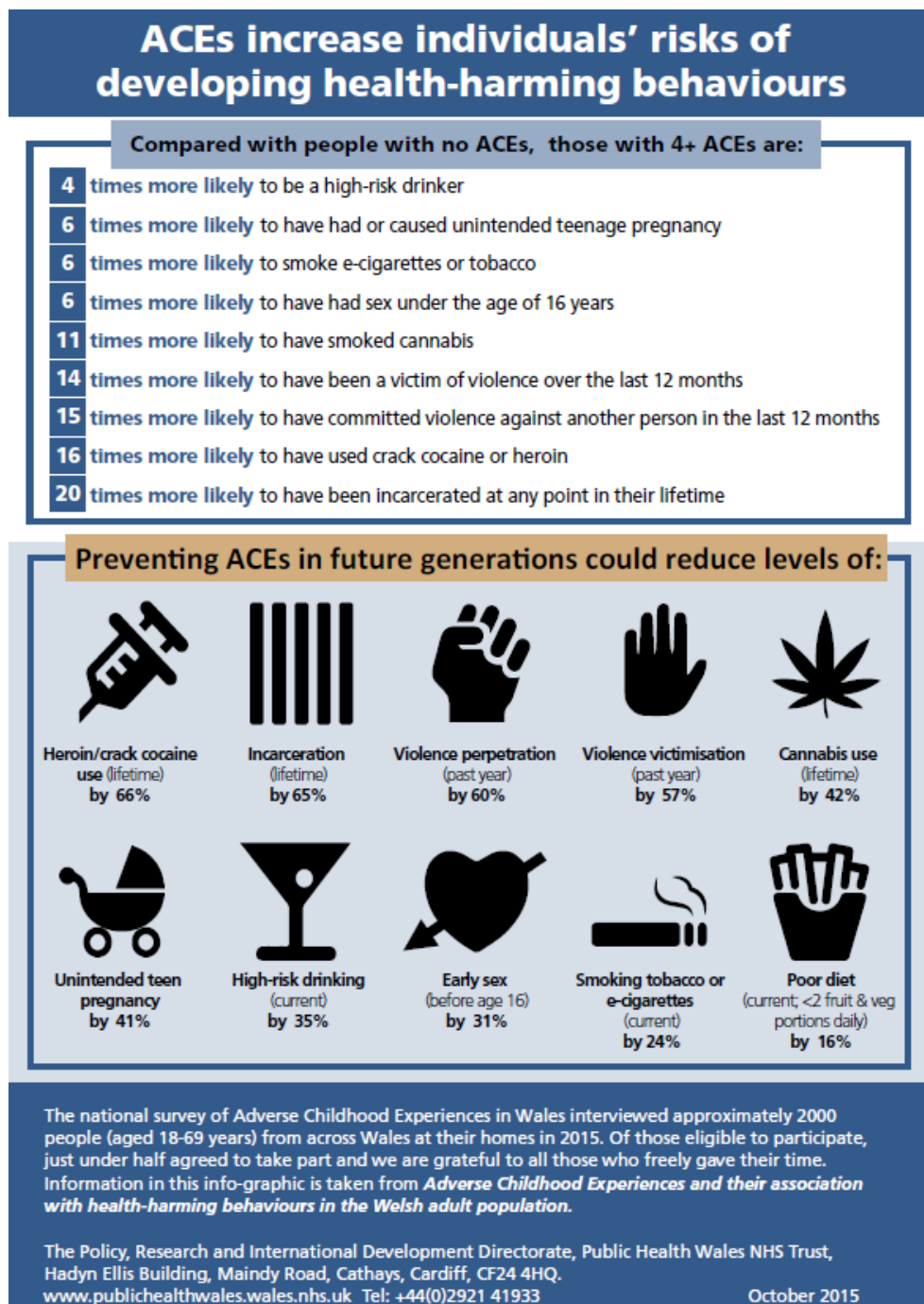


Figure S63 shows how experiencing ACEs can increase the risk of a person developing health-harming behaviours.

Figure S63: Likelihood of those with 4+ Adverse Childhood Experiences developing health-harming behaviours



By working together, Public Services Boards can have positive effects by adopting a united approach in preventing ACEs, and in developing the most appropriate service response. The prevention of ACEs is likely not only to improve the early years' experiences of children, but also reduce levels of health harming behaviours throughout the life course and across generations. The benefit of preventing ACEs is not limited to health, but also impacts on violent crime and social issues, such as teenage pregnancy rates.

4.10 Healthy lifestyles

There are a lot of factors that can influence our health, from adequate housing, education, affordable food and clean water, affordable clean energy, a stable eco-system, sustainable resources, social justice and equity. Good health and well-being enable individuals to contribute positively to their family, their community and local productivity.

There is much evidence to suggest that adopting four or more healthy behaviours (not smoking, maintaining a healthy weight, eating lots of fruit and vegetables, being physically active, having moderate alcohol intake) promotes health and reduces the risk of diseases significantly. Creating the conditions that make healthy behaviours the easiest option will improve the health of future generations living in Gwent.

There is also evidence that unhealthy behaviours (smoking, drinking excessively, not getting enough physical activity etc.) can cause or exacerbate the most serious and prevalent poor health outcomes, causing the most damage to health. Having healthy behaviours keeps people healthy and free from ill health, extending healthy life expectancy, preventing premature death, mitigating the negative effects of our ageing population and enabling those with chronic ill-health to lead healthy lives for longer. Most health-harming behaviours have a strong relationship with deprivation and the life circumstances that go with it, meaning that rates are higher in areas of higher multiple deprivation and are influenced by a wide range of social, environmental and economic factors.

4.10.1 Physical activity

Described by the World Health Organisation as the “best buy in public health”, increasing levels of physical activity has been shown to have beneficial consequences in terms of increasing peoples’ healthy life expectancy and significantly reducing the risk of at least 20 of our most common chronic diseases, including circulatory diseases, some cancers, type II diabetes, back pain, osteoporosis, mental ill health, falls and dementia.

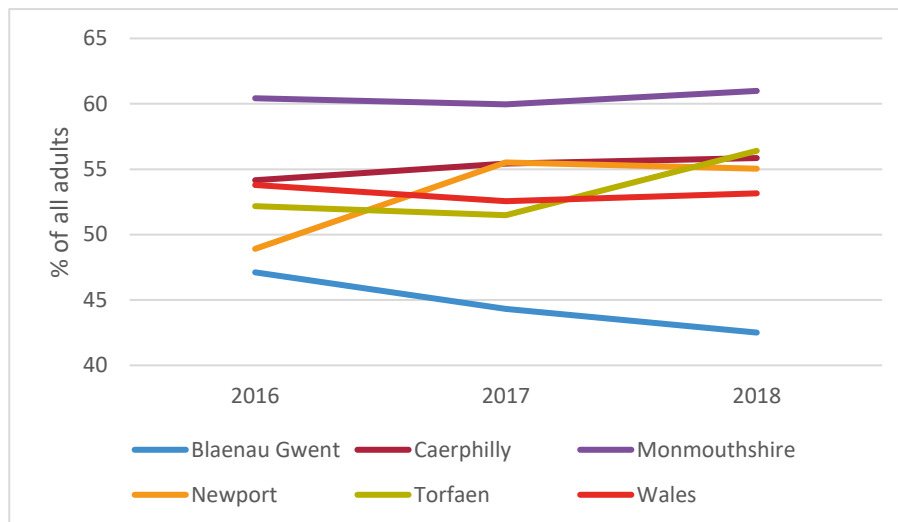
Being physically active outdoors can make a significant contribution to physical health and mental well-being, over and above the physical activity benefits. Physical activity, more people walking and cycling as part of their daily lives, being active in their communities and participating in group activities brings benefits across the wellbeing goals, from enjoying local culture, encouraging more connected and vibrant communities and benefitting local economies. There is also evidence that increased activity can help children concentrate and that engagement in sport can reduce anti-social behaviour. Many outdoor physical activities are free of charge meaning that affordability isn’t a barrier to participation, although the cost and availability of travel might be.

The amount of physical activity needed to improve health differs across the life stages. Children and young people aged 5-18 years should get an hour a day of mixed moderate and high intensity physical activity, and adults a minimum of 150 minutes of moderate intensity or 75 minutes vigorous intensity per week⁷¹.

Evidence is emerging that sedentary behaviour, such as sitting or lying down for long periods, is bad for health. Spending hours sitting down watching TV or playing computer games is thought to increase the risk of many chronic diseases, such as heart disease, stroke and diabetes, as well as weight gain and obesity. Common examples of sedentary behaviour include watching TV, using a computer, using the car for short journeys and sitting down to read, talk or listen to music. The recommendation from NHS 111 Wales is that people of all ages need to reduce their sedentary behaviour⁷². In the future more people might choose to be more physically active so that they can keep healthier into old age.

During the Covid-19 pandemic, there is evidence that more people took exercise outdoors and the physical and mental health benefits of this during a period of lockdown were significant⁷³.

Figure S64: Percentage of adults who reported being active for 150 minutes in the week, 2016 to 2018



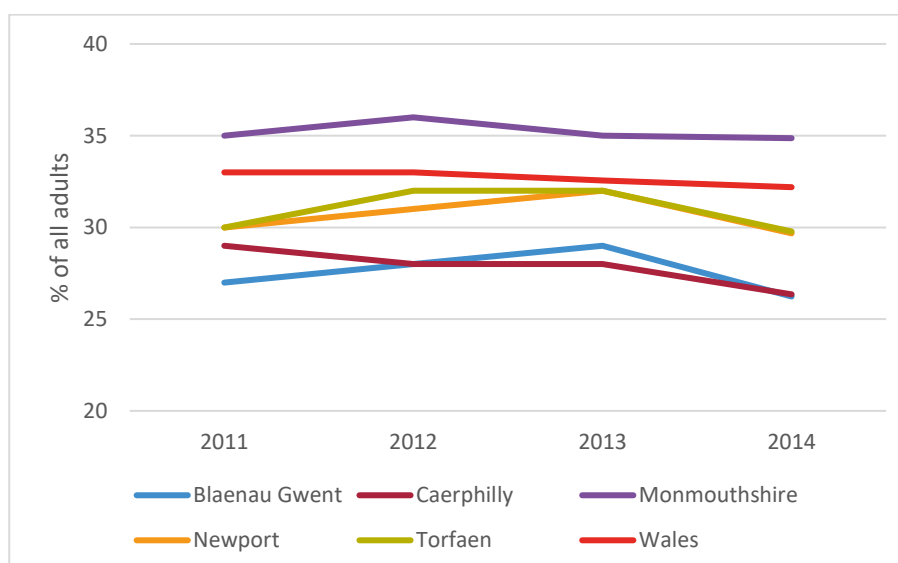
Source: Welsh Government

Figure S64 shows the percentage of adults who reported being active for 150 minutes in the previous week for all local authorities in Gwent and the Wales average, between 2016 and 2018. Monmouthshire and Caerphilly had percentages higher than the Wales average in each of the years over the time period. Blaenau Gwent had percentages significantly lower than the two remaining local authorities in Gwent (Newport and Torfaen, who were around the Wales average) and the Wales as a whole, and this percentage is decreasing over the time period.

4.10.2 Healthy diet

A healthy diet can contribute to the promotion of health and the prevention of diseases such as diabetes, hypertension, high cholesterol, heart disease, stroke and bowel cancer. Poor diet is the biggest contributor to growing obesity rates and is related to several conditions of unhealthy ageing, such as osteoporosis and dementia.

Figure S65: Percentage of adults who reported eating five or more portions of fruit and vegetables the previous day, 2011 to 2014



Source: Welsh Government

Figure S65 shows the percentage of adults who reported eating five or more portions of fruit and vegetables the previous day for each of the local authorities in Gwent and the Wales average, between 2011 and 2014. Monmouthshire local authority area had a highest proportion of adults who reported eating five or more portions of fruit and vegetable the previous day, ranging between 34.9% and 36% over the time period, and higher than the Wales average which ranged from 32.2% to 33%.

The proportions for the other four local authorities in Gwent were all below the Wales average in every year across the time period. The percentages for Blaenau Gwent and Caerphilly were consistently lower than the percentages in Newport and Torfaen in every year across the time period.

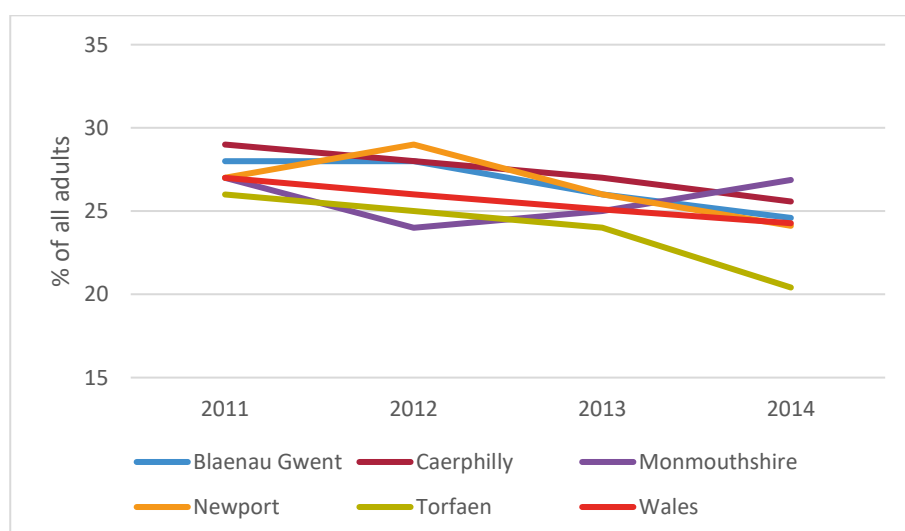
4.10.3 Alcohol

Alcohol misuse has become a serious and worsening public health problem in Wales and for other parts of the UK. Alcohol misuse not only poses a threat to the health and well-being of the drinker, but it can also cause harm to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity. Anecdotally, alcohol misuse has become even more of an issue for some individuals during the lockdowns experienced over the last two years due to the Covid-19 pandemic, which is likely to have negative impacts on both their mental and physical well-being.

19% of adults in Wales were drinking above the weekly guidelines in 2016-17 to 2017-18. Drinking above guidelines was more prevalent in males than females in all age groups. For some age groups, the difference was as much as double for males compared to females. Males aged 55-74 years had the highest levels of drinking in Wales, with around a third drinking above 14 units of alcohol in a usual week⁷⁴.

Persons living in the least deprived areas of Wales reported a higher prevalence of drinking above guidelines in a usual week in 2016-17 to 2017-18 than those in the most deprived areas. The figures presented have been age-standardised for comparison purposes. While 19% was the average for Wales, in the least deprived areas it was 22%, compared to just 14.5% in the most deprived areas. Both of these figures were statistically significantly different to the all-Wales average; however, the prevalence of drinking above weekly guidelines was not significantly different to Wales for areas outside of the most and least deprived.

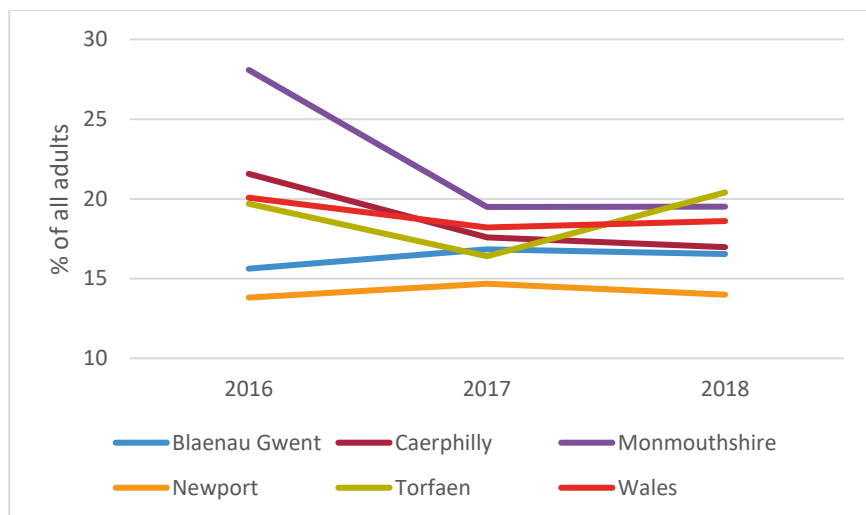
Figure S66: Percentage of adults who reported binge drinking alcohol on at least one day in the past week, 2011 to 2014



Source: Welsh Government

Figure S66 shows the percentage of adults who reported binge drinking on at least one day in the previous week for each of the local authorities in Wales and the Wales average, between 2011 and 2014. Torfaen had a figure marginally lower than the Wales average in three of the four years, and much lower than the Wales average in 2014 (20.4% compared with 24.3%). Blaenau Gwent and Caerphilly had percentages slightly above the Wales average over the whole time period.

Figure S67: Percentage of adults who reported consuming more than 14 units or more of alcohol per week, 2016 to 2018

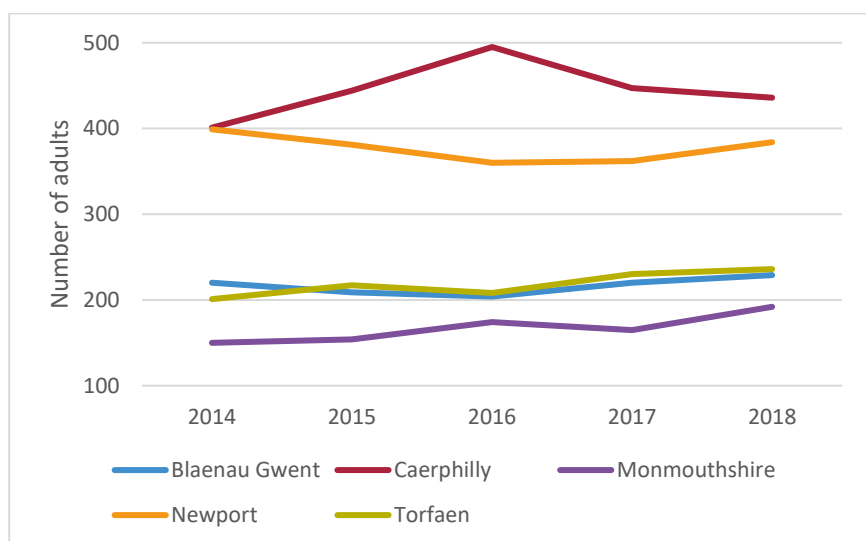


Source: Welsh Government

Figure S67 shows the percentage of adults who reported consuming more than 14 units or more of alcohol per week for all the local authorities in Gwent and the Wales average, between 2016 and 2018. Blaenau Gwent and Newport had percentages lower than the Wales average across the whole time period, and the local authority areas of Caerphilly and Torfaen had percentages lower than the Wales average in two of the three years of the time period.

Monmouthshire had figures above the Wales average in every year of the time period, with the percentage being much higher than in the other local authorities and Wales as a whole in 2016.

Figure S68: Number of individuals assessed for alcohol misuse



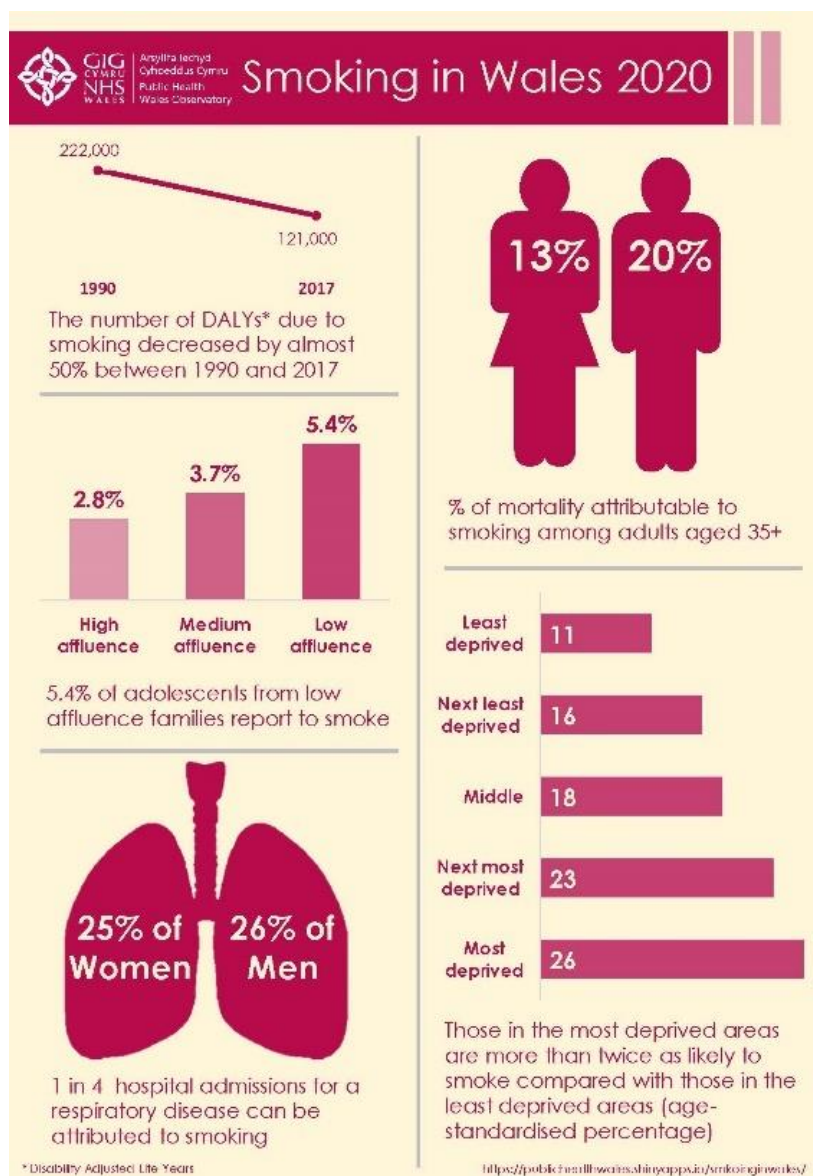
Source: NHS Wales Informatics Service

Figure S68 shows the number of individuals who were assessed for alcohol misuse in each local authority, between 2014 and 2018. Caerphilly had the highest number of assessments over the time period, ranging from 401 in 2014 to 495 in 2016. This was followed by the Torfaen local authority area with a range of between 360 in 2016 and 399 in 2014).

Monmouthshire had the lowest number of individuals who were assessed for alcohol misuse over the time period, ranging from 150 in 2014 to 192 in 2018, which evidences an increasing trend over time.

4.10.4 Smoking

Figure S69: Smoking in Wales 2020



Source: Public Health Wales Observatory

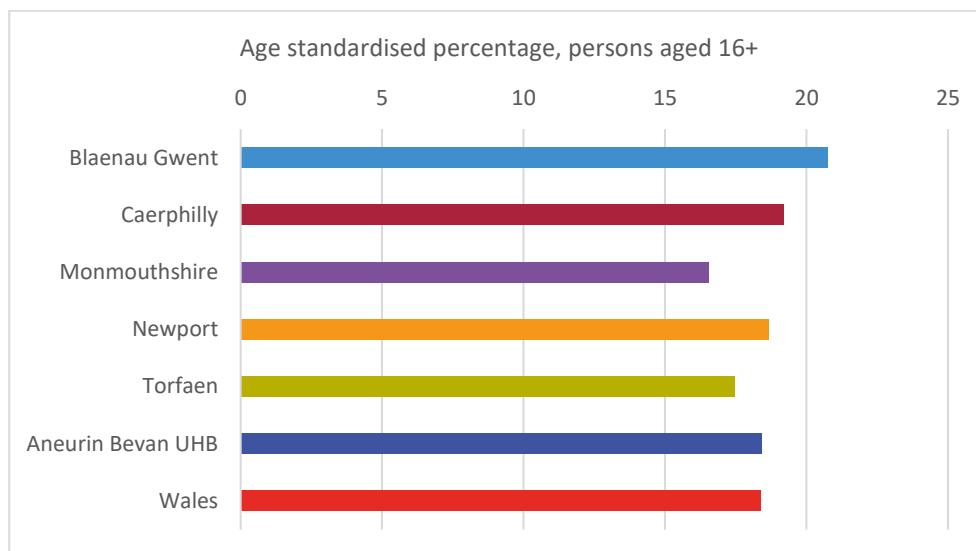
According to the World Health Organisation (WHO), tobacco kills more than 8 million people a year worldwide and is one of the biggest public health threats ever encountered. Both smoking and passive smoking are linked to a range of serious illnesses including cancers and heart disease⁷⁵.

Smoking is the largest single cause of avoidable early death in Wales. In 2018, around 5,600 deaths in people aged 35 and over were attributable to smoking, which is 16.5% of all deaths in this age group. Smoking is associated with a wide variety of diseases that can result in admission to hospital. In

2018-19, around 28,000 admissions in people aged 35 and over are estimated to be attributable to smoking, which represents around 4.6% of all admissions in this age group.

According to the National Survey for Wales 2016-17 to 2018-19, 18.4% of adults in Wales reported smoking, and 6.6% of adults reported using e-cigarettes, daily or occasionally. Self-reported prevalence of smoking may be more prone to respondent bias (i.e. smokers may be less likely to answer questions) and social desirability bias, where the answer is affected by what the respondent perceives to be socially acceptable.

Figure S70: Adult smoking prevalence 2016-17 to 2018-19 for persons aged 16+, local authorities in Gwent, Aneurin Bevan UHB and Wales



Source: National Survey for Wales, Welsh Government

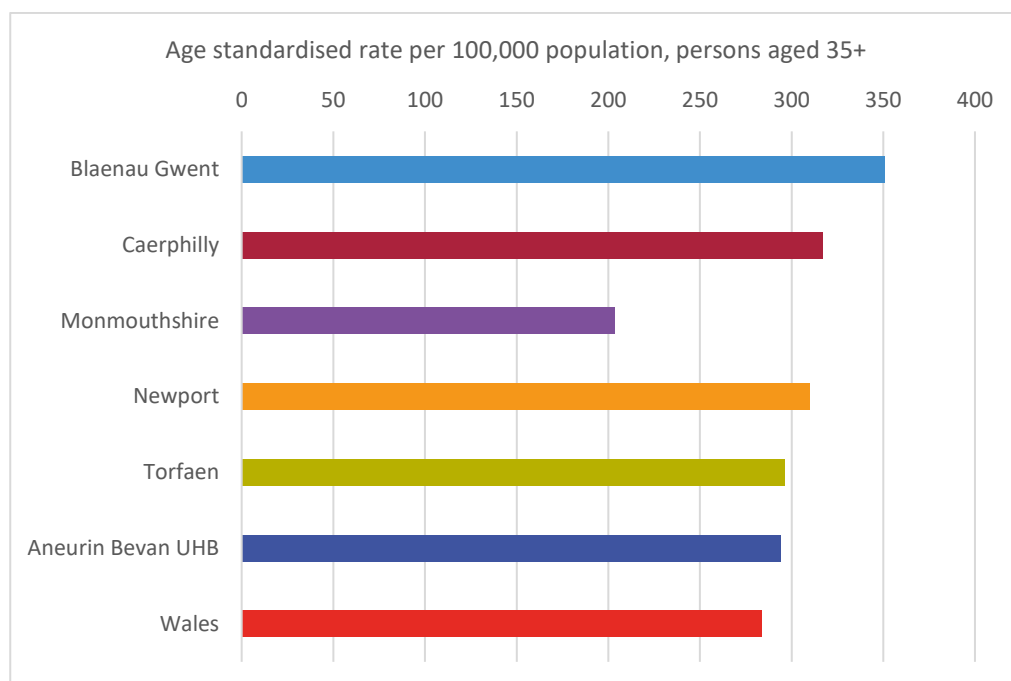
Figure S70 shows the percentage of adults 16+ who reported being a current smoker for each of the local authorities in Gwent, Aneurin Bevan University Health Board (UHB) and the Wales average, for the period 2016-17 to 2018-19. The Aneurin Bevan UHB average (18.4%) was the same as the Wales average.

Monmouthshire had the lowest percentage of adults 16+ who reported being a current smoker (16.5%) in Gwent, and this local authority and Torfaen (17.5%) had percentages below the Wales average. The percentage in the other local authorities was higher than the Wales average, with Blaenau Gwent (20.8%) having the highest percentage.

The general trend is that the percentage of adults who report being current smokers across Aneurin Bevan UHB has fallen from 25.6% in 2005/2006-07 to 20.6% in 2014-15⁷⁶. This compares with a fall from 24.5% in 2005/2006-07 to 20% in Wales as a whole over the same time period.

In 2017-18, 18.1% of pregnant females were smokers, with the status recorded at a mother's initial assessment during pregnancy and either self-reported or carbon monoxide (CO) validated. This compares with a figure of 17.8% in Wales as a whole and is the third highest in Wales behind Cwm Taf UHB (22.4%) and Betsi Cadwaladr UHB (20%)⁷⁷. As stated previously in this report, smoking during pregnancy potentially has significant impacts on both the health and well-being of the mother and the baby, and can lead to lower birthweight at birth.

Figure S71: Smoking attributable mortality 2016 to 2018 for persons aged 35+, local authorities in Gwent, Aneurin Bevan UHB and Wales



Source: Public Health Mortality and Mid Year Estimates (Office for National Statistics), National Survey for Wales (Welsh Government)

Figure S71 shows the age standardised rate per 100,000 population aged 35+ where it can be attributed to smoking

ⁱⁱⁱ for each of the local authorities in Gwent, Aneurin Bevan UHB and the Wales average for 2016 to 2018. The Aneurin Bevan UHB average (294.0) was higher than the Wales average (284.0).

Monmouthshire had a significantly lower age standardised rate per 100,000 population aged 35+ in Gwent for smoking attributable mortality (203.3). The rate in the other four local authorities was higher than the Wales average, ranging from 296.1 in Torfaen to 350.7 in Blaenau Gwent.

The general trend is that the age standardised rate per 100,000 population aged 35+ across Aneurin Bevan UHB has fallen slightly from 320.0 in 2008-10 to 294.0 in 2016-18. This compares with a fall in the rate from 310.0 to 284.0 in Wales as a whole over the same time period.

The UK and Welsh Governments have introduced plans and policies that aim to reduce the number of smokers. These include the smoking ban in 2007, the smoking in vehicles with children ban in 2015 and the Tobacco Control Delivery Plan for Wales 2017-2020. Although smoking rates have been decreasing steadily, smoking is still a major cause of premature death in Wales. It is estimated that each 25 year old who reduces the amount they smoke could save the NHS in Wales £882 over the course of their lifetime, and this would increase to £1,592 if they quit⁷⁹.

On 1st March 2021 new laws came into place in Wales, building on the smoking ban introduced in 2007, which will protect more people from harmful second-hand smoke and help those trying to quit. The new laws mean that all parts of the hospital grounds will be smoke-free, and anyone found breaking the law by smoking in hospital grounds could face a £100 fine. The new laws will also cover spaces where children

ⁱⁱⁱ Based on a list of diseases published by the NHS Information Centre which are considered more likely to cause death in smokers and ex-smokers than in people who have never smoked

and young people spend their time – such as school grounds and public playgrounds, as well as the outdoor areas of children’s day care and childminding settings.

Making more places in Wales smoke-free will de-normalise smoking and reduce the chances of children and young people starting smoking in the first place– a huge benefit to future generations.

4.10.5 Individuals who are overweight or obese

The World Health Organisation regards obesity as one of the most serious global public health challenges for the 21st Century. It is well accepted that adult obesity results in shorter life expectancy and less healthy life expectancy. Health conditions associated with obesity include type II diabetes, coronary heart disease, high blood pressure, stroke and cancers. Wider impacts include less contribution to family and community; reduced employment opportunities; lower incomes; reduced productivity and increased absenteeism from work; poor school performance and poor mental well-being.

Maternal obesity and excess weight gain in pregnancy poses serious risks to the mother and child including gestational and type II diabetes, pre-term deliveries, macrosomia, late foetal loss, stillbirth, congenital anomalies and increased neonatal intensive care^{iv}.

The harms to child health and well-being caused by obesity are serious and wide ranging and include physical, psychological and social harms. Children themselves report the emotional damage from stigmatisation and isolation as the most serious harms to their well-being. Obesity harms children in the short term but also, as most (between 55% to 80%) go on to become obese adults^v, childhood obesity harms life chances and undermines a range of well-being goals in future generations.

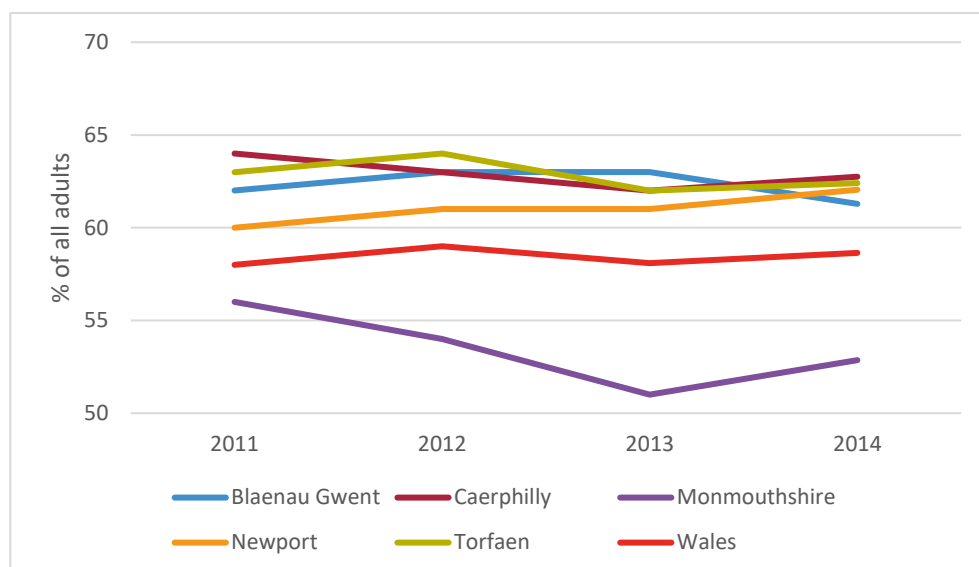
The severity and likelihood of poor well-being increases as children age and progress through adolescence into adulthood. Childhood obesity leads to and exacerbates adult obesity, which in turn causes or exacerbates the most prevalent limiting long-term ill health conditions. It is well accepted that adult obesity results in lower healthy life expectancy and shorter life expectancy. On the societal level, the economic consequences of obesity come in the form of increased healthcare costs and impact on the labour market, which in turn damages prosperity. People with obesity have lower employment rates, lower productivity with more sick days, and people with obesity earn considerably less.

Rates of obesity are rising faster in Gwent than in Wales as a whole⁸⁰. The Foresight Report⁸¹ tells us that being overweight or obese increases the risk of a wide range of chronic diseases, principally type II diabetes, hypertension, cardiovascular disease including stroke, as well as cancer. It can also impair a person’s well-being, quality of life and ability to earn. The wider costs to society and businesses are estimated to reach £49.9 billion per year. By 2050, the Foresight Report forecasts that 60% of adult men and 50% of adult women will be obese, and 25% of children under 16 will be obese. The World Health Organization regards childhood obesity as one of the most serious global public health challenges for the 21st century. If rates of overweight and obesity continue to rise, by 2050 this will cost the NHS in Wales £465 million per year, with the cost to society and the economy of £2.4 billion⁸².

iv Larsen, et al, 1990; Power, et al, 2003; Leddy, Power and Schilkin, 2008

v Schonfeld-Warden & Warden 1997; Lifshitz, 2008

Figure S72: % of adults who reported being overweight or obese (BMI 25+) in local authorities in Gwent, 2011 to 2014



Source: Welsh Health Survey, Welsh Government

Figure S72 shows the percentage of adults who reported being overweight or obese (with a Body Mass Index of 25+) for each of the local authorities in Gwent, between 2011 and 2014. Only the Monmouthshire had a percentage below the Wales average in every year of the time period, ranging from 51% to 56% (compared with a range of 58% to 59% for Wales as a whole).

The other four local authorities had percentages above the Wales average in every year of the time period, although the trend was variable. There appears to be a general trend of increasing levels of adults being overweight or obese over the time period for most of the local authority areas in Gwent.

4.10.6 Diabetes

Type II diabetes has been described as a 'ticking time bomb' for the health service, because of its increasing prevalence and the expected demands on health and social care services. Diabetes is a life changing chronic condition which can lead to serious complications. There is no cure for diabetes, but most type II diabetes is preventable. Reducing type II diabetes morbidity, disability and premature mortality is possible with appropriate self-management, education and health care. Reducing the prevalence and impact of diabetes requires tackling the two biggest modifiable risk factors – obesity and physical inactivity.

Wales has the highest prevalence of diabetes in the UK. In 2020, an additional 10,695 people were diagnosed with diabetes in Wales, with more than 209,015 people in Wales now living with diabetes. This is 8% of the population aged 17 and over - the highest prevalence in the UK - and the numbers are rising every year. This is the first time over 200,000 people have been diagnosed with diabetes in Wales. Around 90% of these people have type II diabetes. Estimates suggest a further 65,501 people in Wales have type II but have not yet been diagnosed. This means almost 275,000 are living with diabetes in Wales. A further 580,000 people in Wales could be at risk of developing type 2 diabetes⁸³.

In March 2021, the Welsh Government announced funding to begin the rollout of an All Wales Diabetes Prevention Programme (AWDPP), which is being led by Public Health Wales (PHW). This national programme, which will contribute to the implementation of the Healthy Weight, Healthy Wales Delivery Plan, will see healthcare practitioners deliver a brief intervention to people who have been identified as being at an increased risk of type 2 diabetes. The AWDPP will be delivered through a phased rollout in selected primary care clusters, with embedded evaluation to support the development of an evidence-based programme.

The report 'Developing the Intervention for the All Wales Diabetes Prevention Programme' outlines the AWDPP intervention design, the key elements of work which underpin it, and the rigour of the process undertaken to arrive at this design. The AWDPP builds on approaches that were piloted and evaluated in two separate primary care clusters, Afan Valley and North Ceredigion. Professionals from across disciplines in Wales have worked with PHW to review and refine the AWDPP intervention design to align it with NICE guidance, the All Wales Weight Management Pathway, Prudent healthcare principles and behavioural science, to maximise its effectiveness⁸⁴.

4.11 Emotional health and well-being

4.11.1 Mental health

The World Health Organisation states that 'there is no health without mental health'. Our mental well-being can be seen as a resource for life, influencing how we think and feel about ourselves and others, how we interpret events and consequently how we behave and function in day-to-day life. The Mental Health Foundation cites that one in four adults and one in ten children are likely to have mental health issues in any one year. This has a profound impact on the quality of peoples' lives, affecting the ability to form and sustain relationships, the ability to work in paid employment, and at worst, the ability even to get through the day.

In the United Kingdom, mental health issues are responsible for the largest burden of disease (23% of the total burden, compared to 16% each for cancer and heart disease). Common mental health issues such as depression and anxiety are more prevalent among people experiencing greater economic disadvantage⁸⁵.

Promoting well-being and preventing mental health problems is a crucial element of the wider public health strategy, since a person's mental health influences and is influenced by a broad range of social, economic, cultural, environmental and wider health factors.

There is compelling evidence to indicate that action to improve mental well-being and reduce mental illness across the population results in a wide range of health and non-health outcomes, including higher educational achievement, reduced unemployment and worklessness, reduced reliance on welfare and disability benefits, higher productivity in the workplace, reduced crime and anti-social behaviour, better social relationships and community involvement and reduced costs to health and social services⁸⁶.

In the same context, poor mental well-being, the sense of poor self-image, social ostracism or bullying and real or perceived stigma jeopardises cohesion and social sustainability. Mental ill health is associated with poorer physical health, increased health risk behaviours, poor education and unemployment. It accounts for a substantial burden of ill health and disability in Wales with high costs to the NHS, society and the economy. As such, this theme is intrinsically linked to the Well-being Goals for Wales and many of the other population health priority themes.

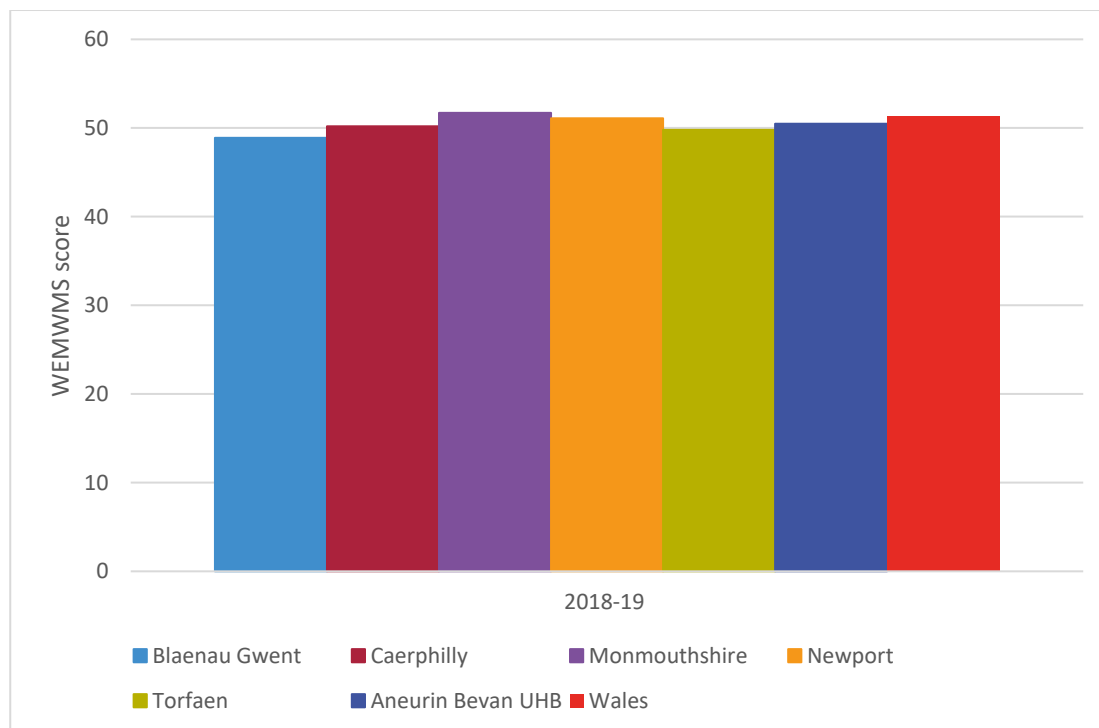
Inequality is a key determinant of mental ill health, which leads to further inequality. In Wales, 24% of those who are long-term unemployed or have never worked report a mental health condition, compared with 9% of adults in managerial and professional groups.

There are signs that the Covid-19 pandemic could be driving a worrying rise in poor mental health. In Wales, two-thirds (67%) of people surveyed by Citizens Advice Cymru said the pandemic has had a negative effect on their well-being. The links between debt and poor mental health have been well established and for those dealing with job losses or financial difficulties, the impact of Covid-19 on their mental health is likely to have been magnified. The problems that people face during economic downturns tend to have an adverse impact on mental health. At the same time, mental health problems can make it more difficult to cope with issues associated with economic downturns⁸⁷.

We are already seeing the disproportionate impact on people experiencing mental health problems, who are twice as likely to have fallen behind on household bills since the Covid-19 outbreak.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a collection of 14 questions covering feeling and functioning aspects of mental well-being, which is captured in the National Survey for Wales (NSW). Scores range between 14 and 70, with higher scores indicating better mental well-being. The cut-off points used to categorise well-being scores in this survey are – low mental well-being (14-40), middle mental well-being (41-59) and high mental well-being (60-70)⁸⁸.

Figure S73: Warwick-Edinburgh Mental Well-being Scale, persons aged 16+ by local authorities in Gwent, Aneurin Bevan UHB and Wales, 2018-19



Source: National Survey for Wales, Welsh Government

In 2018-19, Aneurin Bevan UHB had the second lowest WEMWBS score in Wales (50.5), with only Cwm Taf UHB and Hywel Dda UHB having a lower figure (50.4). The average score for Wales as a whole in 2018-19 was 51.4, with Powys Teaching Health Board, Betsi Cadwaladr UHB and Cardiff and Vale UHB having figures above the Welsh average.

Figure S73 shows that Blaenau Gwent (48.9), Torfaen (49.8) and Caerphilly (50.2) all had figures lower than both the Aneurin Bevan UHB and Wales averages. Only Monmouthshire had a figure which was higher than both the Aneurin Bevan UHB and Wales averages (51.7).

Information to describe mental well-being in children and young people is not routinely available at a local authority level. The 2019-20 Student Health and Well-being Survey⁸⁹ collected self-reported data from students in school years 7 to 11 in all participating schools. The survey uses three composite measures – the Short Warwick-Edinburgh Mental Well-being Scale, the UCLA 3-item Loneliness scale and the Strengths and Difficulties Questionnaire (SDC).

Life satisfaction

When asked how satisfied with their life they were on a scale from 0 (worst possible life) to 10 (best possible life), the most common response given by young people was 8 (22%), with 4 in 5 scoring 6 or higher. Boys were more likely than girls to be satisfied with their life (defined as a score of 6 or higher), with the lowest life satisfaction reported by young people who identified as neither a boy nor a girl. Life satisfaction decreased steadily with age, with 87% of students rating their life satisfaction as 6 or above in year 7, falling to 75% by year 11. There was also a graded relationship between family affluence and

life satisfaction. Young people from less affluent families were less likely to report being satisfied with their lives than young people from more affluent families. The age-related decline in life satisfaction was most evident for girls, with only a small difference between boys and girls in year 7 (89% vs 86%) growing to a much larger gap by year 11 (81% vs 71%).

Mental well-being

Mental well-being scores on SWEMWBS were approximately normally distributed, with 25 the most common score, but a mean score of 24. On average, girls reported lower mental wellbeing than boys, while scores were lowest among young people who identified as neither a boy nor a girl. Similar to life satisfaction, mental well-being declined with age but increased with family affluence. The age-related decline in mental well-being was more evident for girls than for boys.

Loneliness

On the UCLA loneliness scale, responses were highly skewed, with 3 the most common score but a mean score of 5. Girls reported more frequent loneliness than boys, while young people who identified as neither a boy nor a girl were most likely to report feeling lonely. Loneliness differed little with age but was more frequent among young people from less affluent families. There was a clearer age-related increase in loneliness for girls than for boys. While most young people reported feeling lonely during the recent summer holidays 'none of the time' or 'rarely', almost a third reported feeling lonely at least some of the time. Girls were more likely than boys to have felt lonely (38% vs. 24%), but less likely than young people who identified as neither a boy nor girl (61%). Loneliness during the summer holidays increased with age, while young people from less affluent families were more likely than those from more affluent families to report feeling lonely. The age-related increase in summer holiday loneliness was greater for girls (from 27% in year 7 to 48% in year 11) than for boys (20% to 31%) and those who identified as neither a boy nor a girl (58% to 65%).

Mental health

Almost 2 in 5 (39%) young people reported mental health symptoms (classed as at least slightly raised on the SDQ total difficulties score) with almost 1 in 5 (19%) reporting 'very high' mental health symptoms. Girls were more likely than boys to report elevated mental health symptoms, while a majority (54%) of young people who identified as neither a boy nor a girl reported mental health symptoms in the 'very high' range. Mental health symptoms increased with age; 12% of students in year 7 reported a very high level of symptoms, rising to 22% in year 11. Young people from less affluent families were also substantially more likely to report elevated mental health symptoms. While mental health symptoms increased for both boys and girls with age, this was clearest for girls, with little gender difference in year 7, but a substantial gender difference evident by years 10 and 11. In all year groups, young people who identified as neither a boy nor a girl were most likely to report elevated symptoms.

Young people's mental health and wellbeing is a key policy priority in Wales. Around half of all mental health conditions present by age 14, meaning adolescence is a period of heightened risk for experiencing poorer mental health outcomes. Diagnosis of a mental health condition during adolescence is also associated with a higher risk of experiencing mental health problems in adulthood. While mental health is often considered from an illness-defined perspective as requiring prevention, mental well-being is more closely aligned with health promotion efforts and has been described as 'a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community'. Loneliness has also been linked with adverse health and educational outcomes including anxiety and depression and lower academic attainment.

Anecdotally, there is evidence that the Covid-19 pandemic has had a major impact on people's mental health for all age groups, in particular due to the various lockdowns that have taken place, with concerns for both younger and older age groups. It is likely that these effects will be felt for many years to come and will possibly also impact on future generations.

4.11.2 Loneliness

Most people will feel lonely at some point in their lives. It is a deeply personal experience that - in most cases - will thankfully pass. But for a growing number of people, particularly those in later life, loneliness can define their lives and have a significant impact on their well-being.

Loneliness and isolation have been shown to damage health and represent a significant and pressing problem in Wales that crosses all boundaries of age, social class, race, gender identification, sexual orientation, financial status and geography. Eradicating loneliness and isolation may be unrealistic, but working at all levels (individual, organisation and strategic) to identifying and tackle the root causes is not.

Loneliness has been measured through the National Survey for Wales since 2016-17. It found that 17% of those participating in the survey (of just over 10,000 people aged 16 and above) reported being lonely and 54% of people had experienced some feelings of loneliness. Younger people were more likely to report being lonely than older people (20% of 16-24 year olds, compared with 10% of those aged 75 or over). The survey for 2017-18 showed little variation in those figures: 16% of the population reported being lonely (21% of 16-24 year olds and 11% of those aged 75 or over).

In respect of children and young people, in December 2018 the Office for National Statistics published figures which show in Great Britain those aged 10-12 years were more likely to say they were often lonely than those aged 13-15 years (14% and 8.6% respectively). The survey also showed girls were more likely to say they had experienced loneliness than boys. Research by Childline in 2018 found the most common reasons cited by young people for feelings of loneliness were mental health issues, bullying and social media use. Loneliness and social isolation are caused by a combination of personal, community and societal factors rather than being the result of one event or circumstance. For some people, certain life events may mean they feel lonely or become socially isolated, such as:

- experiencing a bereavement
- going through a relationship break-up
- becoming a carer for a family member or friend
- retiring and losing the social contact you had at work
- changing jobs and feeling isolated from your co-workers
- starting at university
- moving to a new area or country without family, friends or community networks⁹⁰

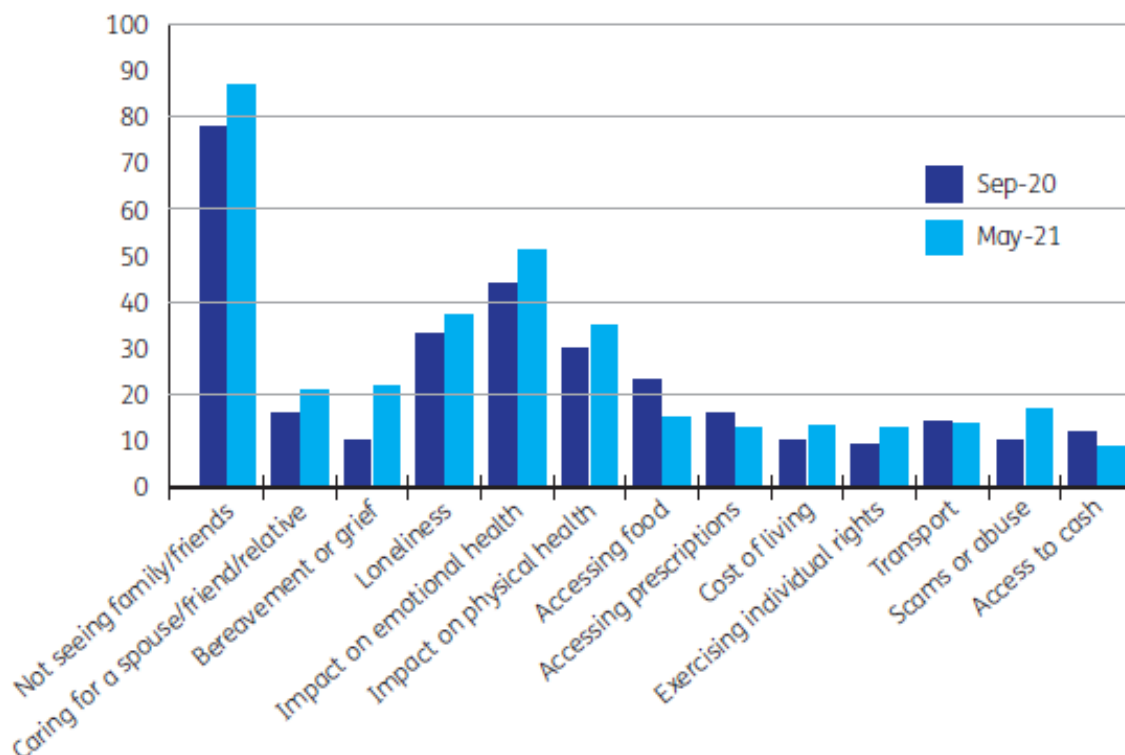
During March and April 2021, a group of organisations worked together to gather the experiences of people aged 50 or over in Wales during the winter lockdown and to understand the perspectives of older people on recovery⁹¹. 1,216 people took part in the research, aged between 50 and 94 years. When asked about the positive aspects of lockdown the following were given:

- 46% of respondents mentioned the help they'd received from family and friends
- 16% cited the help they had received from their local community
- 38% found they had more time
- 28% said they had felt less pressure
- 23% of those that commented in this section responded that they saw nothing positive in the pandemic

When asked about what they found challenging during lockdown, there were a significant number of areas that people found more of a challenge during the winter lockdown. 87% of respondents found not seeing family and friends an issue, an increase from 78% during the first lockdown. Those finding loneliness (37%), the impact on emotional health (51%) and impact in physical health (35%) a challenge had all increased.

Figure S74: Challenges of lockdown – September 2020 and May 2021

Table: Challenges of lockdown



Source: Age Cymru

4.11.3 Suicide and self-harm

Each year in Wales between 300 and 350 people die from suicide. This is about three times the number killed in road accidents. Although relatively rare, suicide has a devastating impact on all concerned. It is estimated that for every person who dies through suicide at least six others are significantly and directly affected⁹².

In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people. Around three-quarters of registered suicide deaths in 2020 were for men (3,925 deaths; 75.1%), which follows a consistent trend back to the mid-1990s. For females, there were 4.9 deaths per 100,000 registered in England and Wales in 2020. This is consistent with rates seen for more than a decade⁹³.

In Wales, there were 10.3 deaths per 100,000 population in 2020 (285 registered deaths). In 2020, males and females aged 45 to 49 years in England and Wales had the highest age-specific suicide rate at 24.1 per 100,000 male deaths (457 registered deaths) and 7.1 per 100,000 female deaths (138 deaths).

Among both males and females there is an association between suicide and deprivation. Rates are higher in our more deprived communities and this gap appears to be widening in Wales. This is consistent with existing literature and highlights that suicide prevention should address inequalities that exist in society.

At least 5% of all suicides in the UK are by people with a bipolar diagnosis⁹⁴. The true figure is likely to be much higher as almost half the people with the condition don't have a diagnosis and there is an on-going issue with misdiagnosis. Bipolar is a genetic condition but is triggered by many different environmental factors, such as lack of sleep and both traumatic and everyday life events. The mundane nature of so many triggers is one of the most insidious aspects of the condition. It is extremely difficult for someone to avoid all their triggers even if they have a diagnosis, let alone if they don't.

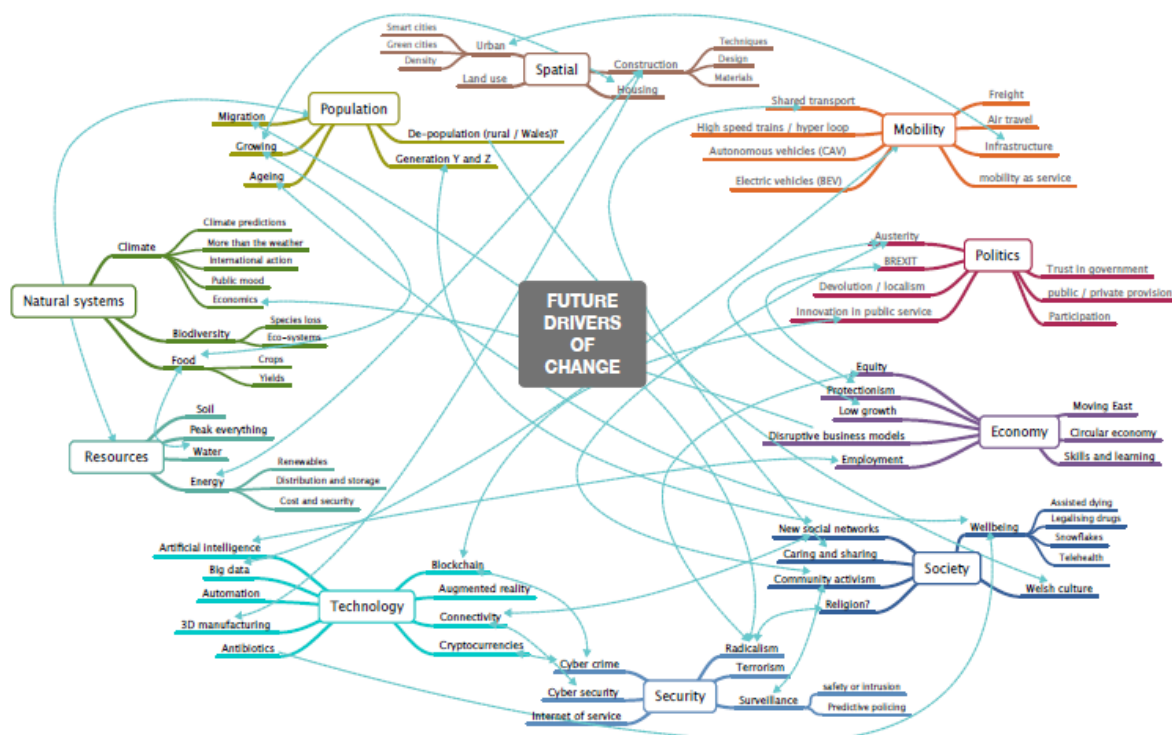
It is important to note that suicide statistics and trends need to be interpreted with caution because the small numbers, delays in registration and inconsistencies in recording cause of death can produce unreliable rates. This is especially relevant to comparisons of annual fluctuations and small area/population group rates. Comparisons across different countries are difficult to make because of differences in coding and cultural differences in the classification of intent.

The percentage of suicides caused by hanging, strangulation and suffocation has increased in recent years. The most common method of suicide in England and Wales for both males and females continued to be hanging, strangulation and suffocation (all grouped together). This method accounted for 58.1% of all suicides in 2020 (3,036 out of 5,224 registered deaths). The second most common method continued to be poisoning and accounted for 19.9% of all suicides in 2020 (1,041 out of 5,224 deaths). For the period 2018 to 2020, hanging accounted for 77.8% of suicides for people aged 10 to 14 years. The proportion of suicides caused by hanging falls steadily as age increases, with this method accounting for 29.1% of suicides in people aged 90 years and over. Conversely, poisoning accounted for 5.6% of suicides for people aged 10 to 14 years and the proportion increases with age to a peak of 29.7% for people aged 90 years and over. For three methods of suicide — poisoning, sharp object, and other methods — the highest proportions were seen in people aged 90 years and over.

4.12 Future trends and challenges

The information in Figure S75 is taken from Gwent Futures Horizon Scanning Report⁹⁵ by Ash Futures (March 2018). There are a number of key themes in the report that link to health — Population, Society and Technology, and the section will explore some of the sub-themes in each of these areas.

Figure S75: Gwent Futures Project – Future Drivers of Change



Source: Ash Futures

By 2031, the number of people aged 65 and over will double to 1 billion globally, raising concerns for overall labour market productivity and the ability of existing fiscal systems to withstand the pressures of ageing. As the proportion of elderly people increases across economies, they will challenge the affordability of social welfare systems such as pensions and healthcare. In the UK, because the post second world war “baby boom” generation is about to retire, the number of people at state pension age and older is set to swell almost a third by 2039 to 16.5m — despite the Government’s decision to raise the pension age. The number of people aged 75 and over is projected to rise almost 90% to 9.9m by 2039, while the number of people aged 85 and over will more than double. The number of centenarians will rise almost six-fold to 83,000.

This increase in the number of older people will have a profound impact on a wide range of public services. Many people are not saving enough and will need to work longer. Health and social care costs – already challenged - will rise. It is expected that there will need to be fundamental changes to the health and social care systems to ensure their future sustainability. There will also be a deepening onus on the working-age population to support the ageing; higher levels of taxation may be an inevitable outcome.

Ageing is already creating distinctive consumers – the so called silver economy – and will create a new class differentiation between the more affluent and the less affluent. This may result in a continuing divergence in life expectancy between communities, as already seen in parts of Gwent.

The population of Gwent is ageing as elsewhere in the developed world. This is, and will, present significant challenges to public service providers. Whilst increases in life expectancy have slowed in recent years, the full impact of the post-war ‘baby-boom’ population coming through to retirement has not fully worked through. There will undoubtedly need to be an evolution in the models of service delivery in many areas of health and social care, with areas of provision moving to the private domain. This process has obviously already started over the past few years and the trend is expected to continue. These particular pressures will not happen evenly across Gwent, with Blaenau Gwent, Torfaen and Monmouthshire tending to have slightly older populations.

Millennials who have grown up connected through the internet to people their own age the world over and who have considerable empathy with viewpoints and cultures other than their own – they value individuality and reject the casual racism, homophobia and transphobia which may have been a part of popular culture for preceding generations. They believe that respecting someone’s identity trumps the right of others to make fun of it and they condemn films, books and individuals who try.

It’s easy for the older generation to be dismissive of something they don’t understand or value – that is, after all, what older generations do – but something more profound and less palatable than intergenerational difference seems to lie under the surface and has led some to suggest that the older generation is, in fact, failing the younger generation.

Millennials suggest that these conflicting viewpoints are a contributing factor to mental illness in the young. Britain is in the grip of a mental health epidemic which disproportionately affects young people and where one in four deaths of young men between the ages of 20 and 34 is by suicide. The number is lower for young women but – at over 10% - is still high. In Wales, women's death by suicide increased by over 60% between 2014 and 2017. Welsh men are three times more likely to kill themselves than women.

The current generation of young people are facing a range of difficult future prospects – higher unemployment, lower opportunity to buy a home – that are quite different to those faced by previous generations. Few people now leave school or further/higher education and simply walk into a good job. Those that do generally walk into it somewhere else.

Mental health issues may not be new but that doesn’t mean that society can simply ignore the problem; especially since it costs the economy 4.5% of GDP. Existing mental health guidelines are a good start to providing care, but regions need to take a deep look at the systemic causes – such as social media, the lack of suitable job opportunities and the cost and availability of housing – if we want to help our young people begin the long walk back to wellness. It may be useful for Gwent specific research into the state

of mental wellbeing in this generation, understanding the underlying issues that Gwent's young people face and possible support mechanisms that need to put in place.

The Economist article entitled 'A revolution in health care is coming'⁹⁶ highlights how technology is putting health monitoring, diagnosis and disease management in the hands of the patient – watch straps contain medical grade sensors that detect arrhythmia; apps are being developed to diagnose a range of diseases from skin cancer to Parkinson's; research is under way to see if certain molecular biomarkers can be detected in sweat, reducing the need for blood tests, and so on.

Apple's iOS Health Records app allows patients from participating hospitals to view their health records on their phone. In the long term, Apple and other tech firms are hoping to aggregate individual patient data in order to create AI diagnostics - as individual patients' stream data, AI systems will aggregate it and, for example, provide automated medical diagnosis from changes in biomarkers, spot behavioural traits that suggest patients are depressed or identify patients who are at extra risk of cardiac disease.

Giving patients access to their medical data is perceived by some to be one of the most significant aspects of the healthcare revolution. Sweden aimed to give all its citizens electronic access to their medical records by 2020⁹⁷. Studies show that patients with such access have a better understanding of their illnesses, and that their treatment is more successful.

Beyond the next few years, developments such as personalised medicine will be tailored to the unique needs, genetic makeup and lifestyle of each patient. New approaches such as gene therapy and immunotherapy will target genetic diseases and cancers.

Healthcare policy makers are alert to the potential for such developments to create haves and have nots, and this needs to be a focus for future policy thinking. It is not clear whether haves and have nots will fracture along economic lines, along age lines or along 'familiarity with technology' lines. The danger will be that it is digital natives who are able to access data and the digitally excluded who need help or who are overwhelmed by it.

Drug resistance has become a global issue because of inappropriate use, or overuse, of antibiotics in humans – particularly treating infections not caused by bacteria, such as colds and flu – and in animals to contain infections and to speed up growth. Inappropriate use helps to increase resistance in the bacterial population leading to (for example) the rise in superbugs that cannot be treated.

This has caused concern that the world is heading to a post-antibiotic era in which common infections will once again kill people across the developed (and less developed) economies. Failure to tackle the problem could lead to 10 million deaths every year globally by 2050. Encouraging responsible prescribing by doctors and informed use by patients is critical.

Research continues but cannot be seen as an alternative to good practice, despite two recent positive developments (previously unrecognised pathways to antibiotic tolerance in *E. coli* that could act as targets for new drugs to treat bacterial infections; and the discovery of a new class of antibiotics in soil that is effective against the group of bacteria that includes MRSA).

Good practice – or rather poor practice – is a known issue. Analysis from Public Health England published in February 2018 indicates that at least 20% of all antibiotics prescribed in primary care in England are inappropriate. Public Health Wales suggested in 2017 that practice locally is the same as the rest of the UK. While the UK seeks to persuade world leaders to do something there is a need to raise awareness and educate the general public as well as health professionals.

The purpose of the Future Trends Report Wales 2021⁹⁸ recognises that the Covid-19 pandemic is an example of a disruptor affecting economic, social, environmental and cultural trends in Wales. The impact of the pandemic has led to renewed discussions and interest in futures foresight and has had profound effects on economies and societies around the world, with some noticeable short-term disruptions to trends, as highlighted earlier in this report in relation to crime patterns and fire occurrences, for example. The pandemic has amplified existing **inequalities** in Wales, particularly for the most vulnerable, but also more widely across society. Women, older people, young people, people from Black, Asian, and Minority

ethnic groups, disabled people, people with **underlying health conditions**, people living in sub-standard housing, and people working in informal, lower-income, and frontline service roles have all been disproportionately impacted.

It is likely that the ongoing pandemic will lead to the acceleration of some existing trends and potentially create new trends. However, how the evolving impact of pandemic will shape medium and long-term trends globally and for Wales is far more uncertain at this stage.

While estimates vary significantly, prior to the COVID-19 pandemic, **life expectancy** increases in Wales looked set to continue, although the rate of increase has slowed over the past decade. However, this increase in life expectancy has not translated in to a higher '**healthy life expectancy**', which has decreased slightly in the past decade. This trend is driven, in part, by inequalities faced by those living in the most deprived areas in Wales, who are most likely to report ill health. **Ageing populations** are also more associated with higher levels of chronic health conditions and ill health. However, older people tend to provide unpaid care and make valuable contributions to local communities in terms of volunteering and sharing their knowledge.

Wealth across the UK, like in many economically developed countries, is unequally divided. The richest households own a disproportionate and increasing proportion of the country's total wealth, a trend that looks set to continue in the future. With less wealth and fewer higher earners, Wales has lower levels of income and wealth inequality than many other parts of the UK. While many developing countries are making progress towards targets for reducing multidimensional poverty, several remain off track if observed trends continue.

Poverty has a huge impact on an individuals' likelihood of experiencing poor health. Approximately one fifth of the Welsh population live in poverty (measured after housing costs). However, using relative income poverty as a measure, levels of poverty across Wales have gradually reduced since the mid-1990s. Poverty rates in Welsh households with a disabled person in the family are more than 10% more likely to be living in income poverty, although the overall percentage has been gradually decreasing. People from ethnic minorities (excluding White minorities) are also more likely to live in relative income poverty in Wales, however the overall percentage has decreased significantly from 2014-15 levels. While non-working households continue to be at greatest risk of poverty, the share of poor people living in working households has increased over recent years as employment levels have increased. Future trends in relation to poverty are uncertain and will depend particularly on UK government policy on welfare.

There are significant **health inequalities** affecting the lives of people in our society. Since the 1970s, multiple reports have highlighted the extent and effects of these in the UK and in Wales. There are significant differences in healthy life expectancy between the most and least deprived. Analysis (based on 2016-2018 data) shows that the **gap in life expectancy** between the most and least deprived areas was 9.0 years for men and 7.4 years for women. However, the **gap in healthy life expectancy** between the most and least deprived was even greater, at 18.2 years for men and 19.1 years for women. Health inequalities can be deepened because of factors such as mental health problems, homelessness, and an inability to access healthcare.

It is expected that Wales' ageing population will increase the demand for public services in the medium to long term. As populations age, there is likely to be a greater proportion of people experiencing **chronic health conditions** and multi-morbidities, both of which increase cost and resource pressures on health and social care services. Current projections estimate that to meet demand, expenditure on health will grow from 7.3% of GDP in 2014-15 to 8.3% in 2064-65 and from 1.1% to 2.2% of GDP on long term care up during the same period.

Projections show that within Wales and the UK as a whole, the old age dependency ratio, which gives an approximation of the number of people being supported by the working age population, will drop considerably over time until 2037. This means that the number of those most likely to require publicly funded services will increase relative to the number of economically active people that are able to provide tax revenue.

4.13 Conclusion

It is clear from the evidence and data presented in this Assessment that there are large inequalities in health across Gwent. Some areas (such as Blaenau Gwent) consistently have poorer life expectancy, more ill health, and more unhealthy behaviours. This correlates with socio-economic deprivation, where in the relatively affluent Monmouthshire, life expectancy and health are generally better. However, for pockets within Gwent overall, health issues are significant.

Less people have been coming forward in relation to health issues such as cancer due to the pandemic, and it is likely that cancer registrations will increase in the next few years, and people will be more likely to be diagnosed at a later stage.

In general, recent trends in baby and children's health and development are positive and appear to be responding to increased interventions targeting this section of the population, such as Flying Start. Anecdotally there is evidence that young children are being adversely affected in terms of their development due to the pandemic, so even more targeted action will be needed to reverse this.

Living healthy lifestyles and reducing health harming behaviours (such as smoking, drinking, being overweight and leading sedentary lives) will help to ensure that healthy life expectancy within the population improves. Diabetes has been described as a 'ticking time bomb' with individuals not realising that they may be living with the condition.

Poor mental health and loneliness are issues which affect many population groups within Gwent, both younger and older, and the pandemic has had significant impacts on these issues, which are likely to be felt for many years to come. There are a number of future trends and challenges facing our population, particularly around health inequalities between the different communities of Gwent, the challenges of an ageing population and the possible impact on demand for health and social care services, and the need to embrace new technologies to enable our population to be more involved in their own healthcare. These are all challenges which Gwent will need to deal with going forward.

5 Housing

5.1 Introduction to housing

A safe, warm and well maintained home is a vital part of people's lives – it affects their health, their quality of life and the opportunities available to them. Decent homes are essential for well-being. The quality of housing across all tenures is important, as well as households having adequate income levels to ensure that people are not living in fuel poverty in their homes, and can afford to heat their homes, especially during the cold winter months.

Housing is also central to our communities, and it drives the demand for local services, shops and facilities and can attract outward investment. Without a settled home people may have difficulties accessing employment, education, training, and health services.

All development, including housing, has an impact on the environment and needs to be undertaken in a way that is sensitive to local areas, limits energy consumption and embraces a sustainable approach to planning and design.

In Wales, planning involves making decisions about the future of our cities, towns and countryside. This is vital to balance the desire to develop the areas where we live and work, with ensuring the surrounding environment isn't negatively affected for everyone. It includes considering the sustainable needs of future communities. The planning system in Wales has involved two main levels of plans setting out what can be built and where: The Wales Spatial Plan and Local Development Plans (LDPs). The LDPs, together with the Wales Spatial Plan, determine how the planning system will help shape all communities in Wales⁹⁹.

Having somewhere safe and secure to live is fundamental to well-being. Gwent has a varied housing stock ranging from new build, older non-traditional construction, typical valleys terraced housing through to historic homes with listed status.

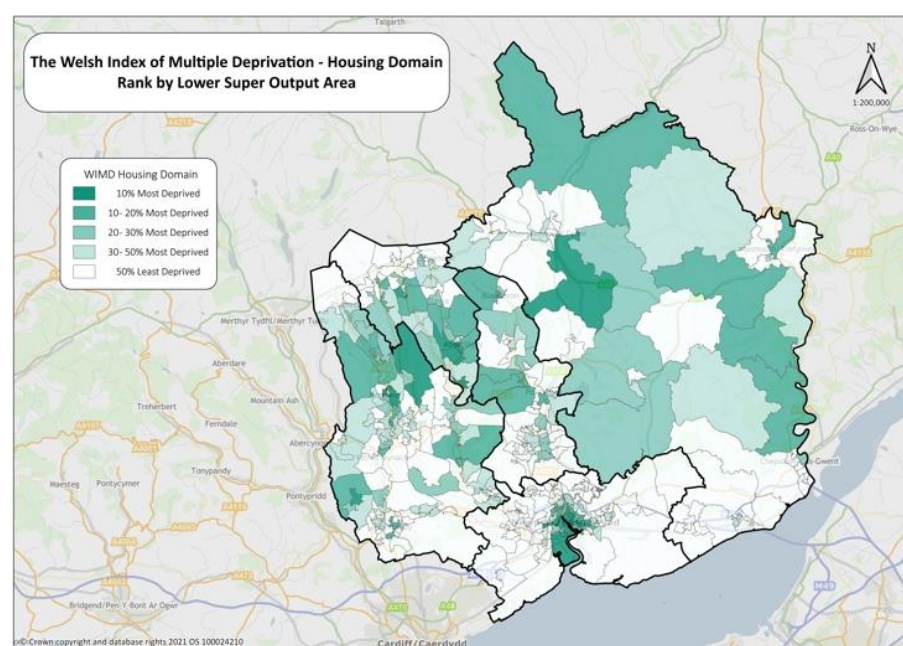
A key challenge is ensuring that there is sufficient supply of good quality housing located in the right location, including affordable housing, to meet the needs of our communities. We know that the population is ageing – the number of people aged 85 and over living in Gwent is projected to increase by 74% between 2019 and 2043, slightly higher than the Welsh average (69.5%). For Gwent this could mean an extra 10,615 people in this age range¹⁰⁰. Housing built now will leave a legacy for future generations living in Gwent.

5.2 Housing deprivation

The Welsh Index of Multiple Deprivation (WIMD) housing domain is constructed of indicators on people living in over-crowded households and poor-quality housing (which measure the likelihood of housing being in disrepair or containing serious hazards, for example, risk of falls or cold housing).

The purpose of the housing domain is to identify inadequate housing, in terms of physical and living conditions and availability. Living conditions mean the suitability of the housing for its inhabitant(s), for example, in terms of health and safety and necessary adaptations. It is not always expected that measures of housing deprivation will correlate strongly with overall deprivation. However, the compounding effect of poor housing along with other components of deprivation (such as health) can be significant and is important to capture.

Figure S76: Welsh Index of Multiple Deprivation 2019 Housing Domain for LSOAs in Gwent



Source: Welsh Government

Figure S76 shows the location of areas which are the most deprived in terms of housing within Gwent. The pattern of housing deprivation across Gwent is quite disparate, for example, the map shows that some of the areas which are most deprived in terms of housing are clustered around Newport city centre, which has 12 LSOAs in the top 10% most deprived category in Wales. Victoria 3 is the most deprived LSOA in terms of housing in Gwent and is the 10th most deprived LSOA in Wales. Housing deprivation is also noticeable in some of the more rural areas of Monmouthshire, where often other categories of deprivation are generally low.

Figure S77 shows the WIMD 2019 data at a local authority level and shows the concentration of the most deprived areas in Gwent for the housing domain. This shows that Blaenau Gwent (61.7%) has the highest concentration of areas ranked in the top 50% most deprived LSOAs in Wales, followed by Caerphilly (55.5%).

Figure S77: Percentage of LSOAs in each local authority of Gwent in the most deprived 10%, 20%, 30% and 50% categories in Wales as a whole

WIMD 2019 Housing Domain deprived areas, by local authority					
	Total LSOAs	Most deprived 10% LSOAs in Wales (ranks 1 - 191)	Most deprived 20% LSOAs in Wales (ranks 1 - 382)	Most deprived 30% LSOAs in Wales (ranks 1 - 573)	Most deprived 50% LSOAs in Wales (ranks 1 - 955)
Caerphilly	110	3.6%	12.7%	24.5%	55.5%
Blaenau Gwent	47	10.6%	27.7%	40.4%	61.7%
Torfaen	60	0.0%	13.3%	23.3%	38.3%
Monmouthshire	56	1.8%	10.7%	17.9%	35.7%
Newport	95	12.6%	25.3%	27.4%	37.9%

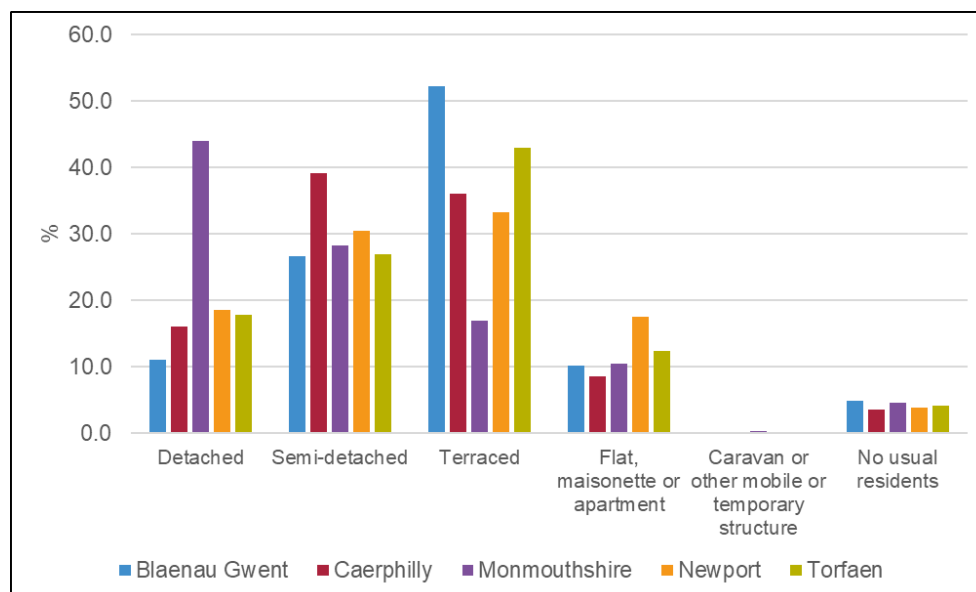
Source: Welsh Government

5.3 Households

Across Gwent there were estimated to be 256,700 households in 2020¹⁰¹. Caerphilly had the highest figure (77,242) whilst Blaenau Gwent had the lowest figure (31,371). Projections show an increasing number of households across all areas in Gwent, but most significantly in Newport, where the number of households is expected to increase by 19% by 2043¹⁰².

In Gwent overall, the most abundant household type consists of two adults and no children, followed by single person households. Blaenau Gwent and Newport differ to other areas, in that single person households are most common in those areas¹⁰³.

Figure S78: Household spaces and accommodation type



Source: 2011 Census Table KS401EW

Figure S78 shows that in the 2011 Census, terraced properties were the most common housing type in the Blaenau Gwent, Torfaen and Newport local authorities. Semi-detached was the most common housing type in Caerphilly and detached was the most common housing type in Monmouthshire.

Blaenau Gwent had the highest proportion of households (4.8%) with no usual residents in the 2011 Census, and Caerphilly had the lowest proportion (3.6%).

Whilst it is recognised that these figures are now significantly out of date, it is the best data available at the current time. Results from the 2021 Census will be available in 2022 and 2023.

5.4 Housing tenure

Dwelling stock estimates from March 2020¹⁰⁴ show the differing tenure of properties in each of the local authorities in Gwent. While Caerphilly retains their local authority housing stock, the other areas in Gwent have transferred their housing stock to Registered Social Landlords (RSLs).

Figure S79: Dwelling stock estimates by local authorities in Gwent

	Local Authority	Registered Social Landlord	Owner occupied	Privately rented
Blaenau Gwent	0%	24%	62%	14%
Caerphilly	13%	5%	69%	12%
Monmouthshire	0%	13%	76%	11%
Newport	0%	19%	66%	15%
Torfaen	0%	24%	67%	9%
Wales	6%	10%	70%	14%

Source: StatsWales

Figure S79 shows that Monmouthshire has the highest proportion of owner-occupied properties, and Blaenau Gwent and Torfaen have the highest proportion of rentals from a housing association or RSL. Newport has more properties rented from private landlords than other local authorities.

Social housing should be compliant with the Welsh Housing Quality Standard (WHQS) as set out by Welsh Government. Of the housing stock held by the various social landlords in Gwent, at the end of 2019 75% of housing stock was fully compliant, 24% was compliant subject to acceptable fails and 1% was non-compliant. This is broadly similar with the average figures across Wales¹⁰⁵.

Ensuring the housing stock in Gwent meets the needs of the population now and into the future is vital to well-being. This involves considering the correct mix of housing, for example, the private rented housing sector is growing in Wales and is vital in providing homes for people who can neither access social housing nor purchase their own homes¹⁰⁶.

Providing appropriate housing to meet the needs of the population in Gwent, including older people and disabled people, is essential, so that people are able to access suitable accommodation that meets their needs, are not trapped in unsuitable accommodation or need to move from their communities to access more suitable housing. Planning for flexible, adaptable accommodation that is appropriate across the whole life course will improve the well-being of older people and those with disabilities and enable them to live independently at home.

A key social policy development has been caused by welfare reform, namely the spare room subsidy, commonly referred to as the 'bedroom tax'. This has limited the level of housing benefit available to some tenants who under-occupy a property by having a spare bedroom. This has led to an increase in demand for one and two-bedroom properties and is more likely to be an issue in areas with higher tenancy levels and smaller households.

Data from the 2011 Census shows that in Gwent, the highest proportion of households without central heating are in Monmouthshire. More households in Newport are likely to be over-occupied, when considering the number of rooms available to the size and composition of the household¹⁰⁷.

5.5 Affordability


Across Gwent, house prices have risen consistently over the last 5 years.


Figure S80: Average sold house price for local authorities in Gwent, 2016 to 2020

	2016	2017	2018	2019	2020	5yr change (%)
Blaenau Gwent	£94,515	£99,484	£100,645	£108,869	£109,498	15.9
Caerphilly	£132,835	£140,499	£145,032	£152,700	£159,854	20.3
Monmouthshire	£250,352	£261,301	£281,746	£289,994	£312,219	24.7
Newport	£176,477	£179,606	£189,544	£201,713	£211,593	19.9
Torfaen	£147,761	£154,123	£171,629	£174,491	£180,052	21.9

Source: HM Land Registry

Contrasting these figures with the average pay for the region allows a ratio to be calculated of house price to income¹⁰⁸:

Average annual gross pay 	Average annual pay across Gwent during 2020 ¹⁰⁹ .	
	Area	Average annual pay (gross)
	Blaenau Gwent	£28,531
	Caerphilly	£31,550
	Monmouthshire	£41,285
	Newport	£32,187
	Torfaen	£33,405

House price to income ration 	Area	House price to income ratio
	Blaenau Gwent	3.8
	Caerphilly	5.1
	Monmouthshire	7.6
	Newport	6.6
	Torfaen	5.4

There are big differences in the house-price-to-income ratio across Gwent. Single homebuyers would have to spend 7.6 times their salary in Monmouthshire and 3.8 times their salary in Blaenau Gwent to be able to purchase a property¹¹⁰. This means that most single people and lower income households across Gwent would have difficulty buying, based only on how much they earn. Therefore, having enough social housing is increasingly important, especially for low-income households.

Affordable housing is important for well-being. The gap between house prices and earnings can make it more difficult for those attempting to enter the housing market for the first time, particularly those with low earnings or without access to large deposits. The latest Wales Government data shows the units of affordable housing were constructed in 2019-20, and the numbers planned for 2020-21¹¹¹.

Figure S81: Affordable housing units constructed and planned in local authorities in Gwent

	2019-20 Delivered	2020-21 Planned
Caerphilly	126	86
Blaenau Gwent	12	138
Torfaen	141	74
Monmouthshire	113	165
Newport	239	232

Source: Welsh Government

The combined figure for 2019-20 for Gwent represents 21% of the Welsh total, and the planned amount for 2020-21 is 17% of the Welsh total. The units constructed in 2019-20 across Gwent were delivered by RSLs except in Caerphilly, where 9 of its 126 units were delivered by the local authority¹¹². Across Wales, 62% of affordable housing units were delivered with capital grant funding – this was the same percentage in Gwent but ranged from 46% in Monmouthshire to 86% in Newport¹¹³.

5.6 Fuel poverty

Low income households can spend a disproportionate amount of their income on heating their homes. People living in poorly insulated and/or poorly heated homes may also have high energy costs. We know that there are high levels of fuel poverty in many areas across Gwent, something that is being exacerbated by rising energy costs, and in particular the large increases that have been seen in 2021 and 2022.

A household is regarded as being in fuel poverty if they are unable to keep their home warm at a reasonable cost. In Wales, this is measured as any household that would have to spend more than 10% of their income on maintaining a satisfactory heating regime. Any household having to spend more than 20% is defined as being in severe fuel poverty. Vulnerable households are defined as those with a person aged 60 years or over, a child or young person under the age of 16 years and/or a person who is disabled or has a long-term limiting condition¹¹⁴. Households at risk of fuel poverty are defined as those needing to pay more than 8%, but less than 10% of their full household income to maintain a satisfactory heating regime. Households in persistent fuel poverty are those needing to pay more than 10% of their full household income to maintain a satisfactory heating regime in two out of the three preceding years¹¹⁵.

Some of the headline results from the Fuel Poverty Estimates for Wales 2018 show the following:

- households living in the private rented sector were more likely to be fuel poor, with 20% of these households living in fuel poverty
- living in a cold, damp environment is believed to exacerbate health problems such as asthma and heart conditions, and 11% of all vulnerable households with these types of residents were in fuel poverty
- 50% of those living in fuel poverty were single person households without children
- households living in older properties are more likely to be fuel poor, and 20% of households living in pre-1919 dwellings were fuel poor

- 21% of households living in properties with uninsulated solid walls were fuel poor and 39% of people living in properties that do not have central heating were fuel poor
- 43% of households living in properties with poorer energy efficiency (EPC Bands F and G) were fuel poor compared to 5% of households living in properties in bands B to C

The Welsh Government has undertaken modelling¹¹⁶ to estimate fuel poverty at a local authority area for the period April 2017 to March 2018. Figure S82 shows the estimated fuel poverty for local authority areas in Gwent. This ranges from 8% in Torfaen to 11% in Blaenau Gwent, although all were lower than the Wales average figure of 12%. However, anecdotally these figures at a local authority level mask pockets of fuel poverty in smaller areas, particularly in the more deprived areas across Gwent, and where households are reliant upon non-standard fuel (e.g. not on mains gas) for meeting their household needs.

Figure S82: Households in fuel poverty by local authority in Gwent, 2018

	All households	Households in fuel poverty	Percentage of households in fuel poverty
Caerphilly	77,000	7,000	9%
Blaenau Gwent	31,000	3,000	11%
Torfaen	40,000	3,000	8%
Monmouthshire	39,000	4,000	10%
Newport	63,000	6,000	9%

Source: Welsh Housing Conditions Survey 2017-18

Whilst projections of milder winters associated with a changing climate may help to reduce fuel poverty, we know that much of our housing stock has poor thermal efficiency and is harder and more expensive to heat in cold weather, or cool in hot weather. The UK Climate Risk Assessment 2017 identifies that cold is expected to remain a significant cause of death¹¹⁷.

5.7 Homelessness

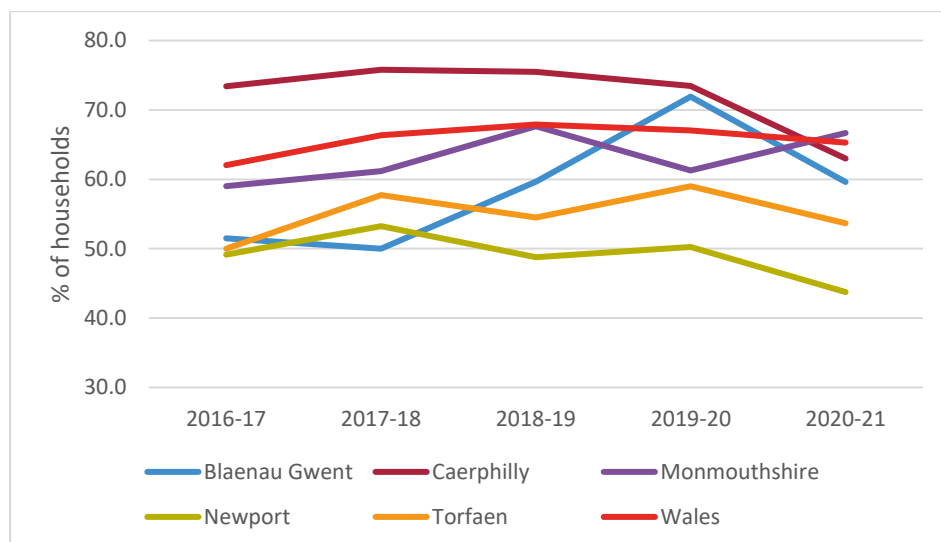
Homelessness is where a person lacks accommodation, or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy accommodation. This would include overcrowding, 'sofa surfing', victims of abuse and many more scenarios. A person is also homeless if their accommodation is a moveable structure and there is no place where it can be placed.

Homelessness, or the risk of it, can have a devastating effect on individuals and families. It affects peoples' physical and mental health and well-being, and children's development and education, and risks individuals falling into a downward spiral toward the more acute forms of homelessness. The impacts can be particularly devastating if a stable, affordable, housing solution isn't achieved, and people end up having to move frequently.

The Welsh Government recently released official statistics on statutory homelessness provision between April 2020 and March 2021 in Wales¹¹⁸. As the pandemic continues and the cost of living increases this will continue to affect people as well as service delivery, and public services are likely to continue facing mounting homelessness challenges in the coming months. The impact of the Covid-19 pandemic on homelessness will need to be further assessed.

In its broadest terms, 'homelessness prevention' is where a local authority takes positive action to provide housing assistance to someone who the authority considers is threatened with homelessness within 56 days. The percentage of households successfully prevented from homelessness for each local authority in Gwent is shown in Figure S83¹¹⁹.

Figure S83: Households prevented from homeless by local authority in Gwent, 2016/17 to 2020/21



Source: Welsh Government

During 2020-21, 3,729 households were placed in temporary accommodation across Wales. This is an increase of 60% on 31 March 2020, and is the highest figure recorded since the introduction of the current legislation in April 2015. Since the onset of the Covid-19 pandemic the approach to homelessness has been transformed, with the introduction of a 'no-one left out' approach, which has led to many households being supported into emergency temporary accommodation. It is likely that the figure for 2020-21 is a result of these changes, as well as the increase in funding to ensure everyone requiring help has been able to access to suitable accommodation, in order to keep them safe and adhere to public health guidelines¹²⁰.

The number of households in temporary accommodation increased in the majority of local authorities in Wales between 2019-20 and 2020-21. All areas in Gwent saw an increase in households in temporary accommodation during this period, with Newport, Monmouthshire and Caerphilly seeing the largest increases.

Figure S84 shows the number of homeless households who were in temporary accommodation on 31st March 2021 as a rate per 10,000 households for local authorities in Gwent. Across Gwent, Newport reported the highest number of households in temporary accommodation (346) and the highest rate (52.0 cases per 10,000 households,) whilst Blaenau Gwent reported the lowest number of households in temporary accommodation (38) and the lowest rate (12.1)¹²¹.

Figure S84: Homeless households in temporary accommodation for local authorities in Gwent as at 31st March 2021

	Number of households in temporary accommodation as at 31 st March 2021	2020 Mid-year household estimate	Rate per 10,000 households
Blaenau Gwent	38	31,371	12.1
Caerphilly	224	77,242	29.0
Monmouthshire	131	40,712	32.2
Newport	346	66,543	52.0
Torfaen	88	40,813	21.6

Source: Welsh Government

During the pandemic, the level of demand for homelessness accommodation increased in line with guidance changes to support the homeless through the pandemic. There is a need to further assess the impact of the pandemic on homelessness in Gwent and consider future policy intentions as we start to emerge from the pandemic.

5.8 Future trends and challenges

Future generations living in Gwent will need housing stock that meets their needs. We know that Gwent has an ageing population, for example, and that affordability of housing is an issue for many people. We also know that there are many challenges associated with decarbonising housing. We will also need housing to be resilient to a changing climate.

Much of Gwent's housing stock has poor thermal efficiency and is harder and more expensive to heat in cold weather or cool in hot weather¹²². Although milder winters associated with a changing climate may help to reduce fuel poverty, the UK Climate Risk Assessment 2017 identifies risks to health and well-being from high temperatures. It also highlights that the level of risk to current and future homes in Wales is unknown¹²³.

Energy and environment have been identified as a priority sector within the Cardiff City Region, with the potential to create prosperity in the region over the next 10 – 20 years¹²⁴. This will include opportunities related to decarbonising the region's housing stock, with the potential to create local jobs and to generate more renewable energy locally.

A recent study carried out for Gwent¹²⁵ identified that wind has the potential to generate sufficient electricity to power over 300,000 homes, and that ground mounted solar could potentially generate enough electricity to power the equivalent of over 4 million homes. Although there is significant potential for generating renewable energy in the region, there are other pressures and calls on available land and the valuable services that it contributes to our well-being, including housing and supporting biodiversity. All of these will have to be considered and evaluated, to ensure that the most suitable options for well-being are chosen.

Flooding can have a variety of consequences and impacts, not only on well-being but wider economic, environmental and social factors. Flooding events can significantly impact homes, businesses, key infrastructure and whole communities. Further assessment of the flood risk in Gwent and residential properties at risk is in the Environment section of this Well-being Assessment.

As reported in 2017, housing need in Wales was growing, due to the number of households increasing faster than the number of available properties. The number of single person households is predicted to rise by over 30% in the next 20 years. Despite this, there is likely to be less suitable land available for development, as flood plains and other lower lying land becomes increasingly prone to flooding¹²⁶.

Recent house price increases are likely to exacerbate the issues of first-time buyers trying to get on the housing ladder and be a barrier for some in being able to reside in the areas they were raised or currently work.

6 Transport

6.1 Introduction to transport

This section tells us about transport in Gwent – how people travel, where they travel and journey times.

Strategically placed as the gateway to South Wales, Gwent offers routes by road, rail, cycling and walking to many of the places and attractions people want to visit for business or pleasure. The area has many transport options, including the two Severn Crossings providing direct links into England and beyond, and the improved Heads of the Valleys road connecting communities east to west. The Monmouthshire-Brecon Canal, Offa's Dyke path, and national coastal path, as well as local rights of way and national cycle routes, enable people to enjoy the stunning countryside the area has to offer.

Good transport links are critical to the local economy, enabling the goods, services, and raw materials that we all rely on to be available where and when we need them. Being able to move around easily plays an important role in people's everyday lives, getting children to school and people to work, as well as connecting friends and family. It also enables people to access the countryside for recreation, to visit historic and cultural attractions, and to access sports and leisure facilities, helping people to stay healthy and active.

We know that active travel can help support an ageing population stay healthier for longer, and that access to and affordability of transport is an issue for parts of our communities. We know that lack of transport, the relatively high cost, accessibility and safety concerns can be barriers to people accessing work or education and cultural activities.

Many of our current transport modes are having a negative impact on our environment and people's health, changing our climate and increasing pollution, and we will need to look at different ways of meeting our travel needs in the future. We have seen how extreme weather events have disrupted our transport systems and so future approaches will need to be resilient to a changing climate.

The Covid-19 pandemic has shown us that we don't always need to travel, that some things can be done remotely using digital technology, although some members of our community are less able to utilise this option. Technological developments in transport are also advancing and are likely to shape mobility for future generations.

6.2 Transport infrastructure

Future generations may not travel as much or as far for work, with more local employment opportunities and digital connectivity allowing people to work differently.

However, as the pandemic has shown, travel remains important for many sectors and jobs, people will still need health and care services, buy food and other goods in the shops, as well as seeing their friends and loved ones. Therefore, improving transport infrastructure (in particular sustainable forms of transport) across the region will ensure future generations living in Gwent will be able to access work opportunities, leisure and all manner of social interactions.

Being able to travel easily, affordably and sustainably will also assist in combating feelings of remoteness and isolation that have been a common theme from our engagement activity, and that disproportionately impact the old, the young and the less abled.

Transport planning is a key part of any future development in the Gwent area. It has the potential to promote the relocation of our shops, offices, schools, hospitals, etc. back to our towns and city centres and away from car-based 'out of town' locations. With better access to affordable, reliable public transport people are more likely to use local shops and services, benefiting and developing the local and regional economy¹²⁷.

6.2.1 Regional transport infrastructure

The M4 motorway is the main regional road travel route along the west to east corridor, connecting Gwent with Cardiff, Bristol and the West, and Swansea and the holiday areas on the East coast of Wales. The South East Wales Transport Commission was established to investigate sustainable ways to tackle congestion on the M4 in the region. It found that significant new transport options are needed, rather than traditional road building, recommending a 'network of alternatives', including those that can be delivered through modification to the existing rail and road network¹²⁸. Recommendations complement existing plans for the Cardiff Capital Region (CCR), which focus on the connectivity and cohesion of transport infrastructure in South East Wales, with significant investment being made in the South Wales Metro¹²⁹. This will deliver an integrated public transport network, largely concentrated on north to south travel between the Valleys and Cardiff, linking rail and bus, making it easier to travel across the region (including Gwent) through faster, more frequent, and more joined-up public transport, and giving people an alternative to travelling by private transport.

Figure S85: South Wales Metro rail map



Source: Transport for Wales

The development of the Metro system will also benefit the wider economy, by supporting labour markets and enabling access to more employment opportunities. Cardiff City Region has identified transport engineering as a priority sector important for the region's economy over the next 10 – 20 years¹³⁰. Given that manufacturing forms an important part of Gwent's employment base, the region is well placed to contribute to this sector going forward. The Welsh Index of Multiple Deprivation Access to Services domain identifies that many of those living in our most deprived areas are also those who find it hardest to access the services they need by affordable, reliable public transport. The development of the Metro system may improve this through modern, accessible transport links.

The Heads of the Valleys Road (A465) is also a key strategic transport route from east to west across the north of Gwent. Now the dual carriageway has been completed along its length, this road provides significant opportunity for economic development, as well as linking the region to the Midlands and to West Wales.

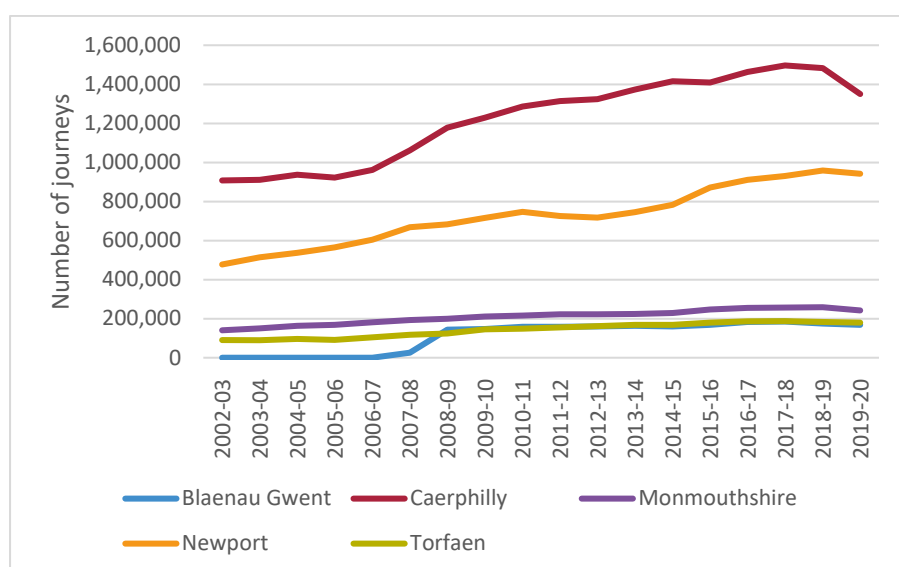
6.2.2 Public transport

This part of the Assessment tells us about public transport in Gwent, and how easy and affordable it is to use. Public transport should be accessible and inclusive and support and enable people to fully participate in all aspects of life, such as work, volunteering, socialising, and accessing services. Travelling by public transport should be a safe and pleasant experience, which helps people to live independently and to access services in the community. Public transport also needs to be affordable and to take people to where they want to go, when they need to go there, especially if more people are to be discouraged from using their cars.

Public transport provision varies significantly across Gwent, and also within local authorities. Public transport routes mainly run from north to south, linking communities with Newport and Cardiff. However, some communities, such as those living in the Sirhowy and Ebbw Fach valleys, or rural Monmouthshire do not have nearby train stations, making travel by public transport more difficult. In addition, because public transport routes mainly run from north to south, travel from east to west across Gwent is very difficult without relying on cars. This makes it difficult to access employment opportunities, particularly given the high levels of commuting out of boroughs, with journeys to Newport or Cardiff easier than journeys from east to west.

The number of journeys taken by rail varies enormously across Gwent. Far more train journeys are made in Caerphilly and Newport compared with Blaenau Gwent, Torfaen and Monmouthshire as Figure S86 shows, and these two local authorities have seen a significant increase in the number of train journeys made between 2002-03 and 2019-20. In contrast, there has been very little increase in the other 3 local authorities, with the exception of Blaenau Gwent in 2007-08, when the Ebbw Vale to Cardiff railway line opened (previously there were no railway stations in Blaenau Gwent). Although to some extent the huge variation in passenger numbers reflects the larger populations in Caerphilly and Newport, it also reflects the proximity and number of railway stations.

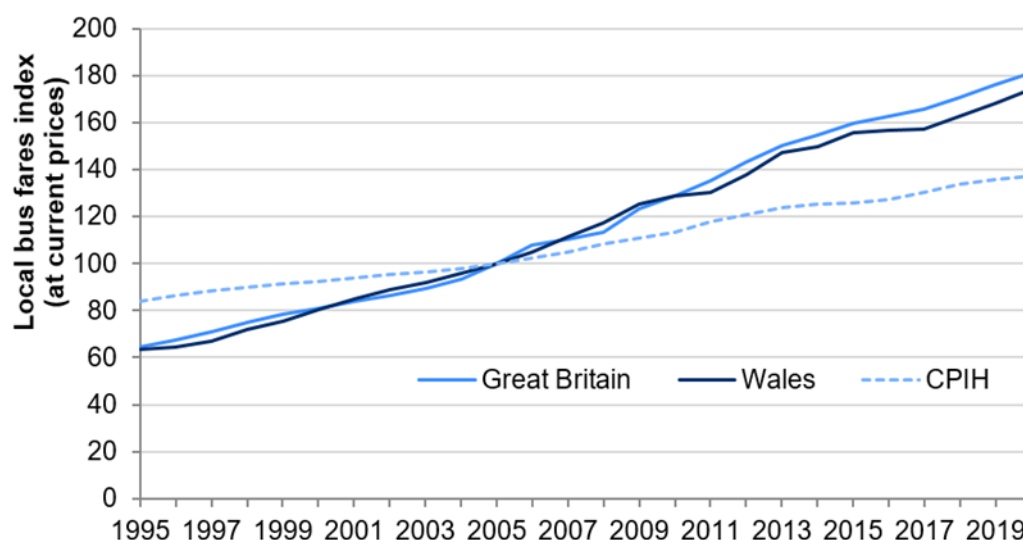
Figure S86: Rail journeys by local authorities in Gwent, 2002-03 to 2019-20



Source: StatsWales

The cost of public transport is a barrier to increasing public transport use. Data for Wales (see Figure S87) shows that although the cost of bus travel in Wales has increased at a similar rate to Great Britain, this rate significantly exceeds the Consumer Price Index (including owner occupier housing costs) (CPIH)¹³¹. In other words, the cost of bus travel is increasing at a rate that is faster than people's income is increasing, making it less accessible for those on lower incomes. As an example, in 2020 there was a 3.5% increase in bus fares, compared to inflation of 2.3%. This also means that people on lower incomes can find it harder to access employment and social opportunities.

Figure S87: Local bus services fare indices for Wales and Great Britain, 1995 to 2020



Source: Welsh Government¹³²

However, the alternative of car ownership can be unaffordable for people on low incomes. In Wales, two-thirds of single pensioners have no car, leaving them isolated and less able to access key services, particularly in rural areas¹³³.

As well as the cost of public transport being prohibitive for some, the South East Wales Transport Commission identified that the existing rail, bus and active travel networks do not accommodate the range of journeys that people make. Local bus services account for three out of four journeys made by public transport in South East Wales, with around 30 million bus trips taken every year. Bus and coach services have the potential to reduce congestion on the M4 around Newport and also provide many wider societal benefits. The Commission also identifies the significant potential for greater use of rail in the region. As South East Wales develops and grows, there is an increasing need for new sustainable transport options¹³⁴.

One potential solution to the challenge of making public transport more accessible and flexible that is being trialled is Fflecsi buses¹³⁵, a partnership between local bus operators and Transport for Wales. The aim is to help people use public transport for local journeys, by enabling passengers to be picked up and dropped off on request at suitable locations. The scheme is currently operating in both Newport and Blaenau Gwent.

Evidence has identified that the pandemic has had an impact on bus and rail passenger numbers, with an estimated 95% decline in the use of public transport in the early days of the pandemic compared to the same period the year before. Car use has recovered much more rapidly than bus and rail use¹³⁶. Public transport forms a significant part of Welsh Government's short-term priorities and long-term ambitions for the transport system in Wales, as set out in their 2021 Transport Strategy¹³⁷. Setting priorities for transport in Gwent and Wales, the focus of the strategy includes transforming the customer experience, reliability and punctuality, reducing the cost of public transport and supporting digital innovation, to improve journey planning and booking, develop integrated ticketing, and improve real-time information for passengers.

There is also a need to minimise the impact of public transport on the environment. Welsh Government's 'Net Zero Wales Carbon Budget 2 (2021 – 2025)' sets out an aim to reduce carbon emissions from passenger transport by 22% in 2025 (from 2019) and 98% in 2050, through demand reduction, modal shift and the uptake of low carbon technologies¹³⁸.

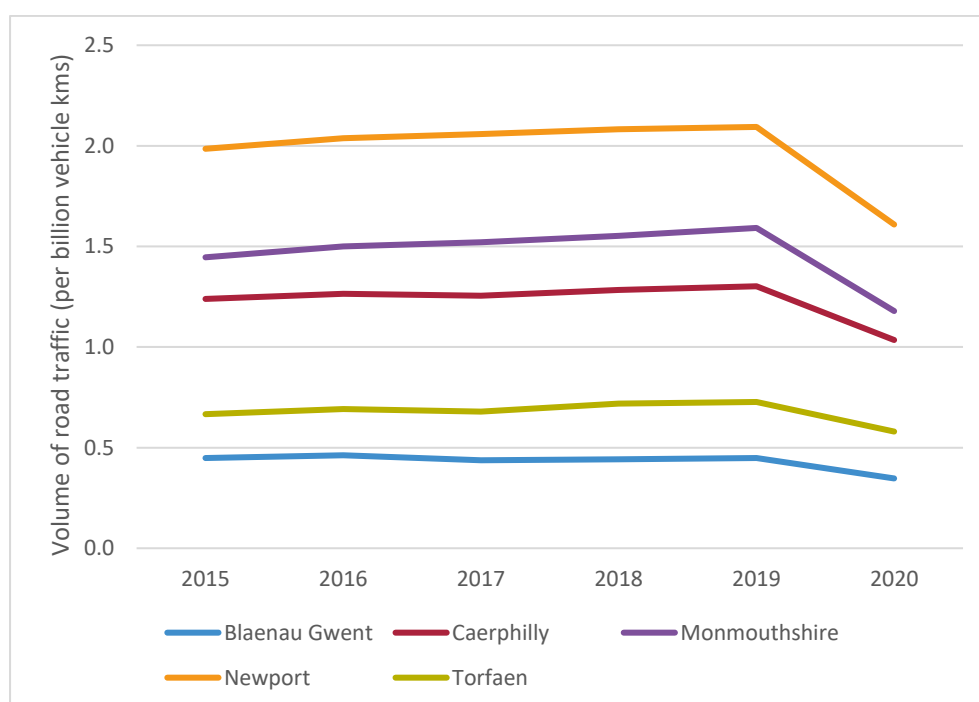
6.2.3 Private transport

Welsh Government aims to reduce the overall number of car miles travelled per person by 10% by 2030. By 2025, the ambition is that 10% of passenger travel will be by zero emission car and for 48% of new car sales to be zero emission¹³⁹.

To achieve this there is a need to ensure that using public transport or travelling actively is the easiest option for people to take and look at how our digital infrastructure can enable people to use their cars less.

Figure S88 shows the wide variation in vehicle miles travelled in each local authority, measured in billion vehicle kilometres travelled. Blaenau Gwent and Torfaen have far fewer kilometres travelled on their roads, which reflects the smaller geographical area. Newport has by far the highest number of kilometres travelled, despite its relatively small geographical area, as it is a key centre for employment, retail and leisure, and many people from the region travel there daily and use its road infrastructure. Monmouthshire has the next highest distance, due to its rural nature and strategic location as the gateway to Wales, with the M4, M48 and trunk roads to the Midlands and the Valleys and South West Wales. Caerphilly also has significant distances travelled on its roads, probably reflecting its large geography and high levels of commuting to Newport and Cardiff.

Figure S88: Road traffic by local authorities in Gwent, 2014 to 2019



Source: StatsWales

Between 2014 and 2019, Blaenau Gwent traffic levels have remained constant, whereas each of the other areas in Gwent have increased, most notably in Monmouthshire and Newport. Increase in traffic levels means an increase in pollution and a deterioration in air quality across Gwent. In Gwent there are 2 Air Quality Management Areas in Caerphilly, 2 in Monmouthshire and 11 in Newport, all declared because of nitrogen dioxide levels as a result of traffic pollution along busy roads and motorways¹⁴⁰. Nitrogen dioxide is also damaging to human health, causing and making worse respiratory conditions like asthma¹⁴¹.

In order to reduce the environmental and health impacts of car use, it will be essential to support the transition to zero emission ways of travelling. This will include increasing active travel and by increasing the use of zero emission vehicles, including those privately owned, buses and taxis. Gwent will need a network of electric vehicle charging points. Public bodies have already worked together to install 62 new dual electric vehicle 22kw fast charging units at 34 sites across Gwent, with many further installations already taking place or planned around the region, including through Cardiff Capital City Region.

Hydrogen also has a role to play in Gwent's journey to zero emission transport. Monmouthshire council has already undertaken a feasibility study into the opportunities to use hydrogen in its fleet¹⁴², and this learning has been shared across Gwent. In addition, the Cardiff Capital Region has set out its pathway to develop the hydrogen sector in the region¹⁴³.

6.2.4 Active travel

Walking and cycling can make an important contribution to local transport needs. Active Travel is a term used to describe walking and cycling that replace car journeys to get to work, shops, school, go to a place of leisure, or go to the station to catch a train. The Active Travel (Wales) Act aims to make active travel the most attractive option for shorter journeys. It places a duty on councils to continuously improve their active travel routes, and plan how routes will join up to form networks, so that people can more easily get around by cycle or as a pedestrian.

Encouraging more people to walk or cycle will enable them to enjoy the health benefits these offer. The decrease in car use that would come with increased uptake of active travel will also help to improve air quality, having a positive impact on everybody's health.

However, UK research identifies a number of barriers to active travel. Recent research with 50 to 70 year olds identified that distances that are too long, poor weather, safety concerns, fear of traffic, lack of confidence and reducing mobility are all barriers to more active travel in this age group¹⁴⁴. Women cycle less than men for a range of reasons, including safety fears, concern (particularly in teenage years) about their appearance and because they more often are taking children with them or carrying shopping¹⁴⁵.

In Gwent, the hilly terrain, long distances between settlements and high levels of out commuting all combine to make active travel more challenging. In some parts of Gwent, E-bikes are being trialled as a way of making cycling a more viable travel option for those living in hilly or rural areas, or for older people, and in future in Gwent we are likely to see E-bikes becoming an important way of making active travel accessible for more people.

Each of the five council areas in Gwent have mapped existing routes and have plans for integrated networks. Further information can be found on each local authority's active travel webpages.

- Blaenau Gwent - [Blaenau Gwent CBC: Active Travel Programme 2021-22](#)
- Caerphilly - [Caerphilly - Caerphilly County Borough](#)
- Monmouthshire - [Monmouthshire Active Travel - Monmouthshire](#)
- Newport - [Active travel | Newport City Council](#)
- Torfaen - [Active Travel Routes & Schemes | Torfaen County Borough Council](#)

The Welsh Government Active Travel Action Plan for Wales wants to increase levels of walking and cycling in Wales to realise the many benefits that travelling actively brings – for individuals and for society¹⁴⁶. Children and young people are a priority: active behaviours learnt and mainstreamed early will help establish healthy behaviours for life. Local authorities in Gwent have been successful in attracting significant funding from Welsh Government to increase active travel.

Many of the public bodies in Gwent have signed up to the Healthy Travel Charter, which commits them to supporting and encouraging healthy and sustainable travel options.

6.3 Where people travel

6.3.1 Access to services and facilities

The WIMD Access to Services domain measures deprivation caused by a household's inability to access a range of services considered necessary for day-to-day living, both physically and online.

It measures the travel times to a range of services as a proxy for wider physical access to services. Each indicator measures an average return journey time (in minutes) from the home to the nearest service, by both public and private transport. The domain also includes a new indicator, measuring access to digital services. In the WIMD 2019 Access to Services domain, high levels of deprivation were widespread across rural areas of Wales, where there are few local services and limited public transport¹⁴⁷.

If the WIMD 2019 data is considered at a local authority level, to look at identifying the concentration of the most deprived areas in Gwent for access to services, Monmouthshire has the most areas that have difficulty (or deprivation) in accessing services (see Figure S89)¹⁴⁸. This is likely to be due to the rural nature of Monmouthshire. Looking at the actual travel times shows the significant time it takes residents in some of the most deprived areas in Gwent to travel to a variety of basic services, particularly using public transport. For example, the average public and private transport return travel times to a GP surgery is 69 minutes by public transport and 9 minutes by private transport for the

St James 1 LSOA in Caerphilly, 172 minutes by public transport and 19 minutes by private transport for the Llantilio Crossenny LSOA in Monmouthshire, and 72 minutes by public transport and 11 minutes by private transport for the Llanwern 1 LSOA in Newport¹⁴⁹.

Figure S89: Number and percentage of LSOAs in each local authority of Gwent which were in the top 10%, 20%, 30% and 50% categories in Wales for the Access to Services domain of WIMD 2019

WIMD 2019 Access to Services deprived areas, by local authority					
	Total LSOAs	Most deprived 10% LSOAs in Wales (ranks 1 - 191)	Most deprived 20% LSOAs in Wales (ranks 1 - 382)	Most deprived 30% LSOAs in Wales (ranks 1 - 573)	Most deprived 50% LSOAs in Wales (ranks 1 - 955)
Blaenau Gwent	47	0 (0%)	8 (17%)	18 (38%)	24 (51%)
Caerphilly	110	1 (1%)	5 (5%)	16 (15%)	29 (26%)
Monmouthshire	56	15 (27%)	22 (39%)	29 (52%)	37 (66%)
Newport	95	2 (2%)	8 (8%)	22 (23%)	41 (43%)
Torfaen	60	0 (0%)	3 (5%)	7 (12%)	23 (38%)

Source: Welsh Government

The National Survey for Wales shows that people with local public transport links in their local area were more likely (81%) to be satisfied with their ability to access the services they need, compared to those without (54%). Similarly, people who lived close to services and facilities were more likely to use them; 39% of people who had a library in their local area had visited one within the last 12 months, compared with 28% of those without. The same was true for people taking part in sports activities, with 37% of those with a sports centre nearby playing sport three or more times per week, compared with 29% of those without a sports centre. This provides evidence that those who can access services easily are more likely to do so¹⁵⁰.

6.3.2 Commuting

The location of Gwent, its transport network and its economic links make it possible to commute into, and out of the rest of Wales and parts of England, although for some parts of the Gwent region it can be more difficult. Figure S90 provides information on commuting patterns by local authorities in Gwent and flows between Wales and the rest of the UK.

Figure S90: Commuting levels by local authorities in Gwent

	Total no. of working residents in the area	Total no. of people working in the area	No. of people living and working within the same area	No. of people commuting out of the area	No. of people commuting into the area
Blaenau Gwent	30,800	19,700	14,900 (48%)	15,900	4,700
Caerphilly	84,500	61,400	44,400 (53%)	40,100	17,000
Monmouthshire	45,500	44,900	25,900 (57%)	19,700	19,000
Newport	73,100	82,200	45,300 (62%)	27,800	36,900
Torfaen	40,900	34,100	22,400 (55%)	18,500	11,700
South East Wales	709,400	677,500	647,100	62,400	30,400
Wales	1,430,400	1,378,400	1,330,100	100,300	48,400

Source: StatsWales

Figure S90 shows that Caerphilly, Blaenau Gwent and Torfaen all have significantly more people commuting out of their areas than commuting into their areas. Monmouthshire has a similar level of in and out commuting, whereas the large size and employment opportunities of Newport means that there are many more people commuting into the area. When looking at the figures of people who live and work in the same county as a percentage, 62% of Newport residents live and work there, compared with 48% of Blaenau Gwent residents, reflecting the lower number of jobs available locally in Blaenau Gwent. These high levels of commuting all contribute to carbon emissions and air quality issues across Gwent.

The pandemic has resulted in a significant change to how and where some people worked and continues to do so. In Gwent, the commuting patterns shown in the table above relate to the respondent's usual working pattern, if Covid-19 restrictions were not in place.

The Wales Transport Strategy 2021 states that 'Welsh Government will support remote working encouraging people to work from an office near their home one or more days a week instead of commuting long distances. This is in line with the wider Welsh Government aim of 30% of the workforce working remotely on a regular basis.'¹⁵¹

Research has identified that home or remote working can have both positive and negative impacts on well-being. There remain opportunities and challenges related to social, economic, environmental and cultural well-being to home working that need to be considered. For example, while travelling for work less has a positive impact on the environment, the impact may be less positive on maintaining gender equality, diversity and social interactions. There are also many jobs, usually those that are lower paid, where home working is not an option.

6.3.3 Accessibility and transport

Research has highlighted that the availability and accessibility of public transport across all parts of Gwent remains a challenge for residents. Barriers to public transport can affect access to employment, services, and opportunities to socialise with others. Consequently, it can negatively affect physical and mental health, sense of inclusion and independent living.

Research by the Equality and Human Rights Commission (EHRC) found that older and disabled people perceived public transport as largely inaccessible and a barrier to travelling independently¹⁵². The EHRC's 'Is Wales Fairer' report¹⁵³ highlights accessibility as an issue, with half of railway stations in Wales not being fully accessible to disabled people and 34% having no access for wheelchair users. The report also identified people's ability to access transport as an important factor in loneliness and isolation, and notes this is challenging in rural areas.

As well as public transport being accessible, it should also be safe for people to use. The National Survey for Wales found that in 2016/17, 79% of adults felt safe travelling by public transport after dark, compared to 97% of those travelling by car after dark. Women were less likely (68%) than men (89%) to feel safe when travelling by public transport after dark.

Similarly, there are challenges to making active travel accessible to different age groups and demographics, including safety concerns, distances and safe walking and cycling routes.

Transport poverty does not yet have a single agreed definition or measurement, but broadly refers to households and individuals who struggle or are unable to make the journeys that they need. The impacts of transport poverty are worst for poor people in rural areas, where alternatives are even more limited. Evidence shows that there is a relationship between income and type of transport used. Those on lower incomes use buses more, and those on higher incomes use cars and trains more. This is a result of affordability rather than choice: buses are cheaper than trains, and cars are expensive to own and run¹⁵⁴.

6.4 Future trends and challenges

Transport has an important role to play in supporting people's well-being, both now and in the future. From getting children to school, people to work and connecting friends and family, moving around is an important part of our daily lives.

Being able to travel enables people to engage in cultural activities such as visiting historic and cultural attractions, accessing sports and leisure facilities, and helping people to stay healthy and active.

We know that for those living in rural areas and the most disadvantaged in our communities, lack of transport and affordability issues can be barriers to being able to access work or education and the cultural and social activities that bring people together and help them feel connected. How we tackle transport challenges given their important role in supporting well-being needs to consider an integrated approach to how we plan, design and build communities. This needs to focus on how and where we deliver services, support people more locally and make travelling more accessible, efficient and affordable.

Transport supports our wider economic well-being by enabling the movement of goods, services, and raw materials. Transport engineering has also been identified by Cardiff Capital Region as having an important role to play in the prosperity of the regional economy over the next decade and beyond, and Gwent's employment base is well placed to contribute to this sector.

Many of our current transport approaches are having a negative impact on our environment. As well as transitioning to a zero carbon transport network, we need a future Gwent's transport system to be resilient to a changing climate. We have already seen in Gwent how disruptive flooding can be to our transport system.

Overheating is a risk identified for public transport, and the UK Climate Risk Assessment 2017 also identifies risks to travel infrastructure from high winds and lightning, and that more research is needed to understand how increased vegetation growth rates will impact on the risks of damage from falling trees during storms¹⁵⁵.

That Assessment also identifies risks to transport networks from slope and embankment failure and that more action is needed to locate and remediate embankments and cuttings at risk of failure. It also notes the potential for less travel disruption from a reduction in extreme cold events such as snowfall and ice – this could also reduce maintenance costs.

The pandemic has demonstrated that we don't always need to travel, and that some things can be done remotely using digital technology. Technological development in transport is also advancing and is likely to shape mobility for future generations, from supporting the transition to a zero-carbon Wales, to removing the need to make as many journeys.

This will mean that how people, goods and services move around Gwent and beyond is likely to change in the future. Travel is always going to be necessary, but where we can, we should be using technology to support us to travel less. To support this future, Gwent is going to need faster, more frequent and more joined-up public transport that gives people an alternative to travelling by car.

Transport developments related to the electrification of road vehicles, the modernisation of rail services and the development of autonomous vehicles are being made. Changing travelling patterns will mean that our infrastructure, manufacturers and service providers will need to innovate to deliver products and services in new ways. The uneven state of current infrastructure and the level of investment required to create the mobility infrastructure of the future means that opportunity may mainly focus on cities. There is a challenge for Gwent to keep abreast of developments in travel and people's transport needs in the future, and develop its infrastructure accordingly, for example, the charging infrastructure required for electric vehicle charging and developments in charging networks and energy storage technology, which may be expanded further with new and emerging technologies such as hydrogen¹⁵⁶.

The Covid-19 pandemic has had a significant impact on transport, with varying restrictions on travel. The South East Wales Transport Commission identified that during the pandemic, people have often been required to stay local and connect digitally. This has shown – on a national scale – how land use and technology can provide viable alternatives to transport. Looking to the future, these are not alternatives that people may wish to use all the time, but the current experience has demonstrated the viability of a broader range of options. This is especially relevant for remote and flexible working, given peak-time commuting pressures on the transport system¹⁵⁷.

The Older People's Commissioner for Wales has identified that the pandemic has significantly changed the landscape for public and community transport providers, and for those older people who relied on those services. Many services have been running with reduced capacity and limited timetables during this period and many older people (who had been regular users of transport services) have been cautious to return to their regular activities¹⁵⁸.

In the Wales Transport Strategy 2021, the Welsh Government sets out how it will explore future infrastructure improvements that reduce carbon emissions. These include infrastructure for new fuels such as hydrogen, technology that facilitates more sustainable aviation and cargo operations, and materials innovation that improves service life, speed of construction and maintenance and reduces environmental impacts¹⁵⁹.

7 What our residents have told us

When analysing the responses to our Well-being Survey it was important to understand that social well-being can encompass various aspects, such as health, community safety and transport across the Gwent region.

Throughout our analysis we learned that respondents across Gwent need to **feel safe** within their local community in order to improve well-being across the region. People noted how they do not feel safe in their community due to ongoing issues such as anti-social behaviour, drugs, alcohol and other minor crimes, such as the vandalism and graffiti that is plaguing their local communities. Additionally, respondents expressed their dissatisfaction with lack of street lighting at night, which was largely contributing to their reasons for not wanting to go out during the night time. This was specifically the case for female respondents, who noted their fear of walking alone at night.

Residents also noted how a distinct **lack of police presence** is contributing to the increase in local crime. When asked what we could do to help prevent the issues, residents highlighted how an increased police presence and increased street lighting that is regularly monitored and can be activated and deactivated, and consistent times of operation would help contribute to improving local well-being. However, a number of respondents within more rural areas of Gwent recognised that the quietness and rurality of their local areas contribute to the feeling of safety locally and that they would feel comfortable walking at any time of the day.

Throughout the region people also told us that **better quality health** care is needed to help improve the lifestyles of residents within their communities. Respondents noted that having accessible healthcare for all ages is an important aspect of living within the community.

When asked what would make their local area better, respondents suggested that introducing a **minor injury unit** would help alleviate some of the pressure on critical NHS services, therefore providing a better healthcare service long term. Additionally, respondents expressed that it is important that modern healthcare services are supported to help meet the demands of the current population.

Figure S91: Top three responses categories relating to social issues for each of the main questions in the Well-being Survey (figures in brackets denote the number of responses)

What is special about your community?	What would make it a better place?	What things are important to you and your family?	What would you like your community to look like in the future?	How can you community work with us to make that happen?
Community spirit (414)	Access to transport (120)	Access to facilities (152)	Community safety (235)	Community engagement (170)
Community cohesion (290)	Access to facilities (90)	Access to transport (120)	Community spirit (153)	Volunteering (76)
Community Safety (141)	Traffic volume (30)	Access to healthcare (65)	Community cohesion (116)	Community groups (48)

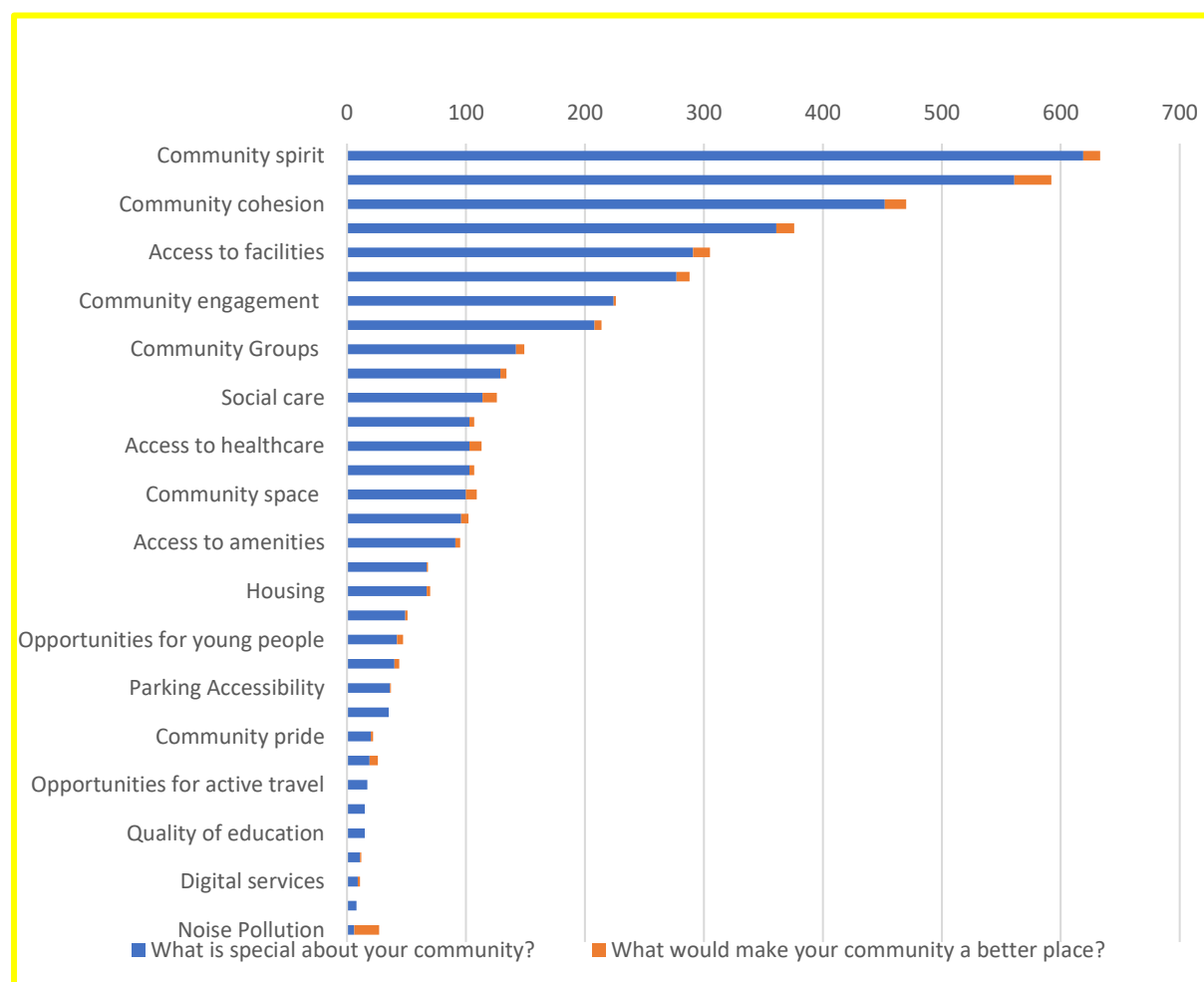
Source: Gwent Well-being Survey, 2022

According to respondents, the spirit of the communities in which they live is very important, as over 400 responses noted that this is the most special thing about living within Gwent. Over 150 respondents also highlighted how having access to facilities across the region is important for them and their families.

Respondents also expressed how in the future they would like to see **more opportunities for local communities to help improve their well-being**. Respondents expressed that there is a lack of opportunities available to engage as a community, such as community hubs or local halls that could be used for regular community gatherings.

Communities also expressed the need for **more opportunities for young people** within communities, expressing that there are a lack of activities available to young people, such as sporting facilities, which is reducing them wanting to engage within their communities. This was especially prevalent within rural areas across Gwent, in which the majority of communities are made up of elderly residents.

Figure S92: What respondents say is special and what could be improved about their community



Source: Gwent Well-being Survey, 2022

It is clear to see from Figure S92 that community spirit was a common topic within the survey responses, with over 600 respondents noting how community spirit plays a part in what makes their communities special.

Community safety was another main topic that emerged within the survey, with just under 600 responses relating to this topic. Across Gwent respondents highlighted that their communities are safe to live in, while others mentioned that steps (such as improved street lighting and increased police presence) could be taken to help improve feeling of safety within their local communities.

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