Director of Public Health Annual Report 2022

BUILDING A FAIRER
GWENT
TEG I BAWB

Building a Fairer Gwent: Why Gwent is a Marmot region

#BAFG

Contents

List of tables and figures

Foreword

I'm very pleased to publish my new report. Why Gwent is a Marmot Region. When I published my last report in 2019 Building a Healthier Gwent, I set out an ambition that by 2030 it would be easier for people in all our communities to live their lives in good health. Unfortunately, the events of the last three years have made it harder, not easier. A combination of the pandemic, followed by the cost-of-living crisis, means that many of the things that people need to help them live their lives in good health have got harder.

But this report is about what can be done. It is about what is possible if we all work together. The report adopts the principles first articulated by Professor Sir Michael Marmot, starting with the people at the point that they are born and how we can support them throughout their lives in order to help them to live long, healthy lives. Doing the things in this report and working together, we can build a fairer Gwent.

The Building a Healthier Gwent 2019 Ambition

In 2030 the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.

Dr Sarah Aitken,
Director of Public Health & Strategic Partnerships,
Aneurin Bevan University Health Board

Acknowledgements

Aneurin Bevan Gwent Public Health Team

Chapter 1: The Challenge

Three years after the publication of 'Building a Healthier Gwent'[1], the data tells us that it is getting harder not easier for people in communities across Gwent to live healthy, fulfilled lives. Inequities have been amplified by the direct and indirect harms of COVID-19 and the cost of living crisis[2,3].

The COVID-19 pandemic has been described as a 'syndemic' pandemic, interacting with and exacerbating existing inequities in chronic diseases, as well as inequities in the conditions in which people live, work, grow and age[4]. Risk factors interact and multiple aspects of disadvantage come together, meaning the risks are cumulative and increase with each additional risk factor. The long-term direct and indirect impact on health and other inequities will take several years to become fully apparent.

Figure 1: COVID-19 syndemic direct and indirect impact on health inequities
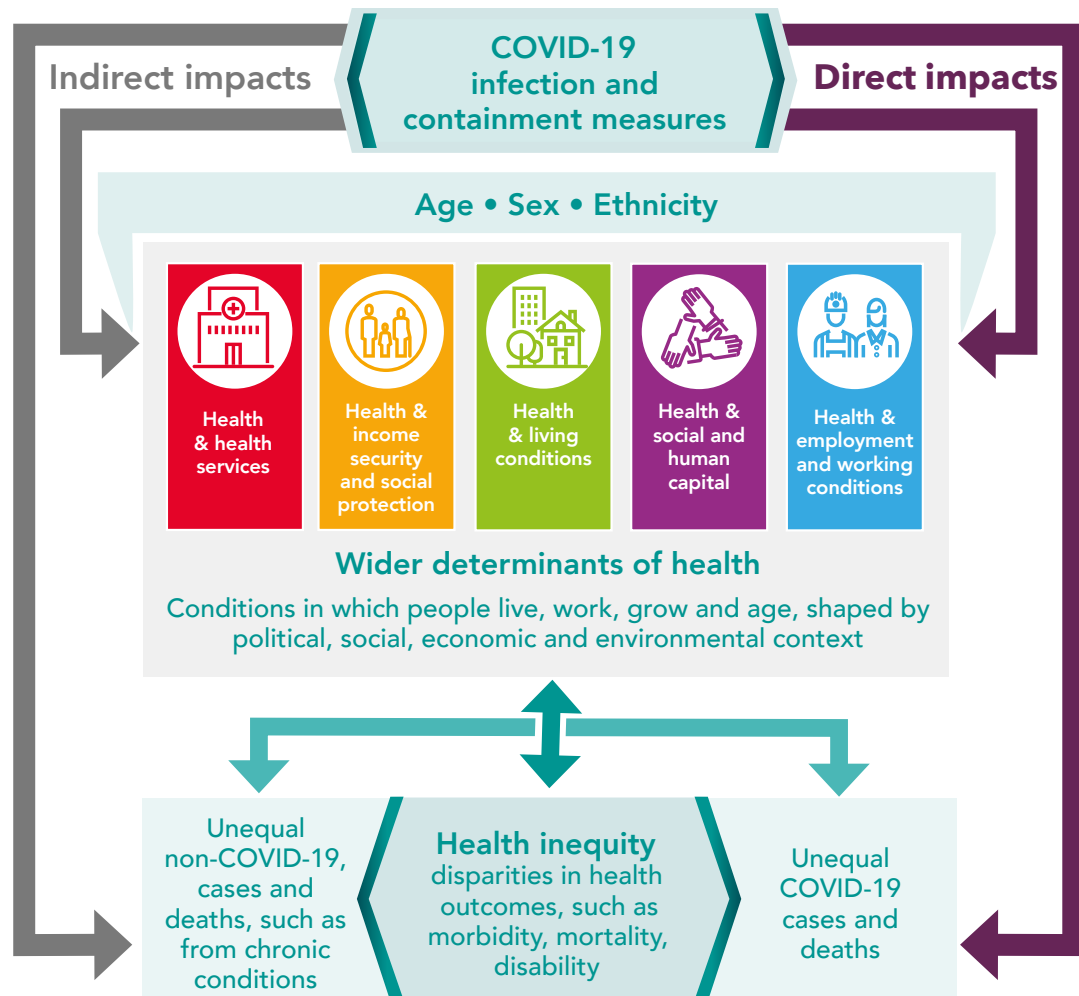
Source: Public Health Wales[5]

Mortality from COVID-19 has been higher in more deprived areas, accounting for 15% of the gap in life expectancy between the most and least deprived fifths of the population during the two year pandemic period 2020 to 2021[6]. Figures 2 and 3 show the different rates of mortality from COVID-19 between socioeconomic groups in 2021 in both England and Wales.

The most deprived areas of England had the highest age-standardised mortality rate for COVID-19 deaths in 2021 (185.0 deaths per 100,000 people) which was two and a half times higher than in the least deprived areas (74.0 deaths per 100,000 people). There was a statistically significant increase in mortality with each decile of deprivation.

Similarly, in Wales, the age-standardised mortality rate for deaths due to COVID-19 was highest in the most deprived areas, at 146.1 deaths per 100,000 people (quintile 1), significantly higher than the 83.9 deaths per 100,000 people in the least deprived areas (quintile 5).

Figure 2: Age-standardised mortality rates for deaths due to COVID-19 by Index of Multiple Deprivation decile, deaths registered in 2021, England
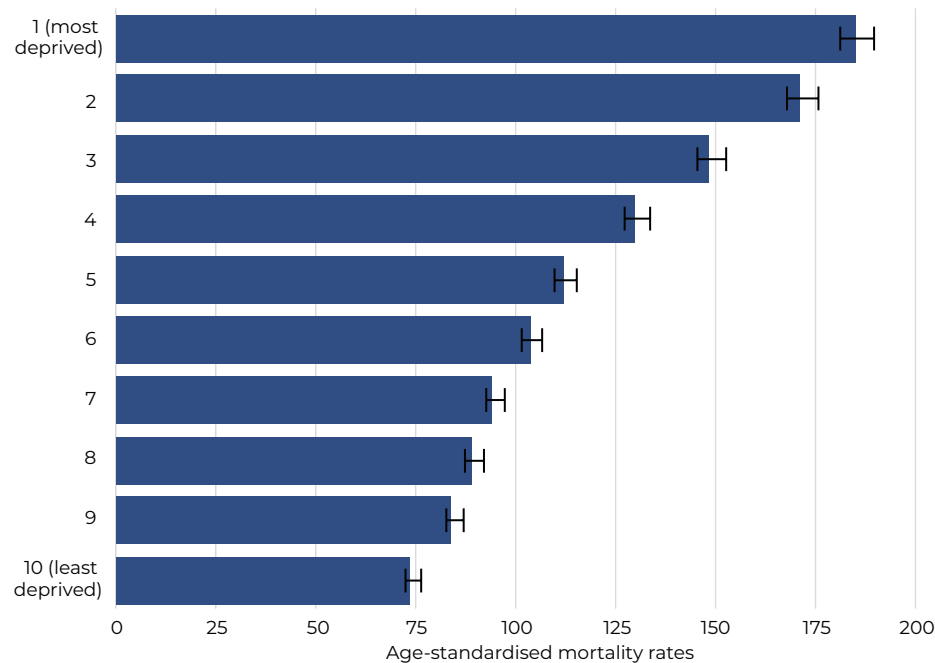
Source: Office for National Statistics[7]

Figure 3: Age standardised mortality rates for deaths due to COVID-19 by Index of Multiple Deprivation quintile, deaths registered in 2021, Wales
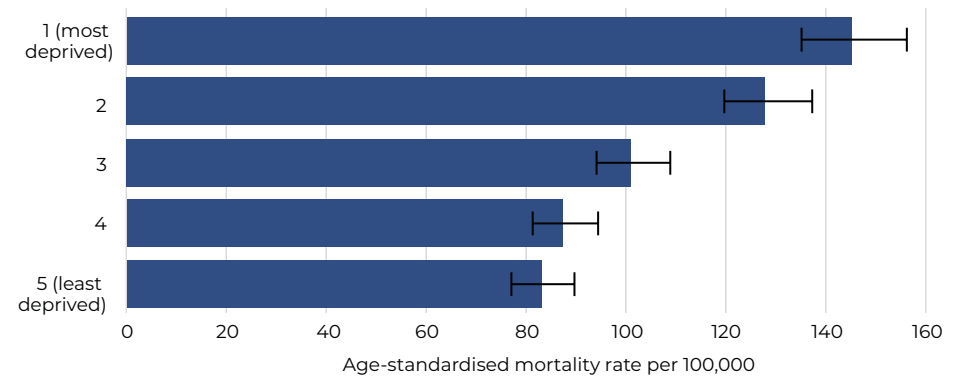
Source: Office for National Statistics[7]

The socioeconomic gap in healthy life expectancy has remained largely unchanged at 13 years for men, but has widened to 20 years for women over the period 2011-13 to 2018-20. This means that on average, a man living in the most deprived communities in Gwent today lives just 53 years of life in good health and a woman lives just 48 years of life in good health (see Figure 4)[8].

Figure 4: Life expectancy and healthy life expectancy at birth in the most and least deprived areas of Gwent 2018-20

Life Expectancy

■ Years in 'good' health   ■ Years in 'not good' health

Males
Most deprived: 53.0 | 74.6
Least deprived: 65.8 | 81.2

Females
Most deprived: 48.0 | 78.0
Least deprived: 68.5 | 84.5

% of life spent in 'good' health

Most deprived areas	Least deprived areas
71%	81%
61.5%	81%
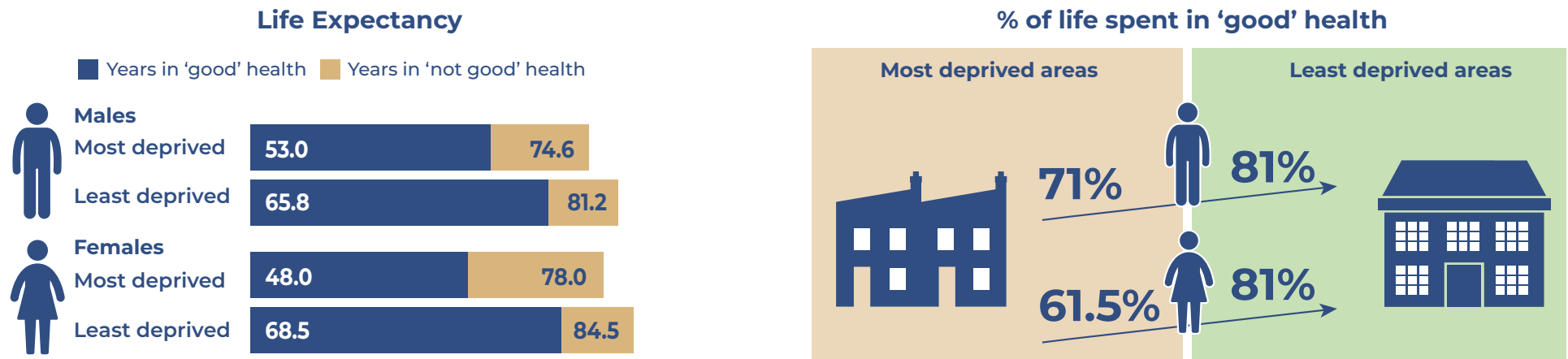
Source: Public Health Wales[1]

Childhood overweight and obesity has both immediate and long-term consequences. Data for 2020/21 demonstrates a significant rise in the average rate of obesity among 4-5 year-old children in the Gwent region, up from 11.8% in 2018/19 to 18.3% in 2020/21. This 6.5 percentage point increase means that, in 2020/21, an estimated 1,097 4-5 year-olds in Gwent started school already obese[9].

There is wide variation in the rate of childhood obesity at local authority level in Gwent (Figure 5). When the figures are analysed by socioeconomic status, there is an almost eight percentage point difference in child obesity rates between the most and least deprived population quintiles in Gwent (Figure 6).

Figure 5: Percentage of children aged 4 to 5 years with obesity, Gwent local authorities, 2020/21
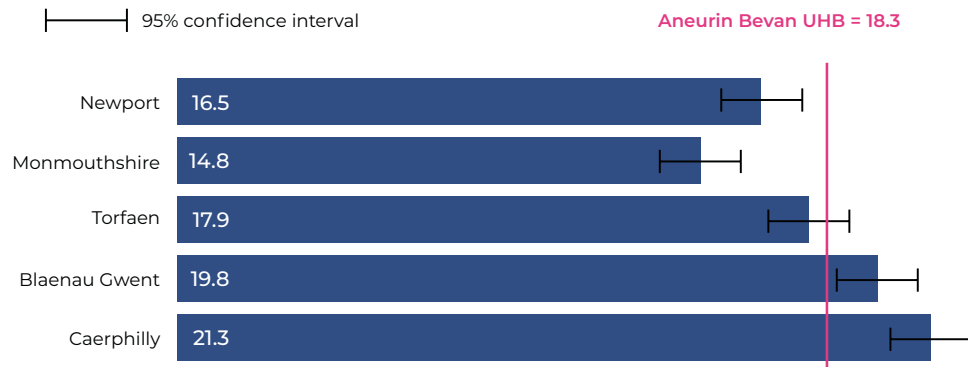
Source: Public Health Wales[9]

Figure 6: Percentage of children aged 4 to 5 with obesity, deprivation fifths, Aneurin Bevan University Health Board, Child Measurement Programme, 2020-21
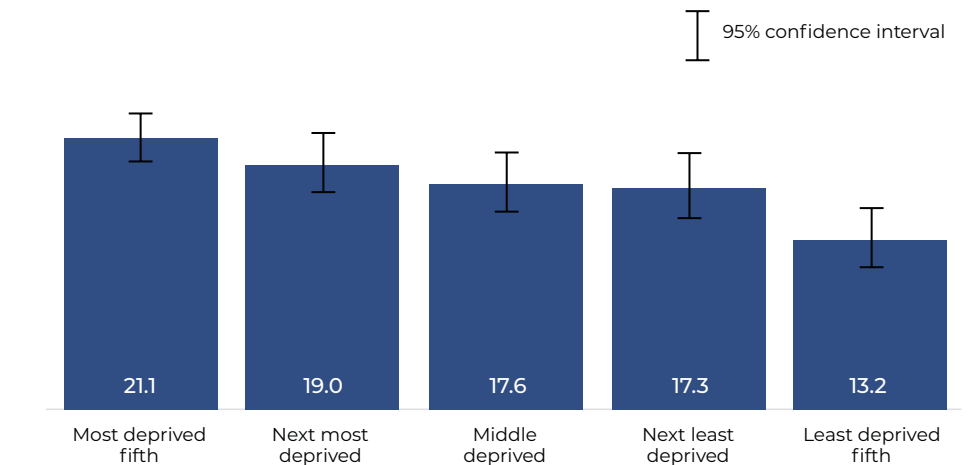
Source: Public Health Wales[9]

Sharp cost of living increases are being experienced directly by people across Gwent. Since 1st April 2022 consumers have experienced a 54% increase in the energy price cap for gas and electricity[10]. People are struggling to cope and are approaching Citizens Advice in crisis in larger numbers than in any of the past three years[11].

As prices rise, people are making difficult choices on what to cut back on. Almost 50% of households responding to a recent ONS survey (Figure 7) reported they are using less fuel at home and spending less on food. Over the next few months and potentially years, the impact of higher prices is likely to be felt more acutely by those on lower incomes, because items such as food and energy make up a higher proportion of their spending[12].

Figure 7: Cost of living increases and effect on consumer spending
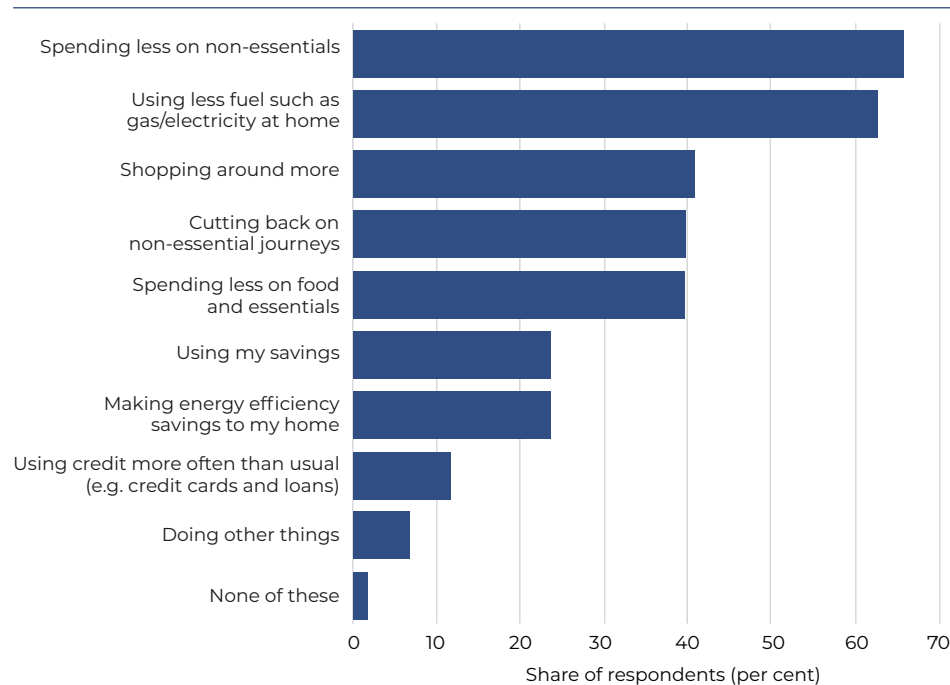
Source: Office for National Statistics[12]

Three years on from the publication of 'Building a Healthier Gwent' it is even more important that public, private and voluntary sectors work together with communities across Gwent to address the social determinants of health to achieve the ambition of making it easier for people in all our communities to live healthy, fulfilled lives.

Chapter 2: The Marmot Principles

"Why treat people and send them back to the conditions that made them sick?" is the opening line (and question) of 'The Health Gap'[1] by Professor Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London. Professor Marmot has over 40 years of experience in leading research on health equity and is the Director of the University College London Institute of Health Equity.

In 2010, Professor Marmot first proposed a set of guiding principles as the framework for action to reduce inequity[2]. He has continued to advocate for these guiding principles in his subsequent review of inequity in England 10 years on[3] and of COVID-19 and health equity[4].

The Marmot principles are informed by the **social determinants of health**; the 'causes of the causes' of ill health[2]. In other words, the building blocks we need in place for everybody to be able to live healthy, fulfilled, dignified lives: warm homes, healthy food, fair work, good education and skills, secure income, transport, pleasant surroundings and supportive family, friends and communities.

Professor Marmot has introduced the concept of **proportionate universalism** where, "to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage"[2]. Taking this approach in delivering services across the life course will help to reduce inequity between our communities.

Figure 8: The Marmot principles

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

Concerned by widening inequity, a growing number of cities and regions in England are working with the Institute of Health Equity as Marmot communities to develop local programmes of work to take action to improve health equity. There is much to learn from the practical experience of these areas which currently include: Coventry[5], Greater Manchester[6], Luton, Waltham Forest, Cheshire and Merseyside[7], Lancashire and Cumbria[8], Leeds, Tendring[9], and North of Tyne.

Professor Marmot talks about the opportunity for reducing inequity in Wales through the legislative framework of the Well-being of Future Generations (Wales) Act 2015[10]. The establishment of the Gwent Public Services Board (Gwent PSB) through the architecture of the Act, provides an opportunity unique to Wales to address inequity by bringing together public services – the NHS, councils, fire, police, housing, education, environment and voluntary organisations[11].

In March 2022, the Gwent PSB became the first area in Wales to commit to become a Marmot region, signalling its strategic intent to work with the Institute of Health Equity to address inequity between communities across Gwent[13]. This includes adopting the Marmot principles as the framework for collective action. The approach will be developed and delivered through the five-year Gwent Well-being Plan 2023-28, building on Gwent's assets of a diverse economy, rich culture and heritage, iconic natural environment and strong communities[11].

Figure 9: Well-being of Future Generations Act's 7 Well-being Goals and 5 Ways of Working

Source: Welsh Government[12]

Translating the strategic intent into action on the ground in communities will require system transformation, not just minor adjustments. Doing more of the same will see the level of inequity continue to widen.

The Health Foundation has recently published a framework which seeks to frame and provide examples of practical action at individual and population level to address the social factors that shape health[14], through actions delivered in partnership as well as by the NHS alone.

Figure 10: A framework for NHS action of the social determinants of health

	Individual level	Population level
Within the NHS	**Adapt NHS care to account for patients' social needs** E.g. use data on patients' housing conditions to inform treatment and medication decisions	**Use NHS resources to improve social conditions in the community** E.g. widen access to high quality employment in the NHS for more deprived groups
NHS in partnership	**Connect patients with resources to address social needs** E.g. link patients to food banks or advice about benefits if they are experiencing food insecurity	**Align local resources to improve population health** E.g. joint planning between the NHS and local partners to identify and respond to local needs
Implementation depends on a mix of system-level changes, such as data collection on social needs, community involvement, staff capacity and training		

Source: The Health Foundation[14]

First is more systematic understanding and adjustments to the way care and services are provided, to account for an individual's social needs to reduce the barriers to accessing high quality care and services that vulnerable groups often face. Shared decision making is one practical approach that can help elicit and incorporate social needs into clinical practice and service delivery.

Second is addressing social needs by connecting people with support in the community, for example, by helping those experiencing food insecurity to connect with food banks or signposting to advice about benefits. The impact on social needs is linked to the availability of resources in the community, which can be increased by organisations acting collectively in partnership to avoid duplication and fill gaps.

Third is using resources to improve social conditions in the community, which is the concept of an anchor institution. The Health Anchors Learning Network has identified six ways anchor institutions can benefit their local communities. The member organisations of the Gwent PSB have a unique opportunity to act collectively to realise those benefits at a greater scale than any one organisation could achieve acting alone.

Fourth is improving collaboration between the NHS, local government and other sectors to improve social conditions for the local population. The member organisations of the Gwent PSB have a unique opportunity to translate their commitment to becoming a Marmot region into real system transformation on the ground in communities.

Figure 11: The six ways that health anchors can benefit communities

Community engagement and civic action
Collaborating with communities to help address local priorities and build on their energy and skills.

Working with local anchor partners
Collaborating with other anchors and partners to increase and scale impact locally.

Reducing environmental impact
Taking action to reduce carbon emissions, consumption and reduce waste and protect and enhance the natural environment.

6 ways that health anchors can consciously use resources to benefit their communities

Workforce, employment and skills
Being a good employer, paying people the real living wage and creating opportunities for local communities to develop skills and access jobs in health and care.

Procurement and spend
Purchasing from organisations which consider their environmental, social and economic impacts in the local area.

Estates and infrastructure investment
Widening access to community spaces, working with partners to support high-quality, affordable housing and supporting the local economy.

Source: Health Anchors Learning Network[15]

Chapter 3: Give every child the best start in life

Why is this important?

The first, and most important, Marmot principle is to give every child the best start in life. To reduce inequity across the life course we need to start from preconception. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. This is critical in the first thousand days of life, from conception through to age two. What happens during these early years has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and socioeconomic status.

Figure 12: Rate of return to early investment
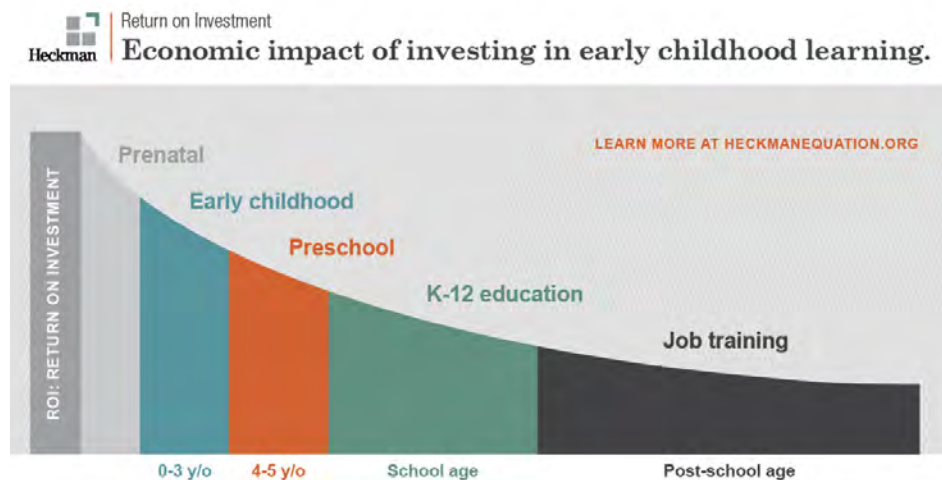
Source: Heckman[1]

The highest rate of return on investment in reducing inequity comes from investing as early as possible in the quality of early childhood development, from birth to age five, through additional support proportionate to need.

What can organisations in Gwent do?

In order to reduce inequity, collective action from all public service partners needs to focus on ensuring a consistent universal offer of support to all families throughout the early years plus a focus on enhanced support for families with a low income to ensure that they don't get left behind.

There are three existing programmes in Gwent to build on to achieve a reduction in the current inequity of outcomes for children in their early years:

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences are traumatic events that negatively affect people's health and well-being, especially when they occur early on in childhood[2]. Preventing ACEs is a vital part of ensuring a healthy and happy life and a public health priority. This is because children who have low-quality, stressful childhoods are more likely to experience poor mental health and adopt health-harming behaviours during adolescence which can lead to diseases later in life such as cancer, heart disease and diabetes. The Gwent Public Services Board has previously acknowledged that tackling ACEs is an important step in addressing inequalities. The proposal for Gwent to become a Marmot region mapped its well-being objectives to the Marmot principles and the delivery programmes that can support change[3], providing the required framework for action.

Healthy Child Wales Programme

The Healthy Child Wales Programme (HCWP) sets out what planned NHS contacts children and their families can expect from conception to the first years of schooling (0-7 years). These universal contacts cover three areas of intervention: screening, immunisation plus monitoring and supporting child development (surveillance). At its core is an agreed all Wales universal schedule of midwifery, health visiting and school nursing contacts for every pregnant woman and child, with enhanced and intensive interventions for those families and children with increased levels of need.

Children and their families in the early years are supported by universal and specialist services across the NHS and its partners. These services range from families' first point of contact and the family GP, to a wide range of services including: maternity, health visiting, school nursing; mental health, including community perinatal mental health services; social services; education; NHS Wales Direct; minor injuries; specialist and critical care; dentistry; and Flying Start. It is essential that all these services work together and take every opportunity to engage, advise and support families and children during this crucial period of their development[4].

Early Years Integration Transformation Programme

The Early Years Integration Transformation Programme is a partnership programme between the NHS, local authorities, third sector and communities in Gwent. Its aim is to work alongside families to ensure every child has the best start in life by taking into account what matters to them and accessing support where needed. The programme enables early years services and programmes to meet a family's needs at the right time, in the right place and by the right person through a Midwifery and Early Years Core Programme which sets out the support provided by Community Midwives, Health Visiting, Family Workers, GPs and School Health Nurses.

Table 1 sets out the system changes needed across Gwent to systematically implement at population scale the evidence based interventions that would reduce inequities and give every child the best start in life.

Table 1: Evidence based early years programmes in Wales

The Healthy Child Wales Programme[4]

Encourage all families to engage with the Healthy Child Wales Programme through their midwife, health visitor and school nurse. Expand support for families identified as needing additional help through the programme without waiting for a crisis to happen.

Adverse Childhood Experiences (ACEs)

Research by Public Health Wales into interventions that work at a community level[5] has shown that open-ended support, where families can access help in a safe-space, as and when required, work best. These services need to be well-publicised and enduring in the communities they operate. To do this, organisations and projects of all sizes need stable sources of funding to allow them to recruit, train and retain staff who understand their communities. Addressing language barriers, discrimination and cultural awareness is critical to helping people overcome ACEs and this should be integrated into the support offered. Providing play, arts and outdoor activities for children were highlighted as vital components to help young people develop social skills and overcome upsetting experiences. The Gwent PSB should now review its governance and partnership structures to determine where projects tackling ACEs will sit as part of the Marmot region delivery process. Areas of attention should include:

- A needs assessment on substance misuse for children and young people, linking to related ACEs and a partnership mechanism to address them
- Alignment of interventions with the Integrated Well-being Networks to provide proportionate support and increase publicity of available help.

Early Years Integration Transformation Programme

At community level, establish fully integrated working between midwives, health visitors, school nurses, Flying Start teams and local authority early years teams.

Childhood immunisation

Promote and encourage the uptake of all childhood immunisations. Work with local communities to understand and reduce vaccine hesitancy.

Weight management during pregnancy

At community level, expand opportunities for all pregnant women to eat well and keep moving while pregnant. Provide weight management support for all pregnant women with a BMI over 25.

Support to stop smoking in pregnancy

Encourage all pregnant women to stop smoking while pregnant. Extend smoking cessation support in pregnancy as part of routine ante natal care.

Breastfeeding

Encourage breastfeeding for all new babies and expand infant feeding support for new mothers. At community level, encourage all public spaces to be welcoming and supportive of breastfeeding.

Smoke-free hospitals, schools and playgrounds

Take active steps to implement the Smoke-free legislation to achieve the culture change of children and young people across Gwent growing up in a smoke-free environment so that they collectively consider it normal not to smoke when older.

Healthy and Sustainable Pre-school Scheme

Encourage all early years settings to participate in the Healthy and Sustainable Pre-school Scheme, with a particular focus on early years settings in deprived areas.

NEST Framework

Implement the NEST (Nurturing, Empowering, Safe, Trusted) Framework for planning mental health, well-being and support services for babies, children, young people, parents, carers and their wider families.

Figure 13: The NEST Framework

Source: NHS Wales Health Collaborative[6]

Case study: 'Talk with me!' early years language resource

Background

Learning to talk is one of the most important skills that children need before they go to school. Being able to talk and communicate well helps children make friends, learn to read and do well at school.

Children not developing early language skills can lead directly to poor educational attainment and consequent inequalities in employment opportunities, income and physical and mental health inequalities associated with socio-economic deprivation.

Talk with me! resources

- A bilingual resource to promote early years speech and language development was developed by professionals in collaboration with parents and carers across Gwent. The 10 key messages were updated in line with current evidence, informed by the insight provided by parents and carers to achieve the greatest impact, and who also indicated they wanted a paper and an electronic resource.

- A 14-page A5 information booklet was developed with the 10 key messages and suggested activities parents/carers could do to support their child's language development. A poster was also developed containing the 10 key messages. These resources are used by Midwives, Health Visitors and Early Years partners in Local Authorities in their work with parents.

- The electronic resources were used as part of a social media campaign run by the ABUHB Speech and Language Team during the Covid-19 pandemic to support parents with practical activities they could do at home.

Professionals were asked to provide feedback on the resource and how they have used it:

"I use this at every visit from birth onwards. I find the leaflet and resources really good for parents."

"The messages are easy to explain and embed within examples for parents."

"Without parents' support we have limited opportunity to facilitate change and the more a parent can create positive language environments the more passive change will happen without the child needing to be aware."

This work has now been adapted by Welsh Government and rolled out across Wales as part of the National 'Talk with me!' campaign. – **www.gov.wales/talk-with-me**

Chapter 4: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Why is this important?

To achieve equity from the start, investment in the early years is crucial but is not enough on its own. Reducing inequity requires a sustained commitment to children and young people throughout their years of education and beyond across their life course.

If we are serious about reducing health inequity, we must focus on reducing the large inequity in educational outcomes in Gwent. Central to children, young people and adults maximising their capabilities is the acquisition of cognitive and non-cognitive skills. Both are strongly associated with educational achievement linked to a whole range of other outcomes including better employment, income and physical and mental health.

Learning does not just happen in schools and it does not stop when individuals leave school. To enable people to fulfil their potential, opportunities for lifelong learning and skills development need to be promoted, not only in formal educational settings, but also in the workplace and in communities.

Findings show that there is a growing trend of working-age adults in Wales who are under-qualified and lacking in essential skills[2]. Almost half of adults from the lowest socioeconomic groups have not received any training since they left full-time education.

Lifelong learning has the potential to impact on inequity in two ways. Indirectly, it is important for providing the skills and qualifications for employment and progression in work. Directly, there is evidence that participation in adult learning in itself impacts on health behaviours and outcomes. Analysis of cohorts of adult learners shows that participation in adult learning contributes to positive and substantial changes in health behaviours[3].

Figure 14: Highest qualification of working age adults (age 18 – 64, Dec 2021)

	No qualifications	Qualified to NQF* level 2 or above	Qualified to NQF level 3 or above	Qualified to NQF level 4 or above
Caerphilly	10.9	75.5	53.8	35.4
Blaenau Gwent	15.3	69.1	48.1	28.9
Torfaen	9.2	75.6	51.8	30.4
Monmouthshire	3	86.6	75.5	56.8
Newport	7	78.5	61.4	42.7
Wales	8.1	80.1	62.5	41.6

Source: Stats Wales[1]

What can organisations in Gwent do?

There is much that individual organisations are already doing to support people into work, but the impact could be amplified further though a co-ordinated approach across the member organisations of the Gwent PSB. A comprehensive range of commitments implemented in a co-ordinated way could make a significant contribution to enabling people in all communities in Gwent to maximise their capabilities and have control over their lives.

A starting point could be to share good practice and understand what each organisation is doing, with a view to aligning recruitment processes and making it as easy as possible for people in all communities. The ABUHB People Plan 2022–2025, 'Putting People First[4]', already includes a number of commitments:

- Delivering wider implementation of employability schemes e.g., Kickstart and Restart to support widening access for school leavers and the unemployed into work.

- Designing workforce plans that ensure an inclusive workforce, reflective of communities in Gwent.

- Building connections with schools, education providers, third sector and community groups to promote the wide range of roles on offer and the opportunities that exist to develop long-term career pathways.

- Trialling new selection methods in place of traditional interviews to encourage applications from all parts of the population.

Case study: Stronger, fairer, greener Wales: a plan for employability and skills[5]

Welsh Government is committed to creating a Wales where individuals of all ages can receive a high quality education, with jobs for all, where businesses can thrive in a net zero economy that champions fairness and equality. The Plan for Employability and Skills seeks to signal clear policy and investment priorities and sharpen the delivery focus on actions over this Government term that will leave a positive legacy for future generations.

STRONGER, FAIRER, GREENER WALES

Llywodraeth Cymru
Welsh Government

A Plan for Employability and Skills

The key priorities are:

- Young people realising their potential.
- Tackling economic inequality.
- Championing fair work for all.
- Supporting people with a long-term health condition to work.
- Nurturing a learning for life culture.

For further information go to:
https://gov.wales/stronger-fairer-greener-wales-plan-employability-and-skills

Key developments so far include:

- Promoting collective responsibility for advancing fair work for all, through the Social Partnership and Public Procurement (Wales) Bill.

- Prioritising and consolidating Welsh Government led, national employability support to target young people, those under-represented in the labour market and those in and out of work with long-term health conditions to find work and progress in employment.

- Expanding support for career switchers and older workers through mid-career reviews, and personal learning accounts to support workers to upskill or reskill to access a wider range of job opportunities.

- Pursuing a strengthened concordat with the Department for Work and Pensions to improve early engagement and joint planning in Wales to ensure that together we best meet the needs of priority and disadvantaged groups.

- Championing fair work to improve the offer for workers, particularly in areas of staff shortages, to encourage employers to draw on a more diverse talent pool, by increasing workforce diversity, improving pay and conditions, and flexible working conditions.

- Strengthening the core role of health boards in prevention and early intervention, through social prescribing, and increased employability, vocational rehabilitation and multi-professional occupational health services for people in and out of work with mental ill-health and long-term health conditions.

Chapter 5: Create fair employment and good work for all

Why is this important?

Being in (good, fair) employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is the first step to reducing inequity, but jobs also need to provide fair employment and good work that promotes well-being.

The Marmot Review proposes a minimum level of quality for jobs to provide good, fair work. Jobs should not only be sustainable and provide a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health[1].

The Health Equity Status Report Initiative identifies five essential conditions for health equity[2]. Employment and working conditions is one of these, associated with 7% of the difference in self-reported health.

For children, the income and work of their parents is a pivotal factor in the length of time spent in child poverty and the ability to exit poverty[3].

There are many different definitions of good, fair or decent work, whether developed by governments, academics or workers' organisations. The Fair Work Commission in Wales considered the many alternatives and identified the following characteristics of fair work[4]:

Figure 15: What is fair work?

Source: Public Health Wales[5]

What can organisations in Gwent do?

Public Health Wales (PHW) has recently published a guide to fair work for local and regional organisations in Wales[5]. This guide was informed by the work and recommendations of the Participation in Fair Work for Health, Well-being and Equity Expert Panel. The resulting framework for action is illustrated below.

Figure 16: Summary of actions to increase inclusive participation in fair work

Develop a fair work mindset

Understand how fair work can help achieve your organisation's goals and mission.

Integrate fair work into your approach to well-being.

Place fair work at the heart of policies and plans

Whether applying to your own staff, or your wider communities, policies and plans can have a fair work approach.

The socio-economic duty can shape your strategic approach to fair work.

Create fair work – get better value for money

Socially responsible procurement, job creation schemes and attracting employers can create fair work.

Social value and a fair work approach can support all seven well-being goals.

Follow the data and know your impact

Understand the population in your area and the impact of what you do on inclusive participation in fair work.

This includes the 'why' and 'so what' (qualitative), not just 'how much' (quantitative).

Promote access to fair work for all

Overcome the barriers to access to fair work in your communities, tailoring your efforts for different population groups.

Recognise the need for upskilling and reskilling to meet today's challenges.

Become a driver of fair work in your area

Be an exemplar of fair work in your area, engaging staff and unions.

Working with other employers, drive inclusive participation in fair work, demonstrating the value for business and the community.

Source: Public Health Wales[5]

In the PHW guide, local and regional organisations are described as having a pivotal role, increasing inclusive participation in fair, sustainable work through the following:

- Area and place-making;
- Job creation and attracting fair work employers;
- Encouraging and incentivising fair work practice;
- Supporting pathways to access work;
- Being exemplars as good employers and anchor institutions;
- Implementation of the socio-economic duty.

The Gwent Public Services Board can set the direction by incorporating fair work into the Gwent Well-being Plan. Making fair work and good employment a reality in communities across Gwent will depend on member organisations translating that collective commitment into action by their own organisations. Regional Economic Frameworks and the implementation of City and Growth Deals, supported by Regional Skills Partnerships, also have an important role in embedding a fair work approach into their work for a more prosperous, more equal and healthier Gwent.

Case study: Managing Transformation modules

As a result of a collaborative approach to care in the community, a two-day Managing Transformation management and leadership development programme has been developed for health and social care partners in Gwent. All learning was facilitated via Microsoft Teams and of modular format covering the following topics:

- Well-being through change
- Leading meaningful change
- The trusted leaders – compassionate and collaborative
- Excellence in communication – engaging the team

Whilst addressing the 'traditional' aspects of management and leadership skills, well-being was also of importance. Recognising that staff well-being, along with compassionate and inclusive leadership has a direct influence on providing exceptional patient care in the community.

The main objectives for the Managing Transformation programme were to:

- Increase management and leadership capability
- Create a collaborative approach to patient care in the community
- Offer development opportunities to both local authority and third sector colleagues
- Share common goals and aims in relation to the transformation agenda
- Consider our impact on patient care
- Lead with compassion
- Improve colleague well-being.

In total, 58 attended over eight cohorts, from an array of job roles (see box below). Ninety-three percent of participants on the Managing Transformation modules course participants would recommend to a colleague if the training is offered again in the future.

Development Lead
Social Care
Team Manager
Service Development
Pharmacy Manager
Services Manager
Manager NHH
Nurse
Manager
Lead
Network Service
Team Lead
Directorate Manager
Care
Programme Manager
Pharmacist
Primary Care
Health Practitioner
Development Officer
Home Lead

Although aimed at health and social care staff, many of the components of this training are generalisable to other public sector partners. This includes content on how to manage and support staff through organisational change, the principles of compassionate and collaborative leadership and how to engage teams in a change process. Member organisations of Gwent Public Services Board may want to take the principles from this training and apply them more generally to other staff groups to improve well-being and engagement in other sectors.

Chapter 6: Ensure a healthy standard of living for all

Why is this important?

To realise the ambition of '*Building a Healthier Gwent*', all people in our communities need to be able to afford to live, work, learn and play to benefit from healthy, fulfilled, dignified lives.

As discussed elsewhere in this report, the working-age population of Gwent need access to fair employment and good work, which provides a secure income to be able to access the building blocks for healthier lives: warm homes, healthy food, good education and skills, quality transport, access to digital services, and stimulating culture and leisure.

But right now, in too many of our communities across Gwent, these building blocks are missing. Too many families are experiencing poverty, including in-work poverty, which without system transformation will be passed on to future generations and the cycle of the negative impacts of poverty will continue.

The Welsh Index of Multiple Deprivation is used to compare the levels of socio-economic deprivation across Wales. It is made up of eight separate domains of deprivation, which are given different weights. Each domain is compiled from a range of different indicators.

Figure 18: Welsh Index of Multiple Deprivation weightings

Income	Employment	Health	Education	Access to Services	Housing	Community Safety	Physical Environment
22%	22%	15%	14%	10%	7%	5%	5%
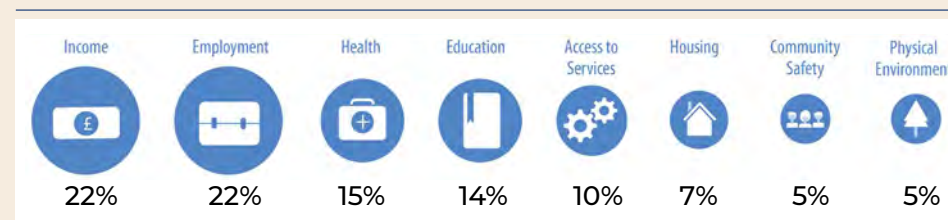
Source: Statistics for Wales[2]

Figure 17: Weekly earnings by local authority of residence

Weekly earning by residence (£)	B. Gwent	Caerphilly	Mon'shire	Newport	Torfaen	Wales	GB
Full-time workers[1]	523.3	562.7	688.8	573.2	547.7	570.6	613.1
Male full-time workers	610.7	609.5	693.9	642.3	566.5	599.7	655.5
Female full-time workers	497.9	490.9	613.4	477.3	523.7	528.3	558.1
% of workless households[2]	21.2	16.1	10.8	13	19.3	16.5	13.6

Source: Nomis[1]

The percentage of lower super output areas (LSOAs) which are in the highest fifth for income deprivation in Wales are: 36% in Blaenau Gwent, 33% in Newport, 25% in Caerphilly, 23% in Torfaen and 4% in Monmouthshire. The map below illustrates the income-deprivation rankings in Gwent[3].
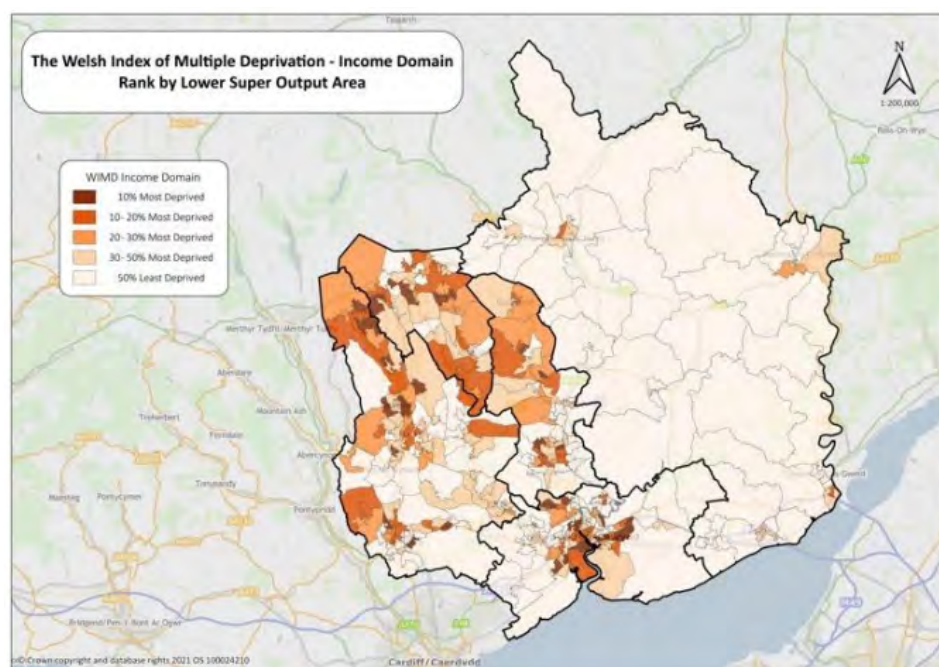
Figure 19: Gwent in the Welsh Index of Multiple Deprivation (income-deprivation)

Source: Gwent PSB[3]

A person is defined as living in 'relative income poverty' if they live in a household where total income is less than 60% of the average UK household income. In Wales, between 2017-20, 23% of adults were living in relative income poverty. Over the same period, 31% of children were included in this classification[4].

In Wales, a household is defined as being in fuel poverty if it has to spend more than 10% of its income on maintaining a warm home. As at October 2021, 196,000 households in Wales (14% of households) were estimated to be living in fuel poverty. A further 38,000 households (3%) were estimated to be living in severe fuel poverty (spending more than 20% of income on fuel), and an additional 153,000 households (11%) were estimated to be at risk of fuel poverty (spending between 8-10% of income on fuel)[5].

The UK, along with other countries in Europe, is currently facing a situation of extremely high energy prices[6]. The reason for these surging prices is two-fold: the world emerging from the COVID-19 pandemic (increasing demand), and the war in Ukraine leading to a reduction in gas supplies to international markets. On the 1st October 2022, the energy price guarantee was introduced which will see a typical household bill of £2,500 a year. Even with the price guarantee, energy bills this winter will be nearly double what they were last winter[7].

In September 2022, Professor Sir Michael Marmot published his review, '*Fuel Poverty, Cold Homes and Health Inequalities*'[8]. This latest Marmot review predicts significant inequity – health, social and educational – for a new generation of children if, as forecast, 55% of UK households (15 million people) fall into long-term fuel poverty.

As prices rise, people make difficult choices on what to cut back on, including fuel and food. In the UK in April 2022, 7.3 million adults lived in households that said they had gone without food. These households include 2.6 million children[10].

Citizens Advice is reporting that people are struggling to cope and are approaching the charity in crisis in larger numbers than in any of the past three years. Referrals to food banks have increased dramatically for all demographics, but in particular for single people, social housing tenants, and disabled people[11].

Figure 20: Impacts of increases in cost of living

How does cost of living link to health?
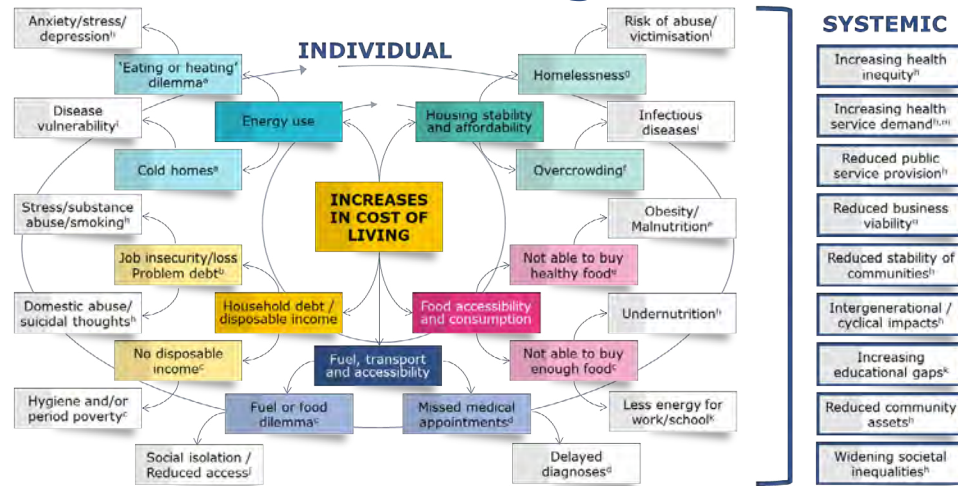
Source: Public Health Wales[9]

Both fuel poverty and food poverty are important health concerns. People who live in homes which are cold, damp and unsafe are more at risk of poor physical and mental well-being, cancers, circulatory, cardiovascular and respiratory ill-health, falls and serious injury, and arthritic and rheumatic conditions. There is evidence that 10% of excess winter deaths can be attributed to fuel poverty[12].

The immediate priority with food insecurity is access to food to address hunger, and understandably this may take precedence over sourcing/providing foods which are lower in fat, sugar and salt. The initial crisis of food insecurity is therefore a further challenge to improving the current food environment, which is one of the aims of the Welsh Government's '*Healthy Weight: Healthy Wales*' overweight/obesity strategy to reduce the prevalence of Type 2 diabetes and other diet-related health conditions[13].

What can organisations in Gwent do?

Organisations in Gwent can individually and collectively play a leading role to ensure a healthy standard of living for all in Gwent, underpinned by health and well-being at the heart of all organisational planning, policies and services, through:

- Purchasing further goods and services from local businesses and organisations, to strengthen the Gwent supply-chain.

- Opening buildings and spaces to support local communities and staff. This could include:

  - Developing green space for well-being and food growing

  - Providing access to broadband and telephone services as well as a warm space.

- Widening access to quality work, including reviewing whether current 'difficult to recruit' vacancies can be converted into wider opportunities such as apprenticeships and placements, to provide local employment.

- Ensuring that services across Gwent remain accessible financially and physically to service-users, e.g., cost of travelling to an appointment; time of appointment to avoid having to take unpaid absence from work.

- Providing brief intervention and signposting service-users to help on financial inclusion, mental health and well-being, plus having referral pathways in place for support with fuel and food poverty.

- Supporting staff visiting service-users' homes to recognise and take action on the signs of fuel and food poverty and assist with access to social support, e.g. Healthy Start and Pension Credit. [6,14,15,16,17]

Case-study: Gwent Sustainable Food Places

Across Gwent, a food movement is emerging that is tackling food insecurity as one of its top priorities. Food partnerships are in place in Monmouthshire, Torfaen and Blaenau Gwent, with Caerphilly and Newport convening food networks. At the heart of this movement is the belief that everyone deserves access to nutritious, healthy, sustainable food as part of healthy, fulfilled, dignified lives.

Gwent food partnerships recognise that whilst action to address food insecurity inevitably requires a national response, there is much that can be achieved at a local/regional level. Emergency food responses that began during the period of austerity, and heightened during the COVID-19 pandemic, are now maturing as stakeholders consider longer term strategies and the need to reduce dependency on crisis food provision.

The **Blaenau Gwent Food Partnership**, hosted by Tai Calon Housing Association, brings together Blaenau Gwent County Borough Council, Gwent Association of Voluntary Organisations (GAVO), ABUHB and Natural Resources Wales. The partnership is soon to launch its ambitious plan to transform the local food system. Better access to affordable, healthy food will be at its core. The linked Slow Cooker Club run by Llanhilleth Miners' Institute is a 6-week programme that provides local families with slow cookers and supports them to use fresh vegetables to produce healthy family friendly meals.

In Newport the **Third Sector Food Providers Network**, hosted by GAVO in partnership with Newport City Council, brings together organisations focusing on food provision and sustainability. Funding is being offered by Newport City Council to community food providers who are currently struggling with increased demand alongside increasing costs in the current cost of living crisis.

Torfaen Food Partnership is hoping to join Blaenau Gwent and Monmouthshire in becoming a member of the Sustainable Food Places Network. Their early preparation has included mapping the local food system, interviewing key stakeholders, and holding workshops with a specific focus on food poverty. Their Community Food Scheme grant funding is supporting food access and growing initiatives.

The launch event of the **Caerphilly Food Network**, convened by Caerphilly County Borough Council in March 2022, brought together 80 people from food banks and community groups, along with the hospitality sector and food producers, to share successes and identify new solutions to food poverty. Food system mapping has included a focus on food banks, community fridges and community pantries which are able to support local communities.

In Monmouthshire there is a long history of both community food work and support for local food supply chains. The newly refreshed **Monmouthshire Food Partnership** will build on this good food movement, and has identified food insecurity and the cost of living crisis as its top priorities. Work is underway to develop a strategy and action plan to deliver these priorities.

Chapter 7: Create and develop healthy and sustainable places and communities

Why is this important?

Demand on health and care services is reported to be rising year after year[1]; communities in more deprived circumstances are reported as being left behind[2]. How can the health and care agencies respond to such challenges in a sustainable and equitable manner? How do we make the shift to prevention and early intervention?

Tackling these challenges can only be achieved through a paradigm shift that positions communities at the centre of service provision while ensuring communities have the conditions that allow self-sufficiency, reciprocity and community capital to flourish[3]. Community-centred approaches are crucial to addressing the complex causes of poor health and well-being that lead to individuals in crisis and accessing health and social care services[4]. A community-centred approach

Figure 21: How Integrated Well-being Networks work

means organisations tailoring their approach to the available community assets and needs. Communities can influence health through the development of social capital and cohesion and feelings of safety, low levels of which are associated with higher stress and worse physical and mental health.

The aim of the Integrated Well-being Network (IWN) programme (figure 21) is to develop a whole system approach to community well-being and prevention that brings together a wide range of well-being assets on a place-basis.

The Integrated Well-being Network programme is funded by the Regional Integration Fund under the governance of the Gwent Regional Partnership Board for Health and Social Care. Delivery of the programme is led by a group of service development leads working within localities across Gwent with a particular focus on supporting community collaborative networks in targeted areas identified as likely to benefit from greater strengthening of community assets.

The objectives of the Gwent Integrated Wellbeing Network (IWN) programme are:

Objective 1	To establish place-based co-ordination & development of well-being resources
Objective 2	To identify ways that hubs can be centres for well-being resources in the community
Objective 3	To develop the well-being workforce (people delivering services & support)
Objective 4	To ensure easy access to well-being information & support

What can organisations do in Gwent?

No one organisation is responsible for improving community well-being and all organisations across Gwent have a role to play. Existing investment in resources to support people's well-being is often not connected or aligned across organisations and sectors in Gwent and has poor connectivity to community needs and aspirations. Investment in community assets is often fragile and is at greater risk since the cost of living crisis.

The Gwent PSB can set the direction by including the development of healthy and sustainable places and communities in the Gwent Well-being Plan. Turning that collective commitment into reality in communities across Gwent will depend on member organisations translating it into action by their own organisations, ensuring:

- Financial support is available for community buildings to continue to operate to address isolation and loneliness, and become safe warm spaces offering information and signposting

- Digital inclusion becomes everybody's business. Access to digital devices, the internet and support to use technology is available at community level

- Frontline staff and volunteers have the knowledge and skills to signpost community members to well-being services and support in the places people live and work

- There is community support available for individuals to address isolation and loneliness.

Case study: Gwent Integrated Well-being Network Programme

Case study 1 - Place-based collaboration and well-being collaboratives

Place-based collaboratives are spaces where statutory and community partners can network and work. The aim is to enable spaces for people, both professionals and community, to have conversations and connect with each other in ways they would not usually have done.

In Torfaen, Blaenavon Town Council has funded a community well-being officer who has been forming relationships across the community, listening and creating opportunities for people to connect. A movement known as Healthy Blaenavon has been developed with Healthy Blaenavon branded projects taking place in schools, churches and leisure facilities to enable an increase in community connections and help people to make friends, feel connected to their community and contribute to reducing loneliness and isolation.

Case study 2 – Community-based hubs providing opportunities to connect

Community-based hubs provide a place for people to connect with each other and undertake activities in their local community.

In Blaenau Gwent, a network of people managing community buildings, including statutory spaces such as libraries, work collaboratively to deliver a shared vision, which is to provide welcoming, warm spaces that can provide information, advice, support or simply a friendly chat for people that visit. The network meets regularly to share experience and resources, enhancing their knowledge of other local hubs and support services that they can signpost their own users to. Community link workers and other professionals are aware of the network of hubs and can use them to meet clients or host drop-in sessions. The development of the network of community hubs is being accelerated in response to the cost of living crisis. The new Bevan Health and Well-being Centre being built in Tredegar will provide an additional hub when it opens in 2023.

Case study 3 – Supporting the development of people who deliver services and support

Working together with people to build on their strengths and find their own solutions is the principle that underpins the development of the Integrated Well-being Network (IWN) collaboratives, which have created opportunities for Asset-Based Community Development.

In Caerphilly, a model of green prescribing has been piloted to connect primary care to well-being resources for their patients. Six GP practices in east Caerphilly were invited to refer participants to engage in nature and outdoor projects in their local area. The initiative worked collaboratively with practice staff, including Psychological Well-being Practitioners, and was delivered by a network of nature health partners in Caerphilly. The project will inform implementation in Gwent of Welsh Government's National Framework for Social Prescribing[5].

Case study 4 - Providing ways for people to access reliable well-being information

Providing ways for people to access reliable well-being information is a challenge, with several methods being tested across Gwent.

In Newport, as in other areas, interactive well-being maps have been created as a useful resource for community members and professionals alike. The interactive map and list of options provide a mixture of community and online well-being support. Accessibility features on the portal enable easy orientation, with easily identifiable landmarks that are visually recognisable. Care has been taken to ensure the interactive map experience is accessible to those with disabilities and health conditions.
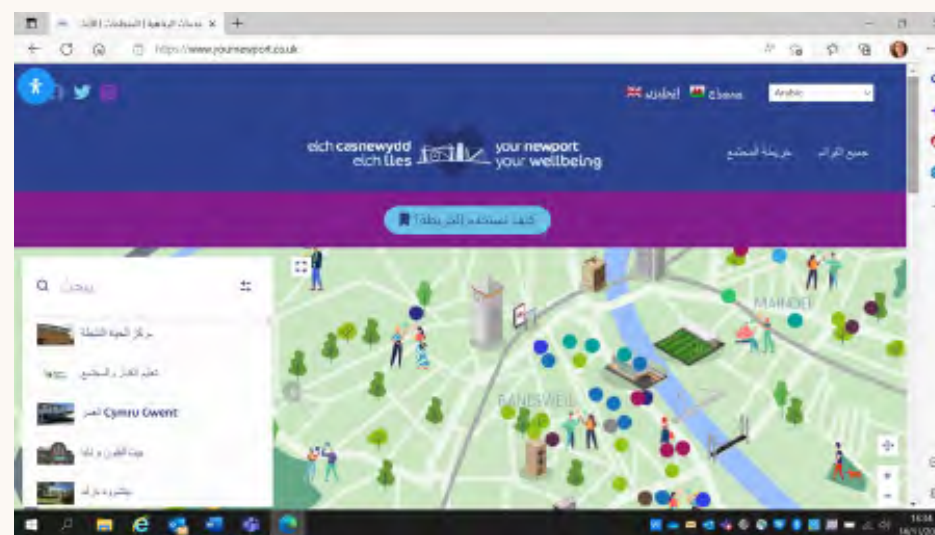
Chapter 8: Strengthen the role and impact of ill-health prevention

Why is this important?

Elsewhere in this report it has been shown that people in some communities in Gwent live more of their life in good health and live longer than in other communities in Gwent. A large proportion of that difference is caused by the following diseases:

- Cardiovascular disease
- Cancers
- Chronic respiratory diseases
- Musculoskeletal disorders
- Mental ill health

Figure 22: Mortality from cardiovascular disease, less than 75yrs, age standardised rate per 100,000 population, 2020.
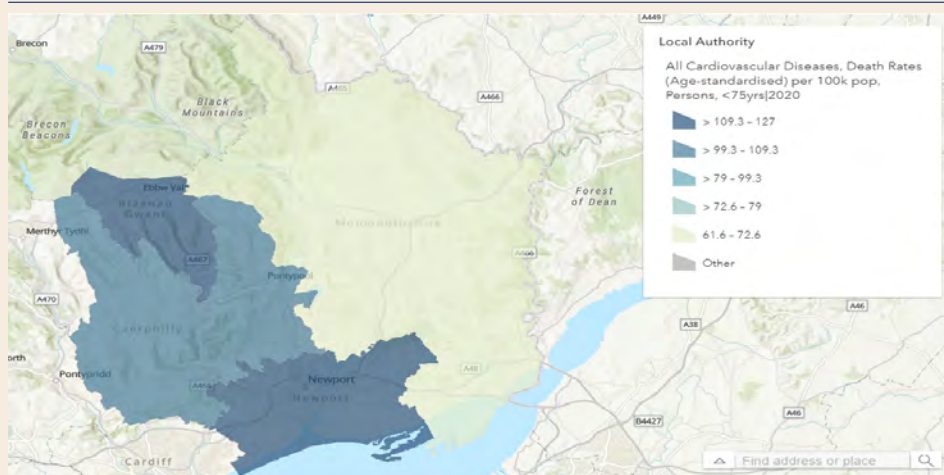
Source: HealthMapsWales[1]

Figure 23: Mortality from cancer, less than 75yrs, age standardised rate per 100,000 population, 2020.
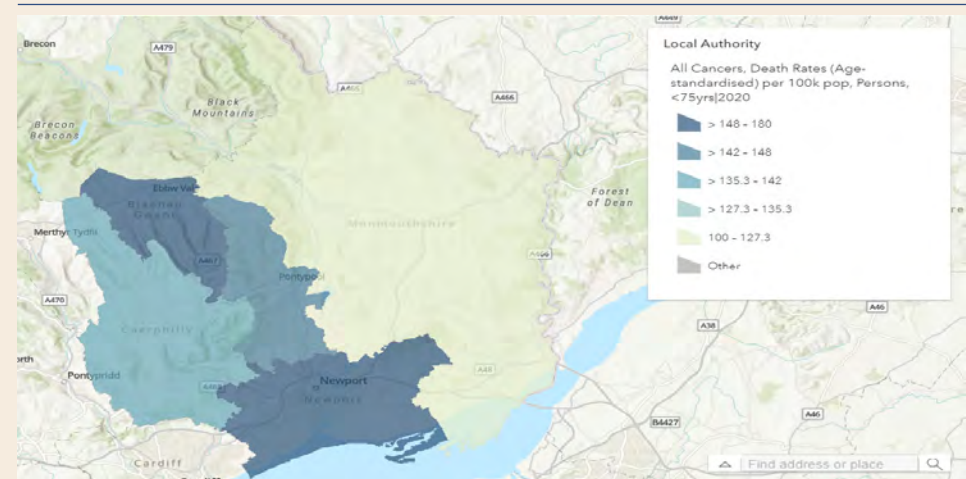
Source: HealthMapsWales[2]

The development of these illnesses can be largely attributed to preventable risk factors, including smoking, lack of physical activity and unhealthy diets. In the report '*Health and its determinants in Wales*'[3] Public Health Wales categorised the preventable risk factors into behavioural risk factors and clinical risk factors.

Behavioural risk factors

The difference in lifestyle risk factors reported by adults across Gwent explains the major part of the difference in the average number of years people live in good health and how long they live. On average, people living in disadvantaged communities have a greater number of unhealthy behaviours.

Smoking is a significant public health challenge. It is the leading cause of preventable disease and premature deaths. Smoking is more prevalent among low income groups, and the differences in smoking prevalence translate into differences in disease burdens and death rates between social groups.

Obesity. The PHW *Obesity in Wales Report*[4] found a difference of 12% in the prevalence of overweight and obesity between the most and least deprived areas of Wales. Gwent has the highest percentage of people who are overweight or obese in Wales and this is projected to rise. A high Body Mass Index (BMI) is one of the top three leading risk factors of disability adjusted life years and the leading risk factor for years lived with disability. The top three risk factors are directly linked to

diet and obesity - high BMI, high systolic blood pressure and high fasting plasma glucose.

The majority of known risk factors for cardiovascular disease (CVD) are linked to diet and obesity. High BMI contributes to 9% of the known risk factors for CVD, neoplasms and chronic respiratory illness[4].

An inverse association between a low intake of fruit and vegetables and higher risk of coronary heart disease, stroke, CVD, total cancer and all-cause mortality has been found[6].

Vegetable consumption follows a strong income gradient, with the poorest 20% eating an average of one portion of vegetables less a day than the richest 20%. There has been an improvement drop in the numbers in high income groups eating less than one portion a day, but the same cannot be said for low income groups, suggesting a widening of dietary inequality[7].

Figure 24: Modifiable lifestyle factors are the leading risk factors for diseases with the highest number of disability-adjusted life years
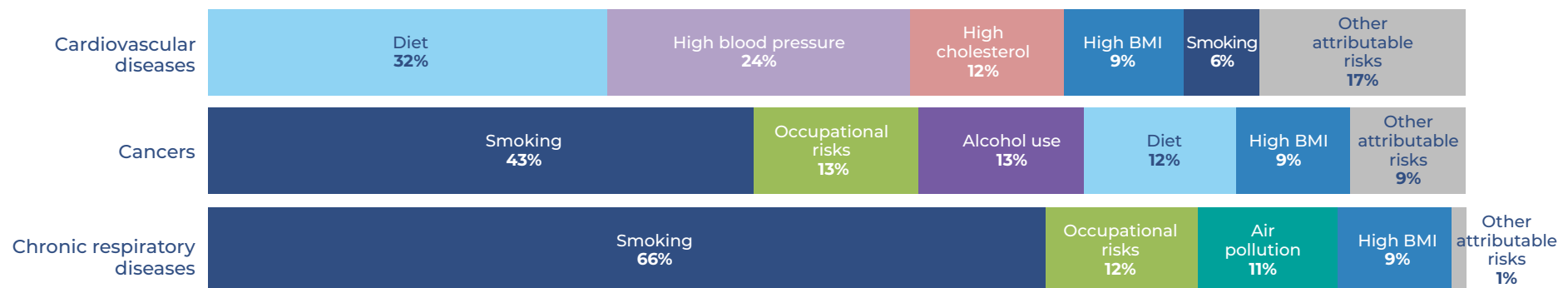
Source: Building a Healthier Gwent[5]

Figure 25: The proportion of people aged 11 years and over eating less than one portion of vegetables per day (UK)
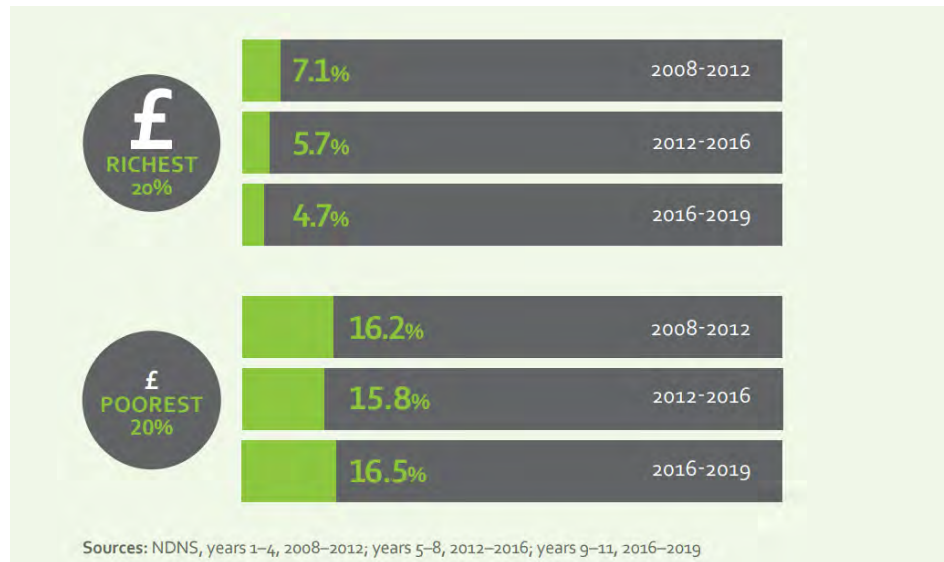
Source: Food Foundation[7]

Welsh residents spent 18% less on fruit and vegetables in 2015-2017 compared to 2006- 2008[7]. One in ten Welsh residents reported that they could not always afford to eat a balanced diet[7].

Physical activity levels are closely related to physical and mental health outcomes. There are inequalities in levels of physical activity and more affluent groups tend to have higher levels of physical activity. Exercising outside can have a more positive impact on mental health, but there are inequities in access to gardens, green spaces, leisure centres and walking and cycling infrastructure.

Alcohol misuse has been associated with a number of adverse health and social consequences. There is an inverse social gradient for alcohol consumption: with consumption generally increasing with increasing levels of household income. However, health harms run in the opposite way with harm from alcohol consumption increasing with decreasing level of household income.

Figure 26: Key behaviours reported on average by adults across Gwent

% of adults (16+)

Blaenau Gwent

12% Smoke

80% overweight or obese (BMI 25+)[a]

37% obese (BMI 30+)[a]

74% ate some but less than 5 portions of fruit and veg the previous day

50% active for less than 30 mins in previous week

11% drink more than guidelines recommend[b]

Caerphilly

10% Smoke

68% overweight or obese (BMI 25+)[a]

28% obese (BMI 30+)[a]

71% ate some but less than 5 portions of fruit and veg the previous day

34% active for less than 30 mins in previous week

19% drink more than guidelines recommend[b]

Monmouthshire

9% Smoke

58% overweight or obese (BMI 25+)[a]

21% obese (BMI 30+)[a]

62% ate some but less than 5 portions of fruit and veg the previous day

18% active for less than 30 mins in previous week

23% drink more than guidelines recommend[b]

Newport

15% Smoke

62% overweight or obese (BMI 25+)[a]

25% obese (BMI 30+)[a]

72% ate some but less than 5 portions of fruit and veg the previous day

34% active for less than 30 mins in previous week

9% drink more than guidelines recommend[b]

Torfaen

14% Smoke

74% overweight or obese (BMI 25+)[a]

30% obese (BMI 30+)[a]

73% ate some but less than 5 portions of fruit and veg the previous day

34% active for less than 30 mins in previous week

17% drink more than guidelines recommend[b]

Red = above the Wales average. *Source: Adapted from Public Health Wales Observatory using National Survey for Wales (WG)[a] [a]Overweight = Body Mass Index of 25 to under 30; obese = Body Mass Index of 30 and over [b]Weekly alcohol consumption above 14 units. Please note that this infographic uses National Survey for Wales data, not Welsh Health Survey. The NSW uses some different definitions and a smaller sample size. They can not be compared.*

Clinical risk factors

Mental health challenges are being experienced disproportionately across groups within society based on factors such as ethnicity, socioeconomic background and pre-existing mental health conditions. Various stressors arising from the pandemic could serve to prompt or exacerbate adverse mental health outcomes, including stress associated with financial loss or loss of employment, frustration, loneliness, boredom, worries about the future and concerns about access to goods and services. Moderate or severe mental distress was reported by 34.4% of the ABUHB population who responded to the Wales well-being survey in 2020[9] and this had increased to 44.7% by the following year.

High blood pressure (hypertension) is the leading modifiable risk factor for CVD in Wales. The prevalence of hypertension in GP registered populations in the ABUHB area is 16.11% (range: 13.31% to 19.3%) which is higher than the Welsh average (15.66%). People from the most deprived areas are 30% more likely than the least deprived to have high blood pressure[10].

Diabetes prevalence in GP registered populations in the ABUHB area is 6.46%. Around 90% of those diagnosed are living with Type 2 diabetes.

The health board's IMTP 2022/25[4] states that 2% of the population occupy 60% of the bed base at any one time. This 'High Risk Adult Cohort' (HRAC) are people who are repeatedly admitted following falls or an exacerbation of one or more of their co-existing conditions. Strengthening ill health prevention for this group would help them to live well with their comorbidities regardless of age and would help to reduce pressure on NHS beds, particularly during the winter months.

What can organisations in Gwent do?

To achieve the ambition set out in '*Building a Healthier Gwent*'[11], services will need to re-orientate towards prevention, supporting people's well-being by stopping problems arising in the first place.

Addressing health behaviours through the lens of inequity can only be achieved through systematic population interventions that target the underlying causes of poor health.

At an organisational level

- Embed a Make Every Contact Count approach across the organisation.
- Achieve and retain the Platinum Corporate Health Standard.
- Review progress against the commitments in the Gwent Healthy Travel Charter.

At a team level

- Enable staff to make healthier choices whilst at work, through encouraging breaks, incorporating physical activity into the day, promoting healthy eating habits and access to the NHS stop smoking service, Help Me Quit.

At an individual level

- Take all opportunities to make healthy lifestyle changes.

What can the NHS do?

- Build support to adopt healthy lifestyle changes into care pathways, such as support to lose weight as part of the All Wales Diabetes Prevention pathway, stopping smoking during pregnancy and maximising the potential of 'teachable moments' when people have contact with NHS services.

Case study: Melo

Melo is a website that contains a wide range of information, advice and self-help resources, all available for free, so that people can look after their own mental health and well-being. There are also free courses for professionals including Gwent Connect 5 which provides participants with the confidence and tools to have conversations on mental health.

Melo is funded by the Regional Integration Fund under the governance of the Gwent Regional Partnership Board for Health and Social Care. Since its launch in January 2020, the site has been continually improved to ensure it is easy for people to access the wide range of digital and printable self-help resources that are available. Accessibility is a priority and a tool embedded within Melo enables the information on the website to be read aloud in over 100 languages. This is vital for people whose first language isn't English or Welsh, or if they have sight or reading difficulties.

If you want to visit the Melo website,
go to **www.melo.cymru** or scan this QR code.

Scan me!

Download our social media pack, digital flyers, logos and much more to help you promote Melo.

You can follow the development of new content by the Melo team, which will include developing content for young people with Coleg Gwent. Please follow and share Melo team posts:

[Instagram] @melo_wales   [Twitter] @melo_wales   [Facebook] @melocymruwales

Victoria provides mental health training across Gwent and had this to say about Melo:

"I regularly use the information and resources on Melo. I actively try and incorporate the Five Ways to Well-being in my daily life. It really helps with my mental well-being. As well as information and tips on the Five Ways to Well-being, Melo contains a wealth of resources on an easy to navigate platform. It is wonderful to have a one stop shop to signpost people to who would benefit from information and advice to help them prioritise their self-care help. It truly is inspirational and so empowering to have everything at your fingertips! I am so proud as a mental health professional to work within Gwent, which has been so proactive in ensuring such high quality easy to access information is available to all, which truly enhances people's well-being on an innovative website!"

Kirsty works for Caerphilly County Borough Council and has found Melo really helpful in her role, she had this to say:

"I recently attended the Gwent Connect 5 training, where I learnt about the Melo website. I was really grateful I had, as the following week a client told me he was really struggling with his mental health. He actually told me he was feeling suicidal. I was able to use my knowledge of what was on Melo, and in particular the helplines page. We looked at the website together and as a result he phoned the Samaritans. Prior to the pandemic, one of the main challenges for me was finding self-help information you could trust. Now the information is in one place which makes things a lot easier".

Chapter 9: Tackle racism, discrimination and their outcomes

Why is this important?

Tackling racism was not an area of focus in the original 2010 Marmot Review[1]. At that point, inequities in the distribution of power, money and resources were seen as the structural drivers of inequities in daily life. These were the 'causes of the causes', and were addressed through the conceptual framework of the six original Marmot principles.

This changed when the experience of ethnic communities during the COVID-19 pandemic came to light. International work conducted by the Institute of Health Equity illustrated pervasive patterns of health disadvantage in people of African descent and in Indigenous peoples[2].

In the 2020 COVID-19 Marmot Review[3], the strong correlation between high risk occupations for COVID-19 infection and the proportion of people in those occupations from different minority ethnic backgrounds was identified. Mortality data from the COVID-19 pandemic also showed that only about half to two-thirds of the excess mortality among certain ethnic groups could be attributed to socioeconomic characteristics.

This raised questions about why people of African, Caribbean, and South Asian origin should be more exposed to adverse socioeconomic conditions and high risk occupations, and what else explained the excess mortality not accounted for by socioeconomic factors? In this context, structural racism was proposed as the missing element and was added as a further Marmot Principle in 2022[4].

What can organisations in Gwent do?

There are a number of actions that local organisations can take, including the following:[5,6,7]

- Local economic partnerships and chambers of commerce can work with businesses, the NHS, local authorities and other public sector bodies to gather ethnicity data by pay and grade, and to use this data to address wage gaps and inequalities in seniority.

- All businesses, public sector and third sector organisations should ensure legal equality duties are met in recruitment and employment practices, including pay, progression and terms.

- All efforts should be made by health and social care providers to ensure equitable access to their services.

- There should be effective engagement with all ethnic minority populations in the development and delivery of services and interventions.

- Improve the workforce's cultural literacy and invest in the human and other resources required to develop the workforce to be fully culturally competent and inclusive where effective communication directly influences outcomes.

- Ensure all significant policy and planning has equality built in from the start.

- Provide public engagement which ensures that services are appropriate, acceptable and accessible to individuals of all ethnicities.

- Include reducing ethnic health inequity as a well-being goal for the organisation.

Case study: ABUHB Maternity and Antenatal Services

After formal and informal feedback highlighted health inequities for women who do not speak English or understand written English, ABUHB midwives and the maternity services user engagement group put together a project to address this gap. Funding was successfully achieved from Safer Beginnings and volunteers were recruited.

The volunteers attended a workshop with the consultant midwife and maternity services user group representatives, to share ideas and develop their vision of the project. The role of the volunteers is to attend the service user forum representing the views of non-English speaking women and to direct women and families to resources, raise awareness of the service, build trust and confidence in maternity services, and to befriend the service users.

Some of the volunteers (all mothers who have recently had babies within ABUHB) reported that being a volunteer has already helped with overcoming loneliness and giving them a sense of purpose. The project is for a year and whilst further volunteers are being recruited, currently the nationalities and languages supported are Hungarian, Polish, Romanian, Russian and Italian.

ABUHB maternity services have also committed to the Diverse Cymru Cultural Competence Accreditation Programme.


diverse cymru
Promoting equality for all
Hyrwyddo cydraddoldeb i bawb

Chapter 10: Pursue environmental sustainability and health equity together

Why is this important?

The 2020 and 2010 Marmot reviews into health equity in England identified climate change as a fundamental threat to health[1,2]. However, it is also recognised that reducing carbon emissions presents an opportunity to reduce the prevalence of non-communicable diseases[3].

A positive effect on reducing inequity from reducing greenhouse gas emissions could be maximised by ensuring interventions reach people with the most potential to benefit – for example, by improving energy efficiency in privately rented homes in areas of socioeconomic deprivation.

Figure 27: NHS Wales target emissions by 2030
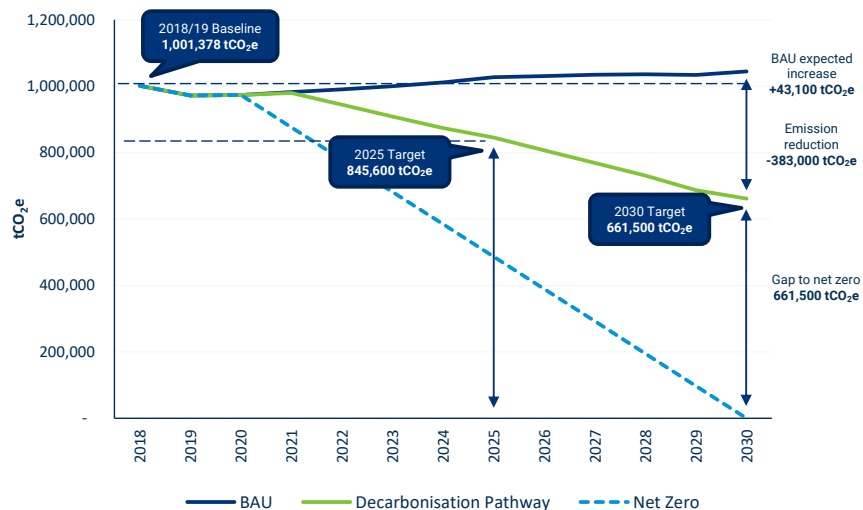
Source: The Carbon Trust/NHS Wales Shared Services Partnership[4]

An NHS Wales Decarbonisation Strategic Delivery Plan was published in 2021[4]. This sets out an ambition for the NHS in Wales to be net zero by 2030, with a clear commitment to reduce the environmental impact of climate change and to drive the wider benefits of actions to reduce emissions and pollution to improve population health.

What can organisations in Gwent do?

The Gwent Public Services Board has chosen the environment as one of three objectives for its Well-being Plan for the next five years[5]. This is in recognition of a situation where natural resources are in decline in Gwent, the challenges of transitioning to a low carbon future are significant, and there is a need to prepare in areas such as housing to deal with climate instability. In its draft Gwent Well-being Plan, Gwent PSB is proposing the following steps:

1. Reduce the environmental impact of production and consumption.

2. Declare a nature emergency in Gwent.

3. Respond to the climate emergency and protect and prepare communities for the risk associated with climate change.

4. Explore and promote community energy projects.

5. Transform food transport and energy in Gwent.

6. Recognise biodiversity as an asset, addressing the root causes of biodiversity loss and better managing the pressures on natural environments.

Case study: ABUHB Energy and Carbon Savings

The Health Board was awarded circa £2 million Welsh Government Estates Funding Advisory Board (EFAB) decarbonisation funding to implement a series of projects across the Health Board's estate, including:

- Building Management Systems (BMS) at Nevill Hall Hospital (NHH), Ysbyty Ystrad Fawr (YYF) and St. Cadoc's Hospital (SCH).

- LED lighting upgrades were installed at the three education centres (Royal Gwent Hospital, YYF, NHH) as well as street lighting upgrades at the Royal Gwent Hospital.

- A full LED lighting upgrade of Ysbyty Aneurin Bevan (YAB).

- Infrastructure upgrades to install "Pod Point" electric vehicle charging facilities for both staff and visitors at SCH, YYF, YAB and NHH.

- Installations also took place to facilitate a future transition to an all-electric facilities fleet, by installing charging points at each of the main hospital sites.

The Welsh Government funded programme is part of the wider ABUHB Decarbonisation Programme established to achieve the NHS Wales ambition of net zero by 2030. In 2021/22, ABUHB realised a 9% energy saving compared to the previous year and a 3.9% reduction on carbon emissions from building energy use, achieved through LED lighting replacements, continued optimisation of building management systems and agile working practices reducing building occupancy.

Figure 28: ABUHB Buildings Emissions (CO_2)

Buildings Emissions (CO_2)
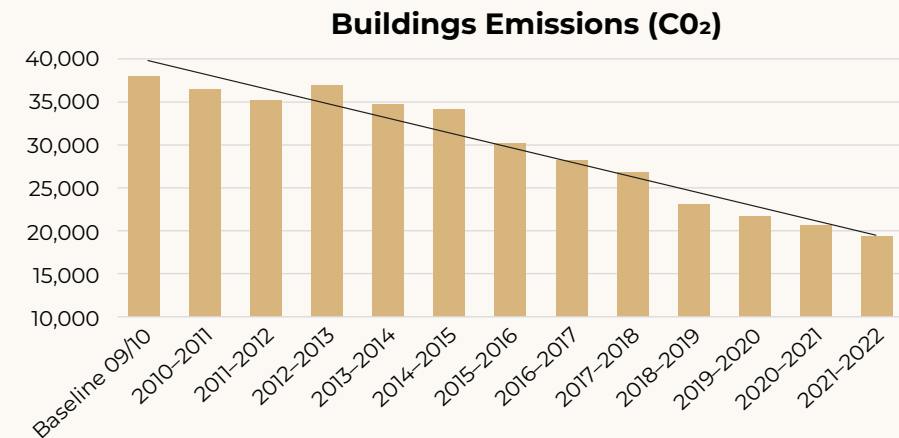
Source: ABUHB Energy strategy[7]

LED Lighting upgrade at YYF Education Centre

ELECTRIC VEHICLE CHARGING ONLY

Chapter 11: Summary

Chapter 1: The Challenge

Inequities across Gwent have been amplified by the direct and indirect harms of COVID-19 and the cost of living crisis.

Mortality from COVID-19 has been highest in the most socio-economically deprived communities and there is now a 20 year difference in how many years women live in good health in the most and least socio-economically deprived communities.

Across Gwent, in the academic year 2020/21, the proportion of children age 4-5 years who were obese had increased to 18.35% from 11.8% in 2018/19, with the proportion being 21.1% in the most socio-economically deprived communities and 13.2% in the least.

The cost of living crisis means people are cutting back on buying food and keeping their home warm, with those on the lowest incomes cutting back most.

Chapter 2: The Marmot Principles

Working with Professor Sir Michael Marmot and his team at the Institute of Health Equity, Gwent has become a Marmot Region to work together to reduce inequities and build a fairer Gwent for all communities.

"Why treat people and send them back to the conditions that made them sick?"

The Marmot principles are the building blocks for a fairer Gwent and are informed by the **social determinants of health**, the 'causes of the causes' of ill health. They are:

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

Chapter 4: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Reducing the large inequity in educational outcomes across Gwent is central to reducing inequities in adult employment, income, physical and mental health.

Children, young people and adults in all communities need to be enabled to maximise their cognitive and non-cognitive capabilities and fulfil their potential

Opportunities for lifelong learning and skills development need to be created and promoted across Gwent, not only in formal educational settings, but also in the workplace and in communities.

A starting point could be for organisations in Gwent to share good practice and align recruitment processes to make them as easy as possible for people in all communities.

Chapter 3: Give every child the best start in life

The first, and most important, Marmot Principle is to give every child the best start in life.

The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in the first thousand days of life, from a child's conception to second birthday.

Inequities in child development during the early years have lifelong effects.

The highest rate of return on investment to reduce inequity across the life course is from preconception to age five

Reducing inequities in early child development needs collective action by all public service organisations in Gwent to:

- ensure a consistent, universal offer of high quality support for all families throughout the early years
- provide enhanced support for families that is proportionate to need, to ensure that children don't get left behind.

Chapter 5: Create fair employment and good work for all

Being in good, fair employment is protective of health. Conversely, unemployment contributes to poor health.

Getting people into work is the first step to reducing inequity, but jobs also need to provide fair employment and good work that promotes wellbeing.

Public Health Wales (PHW) has published a framework that local and regional organisations can use to inform action to create fair employment for all INSERT LINK.

Chapter 6: Ensure a healthy standard of living for all

Too many families across Gwent are experiencing poverty, including in-work poverty.

Organisations in Gwent can play their part to break the cycle of the negative impacts of poverty being passed on to future generations by:

- Purchasing goods and services locally in Gwent to strengthen local supply.

- Opening buildings and spaces to support local communities and staff.

- Widening access to good, fair work

- Ensuring that services across Gwent remain financially and physically accessible to all service-users

- Providing brief intervention and signposting service-users to help on financial inclusion, mental health and well-being, plus having referral pathways in place for support with fuel and food poverty.

- Supporting staff visiting service-users' homes to recognise and take action on the signs of fuel and food poverty and assist with access to social support

Chapter 7: Create and develop healthy and sustainable places and communities

Community-centered approaches are crucial to creating and developing healthy and sustainable places and communites.

In Gwent, the Integrated Well-being Network programme is taking a whole system, place based, approach to bringing together a wide range of assets to support community well-being and ill-health prevention

The Integrated Well-being Network programme objectives are:

1. To establish place-based co-ordination & development of well-being resources

2. To identify ways that hubs can be centres for well-being resources in the community

3. To develop the well-being workforce (people delivering services & support)

4. To ensure easy access to well-being information & support

Organisations in Gwent can help to create and develop healthy and sustainable places and communities by supporting achievement of the Integrated Wellbeing Network programme objectives

Chapter 8: Strengthen the role and impact of ill-health prevention

People in some communities in Gwent live more of their life in good health and live longer than in other communities in Gwent.

That difference can largely be explained by the difference in preventable risk factors for cardiovascular disease, cancers, chronic respiratory diseases, musculoskeletal disorders and mental ill health

Those preventable risk factors include smoking, physical inactivity, an unhealthy diet and drinking too much alcohol.

Organisations in Gwent can help to encourage healthy lifestyle behaviours and strengthen ill-health prevention by:

At an organisational level:

- Embedding a Make Every Contact Count approach across the organisation
- Achieving and retain the Platinum Corporate Health Standard
- Reviewing progress against the commitments in the Gwent Healthy Travel Charter

At a team level

- Enabling staff to make healthier choices whilst at work, through encouraging breaks, incorporating physical activity into the day, promoting healthy eating habits and access to the NHS stop smoking service, Help Me Quit

At an individual level

- Taking all opportunities to make healthy lifestyle changes.

Chapter 9: Tackle racism, discrimination and their outcomes

The 2020 Covid-19 Marmot Review identified a strong correlation between high risk occupations for exposure to COVID-19 and the proportion of people in those occupations from different minority ethnic backgrounds. Mortality data also showed that only about a half to two-thirds of the excess mortality among certain ethnic groups from COVID-19 could be attributed to socioeconomic characteristics.

In this context, tackle racism, discrimination and their outcomes was added as a further Marmot Principle in 2022.

To tackle racism and discrimination, organisations is Gwent can:

- Systematically gather ethnicity data by pay and grade, and to use this data to address wage gaps and inequalities in seniority
- Ensure legal equality duties are met in recruitment and employment practices, including pay, progression and terms
- Ensure equitable access to their services, informed by effective engagement with all ethnic minority populations in the development and delivery of services and interventions
- Improve their workforce's cultural literacy and invest in the human and other resources required for their workforce to be fully culturally competent and inclusive in their communications
- Ensure all significant policy and planning has equality built in from the start
- Provide public engagement which ensures that services are appropriate, acceptable and accessible to individuals of all ethnicities.

Chapter 10: Pursue environmental sustainability and health equity together

The 2020 and 2010 Marmot reviews identified climate change as a fundamental threat to health as well as an opportunity to reduce inequalities in non-communicable diseases by ensuring carbon reduction interventions reach people with the most potential to benefit.

The draft Gwent Public Service Board Well-being Plan is proposing the following actions:

1. Reduce the environmental impact of production and consumption.

2. Declare a nature emergency in Gwent.

3. Respond to the climate emergency and protect and prepare communities for the risk associated with climate change.

4. Explore and promote community energy projects.

5. Transform food transport and energy in Gwent.

6. Recognise biodiversity as an asset, addressing the root causes of biodiversity loss and better managing the pressures on natural environments.

Organisations in Gwent can purse environmental sustainability and health equity together by ensuring carbon reduction interventions reduce inequities and don't increase them.

I'm very pleased to publish my last annual report: **Building a Fairer Gwent, why Gwent is a Marmot region.** This report builds on my previous reports highlighting the inequalities in health across our area and the causes of those inequalities. Which is why Gwent Public Service Board have made the decision for Gwent to become a region so that we can build a fairer Gwent, by working together.

This will be my last report and it has been an absolute privilege to be the latest in a long tradition of Directors of Public Health building on the tradition started 175 years ago with the first medical officer of health in Liverpool. I wish every success to Gwent Public Service Board and to those who are going to strive together to 'Build a Fairer Gwent'.

References

Chapter 1

1. Dr Sarah Aitken (2019), Director of Public Health Annual Report 2019: Building a Healthier Gwent [Online], Aneurin Bevan Gwent Public Health Team. Accessed on 16/09/22. Available at: https://abuhb.nhs.wales/healthcare-services/staying-well-and-healthy/building-a-healthier-gwent/further-information/

2. Liz Green, Kathryn Ashton, Michael Fletcher, Adam T. Jones, Laura Evans, Tracy Evans, Lee Parry-Williams, Sumina Azam, Mark A Bellis (2021) Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change for health, well-being and equity in Wales [Online] Public Health Wales. Accessed on 12/09/22. Available at: https://phw.nhs.wales/publications/publications1/rising-to-the-triple-challenge-of-brexit-COVID-19-and-climate-change-for-health-well-being-and-equity-in-wales/

3. Ofgem (2022), Ofgem updates price cap level and tightens up rules on suppliers [Online]. Accessed on 16/09/22. Available at: https://www.ofgem.gov.uk/publications/ofgem-updates-price-cap-level-and-tightens-rules-suppliers

4. Bambra C, Riordan R, Ford J, Matthews F. (2020) The COVID-19 pandemic and health inequalities. [Online], Journal of Epidemiology and Community Health. Accessed on 12/09/22. Available at: https://jech.bmj.com/content/74/11/964

5. Mariana Dyakova, Lauren Couzens, James Allen, Mischa Van Eimeren, Anna Stielke, Andrew Cotter-Roberts, Rajendra Kadel, Benjamin Bainham, Kathryn Ashton, Daniela Stewart, Karen Hughes, Mark A. Bellis World Health Organization (WHO) Collaborating Centre on Investment for Health & Wellbeing, Public Health Wales (2021) Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales. [Online] Public Health Wales. Accessed on 12/09/22. Available at: https://phw.nhs.wales/publications/publications1/placing-health-equity-at-the-heart-of-the-COVID-19-sustainable-response-and-recovery-building-prosperous-lives-for-all-in-wales/

6. Veena Raleigh (2022) Deaths from COVID-19 (coronavirus): how are they counted and what do they show? [Online] The King's Fund. Accessed on 12/09/22. Available at: https://www.kingsfund.org.uk/publications/deaths-COVID-19

7. Office for National Statistics (2021). Deaths due to COVID-19, registered in England and Wales. [Online] Accessed 26/10/2022. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsregisteredduetocovid19/2021#:~:text=In%202021%2C%20the%20highest%20age,100%2C000%20people%20(7%2C336%20deaths).

8. Public Health Wales (2022), Inequalities in life expectancy on the increase in Wales [Online]. Accessed on 16/09/22. Available at: https://phw.nhs.wales/news/inequalities-in-life-expectancy-on-the-increase-in-wales/

9. Public Health Wales (2022), Child Measurement Programme 2020-2021 [Online]. Accessed on 16/09/22. Available at: https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2020-21/child-measurement-programme-report-2020-2021/

10. Welsh Parliament: Senedd Research (2022), How rising fuel costs are driving fuel poverty in Welsh homes [Online]. Accessed on 16/09/22. Available at: https://research.senedd.wales/research-articles/how-rising-fuel-costs-are-driving-fuel-poverty-in-welsh-homes/

11. Citizens Advice (2022), Our new cost of living dashboard: the crisis we're seeing unfold [Online]. Accessed on 16/09/22. Available at: https://wearecitizensadvice.org.uk/our-new-cost-of-living-dashboard-the-crisis-were-seeing-unfold-aac74fb98713

12. Office for National Statistics (2022), Social opinions and lifestyle survey [Online]. Accessed on 21/10/2022. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/publicopinionsandsocialtrendsgreatbritain/latest

Chapter 2

1. 'The Health Gap: The Challenge of an Unequal World'. Michael Marmot. Bloomsbury. London. 2015.

2. Michael Marmot, Peter Goldblatt, Jessica Allen, et al. Institute of Health Equity (2010), Fair Society, Healthy Lives (The Marmot Review) [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

3. Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison, Institute of Health Equity (2020), The Marmot Review 10 Years On [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

4. Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison, Institute of Health Equity (2020), Build Back Fairer: The COVID-19 Marmot Review [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-COVID-19-marmot-review

5. Alice Munro (2020), Coventry Marmot City Evaluation 2020 [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020

6. UCL Institute of Health Equity (2021), Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives

7. UCL Institute of Health Equity (2022), All Together Fairer: Health Equity And The Social Determinants Of Health In Cheshire And Merseyside [Online]. Accessed on 16/09/22. Available at: https://www.champspublichealth.com/all-together-fairer/

8. UCL Institute of Health Equity, Lancashire and Cumbria Health Equity Commission, Launch Event [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/lancashire-and-south-cumbria-health-equity-commission-hec

9. Ruth Bell (2021), Embedding the Marmot Principles in Tendring, Essex [Online]. Accessed on 16/09/22. Available at: https://www.instituteofhealthequity.org/resources-reports/embedding-the-marmot-principles-in-tendring-essex

10. Professor Sir Michael Marmot lecture (2022), Social Justice and Health Equity, The RSA, 13/09/22. https://www.thersa.org/

11. Gwent Public Services Board (2022), Gwent Well-being Assessment [Online]. Accessed on 04/10/22. Available at: https://www.gwentpsb.org/en/well-being-plan/well-being-assessment/

12. Welsh Government (2015), Well-being of Future Generations Act: The Essentials [Online]. Accessed on 16/09/22. Available at: https://gov.wales/well-being-future-generations-act-essentials

13. Dr Sarah Aitken (2022), Proposal: Gwent Becoming a 'Marmot Region' [Online]. Accessed on 16/09/22. Available at: https://www.gwentpsb.org/wp-content/uploads/2022/03/03-Proposal-Gwent-Becoming-a-Marmot-Region.pdf

14. Maria Luisa Buzelli, Phoebe Dunn, Samuel Scott, Laura Gottlieb, Hugh Alderwick (2022) A framework for NHS action on social determinants of health. [Online]. Accessed on 08/10/22. Available at: https://www.health.org.uk/publications/long-reads/a-framework-for-nhs-action-on-social-determinants-of-health

15. Health Anchors Learning Network (2022), What is an anchor? [Online]. Accessed on 04/10/22. Available at: https://haln.org.uk/

Chapter 3

1. Heckman: The economics of human potential (2022) *The Heckman Equation*. [Online] Heckman: The economics of human potential. Accessed on 24/09/22. Available at: https://heckmanequation.org/resource/the-heckman-curve/.

2. Public Health Wales (2018) *Adverse childhood experiences*. [Online]. Accessed 31/10/2022. Available at: https://phw.nhs.wales/topics/adverse-childhood-experiences/

3. Welsh Government (2022) An overview of the Healthy Child Wales Programme. Accessed on 19/10/2022. Available at : https://gov.wales/sites/default/files/publications/2022-03/an-overview-of-the-healthy-child-wales-programme.pdf

4. Gwent PSB (2022) *Proposal – Gwent becoming a Marmot region*. Accessed 31/10/2022. Available at: https://www.gwentpsb.org/wp-content/uploads/2022/03/03-Proposal-Gwent-Becoming-a-Marmot-Region.pdf

5. Addis S & Hopkins J, (2022) *What Works in the Prevention and Early Intervention of ACEs at the Community Level? Identifying and Supporting Projects across Wales*. Accessed 31/10/2022. Available at: https://phwwhocc.co.uk/wp-content/uploads/2022/10/ACEs-What-Works-in-Community-Interventions-English-final.pdf

6. NHS Wales Collaborative. (2022) *NEST: What you need to know*. [Online] NHS Wales Collaborative, viewed 24/09/22. Available at: https://collaborative.nhs.wales/networks/wales-mental-health-network/together-for-children-and-young-people-2/the-nest-framework/nyth-nest-documents/what-you-need-to-know/

Chapter 4

1. Stats Wales (2022) *Highest qualification level of working age adults by region and local authority*. Welsh Government [Online]. Accessed 07/11/22. Available at: https://statswales.gov.wales/Catalogue/Education-and-Skills/Post-16-Education-and-Training/Data-For-Regions-of-Wales/highestqualificationlevelofworkingageadults-by-region-localauthority

2. Pember, S et al (2021) *Supporting the Welsh Lifelong Learning System*. Wales Centre for Public Policy [Online]. Accessed 21/09/22. Available at:https://www.wcpp.org.uk/publication/supporting-the-welsh-lifelong-learning-system/

3. Feinstein L, Hammond C, Woods L, Preston J and Bynner J (2003) *The contribution of adult learning to health and social capital, wider benefits of learning*. Research Report. London: Institute of Education. Available at: https://researchonline.lshtm.ac.uk/id/eprint/11847/1/The%20Contribution%20of%20Adult%20Learning.pdf

4. Aneurin Bevan University Health Board (2022) *People Plan 2022–2025-Putting People First*. Aneurin Bevan University Health Board [Online]. Accessed 21/09/22. Available at: https://abuhb.nhs.wales/files/key-documents/public-board-meetings/abuhb-board-meeting-25th-may-2022-v2-compressedpdf/

5. Welsh Government (2022) *Stronger, fairer, greener Wales: a plan for employability and skills*. Welsh Government. [Online] Accessed 18/10/22. Available at: https://gov.wales/stronger-fairer-greener-wales-plan-employability-and-skills

Chapter 5

1. The Marmot Review (2010) *Fair Society, Healthy Lives: The Marmot Review*. [Online]. Institute of Health Equity. Accessed on 14/09/22. Available at: https://www.instituteofhealthequity.org

2. WHO (2019) *The European Health Equity Status Report Initiative*. http://www.euro.who.int/en/health-topics/health-determinants/socialdeterminants/health-equity-status-report-initiative

3. HM Government (2014) *An evidence review of the drivers of child poverty for families in poverty now and for poor children growing up to be poor adults*. 35357_Book.indb (publishing.service.gov.uk)

4. Fair Work Commission. *Fair Work Wales*. [Online]. Welsh Government. Accessed on 14/09/22. Available at: https://gov.wales/fair-work-wales

5. Humphreys, C., Heathcote-Elliott, C. and Winding, C. Delivering fair work for health, well-being and equity - what it is, why it matters and what you can do. A guide for local and regional organisations in Wales. Public Health Wales NHS Trust. [Online]. Accessed on 25 May 2022. Available at: www.phw.nhs.wales/FairWork

Chapter 6

1. NOMIS (2022) *Labour market profile*. Office for National Statistics [Online]. Accessed on 07/11/22. Available at: https://www.nomisweb.co.uk/reports/lmp/la/1946157401/report.aspx?town=blaenau%20gwent#tabrespop

2. Statistics for Wales (2019) Welsh Index of Multiple Deprivation (WIMD): Results Report. Welsh Government [Online]. Accessed on: 07/11/22. Available at: https://gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf

3. Gwent Public Services Board (2022), *Gwent Well-being Assessment* [Online]. Accessed on 20/09/22. Available at: https://www.gwentpsb.org/en/well-being-plan/well-being-assessment/

4. Welsh Government (2021), *Relative income poverty: April 2019 to March 2020* [Online]. Accessed on 20/09/22. Available at: **https://gov.wales/relative-income-poverty-april-2019-march-2020-html**

5. Welsh Government (2022), *Fuel poverty modelled estimates for Wales (headline results): as at October 2021* [Online]. Accessed on 20/09/22. Available at: **https://gov.wales/fuel-poverty-modelled-estimates-wales-headline-results-october-2021-html**

6. UK Government (2022), *Russia-Ukraine and UK energy: factsheet* [Online]. Accessed on 20/09/22. Available at: **https://www.gov.uk/government/news/russia-ukraine-and-uk-energy-factsheet**

7. Capstick A (2022) The energy price guarantee is now set to end in April next year – here's what the change means for your bills.   [Online]. Accessed on 19/10/22. Available at: **https://www.moneysavingexpert.com/news/2022/10/the-energy-price-guarantee-is-now-set-to-end-in-april---what-it-/**

8. Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt, Institute of Health Equity (2022), *Fuel poverty, cold homes and health inequalities* [Online]. Accessed on 20/09/22. Available at: **https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk**

9. Public Health Wales (2022) *Cost of living: A public health issue*. Public Health Wales [Online]. Accessed: 08/11/22. Available at: **https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2022-2023/29-september-2022/board-papers-29-september-2022/31b-phw-20220929-cost-of-living-board-slidespdf/**

10. The Food Foundation (2022), *MP Briefing: Local food infrastructure and the cost of living crisis* [Online]. Accessed on 20/09/22. Available at: **https://foodfoundation.org.uk/publication/mp-briefing-local-food-infrastructure-and-cost-living-crisis**

11. Citizens Advice (2022), *Our new cost of living dashboard: the crisis we're seeing unfold* [Online]. Accessed on 16/09/22. Available at: **https://wearecitizensadvice.org.uk/our-new-cost-of-living-dashboard-the-crisis-were-seeing-unfold-aac74fb98713**

12. Ian Watson, Fiona MacKenzie, Louise Woodfine, Sumina Azam, Public Health Wales (2019), *Making a Difference Housing and Health: A Case for Investment* [Online]. Accessed on 20/09/22. Available at: **https://phwwhocc.co.uk/resources/making-a-difference-housing-and-health-a-case-for-investment-main-report/**

13. Welsh Government (2021), *Healthy Weight: Healthy Wales obesity strategy* [Online]. Accessed on 20/09/22. Available at: **https://gov.wales/health-weight-healthy-wales-obesity-strategy**

14. The Health Foundation (2019), *The NHS as an anchor institution* [Online]. Accessed on 20/09/22. Available at: **https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution**

15. The King's Fund (2014), *Tackling poverty: Making more of the NHS in England* [Online]. Accessed on 20/09/22. Available at: **https://www.kingsfund.org.uk/publications/articles/tackling-poverty**

16. Public Health Scotland (2021), *Financial inclusion referral pathways* [Online]. Accessed on 20/09/22. Available at: **http://www.healthscotland.scot/population-groups/children/child-poverty/local-actions-to-reduce-child-poverty/financial-inclusion-referral-pathways/overview-and-benefits-of-referral-pathways**

17. Welsh Government (2022), £1.1 million investment to champion older people as Wales becomes Age Friendly [Online]. Accessed on 20/09/22. Available at: **https://gov.wales/11-million-investment-champion-older-people-wales-becomes-age-friendly**

Chapter 7

1. Health Foundation. 2022. Health and social care workforce: workforce supply and demand projects. Accessed on 10/10/2022. Available from: **https://www.health.org.uk/REAL-centre/health-and-social-care-workforce**

2. Create Streets Foundation. 2021. No Place Left Behind. The Commission into Prosperity and Placemaking. Accessed on 10/10/2022. Available from: **https://www.createstreetsfoundation.org.uk/wp-content/uploads/2021/09/8560_PS_Create_No_Place_Left_Behind_FINAL.pdf**

3. Lent A, Pollard G, Studdert J. 2022. A Community-powered NHS. New Local. Accessed on 10/10/2022. Available from: **https://www.newlocal.org.uk/publications/community-powered-nhs/**

4. PHE. 2020. Community-centred public health: taking a whole system approach. Accessed on 4/10/2022. Available from: **https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach**

Chapter 8

1. HealthMapsWales (2022) *Data Explorer*. Digital Health and Care Wales [Online]. Accessed on 07/11/22. Available at: **https://www.healthmapswales.wales.nhs.uk/data-catalog-explorer/indicator/I604/?classificationMethod=quantile&features=20,19,18,17,16&geoId=G108&view=map**

2. HealthMapsWales (2022) *Data Explorer*. Digital Health and Care Wales [Online]. Accessed on 07/11/22. Available at: **https://www.healthmapswales.wales.nhs.uk/data-catalog-explorer/indicator/I4/?classificationMethod=quantile&features=20,19,18,17,16&geoId=G108&view=map**

3. Public Health Wales (2017) *Health and its determinants in Wales Informing Strategic Planning* [Online]. Accessed on 26/09/22. Available at: **https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/publication-documents/health-and-its-determinants-in-wales-2018/health-and-determinants-in-wales-report-eng-pdf/**

4. Public Health Wales (2019) *Obesity in Wales*. [Online]. Accessed on 24/09/22. Available at: **https://phw.nhs.wales/topics/obesity/obesity-in-wales-2019/#:~:text=Obesity%20is%20a%20leading%20public%20health%20concern%20in,one%20in%20eight%20reception%20age%20children%20are%20obese**

5. Dr Sarah Aitken (2019), *Director of Public Health Annual Report 2019: Building a Healthier Gwent* [Online], Aneurin Bevan Gwent Public Health Team. Accessed on 16/09/22. Available at: **https://abuhb.nhs.wales/healthcare-services/staying-well-and-healthy/building-a-healthier-gwent/further-information/**

6. Dagfinn Aune et al., International Journal of Epidemiology, Volume 46. Issue 3, June 2017 [Online] Accessed on 24/10/22 Available at Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality—a systematic review and dose-response meta-analysis of prospective studies | International Journal of Epidemiology | Oxford Academic (oup.com)

7. The Food Foundation (2021) Veg Facts [Online] Accessed on 24/10/22 Available at **Peas-Please-Veg-Facts-2021.pdf** (foodfoundation.org.uk)

8. Welsh Government (2022) *National Survey for Wales* [Online] Accessed on 08/10/22. Available at: **https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-healthboard-from-202021**

9. Wales Wellbeing Covid 19 Mental Health Research Summary [Online] Accessed on 25/10/22 Covid-19 Wellbeing Survey Results | Wales Wellbeing (wales-wellbeing.co.uk)

10. Public Health England (2017) Health matters: combating high blood pressure [online] Accessed on 25/10/22   Health matters: combating high blood pressure - GOV.UK (www.gov.uk)

11. Director of Public Health Annual Report (2019) *Building a Healthier Gwent* [Online] Accessed on 26/09/22. Available at: **Aneurin Bevan DPH Annual Report 2019 English (Final2)_compressed.pdf** (wales.nhs.uk)

Chapter 9

1. The Marmot Review (2010) *Fair Society, Healthy Lives: The Marmot Review*. [Online]. Institute of Health Equity. Accessed on 14/09/22. Available at: **https://www.institu-teofhealthequity.org**

2. Commission of the Pan American Health Organization on Equity and Health Inequal-ities in the Americas. Just Societies: Health Equity and Dignified Lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequal-ities in the Americas. Washington, D.C.: PAHO; 2019.

3. Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison (2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity

4. Professor Sir Michael G. Marmot (2022) *Build Back Fairer: Social Determinants, ethnicity and health.* [Online]. NHS Race and Health Observatory. Accessed on 21/09/22. Available at: **https://www.nhsrho.org/blog/build-back-fairer-social-deter-minants-ethnicity-and-health/**

5. Kapadia D, Zhang J, Salway S, et al. (2022) *Ethnic inequalities in healthcare: a rapid evidence review. Race and Health Observatory*. Accessed on 21/09/22. Available at: **https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Fi-nal-Report_v.7.pdf**

6. Patel K C R, Hanif W. *Ethnic health inequalities in the NHS*. BMJ 2022; 376:o607

7. Delon C, et al. *Differences in cancer incidence by broad ethnic group in England, 2013-2017. Br J Cancer* 2022.

Chapter 10

1. Marmot M et al.,"Health equity in England: the Marmot review 10 years on," Institute of Health Equity, London, 2020. [Online]. Accessed on 21/09/22. Available at: **http://www.bmj.com/lookup/doi/10.1136/bmj.m693**

2. Marmot M et al., "Fair Society Healthy Lives (The Marmot Review)," Institute of Health Equity, London, 2010. [Online]. Accessed on 21/09/22. Available: **https://www.institu-teofhealthequity.org**

3. N. Watts et al., "Health and climate change: policy responses to protect public health," *The Lancet*, vol. 386, no. 10006, pp. 1861–1914, Nov. 2015, doi:10.1016/S0140-6736(15)60854-6.

4. The Carbon Trust & NHS Wales Shared Services Partnership. (2021) *NHS Wales Decar-bonisation Strategic Delivery Plan: 2021-2030.* [Online]. Accessed 21/09/22. Available at: **https://gov.wales/sites/default/files/publications/2021-03/nhs-wales-decarboni-sation-strategic-delivery-plan.pdf**

5. Gwent Public Service Board (2022) *Consultation Draft Well-being Plan for Gwent.* [Online]. Accessed 08/10/22. Available at: **https://www.gwentpsb.org/en/public-ser-vices-board/meetings/**

6. Aneurin Bevan University Health Board (2022) *Integrated Medium Term Plan 2022/25.* [Online]. Accessed 21/09/22. Available at: **https://abuhb.nhs.wales/**

7. Aneurin Bevan University Health Board (2020) ABUHB Energy Strategy 2020-2024. [Online]. Accessed 25/10/22. Available at: **https://abuhb.nhs.wales/news/news/health-board-energy-strategy-approved/**

BUILDING A FAIRER
GWENT
TEG I BAWB

Contact us

Web: www.wales.nhs.uk/HealthierGwent

Email: AdminVH_ABGPHT@wales.nhs.uk

Tel.:   01633 261448