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Welsh Assembly Government

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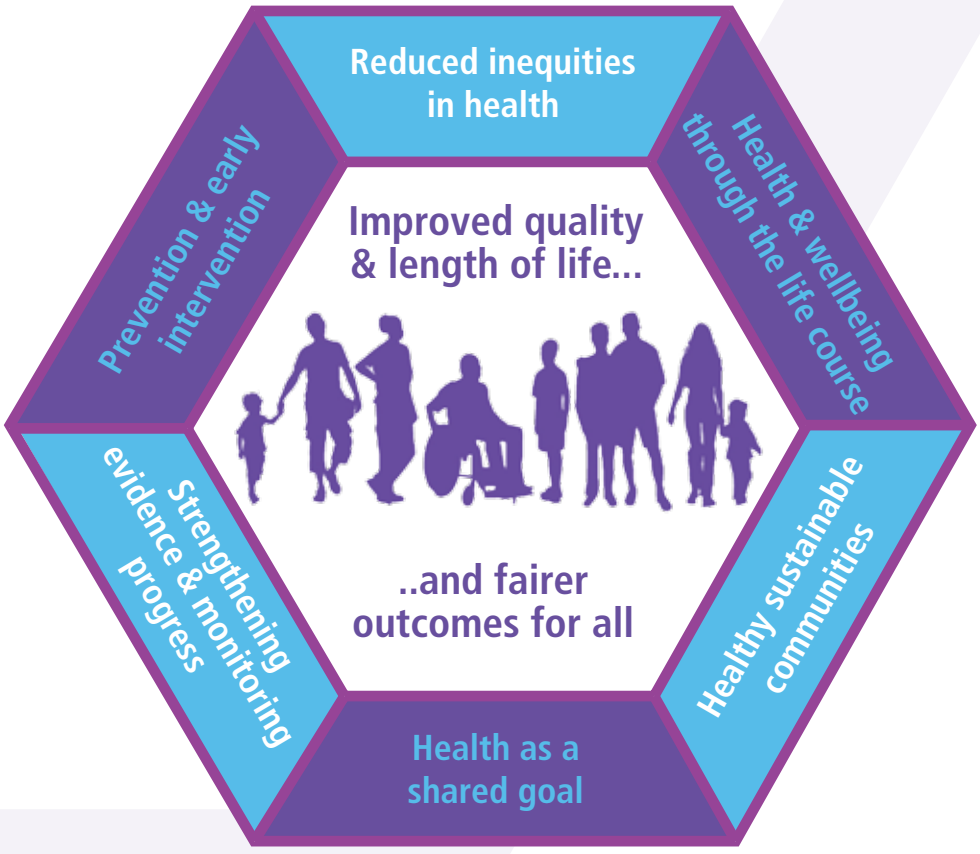
Fairer Health Outcomes For All

Reducing Inequities in Health Strategic Action Plan

Moving the Agenda Forward



Our Healthy Future - Technical Working Paper 2

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Our Healthy Future Technical Working Papers

Technical Working Paper 1 (October 2009).

Available from:

http://wales.gov.uk/topics/health/ocmo/healthy/?lang=en

Technical Working Paper 2 (March 2011).

Available from:

http://wales.gov.uk/topics/health/ocmo/healthy/?lang=en

Ministerial Foreword

In my foreword to Our Healthy Future[1], I said that we have health inequities firmly in our sights and that tackling inequities which are unfair and unjust will be the cornerstone of public health policy and practice over the coming decade. This is a commitment I re-stated at the Plenary Debate on Life Expectancy in Wales on 8 December 2010[2].

One Wales[3] set out a programme of government for Wales to improve people's life chances. As part of this, I launched Our Healthy Future in 2009 providing a strong direction to government and partners to focus on prevention and improvement.

The Welsh Assembly Government remains committed to quality universal services which encourage and support people to flourish and to avoid poor health. I have ensured that the leadership and accountability of the NHS to improve health and wellbeing, and to reduce health inequities, is now central to the transformational approach to planning and delivery. This is a fundamental shift in achieving sustainable health and wellbeing for the people of Wales.

At the same time, I am ensuring that the design and delivery of key central policies and programmes is being, and will be, shaped to reduce health inequities. Examples include the Teenage Pregnancy pilots, action to reduce smoking prevalence and the forthcoming Quality of Food and Mental Health Promotion Action Plans.

I am keen that we look hard at our collective efforts across national and local Government and with our delivery partners to ensure that we create healthy public policy which improves everyone's life chances. In challenging economic times, there is a collective responsibility to ensure that policies and resources are aligned as effectively as possibly to do this.

This plan does not present a 'magic bullet' or all the answers to challenging questions. This plan is about putting in place the building blocks to support a long term and systematic approach and joint working with our citizens and partners to achieve greater equity in health.

I would welcome comments on, and ideas to enhance, the further development of this plan which should be sent to:

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Minister for Health and Social Services

1. Introduction and Vision

'…I know that society may be formed so as to exist without crime, without poverty, with health greatly improved, with little, if any misery, and with intelligence and happiness increased a hundredfold; and no obstacle whatsoever intervenes at this moment except ignorance to prevent such a state of society from becoming universal.' (Robert Owen, Newtown, Social Reformer 1771-1858)

'As health inequalities are not simply a matter of chance but are strongly influenced by the actions of individuals, governments, stakeholders, and communities, they are not inevitable. Action to reduce health inequalities means tackling those factors which impact unequally on the health of the population in a way which is avoidable and can be dealt with through public policy[4].' (Commission of the European Communities 2009)

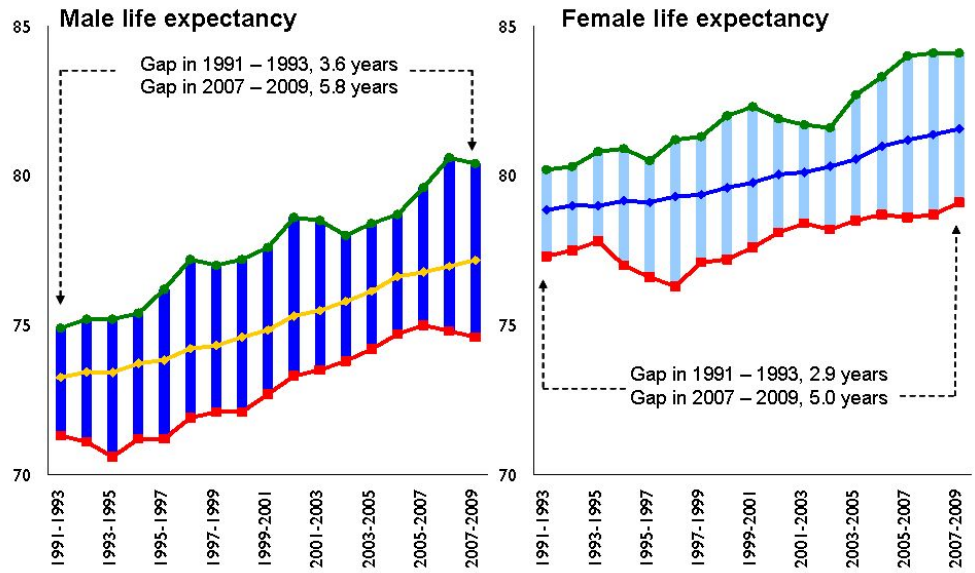
Health in Wales

The Chief Medical Officer for Wales' Annual Report for 2009[5] confirms that the health of the population of Wales continues to improve overall and the proportion of deaths under the age of 75 continues to decline. Life expectancy at birth for men and women is increasing and most of the population can look forward to spending most of their lives in good health. However, the CMO for Wales also states:

'I need to draw your attention to the inequitable gaps in health and wellbeing that exist across the country. These require sustained commitment to ensure that where a person lives or their social circumstance, does not lead to a lesser quality of life and a premature death.'

These gaps in health and wellbeing have also been increasing over the past 20 years. Figure 1 shows that the gap in life expectancy between the highest and lowest local authority area has increased since the early 1990's.

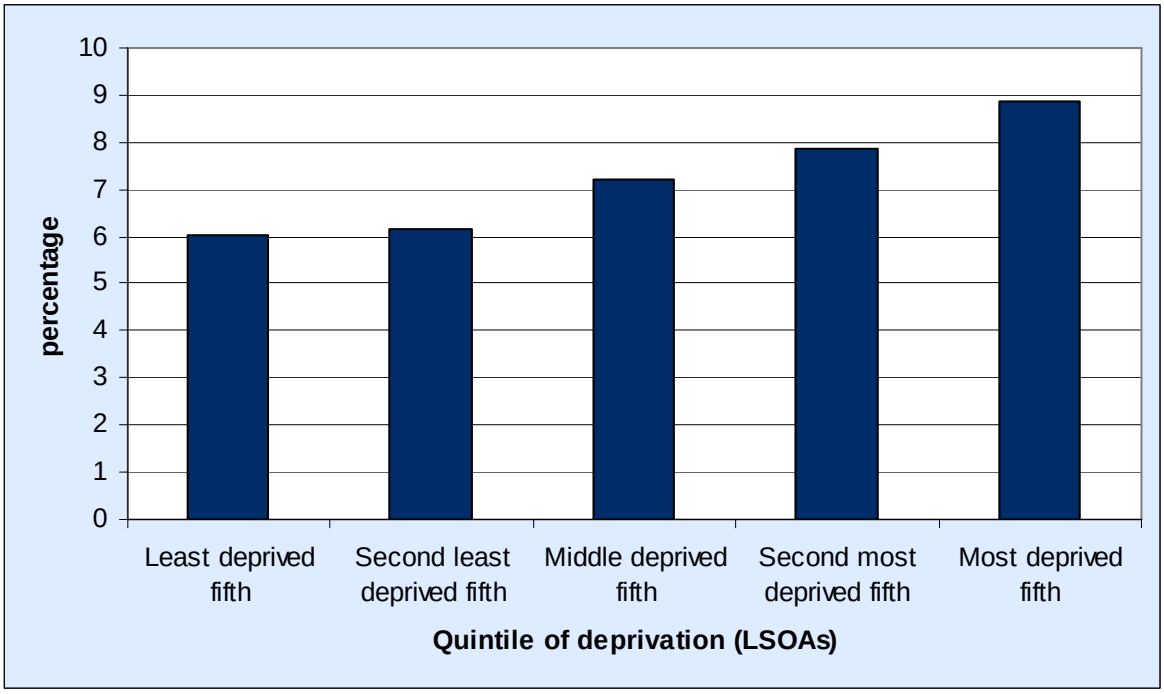
Figure 1 Trends in life expectancy 1991-2009 across Local Authority areas



Source: Office for National Statistics

It is also troubling that these gaps in health and wellbeing are apparent at a young age. For example, Figure 2 shows that at the start of life there is a strong association between low birth weight babies and socio-economic deprivation.

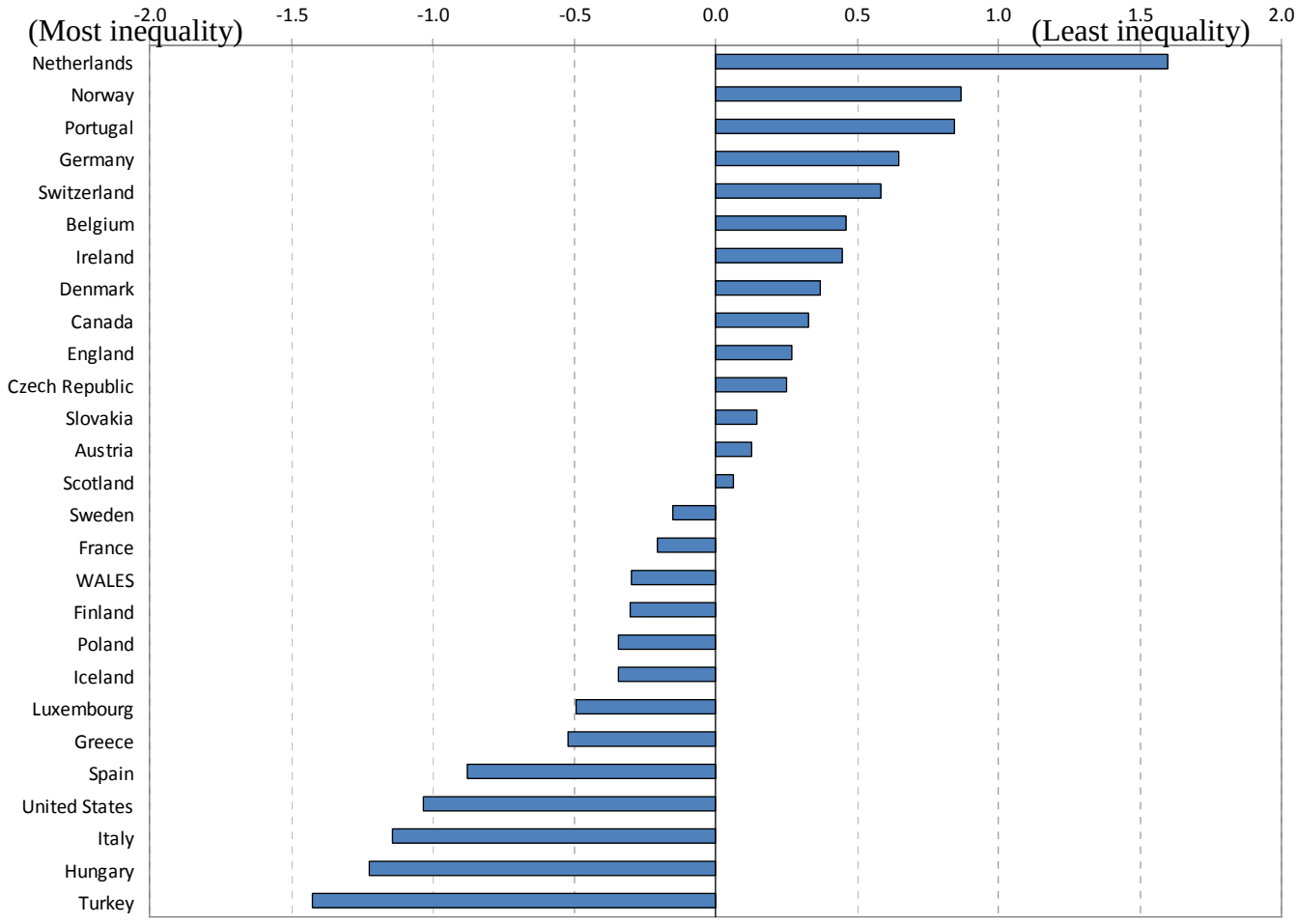
Figure 2 Low birth weight babies (<2,500g) 2005 – 2007 by quintiles of deprivation



Source: Public Health Wales; data: ONS (low birth weight), Welsh Assembly Government (WIMD)

Such differences in health between parts of a country and/or social groups are also found in other parts of the UK, Europe and countries around the world. This is demonstrated in Figure 3 which provides an overview of health inequality among 11 to 15 year olds in 27 of the Organisation for Economic Co-operation and Development (OECD) countries. Using information on physical activity, fruit consumption and health complaints, it shows least inequality in the Netherlands and Norway and most in Hungary and Turkey. The level of inequality is slightly worse than the OECD average in Wales, whereas in England and Scotland it is slightly better than the OECD average.

Figure 3 An overview of health inequality among 11-15 year olds in OECD countries



Note - In the figure above, the scores are standard deviations from the OECD average. A standard deviation can be interpreted as the spread of the distribution around its average. Higher positive scores indicate less inequality and conversely, higher negative scores indicate greater inequality.

Source: Adapted from UNICEF (2010) The Children Left Behind: A league table of inequality in child well-being in the world's rich countries. Innocenti Report Card 9, UNICEF Innocenti Research Centre, Florence.

While these health data provide a compelling reason for action, there are also economic data about the costs of health inequalities to society through the cost of additional illness, productivity losses, lost taxes and higher welfare payments. Based on calculations for England[6] the annual economic cost of dealing with the

consequences of inequalities in health in Wales is estimated at between £3.2 billion and £4.0 billion.

The dual strategy

Since the late 1990s policy documents such as Better Health, Better Wales[7], Targeting Poor Health[8] and the Review of Health and Social Care in Wales[9] have described and acknowledged these gaps in health and wellbeing. Such documents led the Welsh Assembly Government to adopt a dual strategy involving action by the NHS as well as action across policy areas. Activities to support this dual strategy have included:

- the Inequalities in Health Fund[10] which supported 67 projects to address inequalities in coronary heart disease;
- the Sustainable Health Action Research Programme (SHARP)[11] which sought to identify ways of improving health and wellbeing in some of Wales' most deprived communities;
- the targeting of programmes, such as Stop Smoking Wales[12] and the Food Co-operative Initiative[13], at areas of social disadvantage; and
- the adoption of a new model for allocating health resources which was based on the direct measurement of need.

Other Assembly Government policy areas including Communities First[14] and Rural Affairs[15] supported the dual strategy.

A new approach

More recently, Our Healthy Future, Wales' public health strategic framework, has called for a new approach in tackling these gaps in health and wellbeing. In line with the Welsh Assembly Government's ambition to create a fair and just society, it called for a focus on inequities rather than inequalities in health. Whereas 'health inequalities' refers to differences in health outcomes between groups (for example, a higher rate of lung cancer incidence in different areas), health inequities focuses on the moral aspect – where such differences could be avoided, it is unfair and immoral that we tolerate them. Achieving fairer health outcomes for all is central to the approach outlined in Our Healthy Future which has reducing inequities in health as a key theme and priority action.

Figure 4 Our Healthy Future: key themes and priorities

There are six themes (shown in the diagram) and ten priorities:

- **Reducing inequities in health**
- Improving people's mental well-being
- Improving health in the workplace
- Reducing the level of smoking
- Increasing physical activity
- Reducing unhealthy eating
- Stopping the growing harm from alcohol and drugs
- Reducing the number of teenage pregnancies
- Reducing the number of accidents and injuries
- Increasing immunisation rates

These priorities are complemented by the high impact areas identified for action by the NHS Prevention and Promotion National Programme:

- Implementing best practice on smoking cessation;
- Preventing falls in older people;
- Reducing the burden of alcohol misuse;
- Improved health at work;
- Effective management of vascular risk.

This new approach has been supported by the recent report from the World Health Organisation's Commission on the Social Determinants of Health, *Closing the Gap in a Generation*[16]. It also aligns with work in other parts of the United Kingdom, including the Ministerial Taskforce Review on Health Inequalities in Scotland, *Equally Well*[17] and the Strategic Review of Health Inequalities in England, *Fair Society, Healthy Lives*. However, in taking our work on addressing health inequities forward, we must ground our approach in a vision and principles reflecting our country.

'I believe in the principles set out by Aneurin Bevan. Many things change but principles do not. I want the NHS to remain loyal to the principles established by Nye Bevan'.

Minister for Health and Social Services: First Meeting of the Bevan Commission, December 2008

The Bevan Commission[18], established by the Minister for Health and Social Services, has recently prepared an updated list of principles which the Minister has accepted. The following are particularly pertinent to this document:

- a shared responsibility for health between the people of Wales and the NHS
- getting the best from the resources available
- a need to ensure health is reflected in all policies
- minimising the effects of disadvantage on access and outcome.

Our vision and targets

This plan sets out the vision of:

Improved health and wellbeing for all, with the pace of improvement increasing in proportion to the level of disadvantage.

To achieve this vision, our aspiration will be:

By 2020, to improve healthy life expectancy for everyone and to close the gap between each quintile of deprivation[1] by an average of 2.5%.

Progress to the achievement of this overarching aspiration will also link to the Health Gain targets[19] and a range of existing targets and indicators in the Child Poverty Strategy for Wales[20] and Tobacco Control Action Plan for Wales[21]. Our vision and aspiration also support one of the three strategic objectives in the Child Poverty Strategy which is to reduce the inequalities that currently exist in the health, education and economic outcomes of children and families living in low income households.

Our Principles

In moving forward, we will adopt the four following underlying principles:

A long term evidence based approach

People across Wales experience different levels of health and well being as a result of a variety of factors, including the legacy of our industrial history and of socio-economic deprivation. The Welsh Assembly Government recognises that there is no single solution to tackling these variations in health and well being, and that long-term, complex, multifaceted and collective action will be required.

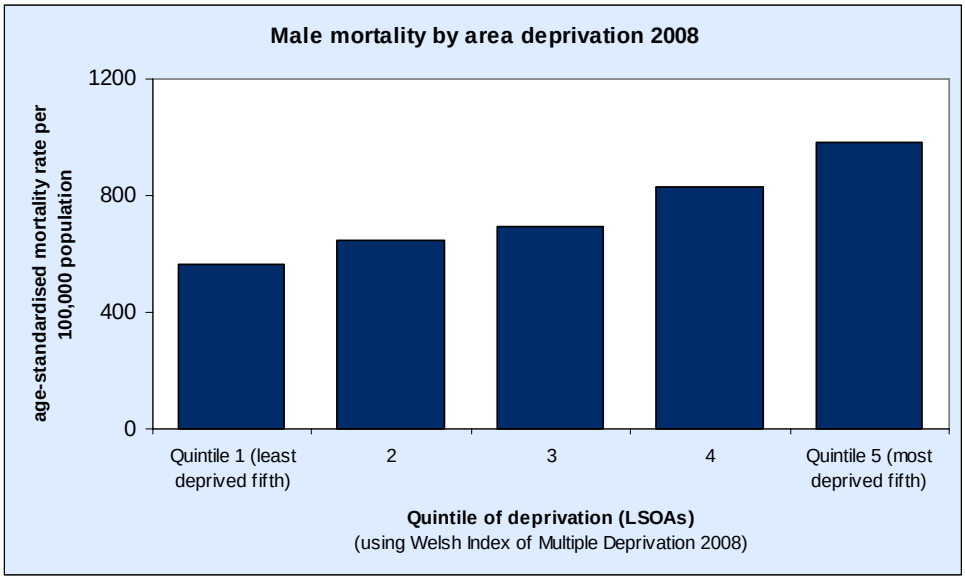
There is a developing knowledge base on the form that action should take in addressing health inequities. In applying this knowledge, and supporting a stronger focus on health inequities in public health research, the Welsh Assembly Government and its partners in the NHS, local government and the third sector can take up the challenge of the World Health Organisation's Commission on the Social Determinants of Health which is to achieve health equity in a generation.

[1] Quintiles of deprivation divide Wales into five equally sized groups from the most to the least deprived.

Action across the social gradient in health

This means that we will be addressing an often neglected issue - that there is an increased risk of premature mortality and ill health at each step between the least and very best off in our society. For example, as can be seen from Figure 5, while men who are just above the bottom group (quintile 4) have lower death rates than those in the bottom group (quintile 5), their death rates are higher than those in the group immediately above them (quintile 3); such differences can be seen for every group beneath the top.

Figure 5 Male mortality by area deprivation 2008



Source: CMO report 2009 (data from Office for National Statistics)

So if policies and interventions just focused on improving the health of the most disadvantaged, the whole problem would not be dealt with. As argued in *Fair Society, Healthy Lives,* action must not be universal in the traditional sense, but what is referred to as *proportionate universalism,* with a scale and an intensity that is proportionate to the level of disadvantage. However, it is also important that in an environment of scarce resources we do not focus on the groups nearest to the best, where it is often easiest to make a difference and therefore increase the gap between those who are most disadvantaged and the rest.

Action across the social determinants of health and wellbeing

The conditions in which people are born, grow, live, work and age can promote and/or detract from their health and wellbeing. Those conditions are known either as the ‘social determinants of health and wellbeing’, or as the ‘determinants of health’, and are illustrated in Figure 6.

Figure 6 The determinants of health and wellbeing

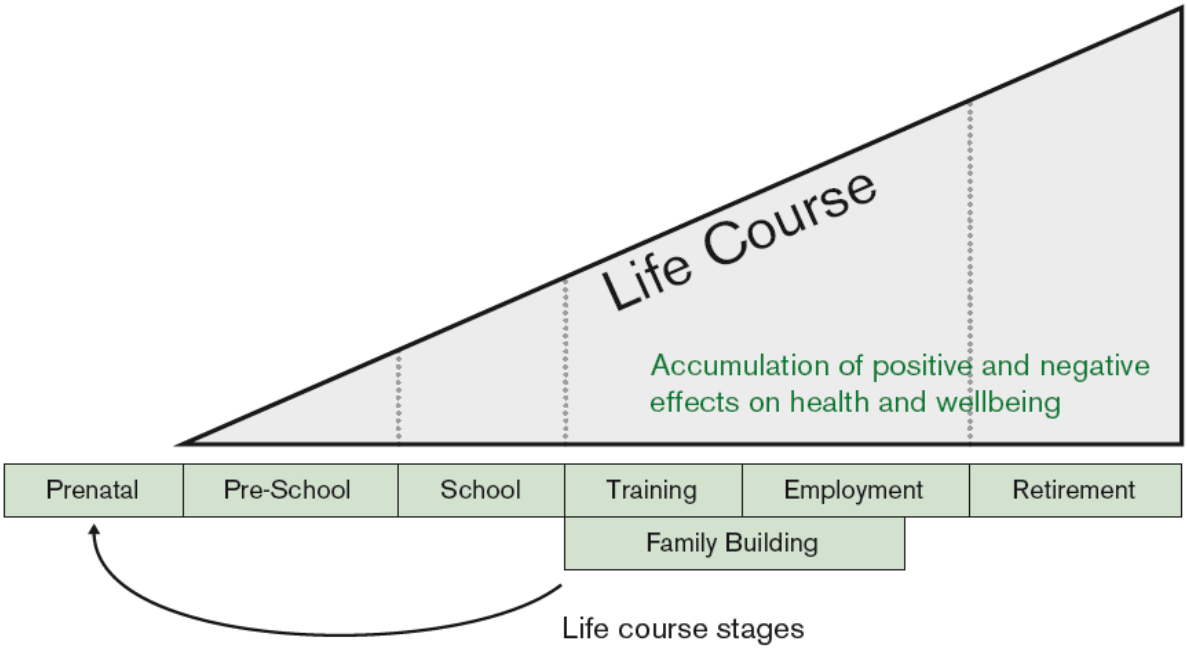
Source: Barton, H and Grant, M (2006) (in refs -A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253.)

There is growing acknowledgement nationally and internationally that the unequal distribution of these social determinants results in inequities in health[22]. Action on health inequities therefore requires action across all such social determinants of health though appropriate policy development and evidence based interventions.

Action across the life course

One of the themes of Our Healthy Future is health through the life course. This recognised that disadvantage can start before birth and accumulate throughout the life course, as shown in Figure 7.

Figure 7 Stages of the lifecourse and the accumulation of effects



Source: The Marmot Review. 'Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010' February 2010.

Action to reduce health inequities must therefore start before birth and be followed up through infancy, the school age and working years, and into later life.

This plan

In the current economic climate, it is not possible to start a broad range of new initiatives. However, the seven action areas identified for this plan provide a framework for making progress in achieving our vision. These seven areas reflect our principles and are:

- building health into all policies and all policies into health
- giving every child a healthy start
- developing health assets in communities
- improving health literacy
- making health and social services more equitable
- developing a healthy working Wales
- strengthening the evidence base.

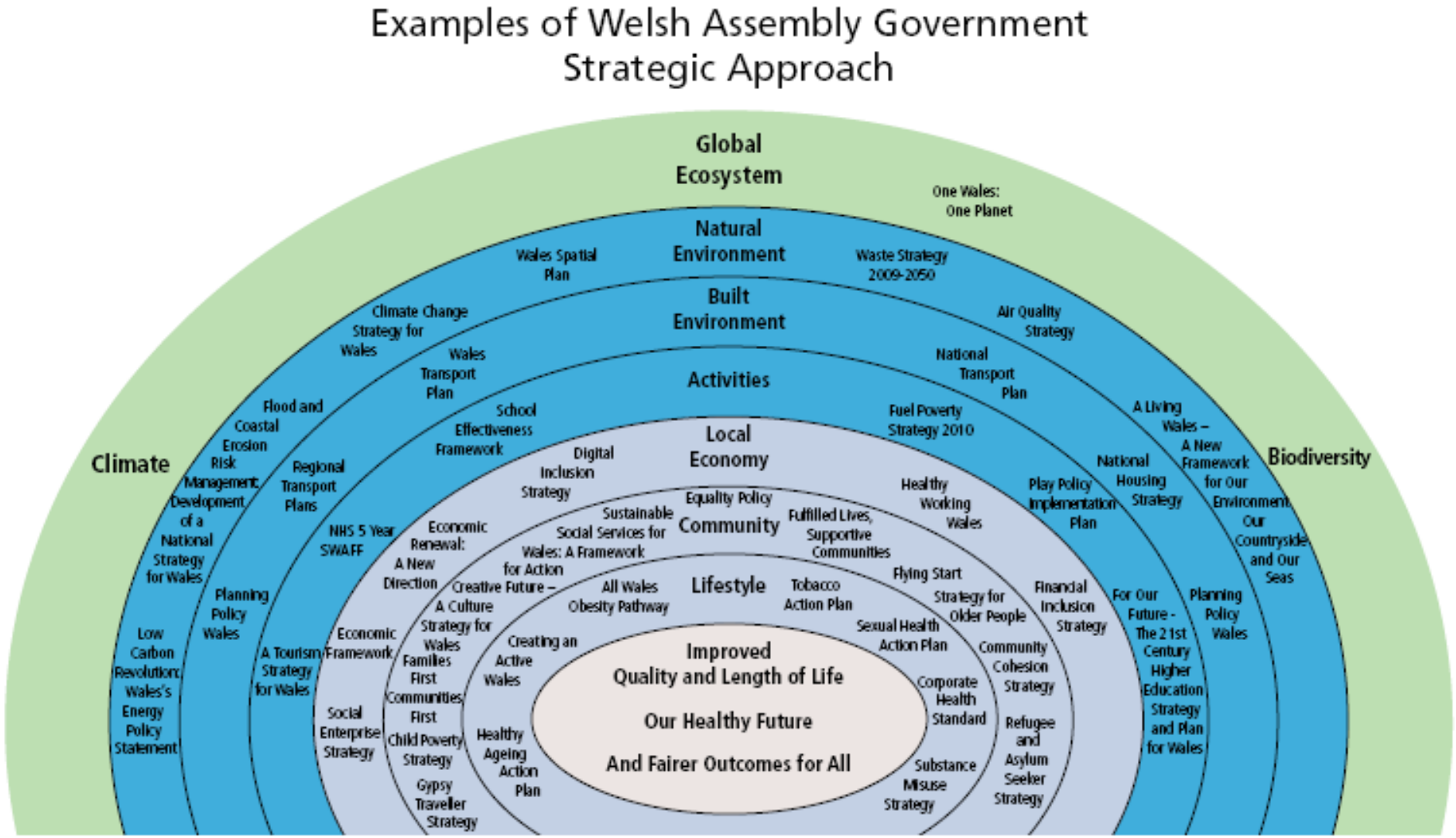
Within each of these areas, a small number of actions have been identified. A summary of these actions is set out in Chapter 3.

2. Action areas

Action Area One: Building Health into all Policies and all Policies into Health

Action in policy areas such as education and skills, economic development, transport and housing can make a significant contribution to reducing inequities in health. For example, the Supporting People Programme[23] is supporting people who are at risk of losing their homes through issues such as domestic abuse, mental illness and problems associated with ageing. Examples of current Welsh Assembly Government strategies and plans which can contribute to improving health and reducing health inequities are shown in Figure 8.

Figure 8


Examples of Welsh Assembly Government Strategic Approach
Global Ecosystem
One Wales: One Planet
Natural Environment
Wales Spatial Plan
Waste Strategy 2009-2050
Built Environment
Climate Change Strategy for Wales
Air Quality Strategy
Activities
Wales Transport Plan
National Transport Plan
Local Economy
School Effectiveness Framework
Fuel Poverty Strategy 2010
Community
Digital Inclusion Strategy
Lifestyle
Equality Policy
Improved Quality and Length of Life
Our Healthy Future
And Fairer Outcomes for All
Climate
Biodiversity
Flood and Coastal Erosion Risk Management
Development of a National Strategy for Wales
Low Carbon Revolution: Wales's Energy Policy Statement
Planning Policy Wales
Regional Transport Plans
A Tourism Strategy for Wales
NHS 5 Year SWAFF
Economic Framework
Social Enterprise Strategy
Economic Renewal: A New Direction
Sustainable Social Services for Wales: A Framework for Action
Creative Future – A Culture Strategy for Wales
Families First
Communities First
Child Poverty Strategy
Gypsy Traveller Strategy
All Wales Obesity Pathway
Creating an Active Wales
Healthy Ageing Action Plan
Tobacco Action Plan
Fulfilled Lives, Supportive Communities
Healthy Working Wales
Play Policy Implementation Plan
National Housing Strategy
A Living Wales – A New Framework for Our Environment, Our Countryside and Our Seas
Flying Start
Strategy for Older People
Sexual Health Action Plan
Financial Inclusion Strategy
For Our Future - The 21st Century Higher Education Strategy and Plan for Wales
Planning Policy Wales
Community Cohesion Strategy
Corporate Health Standard
Refugee and Asylum Seeker Strategy
Substance Misuse Strategy

While acknowledging the contribution that these strategies and plans make to health and wellbeing, as well as the contribution that strategies and plans on health and wellbeing can make to other government policies, it has been recognised that there is potential to do more. The Minister for Health and Social Services wrote to her Cabinet colleagues in 2010 to encourage the wider adoption of a health in all policies approach. For the future, the Welsh Assembly Government will continue to seek to maximise opportunities to deliver such an approach (Action 1.1).

In some cases responsibility for policies which impact on health inequities is not within the power of Welsh Ministers, for example, macro-economic policy and social security policy. Where this is the case, action by the UK Government and/or the European Union can either support or undermine our efforts to reduce health inequities. Policy levers relating to aspects of employment, direct or indirect taxation, benefits and pensions are not in the Welsh Assembly Government's remit, yet they need to work in synergy with our approach to ensuring healthy living for people of all ages.

A particularly important area for inter-governmental dialogue relates to ensuring that people have sufficient money to lead a healthy life, as this has been recognised as a highly significant cause of health inequities[6]. In Wales, the proportion of the population who remain in poverty or who are in debt and who as a result do not have sufficient money for healthy living remains stubbornly high. The latest figures for Wales[24] show that 32% of children are now living in households below 60% of the median income (2006/07 to 2008/09). This figure has fallen by four precentage points in Wales, since the period 1997/98 to 1999/2000.

The Welsh Assembly Government will make representations to the UK Government on policies impacting on health inequities, particularly in relation to achieving a minimum income for healthy living. (Action 1.2). The Welsh Assembly Government will continue to address financial exclusion and over-indebtedness through its Financial Inclusion Strategy (Action 1.3). The Welsh Assembly Government will ask Public Health Wales[25] to update its review of the health impacts of indebtedness in Wales (Action 1.4).

Another area crucial to impacting on health inequities where the Welsh Assembly Government will make representations to the UK Government, is on policies relating to the prevention of alcohol misuse. In Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018[26], the Welsh Assembly Government outlined the non-devolved areas of pricing, promotion and licensing of alcohol where it will press the case for stronger action. Although the UK Government is proposing to make changes to the Licensing Act and has announced a ban on below cost sales of alcohol, the Welsh Assembly Government believes there is more that can be done. The Welsh Assembly Government remains of the view that there is a strong case for devolving powers in this area, and will continue to press the case with the UK Government for strong action to tackle alcohol related harms (Action 1.5).

Similarly, the powers necessary to address the affordability and attractiveness of, and access to, tobacco products are non-devolved. Smoking is a major cause of

health inequities as outlined in the consultation document, the Tobacco Control Action Plan for Wales. The Welsh Assembly Government will press the case for action on tobacco control with the UK Government (Action 1.6).

Within Wales, inspection processes can play a vital role in supporting a health in all policies approach. For example, during their inspection of schools, Estyn can support the delivery of the key aims of the Welsh Network of Healthy School Schemes[27] through their reports on pupil wellbeing. The new Regulatory Framework that has been introduced for housing associations is robust and challenging, and focuses on tenants and service-users. The Framework is based around a national set of delivery outcomes, which include determinants of health and other factors that can contribute to tackling inequalities in health. The Welsh Assembly Government will consider how its inspection processes can better support a health in all policies approach (Action 1.7).

Another tool which can support a health in all policies approach is Health Impact Assessment (HIA). It offers a systematic means of taking health into account as part of the policy making process. The Welsh Assembly Government has funded the Welsh Health Impact Assessment Support Unit (WHIASU)[28] to support the use of HIA and has recently conducted a review of progress in embedding it in decision making processes. In taking the use of HIA forward, the Welsh Assembly Government will ask WHIASU to make recommendations on how the assessment of impacts on health inequities could be strengthened (Action 1.8).

The Welsh Assembly Government is a member of the EU Joint Action programme on Health Inequalities (Equity Action) starting in 2011. Equity Action will support an equity in all policies approach to action at national and regional level, including the development of equity focussed impact assessment. The Welsh Assembly Government will work with partners, including Public Health Wales, to progress the Equity Action programme (Action 1.9).

Action Area 2: Giving Every Child A Healthy Start in Life

The foundations of good health are laid during pregnancy and infancy, and built upon in the school-age years. Positive outcomes for children and young people have been linked to a number of protective factors, particularly a supportive family environment, including the relationship between children and their parents and good quality child care[29]. Conversely, other factors, such as maternal smoking, alcohol use, and poor nutrition in pregnancy, poverty in childhood and poor educational attainment, have been associated with poorer health outcomes in the short term and over the life course[30].

As many of these risk factors for poorer health increase with rising social and economic disadvantage[31], tackling them and building up children's resilience to adversity can make a significant contribution to reducing health inequities. Moreover, such action is likely to be cost effective, as it has been shown that investment in the early years provides a greater rate of return than that for later intervention[32]. Further policy commitments in addressing these inequities will be

set out in the Delivery Plan for the new Child Poverty Strategy for Wales (Action 2.1).

The Welsh Assembly Government and its partners in local government, the NHS and the third sector have already recognised the importance of a good start to life for children and young people. This is seen in the Children and Young People's Plans[33], the Health, Social Care and Wellbeing Strategies[34], in the new vision for maternity services[35] which is being consulted on, and in a range of programmes covering, for example, breastfeeding, childhood immunisation, smoking, alcohol misuse and obesity prevention, school nursing and counselling services and healthy school environments. Such programmes are continually being reviewed and built upon, with work underway, for example, to develop the Welsh Network of Healthy School Schemes[36] approach in pre-school settings. The Welsh Assembly Government will maintain its continuous improvement approach to public health programmes covering pregnancy, infancy and the school age years and working with Public Health Wales, Local Health Boards and other partners will consider how to proportionately target them to the level of disadvantage (Action 2.2).

Increasingly the approaches being adopted involve multi-agency teams working around the child/family with schemes such as: Flying Start[37] for our most vulnerable 0-3 year olds; Families First[38], a new model for integrated working to better support children and families living in poverty; Integrated Family Support Services (IFSS)[39] to support vulnerable families with complex needs arising from substance use, domestic violence or learning disabilities issues; and the Strengthening Families Programme (SFP)[40] which addresses substance misuse within the broad context of family functioning, parenting and young peoples' skill development.

These will ensure that there is a range of preventative, protective and remedial services available to families with complex needs to ensure the improved wellbeing of the children and wider family. These approaches are undergoing evaluation with, for example, the SFP undergoing a Randomised Control Trial to examine its long-term benefits in relation to preventing alcohol, tobacco and drug use and anti-social behaviour in young people. The Welsh Assembly Government will review the evaluation results of these programmes to inform their future development (Action 2.3).

Health visitors work to promote health and prevent illness in all age groups. They have a key role to play in this child/family centred multi-agency approach. The Welsh Assembly Government is undertaking a review of health visiting services which will need to ensure that their work is focused appropriately across the social gradient, to maximise their effect in supporting parents during the early years stage (Action 2.4).

Of particular importance are Looked After Children who tend to have greater health needs than their peers, including physical, mental and behavioural problems, and a higher prevalence of health related risk behaviours. They are also less likely to receive adequate care, including routine dental care, immunisation and health surveillance checks. Local Health Boards have specific statutory responsibilities for Looked After Children and share a corporate parenting role with Local

Government. Local Health Boards must have robust systems in place to ensure that timely support and appropriate resources are available to deliver health plans for looked after children (Action 2.5). Local Health Boards must designate a specialist health practitioner (the Clinical Nurse Specialist for Looked After Children) to co-ordinate the child's health care plan and address the needs of looked after children and children leaving care (Action 2.6).

CAFCASS Cymru will be assessing detailed information produced by its new case management system on a range of issues affecting children involved in family proceedings. This will include research on the impact on, and outcomes for, children living with inter-parental conflict resulting from separation or divorce. This research will make particular reference to the impacts on the health and education of children. CAFCASS Cymru will work with partners to consider the health and wellbeing outcomes of children involved in court proceedings (Action 2.7).

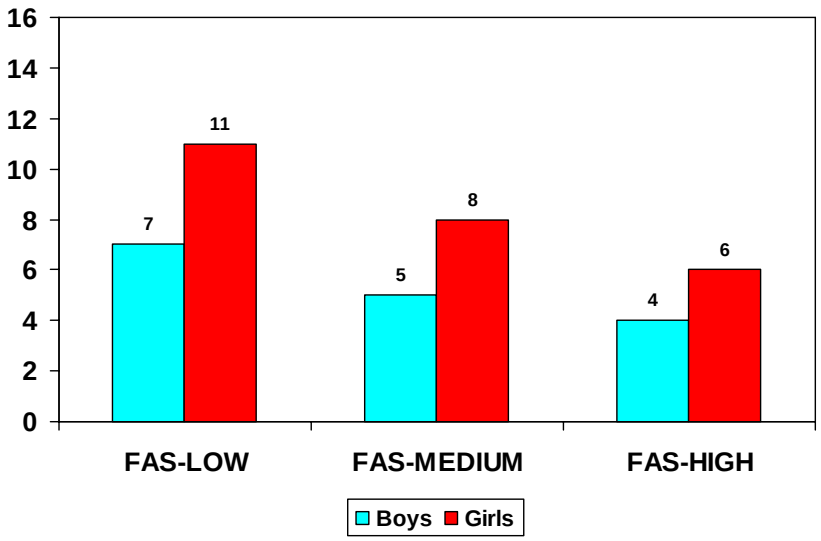
There is a well established link between poverty and poor health in children and young people. This is clearly recognised in the new Child Poverty Strategy for Wales. One of this strategy's three strategic objectives is to reduce the inequities that currently exist in the health, education and economic outcomes of children and families living in poverty. The Strategy also highlights the significant contribution that the NHS can make to tackling the causes, and mitigating the effects, of child poverty and calls for Local Health Boards to work closely with Children and Young People's Partnerships on this issue. The potential contribution here of the NHS has been reaffirmed in the 2011/12 NHS Annual Quality Framework[41]. The Welsh Assembly Government has required Local Health Boards to make demonstrable local progress with achieving child poverty targets relating to infant mortality, low birth weight and teenage conceptions (Action 2.8).

In terms of reducing teenage conceptions, the new Sexual Health and Wellbeing Action Plan[42] also highlights the need for action in this area. Becoming a parent is a positive experience for some young people, however it is important to stress that teenage pregnancy is more often associated with poor health and social outcomes for both the mother and the child. In Wales, teenage conception rates remain high (40.1 per 1000 women aged 15-17 in 2009) and vary across the country from 28.2 to 67.8 per 1000 residents aged 15-17 in Monmouthshire and Merthyr Tydfil, respectively (2007-09 average)[43]. To improve access to Emergency Hormonal Contraception and signposting to other sexual health services, a national enhanced service provided by community pharmacies will be launched in April 2011. In those areas of Wales where teenage conception rates have remained persistently high, funding is being provided for work with those most vulnerable to early pregnancy. The Teenage Pregnancy Grant Scheme[44] will be led and evaluated by Public Health Wales, and delivered by local partners (Action 2.9).

There are also Child Poverty targets for improving the oral health of children living in low income households. The National Oral Health Action Plan for Wales established a children's oral health improvement programme, *Designed to Smile*[45]. The programme is delivered by the community dental service in Communities First or Flying Start areas and in areas where levels of tooth decay are poor. We will ensure that action continues to address the wide variation in the oral health of children in Wales (Action 2.10).

On top of this, a priority for the next 3-5 years will be reducing children's exposure to second hand tobacco smoke which causes respiratory disease, cot death, middle ear infection and asthma attacks in children. As can be seen, the data in Figure 9 indicate a clear affluence gradient in terms of young people's exposure to tobacco smoke.

Figure 9 Percentage smoking weekly, 11 to 15 year-olds, by family affluence and sex, Wales 2009



Source: Social Research Division, Welsh Assembly Government

As previously mentioned, the Welsh Assembly Government is currently consulting on the Tobacco Control Action Plan. Among the proposals outlined in the Plan is the introduction of smoke-free policies for playgrounds and the development of a debate on banning smoking in cars carrying children. The Welsh Assembly Government will consider the consultation comments before taking work forward on reducing children's exposure to second hand tobacco smoke (Action 2.11).

Action area 3: Developing health assets in communities

Health assets are factors or resources which enhance the ability of individuals, communities and populations to maintain their health and wellbeing. The assets act as protective or supporting factors to buffer against life's stresses. They include the capacity, skills, knowledge, connections and potential in a community. This approach contrasts with a health deficits approach which focuses on problems or deficiencies in a community. These include, for example, deprivation, illness and health damaging behaviours.

The Welsh Assembly Government has used both a health assets approach (eg the Sustainable Health Action Research Programme) and an approach which addresses health deficits (eg the Inequalities in Health Fund). In moving the reducing health inequities agenda forward, the Welsh Assembly Government will

place a greater emphasis on identifying and developing health assets in communities, including rural areas (Action 3.1).

A key potential support for taking the health assets approach forward is Communities First, the Welsh Assembly Government's programme to improve the living conditions and prospects for people in Wales' most disadvantaged communities. From 2011-12, the aim of the Communities First Programme will be to narrow the gap between deprived communities and the rest of Wales. In light of this refreshed focus, we will explore how to make the most of health gain opportunities through Communities First (Action 3.2).

Another potential driver is the Community Cohesion Action Plan for Wales[46] which supports local efforts encouraging people to live alongside each other in mutual understanding and respect. Funding has been provided to local authorities to enable them to take forward local community cohesion priorities which include promoting healthier lifestyles. We will explore the scope for developing health assets through the Community Cohesion Programme. (Action 3.3).

The practical skills, capacity and knowledge of local residents is central to the health assets approach. In the Heads of the Valleys regeneration area, funding is being sought to pilot a health trainer programme. Health trainers are recruited from communities who do not normally interact with health agencies and professionals and are trained and resourced to support people who want to make changes to their lives. The pilot will test the health trainer concept in a Welsh context and seek to build capacity to help people to tackle barriers to employment and to adopt behaviours to support a healthier lifestyle. Following this pilot work, the Welsh Assembly Government will ask Public Health Wales to review evidence from the pilot and programmes of a similar nature elsewhere (Action 3.4).

Building community capacity by developing the skills of local residents as peer educators is central to the approach of a number of programmes. For example, grants are being provided to Local Health Boards to increase dietetic capacity in the community by utilising dietician's expertise to train and develop community workers, peer educators, and volunteers working with children and young people on food and nutrition skills. Similarly, the Breastfeeding Peer Support programme provides training to increase skills within communities to support breastfeeding mothers and the Mental Health First Aid programme[47] provides training to increase the number of people within our communities who understand and support people with mental health problems. Such peer education approaches will be further developed in the forthcoming Quality of Food and Mental Health Promotion action plans (Action 3.5) and working with Health, Social Care and Wellbeing partnerships, Local Health Boards and other partners we will consider how to appropriately target them to the level of disadvantage (Action 3.6).

These schemes, and others such as the Community Food Co-operative programme which aims where possible to provide quality, affordable fruit and vegetables to communities through sustainable local food distribution networks, have volunteering and the third sector at their heart. The Welsh Assembly Government recognises the vital role that voluntary and community groups have in promoting and protecting health and wellbeing and will prioritise those projects

which develop health assets in communities in the next round of it's Health Challenge Wales Voluntary Sector Grant Scheme[48] (Action 3.7)..

A health promoting environment is a key asset for communities and by enforcing and implementing statutory public protection activities, local government can play a central role in achieving this, particularly in safeguarding the most vulnerable in our communities. The Welsh Assembly Government will further explore the role of health protection services in reducing health inequities, through the development of an environment and health action plan (Action 3.8).

One of the most important environmental assets in communities is its green space. Proximity to, and time spent in, the natural environment impacts on factors such as perceived general health, blood pressure, mental health and the rate of recovery from illness[49]. There are also indirect benefits, such as encouraging physical activity, social contact and integration, children's play, and improving air quality. Access to green spaces is unequally distributed across society with poorer social groups having in general lower access. More equal access to green space can therefore play an important part in reducing inequities in health.

In Creating An Active Wales, the Welsh Assembly Government has prioritised increasing the availability, access and use of high quality local green space, waterways and countryside. It has also invested in schemes to make better use of green spaces such as cycling and walking routes, green gyms, allotments and community gardens, and encouraged the NHS to make better use of its own estate. The Welsh Assembly Government will continue to progress the actions relating to green spaces in Creating An Active Wales (Action 3.9) and ask Public Health Wales, working with the Welsh Assembly Government, to review the evidence base on health inequities and the provision of green space, identifying any further cost effective interventions which could be considered for future action (Action 3.10).

Action area 4: Improving health literacy

There is growing international interest in the impact of low levels of health literacy on health and wellbeing and the inter-relationship with inequities in health outcome. While it is thought that low levels of health literacy are most prominent in the most disadvantaged groups, it is an issue that can affect everyone. For example, all service users can be challenged by the healthcare system, the medical jargon used by health professionals, and the vast range and sometimes conflicting messages provided in health information and campaigns. Health literacy levels can also vary throughout the life course, and may affect the elderly disproportionately especially in relation to medicines use. Available services, such as those provided by a pharmacy, need to be better utilised to check and support a patients' and/or carers' understanding of treatment.

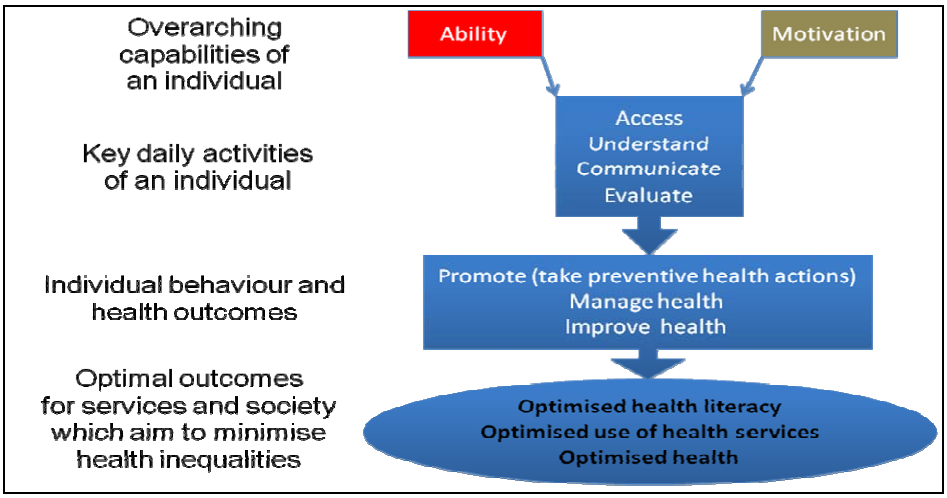
Studies suggest that people with 'inadequate or marginal health literacy skills have a 50% higher mortality rate over a five year period than those with adequate skills', while work in the USA has found that 'medication errors, excess hospitalizations, longer hospital stays, more use of emergency departments, and generally higher levels of illness (all attributable to limited health literacy) are estimated to result in

excess cost for the US health care system of between $50 billion and $73 billion a year.'[50]

A key action from Our Healthy Future was to scope health literacy in Wales. Public Health Wales completed the scoping study in 2010. They define health literacy as 'the ability and motivation level of an individual to access, understand, communicate and evaluate both narrative and numeric information to promote, manage and improve their health status throughout their life time.'

Figure 10 indicates how the Public Health Wales definition of health literacy impacts on health service use and health outcomes.

Figure 10 The impact of health literacy on health service use and health outcomes



Professor Richard Osborne, Deakin University, Australia "Embracing the Challenge – Changing conditions" conference, Cardiff, November 2010.

Placing the definition in context, the scoping study also identified existing work on health literacy in Wales such as the MEWN Cymru basic health awareness sessions for women of black and ethnic minorities and the Expert Patient Programme[51] targeting those with chronic conditions. While these are encouraging developments, the scoping exercise revealed a lack of a co-ordinated response to the health literacy of the population and made recommendations on, for example, communicating good practice, raising awareness of the issue, improving the clarity of patient communication material and ensuring that health literacy is prominent in professional development.

With low levels of health literacy being identified as a key barrier to reducing health inequities, improving them is considered an essential contribution to a sustainable health service[52]. The Welsh Assembly Government, Public Health Wales and their partners will work together to consider the recommendations identified in the scoping exercise (Action 4.1).

It is important that our approach to improving health literacy levels is appropriately targeted and takes into account, for example, bilingual provision and the needs of rural communities. The scoping study clearly identified that there is little current information about health literacy levels in Wales or about how it is distributed

across the population both geographically and demographically. Without this baseline data we cannot target action or effectively evaluate its impact. To ensure that the appropriate data is available, Public Health Wales, working with the Welsh Assembly Government and other partners should recommend a systematic and rigorous approach to measuring health literacy levels in the population and should seek funding for the provision of baseline data (Action 4.2).

Action Area 5: Making health and social services more equitable

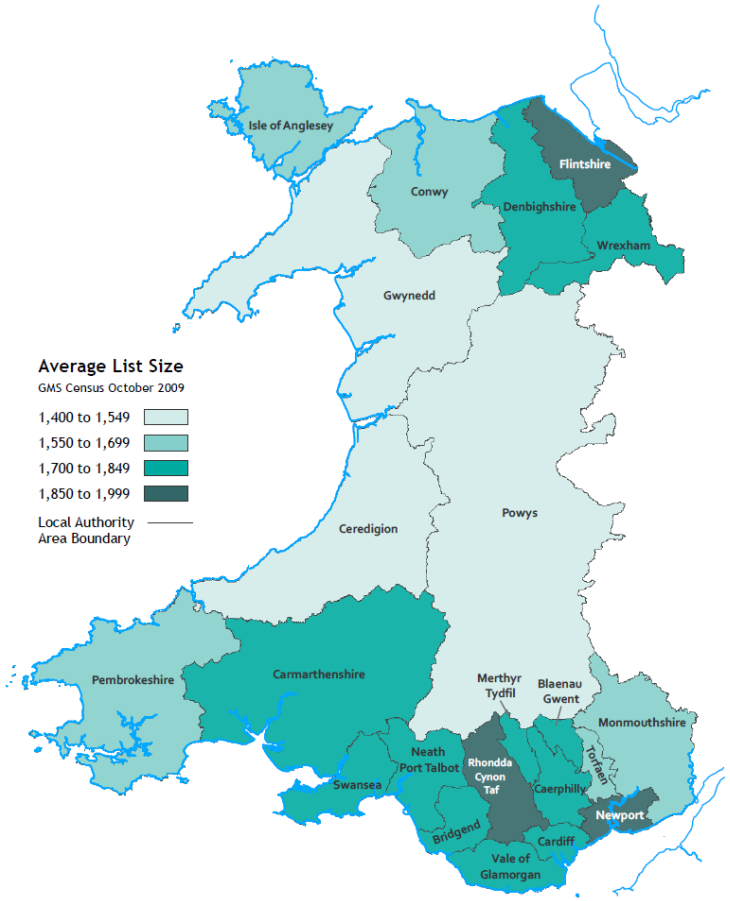
The leadership role of the NHS is central to reducing health inequities. This leadership role and their accountability for it has been set out in the 2011/12 Annual Quality Framework. This states that it is a primary responsibility of Local Health Boards (LHBs) to identify inequities in health outcomes across their areas, to identify actions to close the gap and to deliver and report on those actions. LHBs are expected to set out their response to this requirement in their Public Health Strategic Frameworks (Action 5.1).

As part of this stronger focus on equity in health outcomes, avoidable variation in health care between areas will need to be identified and addressed. It is important that service planning recognises key factors, such as rurality, demographic change and Welsh language considerations. In terms of access, for example, Local Health Boards and Local Authorities should engage with the local transport services and regional transport consortia to ensure that access to services by public transport is considered.

Forty years ago Dr Julian Tudor Hart, a GP in Glyncorrwg, described how ‘the availability of good medical care tends to vary inversely with the need for it in the population served’. This was termed the Inverse Care Law. Today, we still observe such variations in health care; there is evidence, for example, that primary care service provision, as measured by the numbers of full time GPs for each area, varies across Wales with some of the areas of greatest need having fewer GPs per head of population than neighbouring communities. This variation is shown at Figure 11 and Figure 12.

Figure 11

Average Whole Time Equivalent List Size by Local Authority Area, October 2009



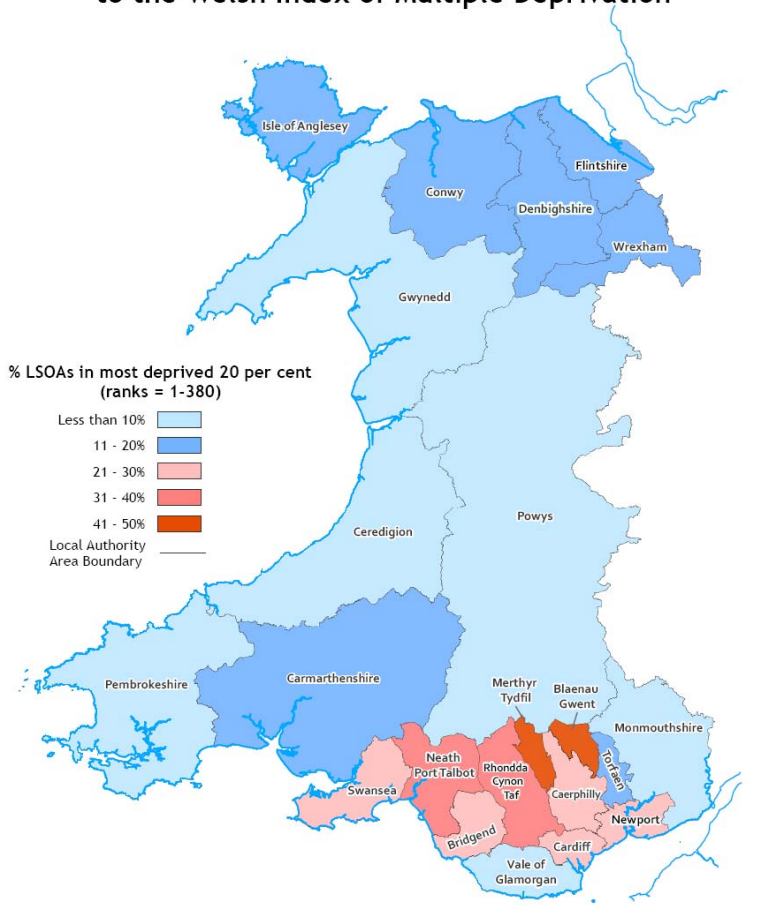
87.10-11

Cartographics, Dept of the First Minister & Cabinet

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Figure 12

Percentage Deprivation, by Local Authority of LSOAs falling into the most deprived 20 per cent according to the Welsh Index of Multiple Deprivation



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Cartographics, SPF&P

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Primary care and community teams play a crucial role in addressing immediate need, ensuring access to specialist services and supporting patients to access preventive services such as screening and immunisation. There is an increasing recognition of the need, in areas of significant socio-economic deprivation, for professionals to have more time with patients to ensure that complex health problems are addressed and to involve patients in the management of those conditions, including behaviour changes such as smoking cessation. The new Primary Care Annual Reports[53] will enable every Local Health Board to identify unacceptable variation in outcomes. Local Health Boards will need to draw on the outcomes and variations identified within Primary Care Annual Reports and strengthen services where this is required in line with the priorities identified within *Setting the Direction, Primary and Community Services Strategic Delivery Programme*[54] (Action 5.2).

A stronger emphasis on prevention and early intervention is also recognised as being central to a more equitable approach to health care provision. Many of the key risks for the development of chronic disease and premature death,such as high blood pressure, smoking and obesity, follow the social gradient. While decisions made in schools, workplaces, at home and across local and national government all have the potential to help or hinder progress with tackling such risks, primary care services can have a significant role in proactively and systematically identifying and supporting patients with them. One of the key areas to address is the prevention of heart disease and strokes. Public Health Wales is reviewing services in place for the prevention of vascular disease and will develop a national implementation plan for the effective management of vascular risk, targeting areas of greatest need, such as disadvantaged communities.(Action 5.3).

High uptake levels of other effective preventative services, such as vaccination, immunisation and screening, as well as raising awareness of symptoms to allow for early diagnosis and treatment, such as for cancer, are also crucial in ironing out variations in treatment across populations. Strategic action is being taken through the Annual Quality Framework to ensure that the uptake of vaccination and immunisation is increased where it is lower than desirable, such as in the adult seasonal flu programme (Action 5.4). Action is also being undertaken to ensure that Wales has the data available to establish an evidenced based programme to raise awareness of cancer symptoms (Action 5.5).

Gaps in health outcomes need to be addressed both between areas and between different social groups. The Welsh Assembly Government has developed strategies to assist some of Wales' most vulnerable groups, such as Asylum Seekers and Refugees, Gypsies and Travellers, people who are homeless or at risk of losing their home. However, while some vulnerable groups will have similar experiences of trying to access and get information about services, their health needs may be very different, and therefore treatment will need to reflect those diverse health needs and their circumstances. The Welsh Assembly Government will set up a Task and Finish Group to look at the health needs of all vulnerable groups (Action 5.6).

Social services are central to addressing the needs of the most vulnerable in society. The new strategic approach to reshaping and refocusing social services,

Sustainable Social Services for Wales: A framework for Action[55], includes wide ranging action such as reducing the complexity of services, early intervention to ensure that people get the right care at the right time, a National Framework for assessment to ensure a fair and consistent approach and a strong focus on implementing new models of integrated health and social services. Local Authorities will be developing responses to *A Framework for Action* and new guidance covering commissioning is being prepared for local authorities and a companion document will issue for the NHS. This guidance will cover specific groups including people with learning disabilities, people with physical disabilities, the transition to adulthood for disabled children and families with complex needs.

The regulatory and inspection systems and processes in Wales also have a vital role in delivering positive health and wellbeing outcomes for people in regulated settings. The 2009-10 Annual Report of the Chief Inspector for the Care and Social Services' Inspectorate (CSSIW) reinforces the contribution of that role in raising standards of care. In taking forward the new approach in Social Services, the Welsh Assembly Government will take the opportunity to identify actions which will reduce health inequities (Action 5.7). The Welsh Assembly Government will also explore how the modernisation and development of the social care regulatory and inspection processes can support action to reduce health inequities (Action 5.8).

The new Social Services Framework also links with the Strategy for Older People[56] which will be reviewed in 2011-2012. We will ensure that the Strategy for Older People remains rooted in the principles of eliminating the unequal impact of poverty and in promoting healthy ageing (Action 5.9).

Often health and social service professionals lack opportunities to share experiences and views on the challenges of working with vulnerable groups or in socio-economic deprived communities. Such opportunities have been trialled in Scotland with General Practitioners taking part in the Deep End project, which recognised the experience of front line teams to inform service planning. Local Health Boards will ensure that there are systems in place to capture the experience of front line teams to support the development of services to meet the needs of vulnerable patients and disadvantaged communities (Action 5.10). Public Health Wales will also be asked to assess the potential of equipping NHS and social services staff with the skills and competencies required to make every contact count in supporting and encouraging people to stay healthy (Action 5.11). The Welsh Assembly Government will ask Public Health Wales to assess the contribution that different approaches to the training of health and social services staff can make to reducing health inequities (Action 5.12).

It is important to ensure equitable access to oral health services for vulnerable older people. The Welsh Assembly Government is developing the implementation of special care dentistry. This specialty has a prime role in treating the vulnerable elderly population. In parallel, Public Health Wales is undertaking an in-depth study of the oral health of the residents of nursing homes. The Welsh Assembly Government will ensure that access to special care dentistry is available to the vulnerable elderly (Action 5.13). The Welsh Assembly Government will provide guidance to Local Health Boards to ensure that the oral health needs of the residents of nursing homes are met (Action 5.14).

Community pharmacies[57] are located at the heart of most of our communities in Wales. They have the potential to be better utilised to deliver health promotion campaigns and lifestyle interventions in an accessible and non-threatening environment. The Welsh Assembly Government will seek to improve the use of community pharmacies in promoting public health messages (Action 5.15).

The Welsh Consumer Council report *Welsh in the Health Service'*[58] emphasised the lack of services available through the medium of Welsh. The report concluded that there was a shortage of Welsh speaking staff in the NHS in Wales and that insufficient consideration was given to language choice as a factor in healthcare. The Ministerial Task Group chaired by the Deputy Minister for Social Services to strengthen Welsh language services within health and social services is developing a Strategic Framework to address this. The Framework is planned to be implemented in 2011. The Welsh Assembly Government will implement a Strategic Framework to strengthen Welsh language services in health and social care (Action 5.16).

Action area 6. Improving the health of the working age population

There is growing evidence that work is good for physical and mental wellbeing (though it is recognised that some aspects of work can pose a risk to a person's health). Conversely, there is evidence that being out of work can have long term health implications - not only for the unemployed, but for their families too. Children in families without a working member are more likely to experience psychiatric disorders and behavioural and conduct problems. These children are also much more likely to be living in poverty: reducing the number of families living in workless households is one of the Assembly Government's strategic objectives in the Child Poverty Strategy for Wales. Addressing the health barriers to work can therefore bring benefits not only to the individual but also to their families. Condition management programmes and Want 2 Work have successfully addressed such barriers to work. The Welsh Assembly Government will ask Public Health Wales to identify effective action to reduce health related barriers to work (Action 6.1).

For those in work, low income and poverty can impact on their sickness absence levels. There is evidence to suggest that employees living in the most deprived areas take more sickness absence from work than those in the least deprived areas[59]. Recent changes in the benefits system, combined with the move to a pensionable age of 68, could result in more employees, and particularly those from disadvantaged communities, having a health condition or disability which could lead to higher sickness absence rates. Tackling health inequities could therefore play an increasingly important part in maintaining a healthy working workforce and minimising sickness absence rates.

The Welsh Assembly Government's Economic Renewal Programme[60] recognised that businesses and the wider economy can benefit from a healthy workforce. It also recognised the role the NHS can play, as a major employer, in contributing to the wider economy. The approach the Welsh Assembly Government is taking to support a healthy workforce was outlined in its response to Dame Carol Black's review of the health of the working age population, Working for a Healthier

Tomorrow. The response sets out an integrated approach consisting of three dimensions - prevention, management and treatment - under the banner of Healthy Working Wales[61].

Healthy Working Wales aims to improve the health and well-being of the working-age population and to reduce the mental, physical and financial burden associated with long-term sickness absence and economic inactivity due to health issues. It is delivered in partnership with the Health and Safety Executive, Department of Work and Pensions and Public Health Wales and provides a range of advice, support and information on work and health issues to health professionals, employers and individuals. For example, the Corporate Health Standard[62] is a framework which encourages and supports employers to protect and improve the health and wellbeing of their workforce. To bring together the current activities and the efforts of a wide range of organisations, a Health, Work and Well-being Action Plan will be developed (Action 6.2).

Action Area 7: Strengthening the evidence base

A good evidence base is needed to take action to reduce health inequities. However, reviews have identified that there are few effective interventions specifically addressing health inequities. There is also little evidence about the differential impacts of policy and interventions on different socio-economic groups[22].

Recently, some good evidence has been generated, with the evaluation of ASSIST, a peer led smoking prevention programme[63], showing clear additional benefits of the programme in areas of disadvantage. Without such evidence it is difficult to assess the degree to which action across the social determinants of health and the life course is successful in reducing health inequities. It is therefore critical that the National Institute for Social Care and Health Research[64] and other research funding bodies 1) encourage the academic community to include the impact on health inequities as a key evaluation outcome and 2) support research into effective policy approaches and interventions which can assist in reducing health inequities (Action 7.1).

Although programmes such as the Free Primary School Breakfast Initiative and the National Exercise Referral Scheme have been introduced in a way amenable to robust evaluation of outcomes, it is recognised that this is not always the case[65]. The Welsh Assembly Government, Public Health Wales and their partners will ensure that the design of new public health policies and programmes support and enable meaningful evaluation of their impact on health inequities (Action 7.2).

In other countries understanding of health inequities has been furthered by the use of a broader range of analytical techniques such as the slope index of inequality which has, for example, improved understanding of the contribution of violence, substance misuse and suicide to health inequities. The importance of using a wider range of data sources has also been explored elsewhere. This would suggest, for example that the equality impact assessments undertaken by Local Health Boards, supported by the NHS Centre for Equality and Human Rights[66], could be drawn on as part of the drive to reduce avoidable and unfair differences in health and

wellbeing. The Public Health Wales Observatory[67] should advise the Welsh Assembly Government on synthesising and appraising a broader range of evidence on health inequities than has traditionally been examined (Action 7.3).

In support of developing the evidence base, there is a need to continue to develop capacity to conduct high quality research. The Institute of Public Health in Public Health Wales, the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer)[68], the Public Health Improvement Network (PHIRN)[69] and Welsh Assembly Government should work together to identify the research capacity required (Action 7.4).

Aligned with developing the evidence base, is the importance of tracking change in health inequities over time. To ensure that data on health inequities are regularly reported on, relevant indicators at national and at Local Health Board and Local Authority levels should be included in the Annual Reports published by the Chief Medical Officer and the Directors of Public Health (Action 7.5).

Currently key indicators of health inequities are provided by the 2002-2012 health gain and inequalities targets[70] which cover five health topics (coronary heart disease, cancer, mental health, the health of older people, and the health of children) and a supporting set of social determinants indicators[71]. In addition, there are the Child Poverty Strategy targets relating to a number of areas of health and wellbeing. The NHS Annual Quality Framework has called for a new information regime which will include national system indicators showing the overall health of the population and the health system. As part of its work in developing a shared public health data set, the Public Health Wales Observatory will work with the Welsh Assembly Government to identify a small number of indicators to support the aspirational target for reducing health inequities identified in Chapter 1 (Action 7.6).

It is acknowledged that the aspirational target will require further work to address various technical issues. The Welsh Assembly Government will work with Public Health Wales and other partners to develop an approach to measuring and monitoring the 2.5% target (Action 7.7).

3. A whole systems approach

The Welsh Assembly Government, as previously noted, recognises that there is no single solution to addressing inequities in health, but that complex and, multifaceted action will be required. In other areas of work, such as the approach to addressing sustainable development, including climate change, the Welsh Assembly Government has adopted the ‘4-Es’ model for behaviour change, to demonstrate how whole systems thinking can take a policy area forward. The ‘4-Es’ model acknowledges that long-term changes are required in the behaviours of individuals, communities, business and the public sector. The model was developed by the UK Government and featured in a discussion document from the Cabinet Office and the Institute for Government in 2010[72].

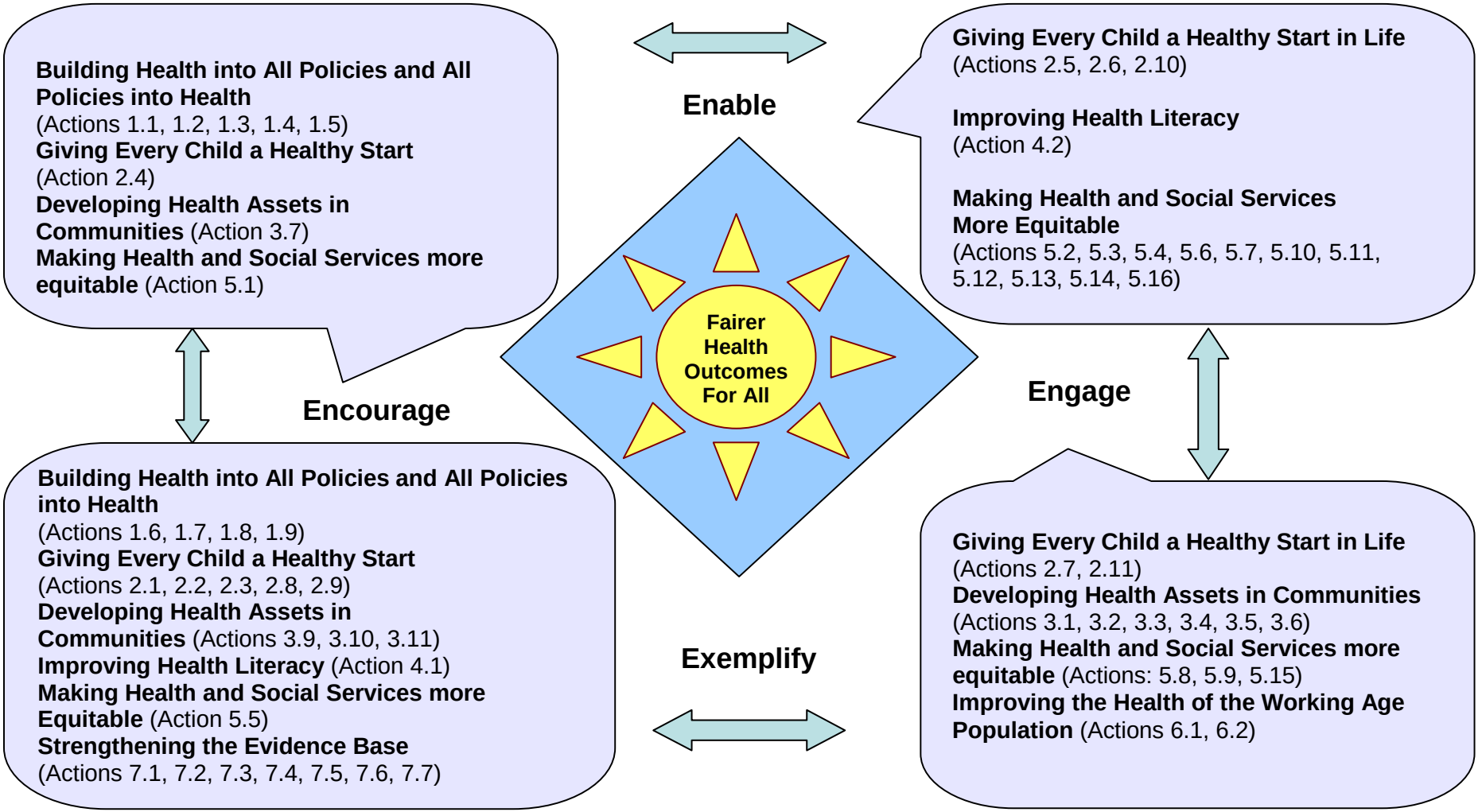
Using the ‘4-Es’ model, Figure 13 demonstrates how this plan’s seven action areas and their supporting 57 actions interlink as a single programme to reduce health

inequities in Wales. They should not be seen as separate but as the building blocks of a new whole systems approach which will require leadership and accountability at all levels of policy development and delivery. The full list of action areas and actions is at Appendix 2. The Welsh Assembly Government will work with delivery partners and stakeholders to develop a timeline for the actions which will be published alongside the action plan at:

http://wales.gov.uk/topics/health/ocmo/healthy/?lang=en.

Figure 13

Reducing Inequities in Health



Appendix 1 : Reducing Inequities in Health Strategic Action Plan Stakeholder Group

Member Organisation	Representative
Director of Health Intelligence and Acting Director of Public Health Wales Observatory	Dr Judith Greenacre
Regional Director Mid and West Wales / Consultant in Public Health, Public Health Wales	Julie Bishop
Director of Planning and Performance, Public Health Wales	Mark Dickinson
Healthcare Improvement Officer, Public Health Wales	Sarah Puntoni
Director of Public Health, Cwm Taf Local Health Board	Nicola John
Director of Public Health, Aneurin Bevan Local Health Board	Dr Gill Richardson
Strategic Programme Manager for Health Improvement, Heads of the Valleys, Welsh Local Government Association	Maria Uren
Welsh Assembly Government:	
Deputy Chief Medical Officer	Dr Jane Wilkinson
Senior Medical Officer	Dr Karen Gully
Strategy Division Senior Manager, Health and Social Services	Chris Riley
Deputy Chief Environmental Health Adviser	Chris Brereton
Public Health and Health Professions Branch, Social Research Division	Chris Roberts
Child Poverty Strategy Development Officer, Child Poverty Unit	Dr Beverley Morgan
Deputy Director of Operations, Public Services and Local Government Delivery	Dr Grant Duncan
Policy and Legislation Manager, Public Services and Local Government Delivery	Tracey Breheny
Health Risk Behaviours Branch, Health Improvement Division	Cathy Weatherup
Health Risk Behaviours Branch, Health Improvement Division	Suzanne McKeown
Young and Older People's Branch, Health Improvement Division	Tracey Williams
Our Healthy Future Branch, Health Improvement Division	Beth Jones
Health Improvement Division	Chris Tudor-Smith, Chair
Secretariat, Health Improvement Division	Nik Carter

Appendix 2 : Summary of Actions

Action Area One: Building Health into all Policies and all Policies into Health			
Action		**Lead**	**Supporting Agencies**
1.1	Continue to seek to maximise opportunities to deliver a Health into all Policies approach.	Welsh Assembly Government	
1.2	Make representations to the UK Government on policies impacting on health inequities, particularly in relation to achieving a minimum income for healthy living.	Welsh Assembly Government	
1.3	Continue to address financial exclusion and over-indebtedness through its Financial Inclusion Strategy.	Welsh Assembly Government	
1.4	Update the review of the health impacts of indebtedness in Wales.	Public Health Wales	
1.5	Press the case with the UK Government for strong action to tackle alcohol related harms.	Welsh Assembly Government	
1.6	Press the case for action on tobacco control with the UK Government.	Welsh Assembly Government	
1.7	Consider how inspection processes can better support a health in all policies approach.	Welsh Assembly Government	Estyn
1.8	Recommend how the assessment of impacts on health inequities could be strengthened.	Welsh Assembly Government	Welsh Health Impact Assessment Support Unit
1.9	Work with partners, including Public Health Wales, to progress the EU Equity Action programme.	Welsh Assembly Government	Public Health Wales

Action Area Two: Giving Every Child A Healthy Start in Life			
Action		**Lead**	**Supporting Agencies**
2.1	Further policy commitments to address risk factors for poorer health will be set out in the Delivery Plan for the new Child Poverty Strategy for Wales.	Welsh Assembly Government	Local Health Boards
2.2	Maintain a continuous improvement approach to public health programmes covering pregnancy, infancy and the school age years, and consider how to proportionately target them to the level of disadvantage	Welsh Assembly Government	Local Health Boards; Public Health Wales
2.3	Review the evaluation results of the preventative and remedial programmes and services for children and families to inform their future development	Welsh Assembly Government	
2.4	Ensure that the work of health visitors is focused proportionately across the social gradient to maximise their effect in supporting parents during the early years stage.	Welsh Assembly Government	
2.5	Ensure robust systems are in place so that timely support and appropriate resources are available to deliver health plans for looked after children.	Local Health Boards	Welsh Assembly Government
2.6	Designate a specialist health practitioner (the Clinical Nurse Specialist for Looked After Children) to co-ordinate the child's health care plan and address the needs of looked after children and children leaving care.	Local Health Boards	Welsh Assembly Government
2.7	Work with partners to consider the health outcomes of children involved in court proceedings.	CAFCASS Cymru	Local Partners
2.8	Demonstrate local progress with achieving the Child Poverty Strategy's targets relating to infant mortality, low birth weight and teenage conceptions.	Local Health Boards	
2.9	Produce an evaluation report on the outcomes achieved by the Teenage Pregnancy Grant Scheme.	Public Health Wales	Local Partners
2.10	We will ensure that action continues to address the wide variation in the oral health of children in Wales.	Welsh Assembly Government	
2.11	Consider the consultation comments on the Tobacco Control Action Plan before taking work on reducing children's exposure to second hand tobacco smoke forward.	Welsh Assembly Government	

Action Area Three: Developing health assets in communities			
Action		**Lead**	**Supporting Agencies**
3.1	Place greater emphasis on identifying and developing health assets in communities, including rural areas.	Welsh Assembly Government	
3.2	Explore how to make the most of health gain opportunities through Communities First.	Welsh Assembly Government	
3.3	Explore the scope for developing health assets through the Community Cohesion Programme	Welsh Assembly Government	Local Authorities
3.4	Review the evidence from the health trainers pilot and programmes of a similar nature elsewhere.	Public Health Wales	
3.5	Develop peer education approaches in the forthcoming Quality of Food and Mental Health Promotion action plans	Welsh Assembly Government	Public Health Wales
3.6	Consider how to appropriately target peer education approaches to the level of disadvantage	Welsh Assembly Government	Health, Social Care and Wellbeing Partnerships; Local Health Boards
3.7	Recognise the vital role that voluntary and community groups have in promoting and protecting health and prioritise those projects which develop health assets in communities in the next round of the Health Challenge Wales Voluntary Sector Grant Scheme.	Welsh Assembly Government	
3.8	Further explore the role of health protection services in reducing health inequities, through the development of an environment and health action plan.	Welsh Assembly Government	
3.9	Continue to progress the actions relating to green spaces in Creating An Active Wales	Welsh Assembly Government	
3.10	Review the evidence base on health inequities and the provision of green space, identifying any further cost effective interventions which could be considered for future action.	Public Health Wales	Welsh Assembly Government

Action Area Four: Improving health literacy			
Action		**Lead**	**Supporting Agencies**
4.1	Work together to consider the recommendations identified in the scoping exercise.	Welsh Assembly Government; Public Health Wales	Partner organisations
4.2	Recommend a systematic and rigorous approach to measuring health literacy levels in the population and seek funding for the provision of baseline data.	Public Health Wales	Welsh Assembly Government and other partners

Action Area Five: Making health and social services more equitable			
Action		**Lead**	**Supporting Agencies**
5.1	Set out local action for tackling health inequities in Public Health Strategic Frameworks.	Local Health Boards	Public Health Wales
5.2	Draw on the outcomes and variations identified within Primary Care Annual Reports and strengthen services where this is required in line with the priorities identified within *Setting the Direction, Primary and Community Services Strategic Delivery Programme.*	Local Health Boards	
5.3	Review services and develop a national implementation plan for the effective management of vascular risk targeting areas of greatest need, such as disadvantaged communities.	Public Health Wales	
5.4	Take action through the Annual Quality Framework to ensure increase in the uptake of vaccination and immunisation.	Local Health Boards	Welsh Assembly Government
5.5	Ensure that Wales has the data available to establish an evidenced based programme to raise awareness of cancer symptoms.	Welsh Assembly Government	
5.6	Set up a Task and Finish Group to look at the health needs of all vulnerable groups	Welsh Assembly Government	
5.7	In taking forward the new approach in Social Services, we will take the opportunity to identify actions which will reduce health inequities.	Welsh Assembly Government	
5.8	Explore how the modernisation and development of the social care regulatory and inspection processes, and the regulation and inspection of social housing, can support action to reduce health inequities.	Welsh Assembly Government	
5.9	Ensure that the Strategy for Older People remains rooted in the principle of eliminating the unequal impact of poverty and in promoting healthy ageing.	Welsh Assembly Government	
5.10	Ensure that there are systems in place to capture the experience of front line teams to support the development of services to meet the needs of patients and communities.	Local Health Boards	
5.11	Assess the potential of equipping NHS and social services staff with the	Public Health Wales	

	skills and competencies required to make every contact count in supporting and encouraging people to stay healthy.		
5.12	Assess the contribution that different approaches to the training of health and social services staff can make to reducing health inequities.	Public Health Wales	
5.13	The Welsh Assembly Government will ensure that access to special care dentistry is available to the vulnerable elderly.	Welsh Assembly Government	
5.14	Provide guidance to Local Health Boards to ensure that the oral health needs of the residents of nursing homes are met.	Welsh Assembly Government	Public Health Wales
5.15	Seek to improve the use of community pharmacies in promoting public health messages.	Welsh Assembly Government	
5.16	Implement a Strategic Framework to strengthen Welsh language services in health and social care.	Welsh Assembly Government	

Action Area Six: Improving the health of the working age population			
Action		**Lead**	**Supporting Agencies**
6.1	Identify effective action reducing health related barriers to work.	Public Health Wales	
6.2	Develop a Health, Work and Wellbeing Action Plan	Welsh Assembly Government	

Action Area Seven: Strengthening the evidence base			
Action		**Lead**	**Supporting Agencies**
7.1	Encourage the academic community to include the impact on health inequities as a key evaluation outcome and support research into effective policy approaches and interventions which can assist in reducing health inequities.	National Institute for Social Care and Health Research	Other Research Funding Bodies
7.2	Ensure that the design of new public health policies and programmes support and enable meaningful evaluation of their impact on health inequities.	Welsh Assembly Government; Public Health Wales	
7.3	Produce advice on synthesising and appraising a broader range of evidence on health inequities than has traditionally been examined.	Public Health Wales Observatory	
7.4	Collaborate to identify the research capacity required to develop the evidence base on health inequities.	Institute of Public Health; Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement; Public Health Improvement Network; Welsh Assembly Government	
7.5	Report on data on health inequities including relevant indicators at local and national level.	Chief Medical Officer; Directors of Public Health	
7.6	Identify a small number of targets and indicators which will enable health inequities in Wales to be tracked over the long term.	Public Health Wales Observatory	Welsh Assembly Government
7.7	Develop an approach to measuring and monitoring the 2.5% target.	Welsh Assembly Government	Public Health Wales and other partners

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