

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

Executive Summary

The Institute of Health Equity (IHE) was commissioned by the Aneurin Bevan University Health Board (ABUHB) to support its work in tackling health inequalities in the Gwent region, through action on the social determinants of health. The social determinants of health describe the social and environmental conditions in which people are born, grow, live, work and age, which shape and drive health outcomes.

Most of the social determinants of health lie outside the healthcare system. Whilst good-quality healthcare is an important determinant of health, improving health and access to health will not, on its own, reduce health inequalities. Tackling the social determinants involves providing good-quality experiences and services during early childhood, in education in later childhood and adolescence; opportunities for lifelong learning; good-quality and fairly paid work; sufficient incomes for a healthy life; healthy and safe housing and local environments; reducing discrimination and reducing the impacts of climate change (1). Addressing all of these factors will create the conditions that enable people to have control over their lives throughout their lifetimes.

This report, based on our analysis and interviews and workshops with a wide range of stakeholders, reflects the views of many we heard from in Gwent. You told us you didn't want just another report, you wanted actions: the tools to reduce inequalities and achieve better results and more equitable outcomes.

There is palpable evidence of the need to reduce health inequalities - they are unnecessary and unjust, harm individuals, families and communities and place a huge financial burden on services, including the NHS, the Third Sector and on the economy. Welsh Government policy is supportive of the need to address health inequalities, but the focus on wellbeing is not leading to a reducing in inequalities. Gwent can go further and better address inequalities that have not reduced, despite the positive policy environment in Wales.

This report sets out the state of health inequalities in Gwent and current strategies to improve the social determinants of health. As we state in our reports on other local areas in the UK, local places often already understand how to tackle health inequalities but they are not implementing the necessary actions at the scale needed. Sometimes, this is due to the lack of resources, which is often the main barrier, however this report shows that intervening to prevent problems is cost-effective and reduces demand on services as well as benefiting residents.

The report analyses what will lead to the shift that will enable systems to focus on health equity and the outcomes that matter most for health. It suggests when it is better to act together at the Gwent level and when to work within localities. It provides evidence of where Gwent needs to change strategies, where Gwent could provide more targeted interventions and where you should adopt a proportionate universalist approach.

Our recommendations cover the eight Marmot principles, the key social determinants of health and actions for the system and key stakeholders in Gwent. The recommendations are classified into two categories: Year 1 (2023-24) and Years 2 to 5 (2024-29). They challenge the region to take actions on the social determinants of health, develop a regional system to take forward these actions, better involve other sectors such as the Third Sector and to have a stronger focus on a healthier and more equitable Gwent.

In addition to the recommendations, we present a set of Gwent Marmot indicators for health equity, developed in partnership with local partners. They are a subset of existing indicators, and will show the impact of local actions on the social determinants of health in Gwent.

THE REGION

Within the five local authorities in Gwent – Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen – are substantial inequalities in levels of deprivation and wealth.

Gwent has Wales’ poorest and richest local authorities, with areas of deep, persistent deprivation and smaller areas pockets of deprivation dotted in towns and rural areas. Blaenau Gwent, Caerphilly, Torfaen and parts of Newport are all areas with long-standing high levels of poverty and deprivation, and generational poverty is a significant problem in some areas. Close to half of lower super output areas (LSOAs) in Blaenau Gwent are in the most deprived quintile of the Welsh Index of Multiple Deprivation (WIMD), the highest of any local authority in Wales. Newport and Torfaen both have around a third of their LSOAs in the most deprived quintile and nearly a quarter of Caerphilly’s are in the most deprived quintile. There are pockets of deprivation in Monmouthshire, in towns and urban areas, and these require a different set of interventions to support those living in deprivation within relatively wealthy areas, who often go ‘under the radar’.

Wales has the legislative powers to address many of the social determinants of health – education, health, early years, employment support, environment, housing and transport are all within the devolved government’s purview. But many of these sectors have suffered deep financial cuts over many years. Whilst the Welsh Government has sought to protect local authorities from the worst of the national government’s austerity policies and reductions in investments in public assets and services, Wales has seen substantial cuts which have led to cuts in services offered and subsequently affected health and inequalities. The Welsh Local Government Association estimates that local government is short by £784 million in 2023/24, compromising its ability to meet statutory obligations and offer good-quality council-run services (2). In four of Gwent’s local authorities – Blaenau Gwent, Caerphilly, Newport and Torfaen – life expectancy has either declined or stalled, even before the pandemic, and this is likely to be associated with cuts to public services and local government, reductions in benefits, low-quality work and low pay.

Wales’ landmark legislation, the Wellbeing of Future Generations (Wales) Act (WBFGA) 2015, seeks to create a different way of governing and commits public bodies in Wales to thinking long-term and focusing on future generations, working collaboratively, focusing on upstream factors and prevention and to involving communities. One of the seven goals of the WBFGA is “a more equal Wales”. While the Act mentions reducing inequalities in its statutory advice, health inequalities are listed as one of the “overarching challenges” (3). It is unclear what impact the WBFGA has had on health and it is also unclear if the legislation has had a positive impact on health and reducing health inequalities. Whilst the WBFGA makes mandatory requirements for public services to consider the impact of current policies, evidence in this report shows that it has not yet had an impact on inequalities.



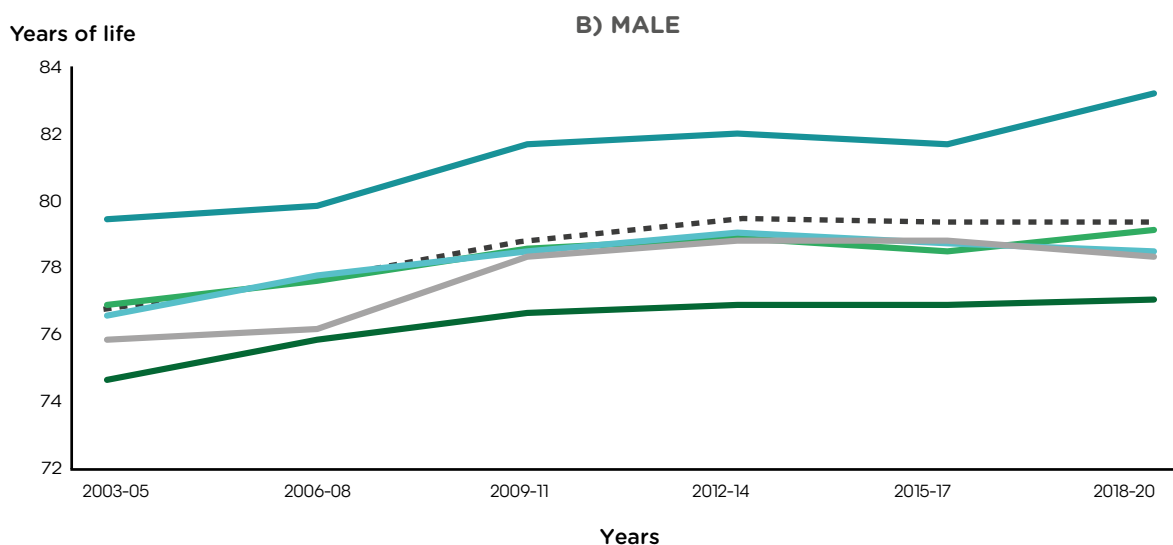
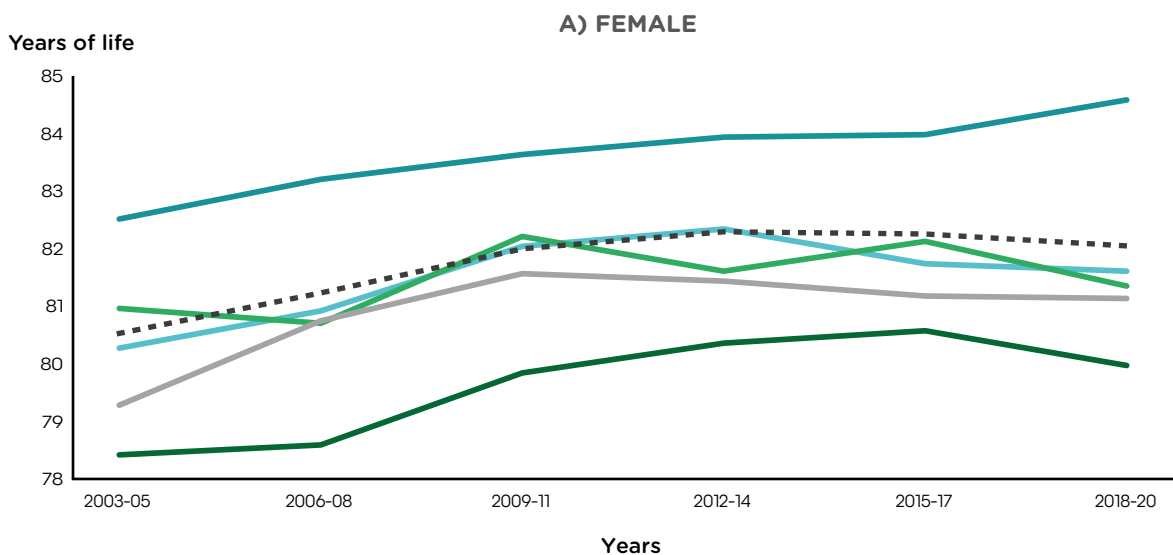
EVIDENCE

LIFE EXPECTANCY

Within Gwent, average life expectancy is below the Welsh average except in Monmouthshire. Between 2017 and 2019, before the COVID-19 pandemic, average life expectancy in all four of these local authorities fell:

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

Figures 1 and 2. Trend in life expectancy, female and male, Gwent local authorities and Wales, 2001-2020



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

Source: Office for National Statistics (4)

Average healthy life expectancy (how long one can expect to live in good health) is also below the Wales average in Blaenau Gwent, Caerphilly, Newport and Torfaen. Average healthy life expectancy for women in Torfaen is 55 years compared to 69 years for women in Monmouthshire. Men in Blaenau Gwent have the worst healthy life expectancy in Gwent, living for 56 years on average, compared to 69 years for men in Monmouthshire.

Examining healthy life expectancy by deprivation shows worrying trends in Gwent. Tables 1 and 2 show that between 2011/13 and 2018/20 healthy life expectancy for the most deprived women in Blaenau Gwent fell by eight years, by six years in Torfaen, by five years in Caerphilly, and four months in Newport. Falls in men’s life expectancy in the most deprived areas were less dramatic but still fell in Blaenau Gwent, Caerphilly and Torfaen.

Tables 1 and 2. Female and male healthy life expectancy at birth in the most deprived areas, Gwent local authorities and Wales, 2011-13 and 2018-20

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

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

Source: Office for National Statistics (4)



THE SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are encompassed by the Marmot eight principles, which are the basis for the analysis in the report and the recommendations.

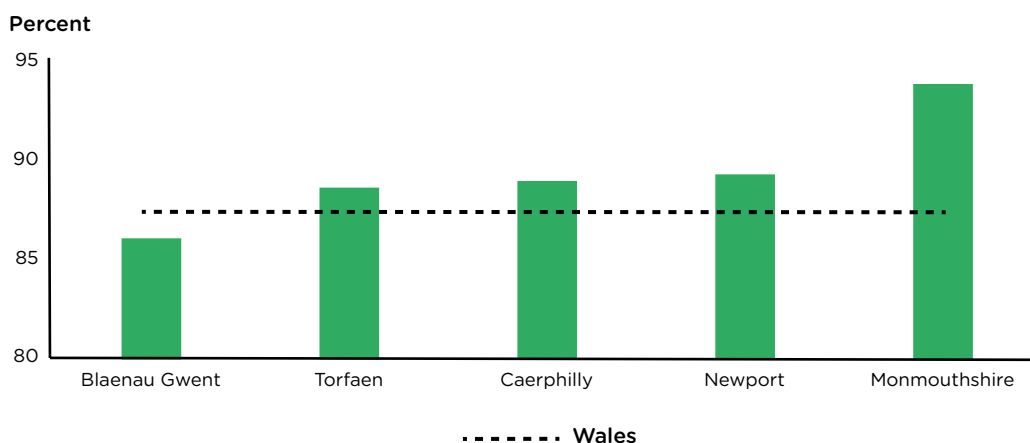
- 1 → Give every child the best start in life
- 2 → Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 3 → Create fair employment and good work for all
- 4 → Ensure a healthy standard of living for all
- 5 → Create and develop healthy and sustainable 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

1. GIVE EVERY CHILD THE BEST START IN LIFE

Experiences during the early years and in education are particularly important for immediate and longer-term health, and for outcomes in other social determinants of health later in life, such as education and income (1) (5). In Wales the early years are defined as being 0-7 years. Flying Start is the key programme offering early years provision in areas of high deprivation, and it is expected to be offered universally in Wales by 2025. There are numerous staff shortages in the early years in Gwent (amongst health visitors, speech and language therapists, early years workers and childminders) which affect the quality of the service offered, particularly in areas of higher deprivation.

In 2021, the poorest children in Wales started school 10 months behind children from families with more money (6). Figure 3 shows that Blaenau Gwent is below the Welsh average in the number of seven-year-olds achieving the expected level at the end of the Foundation Phase in 2017.

Figure 3. Percent of all seven-year-olds achieving the expected level at the end of the Foundation Phase, Gwent local authorities, Wales, 2017



Source: StatsWales (7)

A new nursery curriculum was introduced in 2022 but fails to acknowledge the impact of income or poverty on attainment. Instead, the curriculum emphasises treating each child equally and fails to include ambitions to reduce inequalities in attainment. The previous Foundation Phase Framework included the aim that children “are not disadvantaged by any type of poverty” (8). Both the expansion of Flying Start, which is welcome as a universal service that will reduce the reported postcode lottery, and the new curriculum should be monitored for impacts on inequalities, as the offer of a universal service and treating each child equally can potentially exacerbate inequalities (1).

2. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES

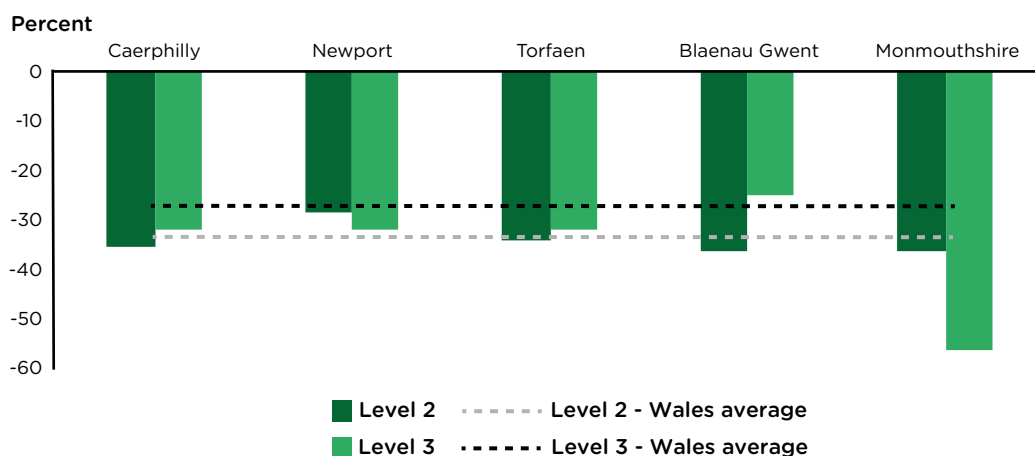
Childhood experiences, continuing into early adulthood, also have lifelong impacts, affecting employment opportunities, lifetime earnings and health over the lifecourse. School budgets per pupil in Wales fell by 5% between 2009-10 and 2017-18 (a smaller decline than in England and Northern Ireland) (9). Since 2018-19 (until 2022-23), spending per pupil has increased by 8%, returning to 2010 levels (10). The Welsh Government provided generous funds during the pandemic – the Institute for Fiscal Studies estimates total COVID-related spending on schools between 2020-21 and 2021-22 was £800 per pupil in Wales, the same as in Northern Ireland and higher than the £300 offered in England and Scotland (10).

The number of pupils eligible for free school meals has increased since 2016/17, after a period of falling or remaining stable. The education attainment gap in Wales narrowed for pupils aged 7-11 years. In 2019 pupils eligible for free school meals scored better in English, maths and science, compared to 2010, and also narrowed the gap, although they still have lower attainment levels. At Year 11, GCSE level, there remain wide education attainment inequalities in every local authority in Gwent. The ability to understand local inequalities is limited for analysts and parents, as data on attainment below national levels is no longer available.

in 2022/23, pupils eligible for free school meals had double the absences compared to pupils not eligible, a gap that has widened since 2021/22.

The Welsh Government has set a target to introduce 125,000 apprenticeships between 2021 and 2026, as part of its commitment to ensuring at least 90% of 16-24 year olds are in education, employment, or training by 2050. It is unclear why the number of apprentices at levels 2 and 3 (equivalent to GCSE and A Level respectively) fell across Wales between 2013/14 and 2021/22, despite government policies to increase the number of apprentices, Figure 4.

Figure 4. Percent change in number of level 2 and level 3 apprenticeships started, Gwent local authorities and Wales, 2013/14 and 2021/22



Source: StatsWales (11)

3. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Good quality work is beneficial to the health of employees and reduces inequalities, but it is also beneficial to employers, as good health increases productivity and retention and reduces the amount of sick pay required.

Businesses can have both positive and negative impacts on health through employment practices; through goods, services and investments; and through their impacts on communities and the environments where people work. Reducing the harmful impact of business and enhancing the positive contribution of work is vital for health and wellbeing and reducing inequalities.

In Gwent, there is great potential for businesses to improve the health of their employees and communities more broadly.

Whilst unemployment rates have fallen across Gwent, the number of people who are economically inactive and looking for work reveals a different story in each local authority. For instance, in Blaenau Gwent, there has been a 58% fall in people who are economically inactive looking for work between 2010 and 2022, while in Newport, the fall was 17%, Table 3.

Table 3. Percent of economically inactive adults who want a job, Gwent local authorities and Wales, 2010 and 2022.

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

Source: Annual Population Survey – Labour Force Survey (12)

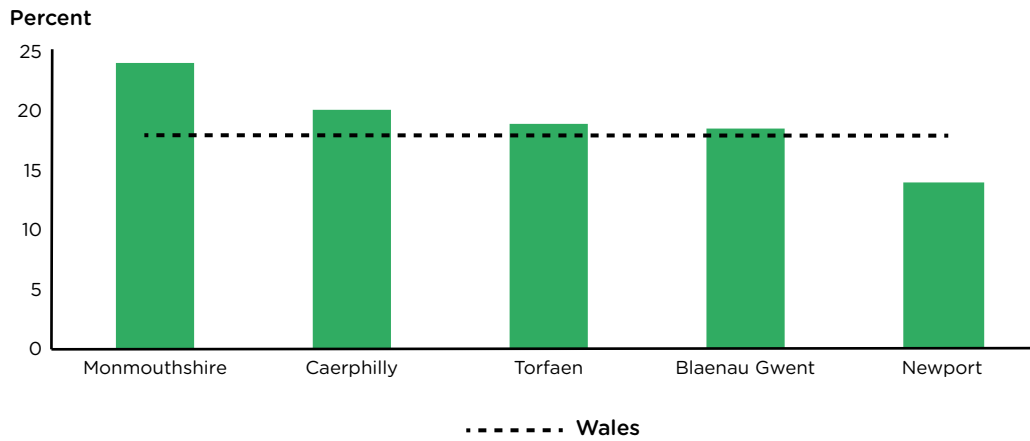
The Wales Centre for Public Policy talked to people living in poverty about how this influenced their lives. They found the negative impact of poverty on mental health was a consistent theme. In addition to the impact of poverty on their mental health, they identified that the key barriers they had in returning to work – low pay, high childcare and travel costs and increases in council tax – disincentivised people currently on benefits from seeking work or increasing their hours (13).

Despite the introduction of the minimum and living wages, wage growth in the UK since 2010 has been low and rates of in-work poverty have increased. In Wales 60% of adults living in poverty live in households where one adult is working (14). The number of children living in relative income poverty with at least one adult working fell from 32% in 2010-11 to 28% in 2018-19, then increased to 31% in 2019-20.

The Welsh real living wage in 2023 is £10.90 per hour. In 2021, the Cardiff Capital Region estimates that if a quarter of low-paid workers in the region moved up to the Welsh real living wage, in a single year the regional economy could grow by £24 million (15).

In Wales in 2021, 82% of employees earned at least the real living wage. Monmouthshire, Caerphilly, Torfaen and Blaenau Gwent all have higher averages of employees earning below the living wage compared to the national average, Figure 5.

Figure 5. Percent of employees earning below the living wage*, Gwent local authorities and Wales, 2021



Notes: *As defined by the Living Wage Foundation, set at £9.50 in 2021 (16)

Source: Office for National Statistics (17)

Paying a fair wage is one of the key characteristics for the Fair Work Commission, and the Welsh Government “encourages all employers that can afford to do so to ensure their employees receive an hourly rate of pay that reflects the costs of living, not just the statutory minimum” (18). However, the issue of fair pay highlights one of the difficulties of devolution in Wales. Some UK Government policies contradict the approaches the Welsh Government wish to adopt. The national living wage, set by the UK government, is £10.42. In 2022 the Welsh Government guaranteed the real living wage, of £10.90, for all social care workers, including all workers in care homes, domiciliary care workers and personal assistants (19). The UK national living wage remains below the Welsh real living wage, as such, the impact of the Welsh Government’s more progressive and fair policies are limited by their ability to influence the pay of a small fraction of jobs in Wales.

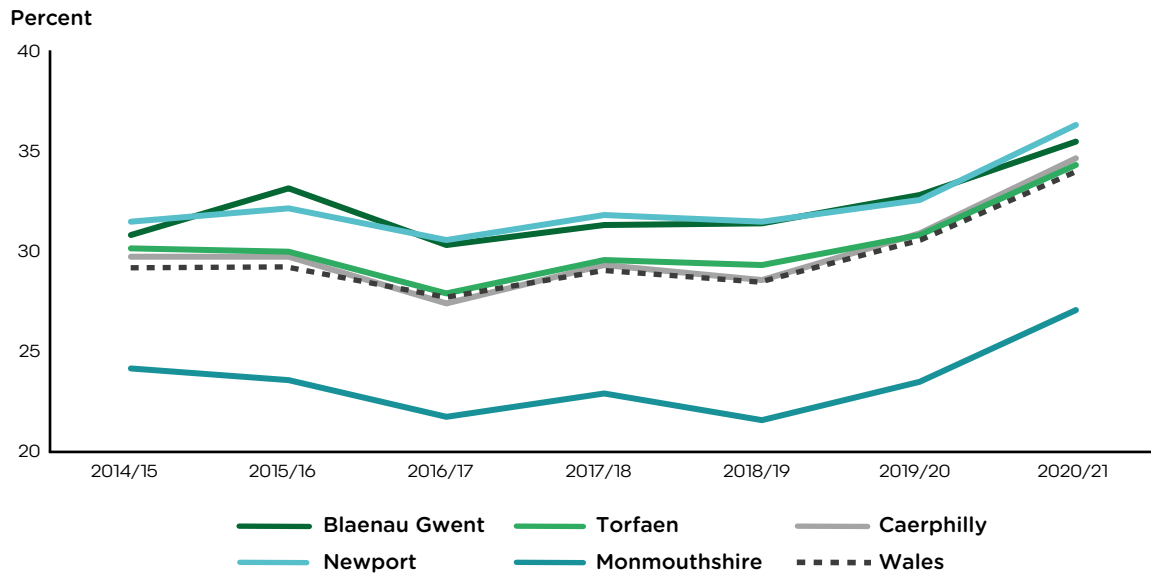
In Gwent neither the Health Board nor the five local authorities are accredited real living wage employers, though many will pay the real living wage to their employees due to Welsh Government policies on pay for social care.

4. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Poverty damages health in many ways, from reducing access to healthy and nutritious food and good-quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health. Approximately one in four people in Wales live in poverty and poverty rates have remained relatively stable at around this level for more than 15 years. The Bevan Foundation Snapshot of Poverty found in the winter of 2023 that 14% of respondents stated they either sometimes, often or always do not have enough for all the basics and 33% only have income for the basics and not much else (20). 34% of children were living in poverty, after housing costs in 2020/21 (21).

There has been limited progress in reducing child poverty in Wales. Modest positive trends prior to 2015 were reversed and child poverty began to rise before the pandemic, as a result of UK government tax and welfare reforms, Figure 6 (22).

Figure 6. Percent of children in poverty, after housing costs, Gwent local authorities and Wales, 2014/15-2020/21



Source: Loughborough University (23)

The Social Mobility Commission concluded that the child poverty strategy in Wales needs “a more radical approach” (6). The next Child Poverty Strategy needs to focus on reducing inequalities and better targeting of actions and programmes in areas of higher deprivation.

The most recent official fuel poverty statistics for Wales are from 2018. In 2022 the Welsh Government modelled estimated fuel poverty statistics for 2021, more recent than UK statistics, but still out of date considering the significant increase in fuel costs in 2022. The Welsh Government estimated then that up to 45% of all households in Wales were in fuel poverty, following the price cap increase of April 2022. 98% of Wales’ lower-income households were estimated to be in fuel poverty in 2022 (24).

5. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

Healthy and sustainable homes and neighbourhoods support good physical and mental health by enabling and encouraging healthy, active and socially engaged lives. Good mental and physical health are supported by healthy and sustainable housing and places, which are characterised by good-quality housing, access to safe green spaces, clean air, opportunities for active travel and a range of amenities and community resources, including reliable and equitable public transportation.

Housing, and cold homes in particular, is an important social determinant of health. In 2021, before the increase in energy prices, Shelter Cymru found in Wales:

- 16% cannot keep their home warm in winter.
- 13% were living in homes that are not structurally sound or have hazards such as faulty wiring or fire risks.
- 26% reported living in homes with significant damp, mould or condensation problems.
- 1 in 10 people said their housing situation was harming their or their family’s mental health (25).

Public Health Wales estimates poor quality housing costs the NHS in Wales more than £95 million per year in treatment costs, and that upgrading homes could lead to 39% fewer hospital admissions for circulation and lung conditions (26).

Housing associations provide a number of services to improve the social determinants of health and are key partners in tackling health inequalities, Box 1.

Box 1. Key partners in improving housing and addressing inequalities

Social housing associations are key partners in reducing inequalities and improving health and wellbeing. Housing association staff see their residents regularly and have a vested interest in providing quality housing. In Gwent housing associations are providing a range of support - financial, digital and health, acting early and identifying problems early.

Melin Homes provides homes and services to people living in South-East Wales (27). Its team of advisors helps residents apply for cost-of-living grants, payments, and discounts and provides support around budgeting and saving money.

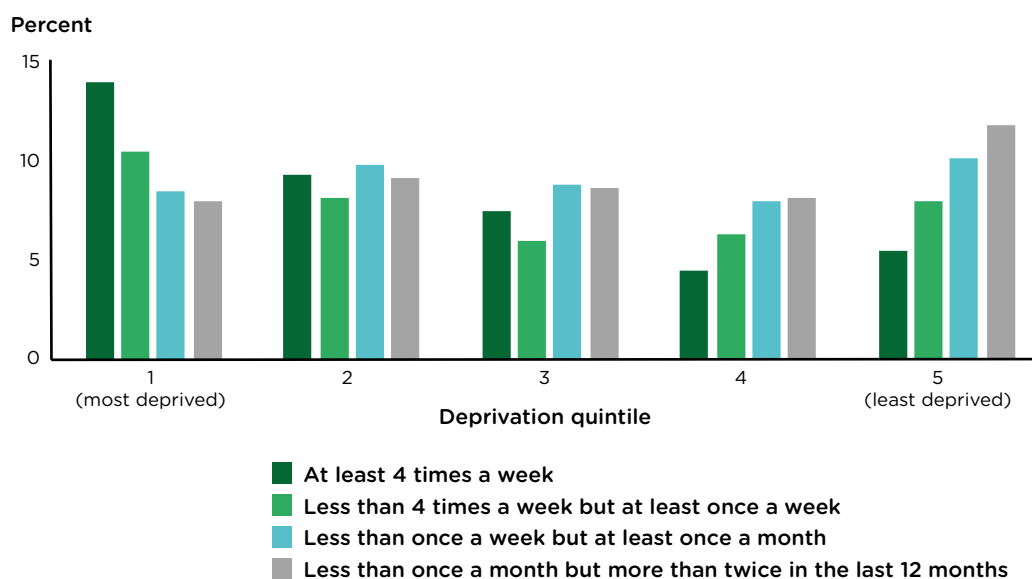
Monmouthshire Housing provides additional support for tenants through a variety of financial and health services, a hardship fund, foodbank support and food clubs, money and benefits advice via their Moneywise service, funding for home adaptations, and support with housing allocations processes.

The **Pobl Group** offers tenants care and support services across Wales. Its teams provide benefits and cost-of-living advice, link customers with their local community and services, and support their most vulnerable customers through targeted energy upgrading to the coldest homes that house the most financially vulnerable customers.

Housing costs in Gwent, as in the UK, have increased in the last few years. In a single year, 2022-23, monthly rents increased by more than 7% across Gwent. For example, in Newport monthly rent rose from £626 per month (on average) to £823, a 10.6% increase in one year, in Caerphilly and Blaenau Gwent rents rose by 8% and by 7% in Torfaen and Monmouthshire (28).

Transport is the biggest source of air pollution in the UK and transport accounts for 15% of Wales' greenhouse gas emissions (29). The *Future of Roads* report in Wales recognises the interconnectedness of climate change, economic development and transport and states the impact of "public health should be considered and reported" (30). However, its emphasis on rail travel is to the detriment of many areas of high deprivation that do not have direct access to rail services. Those living in areas of higher deprivation are more likely to take buses as they are more affordable (31). Figure 7 shows that those living in areas of higher deprivation are more likely to take buses as they are more affordable.

Figure 7. Percent usage of buses in the last 12 months*, by WIMD quintile, Wales, 2019/20



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

Source: National Survey for Wales (31)

If communities in more deprived areas, that depend on buses, are left out of current and future public transport investment, then inequalities are likely to increase in the short and long-term.

6. STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION

Taking a social determinants view of health involves understanding why people make what, from the outside, may appear to be poor decisions about their lives and their health. Too often preventative approaches to illness focus on individual behaviours and seek to educate people to make better choices to improve their health. Shifting to a social determinants of health approach means taking action on the drivers of ill health as well as treating ill health when it is presented in healthcare settings: the prevention agenda must focus on improving living and working conditions and reducing poverty – as well as focusing on healthy behaviours. As set out in the report, it is almost impossible to live healthily when in poverty. Families with the lowest 10% of household income would have to spend nearly three-quarters of their entire income (after housing costs) to afford the recommended healthy NHS (England) Eatwell plate (32).

The role of the healthcare sector in adopting prevention actions is central to *A Healthier Wales*, which seeks to shift from behavioural change and individual approaches, such as smoking cessation clinics, to “a greater focus on prevention and early intervention which we continue to support through universal, as well as more targeted support” (33).

45% of men and 34% of women drink above the recommended guidelines and alcohol-related deaths are higher in the most deprived areas of Wales (34). Alcohol and drugs misuse statistics below national levels, or by deprivation, are not publicly available. It is recommended these statistics are made public and shared with primary and secondary care teams, public and mental health teams and the Third Sector. The Alcohol Care Team in The Grange is working together with teams in the NHS and beyond to better support those in need of alcohol drug support in Gwent, which involves detecting disease in its early stages and intervening before full symptoms develop, Box 2.

Box 2. Early prevention in the Grange

The Alcohol Care Team at the Gwent Liver Unit has set up a local collaborative involving public health, GPs, substance misuse professionals and key stakeholders from Third Sector alcohol and drug support providers. The Alcohol Care Team believed that better alcohol support services were needed in Wales and that previous projects in the community were failing to capture patients in hospital - either directly or indirectly due to their alcohol problems.

With an initial round of funding the team appointed two nurses to provide support for any patient who was in the Grange with an alcohol problem. The team focuses work ‘very, very assertively’, with frontdoor staff and links with staff across the Grange, including ambulance staff, to assess whether there’s a potential for an alcohol intervention.

In addition to hospital-based services the team responds to needs in communities themselves. Outpatient clinics are held weekly in Ebbw Vale, Caerphilly, Torfaen and Newport. The service also runs a recovery group at the county hospital and is in the process of sourcing funding for transport to enable people to attend - it has noted that patients have had difficulties travelling to the hospital: patients “just can’t get to us. They say ‘I can’t, I haven’t got the money or I haven’t got the resources to be able to do it’”. The team decided “we need to think differently” and are considering subsidising travel to clinics.

The team is keen to understand why people do not attend, “We’ve never tackled DNAs in health. We should be calling up every single DNA, ‘you didn’t come’. Can we find out why it might be that they’re not bothered?” It is aiming to set up in primary care clinics in 2023, to go out into primary care clusters and are considering groups in leisure and community centres.

7. TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

Structural and systemic racism contributes to health inequalities, and lies behind many ethnic inequalities in the social determinants. Experiencing racism also directly impacts mental and physical health. Ethnic minority groups often experience worse outcomes in the social determinants of health, such as income, quality of employment and housing conditions, which relates to experiences of discrimination and exclusion. In the UK ethnic minority populations are currently 2.2 times more likely than White populations to be in deep poverty, experiencing extreme levels of hardship which mean they struggle to afford everyday basics such as food and energy (35).

In January 2023 the Welsh Government published its *Anti-racist Wales Action Plan* (36). One of the priority actions in this ambitious plan is establishing a health inequalities working group and improving data to understand health

inequalities related to ethnicity (36). COVID-19 vaccination uptake by ethnicity showed clear inequalities, with 32% of Black population groups having the 2022 autumn booster compared to 63% of the White population. In this statistic, 10% of responses had ethnicity 'unknown' (37). This poor data compromises the ability of systems to best address inequalities and the recording of ethnicity in the NHS must improve.

8. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

As the climate warms and the incidence of extreme weather events increases, harm to health from climate change will also increase and, in the future, will affect people who live in the most deprived areas the most (38). In 2022, extreme weather, in the form of heatwaves, hit Gwent in July and August. The highest recorded temperature in Wales was recorded in July 2022. These high temperatures had significant impacts in Gwent: the Welsh Ambulance service reported increased calls and the Gwent Fire Service had its busiest day since World War 2.

Many of the actions to reduce greenhouse gas emissions will also improve health as a cobenefit and reduce existing health inequalities, for example, by improving local air quality. Wales' Net Zero Strategic Plan outlines actions the Welsh Government will take to achieve net zero emissions by 2030 (39). It is important that the delivery of the plan has an equity focus, as well as a harm reduction and mitigation focus, so that interventions and policies to reduce the effects of climate change do not inadvertently increase inequalities. Reducing car use and switching to public transport, active travel or electric cars is beneficial to reduce air pollution and greenhouse gas emissions. Public Health Wales estimates the long-term exposure to air pollution is related to 1,000 to 1,400 deaths each year in Wales and estimates the cost to Welsh society from air pollution is around £1 billion per year (40) (41). Pollution concentrations in Blaenau Gwent are below Welsh averages but for the other four local authorities, air quality is equal to or slightly worse than the Welsh average.

There have been long-standing plans to increase active travel in Wales, however, cycling rates remain low and the latest statistics show a drop in walking. In 2021/23% of people in Wales cycled at least once a week for active travel purposes and 51% walked, a drop of 9% in one year. Walking rates to primary school are increasing slowly but rates of walking to secondary school have not changed since 2016/17 (31). None of these statistics are available below national level and are not disaggregated by deprivation or income.



SYSTEMS CHANGE FOR HEALTH EQUITY IN GWENT

Reducing health inequalities requires the development of effective interventions and resourcing among a range of different sectors which have an impact on health. In order to achieve the necessary changes, an effective health equity system is needed. Critical elements to develop an effective health equity system include leadership, partnerships, co-creation, funding and data.

LEADERSHIP

Strong leadership on health equity is essential for action on health inequalities and needs to be strengthened in Gwent and in each local authority and within the NHS. Effective leadership requires a commitment to equity in all policies, equity focused resources, developing a workforce with expertise in developing and delivering programmes to support greater equity and strong organisational and senior leadership accountability for health equity.

National strategies and policies in Wales have prioritised improving wellbeing, reducing health inequalities is seen as a secondary focus. Improving wellbeing is different from reducing inequalities – national strategies need to specifically reduce inequalities.

PARTNERSHIPS

Reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health. A number of partnerships already exist, such as through the Public Services Board (PSB) and the Regional Partnership Board. The PSB has the capacity to reduce health inequalities if its focus shifts from improving wellbeing to improving health equity.

The Third Sector is involved in these statutory partnerships yet is still infrequently regarded as equal partners in work on health inequalities. The Third Sector should be involved at the highest level, to harness its energy, knowledge and skills and as representatives of communities. In addition, education (primary, secondary and further education) and businesses and the economic sector, should be more involved in inequalities strategies and action.

COCREATING

There should be greater involvement of communities and the Third Sector as essential partners in the identification of priorities, the development of strategies and the delivery of programmes to tackle health inequalities. Involving communities, the Third Sector and people with lived experience should be at the heart of approach to tackling health inequalities.

Asset-based approaches, such as a citizen-led asset-based approach to health care and inequalities, work collaboratively across different sectors and disciplines to create solutions to tackle inequities and inequalities. In Monmouthshire a community development worker stated their approach is “asset-based and building on what is there (in communities)”. They are “doing with, not doing to” and they aren’t “just going into communities and telling them what to do”.

FUNDING

Over the last 13 years cuts to local authorities’ spending and public services have harmed health and widened inequalities. Government policies and strategies emphasise the importance of prevention but spending continues to prioritise acute crises. Prevention funding and activities should be better identified and increased.

Wales should be working to longer-term planning cycles, as recommended by the Wellbeing of Future Generations (Wales) Act, yet after seven years of the Act, this is still not the norm. Funding from the Welsh Government and the NHS is still primarily for one, two or three years, with pots offered near the end of the financial year, often to be spent in a short-term. Until these funding cycles change, longer-term planning is impossible. The social determinants of health are central to the three priority areas of Shared Prosperity Funding. It is essential that both this funding and Levelling Up funding are monitored and analysed for impact on health inequalities.

DATA

Robust, timely, reliable and appropriately disaggregated data is needed to address health inequalities and improve the social determinants of health. Wales has abundant data on health outcomes, but there are limits to the availability of data at sufficiently small geographical level or disaggregation, that can capture within-local authority inequalities. Data on ethnicity is lacking in many health outcomes and in key social determinants of health. It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services, to enable employers and providers of services to reduce discrimination and inequalities. Accountability for health equity, based on a robust set of indicators, as has been created, needs to be strengthened in Gwent and the use of linked and shared datasets needs to improve.

STAKEHOLDERS FOR HEALTH EQUITY

The key partners and stakeholders in Gwent—the public sector, businesses, healthcare organisations and the Third Sector and communities – are key to delivering systematic collaboration and leadership.

PUBLIC AND THIRD SECTORS

Health equity is not just a concern for public health and for healthcare: all public services can have a role to play in improving health and reducing health inequalities. This requires coordination and partnership working. A minimum public service guarantee should offer a consistent minimum service in Gwent, then a service built and extended proportionate to need. Public services also have a role in adopting an anchor institution approach. Anchor institutions are institutions like hospitals, universities and councils that are physically rooted in communities and can directly and indirectly shape the health and wellbeing of the local population. They can leverage their position as employers, purchasers of goods and services, providers of services, owners of local buildings, land and other assets and as leaders in the community to effect change.

Other public sector partners are also key to delivering a more equitable Gwent, including education, planning and regeneration teams, public transportation and the police.

BUSINESSES

Businesses affect the health of their workforce and are significant drivers of health and health inequalities. *Wales' Prosperity for All: An Economic Action Plan* sets out the nation's vision for inclusive growth built on strong foundations, and supports the twin goals of growing the economy and reducing inequality (42).

It is essential that Gwent PSB and other key partners delivering the recommendations in this report, work with the private sector to improve working conditions, as most people are employed in the private sector in Gwent. Businesses and public sector employers can help reduce health inequalities by providing good quality employment and equitable recruitment; providing healthy products, services and investments; and influencing and partnering with communities.

NHS

Health equity and the social determinants of health should be a central concern for healthcare providers and the whole healthcare system. Aneurin Bevan University Health Trust can strengthen their action on the social determinants, extending activity beyond the usual anchor approach into close collaborations with local government, public services, the Third Sector and employers. There is a financial as well as moral case for the NHS to reduce health inequalities. Areas with greater deprivation have greater healthcare needs, and as a result, higher healthcare costs. There are a number of vacancies in GP practices in areas of higher deprivation. Actions to increase GPs in these areas should be prioritised. Funding for GPs should be weighted and adjusted to reflect need.

The anchor institution approach, developed in healthcare organisations, provides a good model for public services to support greater equity in the social determinants of health and reduce deprivation in local areas.

**The final report includes the full set of recommendations
and the Marmot indicators for Gwent.**

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