

Building a Fairer Gwent

July 2023



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“To be truly radical is to make hope possible, rather than despair convincing.”

Raymond Williams (1921-1988), writer and academic,
born in Llanvihangel Crucorney, Monmouthshire

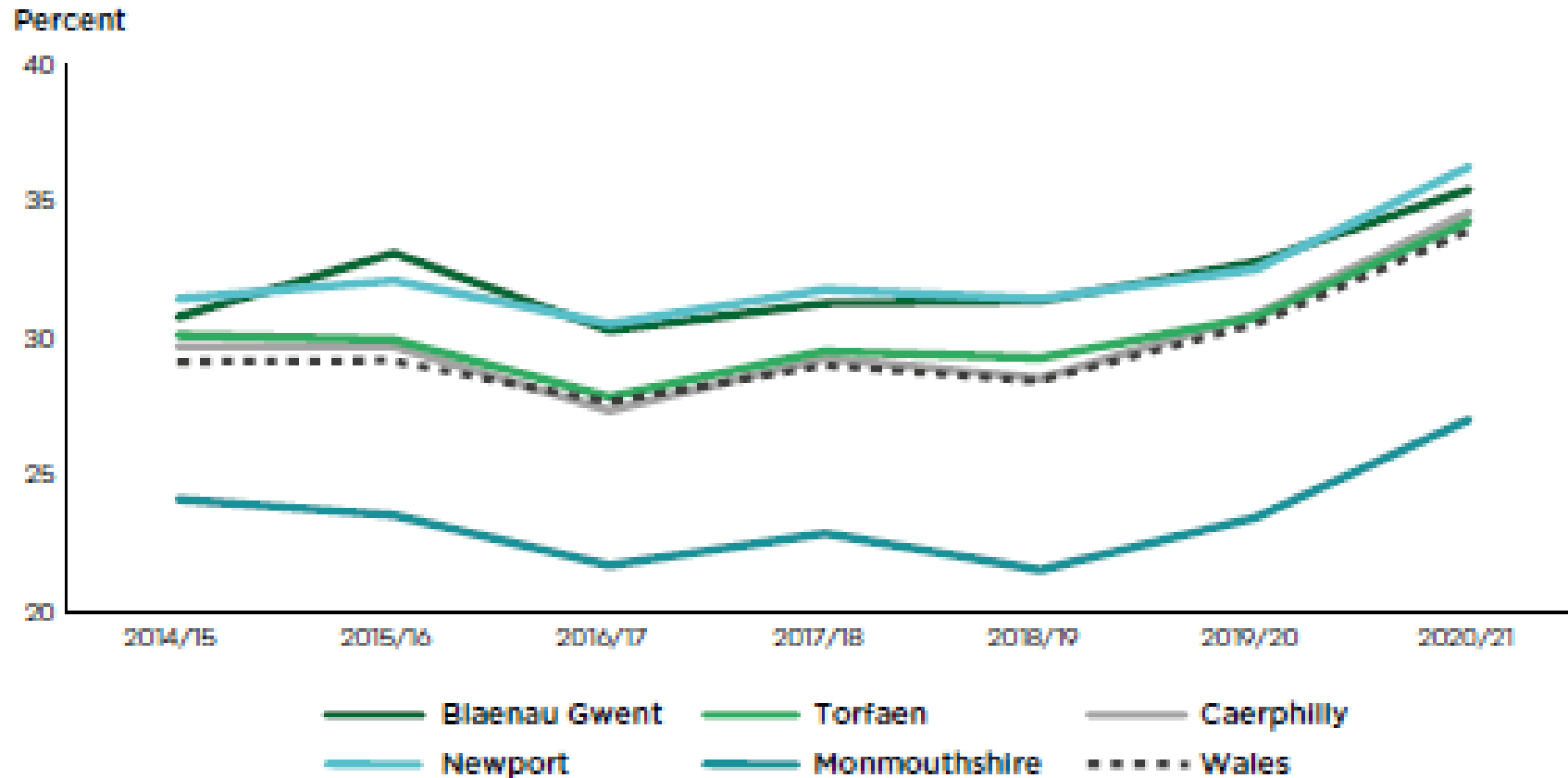
Evidence: Female and male healthy life expectancy at birth in the most deprived areas, Gwent local authorities and Wales, 2011-13 and 2018-20

	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 (11)

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



Source: Loughborough University (171)

Evidence: Most recent official take-up estimates for different benefits

Year	Benefit	Take-up rate
2016/17	Jobseekers Allowance (Income-based)	56%
2017/18	Working Tax Credit	67%
2017/18	Child Tax Credit	84%
2018/19	Income Support and income related Employment and Support Allowance	90%
2018/19	Housing Benefit (all households)	81%
2019/20	Housing Benefit (pensioner households only)	84%
2019/20	Pension Credit	64%

Source: Joseph Rowntree Foundation (98)

Evidence: Your words

"There are so many factors that are responsible for people's lives and health. We say this to the Health Board all the time - you could come up with as many programmes to encourage people to eat five a day, or whatever it is you want to do. But if you're living in a house with damp and you can't afford to put food on the table for your children and you're living in a chaotic lifestyle as a consequence of the fact that you haven't got a job. Then, with all due respect, you can give as many messages as you like around, for example, diets, but no one is going to take the slightest bit of interest in it...you are never going to encourage people to give up smoking and drinking when their lives are so stressful. It's the last thing on their mind and that's the reality."

"There's a lot of schemes, there's just loads and loads of different people doing lots of different things. It's just not cohesive. It's almost that there's too much. A lot of it is about numbers - they get their money, they have to meet with X amount of people or run X amount of schemes rather than actually asking 'are these the right people?' or 'what do we actually need to achieve with these people?'"

"Nothing should be just two years if it is going to be meaningful. Systems have to be challenged and work practices shifted."

Policy analysis: Wellbeing of Future Generations (Wales) Act 2015

A senior lead in a local authority with over 20 years' experience working with their local community, when asked about the impact of the WBFGA in the local authority's most deprived areas, said: "Absolutely nothing. People have been doing this work for years before and that's not prompting change."

Another senior lead reflected on their council's attitude toward the WBFGA legislation: "We follow them because we have to and it's all a bit of a tick-box exercise...We know it's one of those things we have to do as local authority officers. You can write as many policies and legislation - they'll stay where they are, on people's desks."

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 reducing health inequalities. Whilst the WBFGA makes it mandatory for public services to consider the impact of current policies, our report shows that it has not yet had an impact on inequalities. The Wellbeing of Wales 2022 report also shows little progress has been made towards achieving the Wellbeing goals and state not enough time has lapsed (28). These findings are similar to the situation in England, where life expectancy and related indicators have either stagnated or worsened.

Mandating Partnerships

MANDATING PARTNERSHIPS

The WBFGA and the Social Services and Wellbeing (Wales) Act 2014 created two key partnerships that deliver services that affect health inequalities: Public Services Boards (PSBs) and Regional Partnership Boards (RPBs). The WBFGA established PSBs in each local authority. PSBs have a wellbeing duty and are required to contribute to the achievement of the wellbeing goal by focusing on the economic, social, environmental and cultural wellbeing of their areas (29). The goal is to think about the future, but the failure to engage with the pressures on today's systems have made it difficult for those on the ground to implement. PSBs also have a duty, under the WBFGA, to publish an assessment of local wellbeing every five years. In 2021 the five separate PSBs in the Gwent region started working in collaboration to produce a single wellbeing assessment for Gwent, with local assessments for each local authority area (30).

RPBs are made up of representatives from health, social services, housing, the Third Sector and other partners and aim to ensure integrated services. PSBs are made up of similar partners. Gwent has one RPB.

Both partnerships have a similar function – to improve wellbeing. Each partnership deals with health and social care, with the PSB frequently described as being more about prevention than the RPB. The RPB

focuses on social care and some interviewees warned that if the RPB and PSB merged, issues associated with social care and hospital waiting list/discharge would dominate the agenda.

Many interviewees referred to the difficulties of having two mandated partnerships with similar statutory requirements – legislation mandates certain organisations to sit on the PSB and RPB and carry out certain statutory activities. Audit Wales reviewed the capacity of PSBs and reported that guidance from the Welsh Government was 'considered by local authorities to be overly bureaucratic and too prescriptive...PSBs should have greater flexibility to enable the PSB to focus on initiatives rather than compliance with the guidance' (31).

There are no external evaluations of the different ways RPBs and PSBs have functioned across Wales and what they have or have not achieved. This is a missed opportunity to understand how these partnerships are functioning.

Health and Wellbeing Boards (HWBs) in England have a similar purpose to PSBs in Wales – to adopt a partnership approach to addressing health inequalities. Similarly, HWBs have no funding and poor-to-no accountability mechanisms. A survey of 59 HWBs in 2021 stated that whilst HWBs had a good understanding of health inequalities and the partnerships and data needed to address them, there was no analysis as to whether this led to effective actions to reduce inequalities (32). A study of five HWBs concluded: "In the majority of study sites there was a clear lack of evidenced outcomes. Insufficient accountability, lack of strategic focus and weak or non-existent monitoring were cited as key factors. Instead, process issues were largely cited as outcomes" (33). Similar observations could also be made of the PSBs. There is a danger PSBs have become like HWBs, viewed as 'talking shops' and adding little value to local places (34).

1. GIVE EVERY CHILD THE BEST START IN LIFE	
Related Marmot indicator	Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator
2023-2024	2024-2029
Accountable lead: ABUHB Public Health Team	
<ul style="list-style-type: none"> Define best start and school readiness in Gwent in partnership with parents, early years staff and health. Assess impact of staff shortages on the delivery of Flying Start in areas of higher deprivation. Healthy and Sustainable Pre-school scheme identifies actions across seven health topics and shift aim to reduce inequalities in every nursery. Assess and recommend improving maternity and parental leave policies and support for childcare in PBS members. 	<ul style="list-style-type: none"> Monitor best start and school readiness in Gwent in partnership and reduce inequalities. Healthy and Sustainable Pre-school scheme actively implements actions to address inequalities across seven health topics in every nursery. Recommendations for improving maternity and parental leave policies implemented in PSB members. Extend improved parental leave policies to private employers, including improved flexible working offer.
Accountable lead: Local authorities	
<ul style="list-style-type: none"> Identify areas of low childcare provision and map to deprivation and assess quality of provision. 	<ul style="list-style-type: none"> Intensive recruitment for early years staff in areas of higher deprivation. Increase childcare provision and quality in areas of higher deprivation with aim of reducing inequalities.

AREAS FOR NATIONAL ACTIONS:
<ul style="list-style-type: none"> Provide data to enable local authorities to assess inequalities by income and free school meal eligibility in Foundation Phase. Shift more of early years funding from grants to revenue funding and longer-term funding. Implement findings from evaluation of the Early Years Integration Transformation Programme. Increase funding for further education colleges to focus on creating and expanding sustainable, high quality local childcare workforce.

4. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL	
Related Marmot indicator	Percent of children living in relative low-income families Percent of people living in households in material deprivation
2023-2024	2024-2029
Accountable lead: ABUHB Public Health Team	
<ul style="list-style-type: none"> Develop training for primary and secondary care and local authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services. Training on living in poverty (for example, poverty proofing) offered to public services staff. 	<ul style="list-style-type: none"> Primary and secondary care and local authority workforce trained and offering support to address poverty including fuel poverty.
Accountable lead: Public Services Board	
<ul style="list-style-type: none"> All members of PSB to pay real living wage for all roles and all procurement contracts. Assess hygiene poverty in Gwent, identify local indicator. Shift to prevention approaches in delivering sustainable and healthy food security. Define proportionate universalism in Gwent and communicate and adopt. Assess use and value of Socioeconomic Duty within PSB members. 	<ul style="list-style-type: none"> All employers in Gwent paying the real living wage. Reduce hygiene poverty. Eliminate need for food banks, replace with actions addressing the causes of food poverty. Improve use and value of Socioeconomic Duty within PSB members.
Accountable lead: Local authorities	
<ul style="list-style-type: none"> Assess Citizen Advice offer in areas of high deprivation without offices. Work with communities in each local authority to understand their needs for social welfare, legal and debt advice wanted and in what format. 	<ul style="list-style-type: none"> Based on year one, colocate social welfare, legal and debate advice on-site in NHS and local authorities without need for external referral.
Accountable lead: Educational Achievement Service	
<ul style="list-style-type: none"> In partnership with businesses, assess support about financial management advice in schools and workplaces. 	<ul style="list-style-type: none"> Improve financial management advice in schools and workplaces.

Areas for national actions:
<ul style="list-style-type: none"> Focus on reducing and eliminating intergenerational poverty. Implement recommendations in Audit Wales Time for Change report.


SYSTEM CHANGE RECOMMENDATIONS	
2023-2024	2024-2029
LEADERSHIP FOR HEALTH EQUITY	
Accountable lead: Public Services Board	
<ul style="list-style-type: none"> The Gwent PSB Marmot Programme Leadership Group becomes an Implementation Board and oversees development of an implementation plan, based on this report. 	<ul style="list-style-type: none"> Public Services Board annual review of implementation of recommendations.
Accountable lead: ABUHB Public Health Team and Public Health Wales	
<ul style="list-style-type: none"> Actively work with partners outside of the NHS to address social determinants of health. Public Health Wales to work with Gwent public health team to support this work and provide tools and intelligence as requested. 	
RECOMMENDATION: STRENGTHEN PARTNERSHIPS FOR HEALTH EQUITY	
Accountable lead: Regional Partnership Board	
<ul style="list-style-type: none"> Regional Partnership Board chair and vice chair positions rotate between local authorities and health board. 	
RECOMMENDATION: CO-CREATE HEALTH EQUITY	
Accountable lead: Public Services Board	
<ul style="list-style-type: none"> NHS and local authorities to place local residents in areas of higher deprivation at the centre of identifying actions to reduce inequalities in their local communities. Work with Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance to identify how to increase direct commissioning of Third Sector by local authorities and the NHS by identifying where the Third Sector is better placed to provide services currently offered by the NHS or local authorities. 	<ul style="list-style-type: none"> Implement asset-based community development and provide sustainable and longer-term funding. At least double the number of Third Sector contracts commissioned by local authorities and the NHS.

2023-2024	2024-2029
RECOMMENDATION: FUNDING FOR HEALTH EQUITY	
Accountable lead: Public Services Board	
<ul style="list-style-type: none"> Assess resource allocations and shift to proportionate universalist funding based on levels of socioeconomic deprivation. Benchmark NHS and local government funding for social determinants of health. NHS and local government funding to Third Sector to shift from grant to revenue and for longer time-frames funding to reduce poverty. Local authorities to assess where it may be possible to consolidate Welsh Government funding to reduce bureaucracy. Assess possibility of increasing participatory budgeting projects. Link Shared Prosperity Funding to Marmot indicators. 	<ul style="list-style-type: none"> Increased proportion of local authority and NHS funding is proportionate universalist funding. Increase NHS and local government funding for social determinants of health by agreed amount per year for the next 10 years. NHS and local authorities offering larger proportion of funding that is longer-term and revenue to Third Sector. Local authorities consolidating Welsh Government funding to reduce bureaucracy. Participatory budgeting projects led by local authorities, not outsourced. Monitoring Shared Prosperity Funding and links to Marmot indicators and recommendations.
RECOMMENDATION: DATA AND MONITORING FOR HEALTH EQUITY	
Accountable lead: Gwent public health team	
<ul style="list-style-type: none"> Digital Health Wales and SAIL databank to work with local authorities to provide data on social determinants. In early years adopt shared system records between health and social care. Create Gwent Marmot indicators public website. Assess possibility of lower-level data to better assess inequalities. 	<ul style="list-style-type: none"> Digital Health Wales and SAIL databank provide data on social determinants. Create a central integrated customer account as a gateway to services. Assess further areas where shared record systems can reduce health inequalities. Review and renew Marmot indicators every five years.
SECTOR RECOMMENDATIONS	
Public services for health equity	
Accountable lead: Public Services Board	
<ul style="list-style-type: none"> All public services, including ABUHB and primary care and local authorities to outline anchor organisation place-based approach. 	<ul style="list-style-type: none"> Gwent-wide anchor approach implemented. Develop bespoke training, aspiration and offering mentorships for children and young people eligible for free school meals.
Accountable lead: ABUHB Public Health Team	
<ul style="list-style-type: none"> Work with police in Gwent to define and implement a public health approach to violence prevention. 	<ul style="list-style-type: none"> Monitoring inequalities in public health approach to violence.

Marmot Gwent indicators

#	Indicator	Level	Frequency	Disaggregation	Related source	Devolution power
1	Healthy life expectancy at birth (females, males)	LA	Annual	IMD	PHOF, PHW	Wales
Early years, children and young people						
2	Percent of children achieving Outcome 5 or above in the Foundation Phase Indicator*	LA	Annual	FSM status	Welsh Govt	Wales
3	Percent of pupils qualified to NQF level 2 (GCSEs A*-C) and above	LA	Annual	FSM status	Welsh Govt NI-08	Wales
Work and employment						
4	Percent of all employees earning below the real living wage	LA	Annual	NA	ONS	Combination
5	Percent unemployed (16-64 years) (females, males)	LA	Annual	None	Welsh Govt NI-21	Combination
6	Inactivity rate excluding students (males, females)	LA	Quarterly	NA	APS	Wales
Income, poverty and debt						
7	Percent of children living in relative low-income families	Ward, LA	Annual	NA	DWP	UK
8	Percent of people living in households in material deprivation	LA	Annual	NA	Welsh Govt NI-19	UK
Housing and the environment						
9	Rate of households successfully prevented from becoming homeless for at least six months per 10,000 households	LA	Annual	NA	Welsh Govt NI-34	Wales
10	Rate of households in temporary accommodation**	LA	Annual	NA	Welsh Govt	Wales
11	Average level of nitrogen dioxide	LA	Annual	NA	Welsh Govt NI-04	Wales
Public health						
12	Percent of people satisfied with local area as a place to live	LA	Annual	None	Welsh Govt NI-26	Wales
13	Percent of people satisfied with their ability to get to/access the facilities and services they need	LA	Annual	None	Welsh Govt NI-24	Wales
14	Percent walking for 10 minutes every day or several times a week to get somewhere***	LA	Annual	Household in material deprivation	National Survey for Wales	Wales
15	Percent of people who are lonely (age 16+)	LA	2-3 years	None	Welsh Govt NI-30	Wales
In development						
Early years						
	Percent of 0-7-year-olds living in households in receipt of income-related benefits, or tax credits with income less than 60% of the Wales median**					
Tackle climate change and health equity in unison						
	Percent (£) spent in local supply chain through contracts**	-	-	-	NHS, local government	Wales

Diolch yn fawr



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