



Module: Health, Wellbeing and Sustainable Development

Written Coursework

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Governments may have various objectives at different points in time, but improving the living conditions and standard of existence of the residents frequently ranks at the very top of the list. To establish trustworthiness, contemporary governments are required to link their growth programmes to society through a sustainable system, and as such, people's well-being should be aimed at in an equitable and long-term manner (Sachs, 2012). Meeting the requirements of this epoch without jeopardising the capacity of coming era to fulfil their own needs is characterised as a sustainable development (Mensah, 2019). The three main foundations of appropriate evolution are expanding the economy, inclusion in society, and conserving the planet in a harmonious and synchronised format (United Nations, 2015a). Governments strive towards a rich and productive nation, which is achievable thanks to individuals' health, who add value to both the society they live in and the economy of their country (Bibby and Lovell, 2018). As per World Health Organisation terminology, health includes attributes that prioritise humankind, such as having a legislative entitlement established by social settings, equal opportunities, ongoing ties between order and safety, and perfect harmony with the natural world (Corbin et al., 2021). This essay, structured in a comprehensive manner, correlates concepts that are globally and nationally defining in achieving sustainable development. Firstly, the traits of the global goals of sustainable development and their implications for human thinking and actions to achieve them are explored. As pioneering legislation, Wales demonstrates its commitment to global progress with the Well-being of Future Generations (Wales) Act 2015 (WFGA), whose operational objectives are analysed from experts' perspectives. 'A Healthier Wales', chosen from the WFGA's seven well-being goals, is presented with a special emphasis on its national indicators like children and adults' healthy lifestyles, as well as healthy life expectancy and disparities. The representative initiative that greatly impacts these indexes, 'Healthy Weight: Healthy Wales', is critically analysed by pointing out the potential failures and benefits hindering the effective implementation of the WFGA. Finally, before the conclusion, the essay aims to briefly reflect on the perspectives of the Blue Zones that can expand the life span of individuals who exhibit a healthy behaviour.

The global community's readiness to come together to tackle humanitarian imbalances related to access to quality medical care, daily nutrition, genders disparities, lower incomes, and basic education has been particularly noteworthy at the start of the twenty-first century (Sachs, 2012). All of these are under the well-known umbrella of the Millennium Development Goals (MDGs). Expert criticism of their definition in absolute rather than

relativistic terms (Nygård, 2017), as well as the misguided focus on ignoring the underlying causes of low or lagging advancement has made it challenging, if not unattainable, to gauge and achieve progress, especially for low-income countries (Nygård, 2017; Sachs, 2012). Fifteen years later, the United Nation (2015) reports incredible successes of the MDGs in terms of thirty-five percent decrease of people facing acute poverty and the death of pregnant women, as well as ninety percent rise in the global enrolment of elementary schoolchildren and upgrades in supply of clear water consumption for everyone. The transition towards the Sustainable Development Goals (SDGs) was a necessary move demanded by environmental threats, an increased demographic population, the emerging use of digital tools, and great disparities in social status and employment (Sachs, 2012). Expanded to almost double the number and backed by their own "Agenda 2030", these new goals are aimed at all nations worldwide, with the hope that by working together, they can provide security and wealth to people both present and, in the years, to come (United Nations, 2015a). Sachs's (2012) ideation for successful SDGs' implementation at the governmental level is to learn from failures. This includes setting clear milestones, having a real-time monitoring structure, forming local cross-sector collaborations, and allocating an adequate funds for investment. Wealthy countries can combat the monetary challenges needed for the SDGs' effective accomplishment by designing governmental-prioritised initiatives while taking along their own reasonable deadlines, plans of actions and allocated budgets for the formative, health and social care, and environmental sectors from an integrative standpoint to meet the world's targets of continuous progression (Akenroye, Nygård and Eyo, 2017). Regarding ensuring strong interconnected ties between the SDGs' objectives, Boas, Biermann and Kanie (2016) advocate for the nexus 'global transnational dimension' (p. 456) approach should consider the permanence of coherent communication, redress intervention, and networking leading to expertise trade and best practice, with a view to strengthening partnership relations between global and local governance. Nilsson et al.'s (2018) study identify a comparable variation known as the 'SDG Interactions Knowledge Platform' as an operative and cognitive framework that affects the establishment of scientific priorities and the regulations globally and nationally formulated. Furthermore, he stresses how crucial it is for governments to adjust to their unique social, environmental, and cultural contexts. Due to their obvious and genuine character at the local level, the geographic location and the particularity in determining the priorities and suitable actions are elements that might influence the interactions in practice (Nilsson et al., 2018). Mensah (2019) states that standalone operations are not recommended for achieving the SDGs because they cannot ensure

favourable conditions for a holistic approach that involves the simultaneity of action of the three main variables, as well as coping with conflicts, compromises, and collaborations across all of them.

Corbin et al. (2021) argue that a nation's well-being is reflected in its citizens' collective liability to comprehend, control, and respond proactively to unforeseen obstacles, in gratitude for the superior standard of living provided by leaders' ability to deliver legislative frameworks tailored to the needs of the population by facilitating ubiquitous access to material, structural, and financial resources. Recognised as the first statute internationally, the Well-being of Future Generations (Wales) Act 2015 (WFG) assigns to contemporary state officials the accountability of respectable consideration of national development for the prosperity of generations to come (Davies, 2017; Nesom and MacKillop, 2020). From the Welsh Government's (2021) perspective, the Act is a legislative mechanism meant to guide national and local authorities to form a collaborative alliance unified through a collective duty and vision for the good well of their citizens. Conceptual wellness as tantamount to continuous progress has a priority that governs both the target defining and legal tenets application (Davies, 2017). The set of seven National Well-being Goals (NWGs), intended to be the drivers for combat socio-economic, infrastructural and cultural present-day challenges (Welsh Government, 2021), encompasses preeminent concepts such as prosperity, resilience, health, equality, civic unity, national identity, and responsibility (Davies, 2017). The Public Services Boards (PSBs), through their legal representatives – the Local Authority, the Local Health Board, the Fire and Rescue Authority, and the Natural Resources Wales, (Welsh Government, 2021)- appointed with the fulfilment of NWGs have the full responsibility of designing, executing, and evaluating an appropriate action plan fitted to their local detected crisis, relying on the synergetic support of the invited collaborators (Davies, 2017; Nesom and MacKillop, 2020). Despite years of experience, experts highlight that the Act is still inadequately enforced due to remnants of siloed practice and ongoing implementation challenges like structural unclarity in the design of the local policy, hierarchical interrelationship culture and bureaucracy, and limited financial and human resources, affecting the effective connectedness of all sustainable development's tenets (Nesom and MacKillop, 2020). From the perspective of spatial justice, Carter and MacKillop's (2023) analysis determines that the Act, in its theoretical ideals, embraces the worth of following aspects like diversity of regional views of well-being, community collaborative tactics and absence of centralised command. However, the practice

demonstrates the opposite. Carter and MacKillop's (2023) findings revealed: a) the administrative territorial boundaries, especially the border ones, can restrict regional organisations in fully coordinate their communitarian planning; b) inconsistent financial allocation due to British central political overarching; and c) the Act's operational vagueness and appropriate guidance impact dynamic communication between national and local authorities. Given that sustainable development is a central planning principle of the Welsh Government, more determination is expected in terms of implementation; welfare accountability is underrepresented compared to government commitment to equity, even though both are equally desirable as integral elements of national administration (Davies, 2016).

Part of the seven NWGs, 'A Healthier Wales' envisions its citizens being able to optimise their emotional and bodily health through the awareness that their own decisions and habits have the power to enhance their state of health in the long term (Welsh Government, 2021). Bibby and Lovell (2018) remark that good health is the aspiration of thriving societies focused on building a welfare structure for its citizens based on the following considerations: the human right to be healthy and live a quality life; to integrate and relate to family, friends, and the community; and to be productive on the labour market for his own financial benefit as well as that of the country. The Welsh National indicators that will track changes towards this vision are mainly centred upon development of child starting from birth, healthy lifestyles behaviour, healthy life expectancy and discrepancies within this (Welsh Government 2019a). However, the Chief Medical Officer of Wales's annual report (2022) identifies some concerning evidence: Welsh minors aged between four and five years, particularly those from disadvantaged places, have greater weight problems than other UK regions; around fifty percent of adults in the nation had been estimated to have at least one chronic ailment; the discrepancies between most and least impoverished Welsh communities are cause for over 17 years gap in health life expectancy, as well as lower than two healthy behaviour endeavours diminishes in adulthood, with males having less than females with the primary cause remaining socioeconomic standing (Behbod, Brunt and Richardson, 2022). The scientific explanation for medical inequalities mentions "causes of the causes" (Marmot and Bell, 2019, p. 10)— a plethora of sociological, economic, cultural, and ecological factors that change and complement one another have a substantial influence on people's well-being, particularly their behaviour (Bibby and Lovell, 2018). Even disadvantaged people would demand additional attention; the universal approach is vital for attaining an equitable

opportunity to both enhance public health and minimise disparities in health status (Bibby and Lovell, 2018). Welsh specialists (Behbod, Brunt and Richardson, 2022) advise taking the necessary actions to avoid obesity and ceasing tobacco use, as these remain major health issues among specific categories of people, such as unemployed individuals or those on low earnings, people with mental disorders, and ethnic minorities.

Fully committed to the Future Generations (Wales) Act 2015's principles, the path-breaking strategy 'Healthy Weight: Healthy Wales' (2019) aims to produce a lifestyle drift within a decade by delivering a plethora of alternatives through a mixed of legal provisions, guidelines, taxation, funding, and updated projects to both tackle the obesity and boost longevity of the Welsh population (Welsh Government, 2019). Divided into four themes 'Healthy Environments', 'Healthy Settings', 'Healthy People', and 'Leadership and Enabling Change', this ambition was designed to develop structures compatible with wider interconnected aspects related to food, physical activity, outdoor spaces, and public healthcare services for weight management (Welsh Government, 2019). The 2022 update version is a comprehensive action plan based on health inequality and early detection that emphasises the value of making the right nutritional decisions from the earliest years of life for children and families (Welsh Government, 2022). The milestones for 2022-2024 set up seven directions with very specific intervention targets. As following:

Priority 1. Government officials focus on redefining the legal conditions around salt and sugar amount limitations, sales, and commercial products rich in saturated fat, sugar and salt, as well as considering the sale prohibition of energy drinks for adolescents. Clear consumer information about products through proper calorie labelling, promotion for more nutritious meals and beverage substitutes in public places, limiting takeaway food business near schools, and support of local food market communities to increase local healthier goods are all pathways to shape the current public setting towards development and better options for health (Welsh Government, 2022).

Priority 2. The active environment concept employs the encouragement of physical activities through infrastructure's public investments to facilitate access to recreational green spaces and playgrounds for adults and children, riding electric bikes as an alternative to cars, improving travel routes for active walking across communities, and continuing to participate in classes offered by the Healthy and Active Fund programme (Welsh Government, 2022).

Priority 3. Healthy lifestyle awareness programmes are designed both to support future mothers understanding of the value of breastfeeding and of vitaminic own nutrition

before and after pregnancy, and to encourage families to maintain active communication with health professionals about behavioural informed training on nutrition and diet. The less privileged families continue to get financial assistance in order to provide nourishing meals for their children (Welsh Government, 2022).

Priority 4. Recognised as a great mechanism for change, the schools can work towards creating a positive and inclusive climate that promotes physical and mental health for all. Schools are a great environment for training and promotion about proper diets and regular physical activity, which are incorporated into the New Welsh Curriculum, after-school culinary workshops, and partnerships with the government to widen the meal-free initiative to all pupils in elementary schools (Welsh Government, 2022).

Priority 5. To minimise inequalities in health, the strategy intends to combat the socioeconomic determinants of obesity, focusing on areas with less privileged and offering assistance and funding to those in greatest need. The Health Impact Assessment will ensure the programme's continuous efficacy by identifying areas for progress and measuring results on an ongoing basis. This allows for rational decisions as well as the capacity to adjust plans depending on the latest information (Welsh Government, 2022).

Priority 6. Adapted and customised weight management plans can offer individuals guidance and therapy based on their unique preferences, conditions and requirements, by working both in-person with health professionals and online through virtual aids that foster autonomy, rise determination and favour long-term modifications to their habits (Welsh Government, 2022).

Priority 7. Collaboration and partnership among authorities, health professionals, and organisations is critical to the success of such a strategy. As a team, these partners may coordinate efforts, share local interventions and align resources to have the strongest impact on each aspect of health and wellness, such as diet, mental health, physical activity, and social variables in maintaining a healthy weight (Welsh Government, 2022).

Nowadays, new concepts are supporting public administration delivery: co-production and co-creation considered promising resolutions to welfare challenges referring to citizens engagement, stakeholders' collaboration and effective management of human and material resources (Voorberg et al., 2017; Vargas et al., 2022). Co-production allows for the evaluation of a health service effectiveness by directly engaging the beneficiaries to discover potential weak areas in the delivery, which will determine the modification or enhancement of the service to meet the demands of the consumers (Vargas et al., 2022). Co-creation, on the other

hand, employs citizens as active collaborators in the design of public services while also mediating a mutual sharing of knowledge and expertise among partners to produce positive outcomes (Voorberg et al., 2017). As a practical example, Langford et al.'s (2023) qualitative study explore the mechanism of co-creation adult weight control programme for people living in deprived communities. Even while direct engagement and equitable access were positively perceived by the participants, the drawbacks bring out how 'authority sharing' (Voorberg et al., 2017, p.187) and 'culture of governance' (Voorberg et al., 2017, p. 188) can hinder the co-creation operation together with timeline limitations and the insufficient aspect of financing (Langford et al., 2023).

DeWeese et al. (2018) investigate children's behavioural habits through the lens of the social ecological health model, which takes note of the complex nature of the person's shared interactions with the family and circle of friends, the community of residence, and the physical surroundings to which he belongs. His findings illustrate that an active-friendly community with a mixed design of junctions, bus access, green spaces, and residential areas has a favourable impact on a person's conduct towards convenience for walking, commuter routes, outdoor spaces, and amenities for recreation. Furthermore, local convenience shops that provide healthier snacks and meals, especially those near schools, may indirectly impact the choices of their regular consumers. Bailey, Drummond, and Ward's (2019) and Charlton et al. (2020) studies on curriculum-integrated food literacy courses, on the other hand, indicate that variables such as time, practical and theoretical activities, parental and external specialised educators' engagement could have beneficial on students' eating behaviour. Long-term tutoring on food knowledge, preparation, and diet is more likely to influence children's habits later in life, with significant acceptance of eating breakfast and intake of fruits and vegetables, dairy foods, fibre, and wholegrains. Except, some teachers' perspectives express frustrations with learning, inadequate human resources and materials, and negative parental modelling that alter the teaching process (Bailey, Drummond, and Ward's, 2019). A qualitative study of ethnic minority families identifies that parents' biggest barrier is affordability, which shifts the choice towards cheap, frozen, or unhealthy processed food with the convenience of quick preparation and no culinary skills (Cook et al., 2021). Even if the Healthy Start voucher scheme is well-known among minority groups, it creates confusion for parents about which eligible products to purchase or even an unwillingness to use these cash coupons, and they are only available for children under the age of four, which disadvantages older children from families with lower incomes (Cook et al., 2021). Another

project targeted at reducing the difference in healthy life expectancy across disadvantaged neighbourhoods is the Nutrition Skills for Life programme, which provides two levels of nutrition courses organised by authorised dietary professionals. Customised workshops educate community members how to read labels on foods, plan grocery budgets, and learn healthful dishes for distinct age groups (Williams and Elliott, 2022). Moreover, the post-courses survey findings are encouraging over 95 percent of respondents have modified their family's cooking habits, and more than 85% have decreased the quantity of fat and sugar in the foods consumed (Williams and Elliott, 2022). Nonetheless, Perks (2023) notes in the annual Wellbeing for Wales's report (2023) that healthy life expectancy had no fluctuations as it continued to be inferior for those living in less prosperous areas, and both teenagers' appeal to exercise intake and adults' predilection for two or more healthful behaviours presented a slight decline over the previous year. On the other hand, in their study of the connection between various lifestyles and the occurrence of affiliated illnesses, Rassy et al. (2023) discovered that obese people over 40 who adhere to four healthy habits have a lower risk of death and heart disease, with the same result being reported for those who practice one or two but are not smokers. So, his recommendations target helping people lose weight while also fostering behavioural changes that may have benefits such as limiting the likelihood of acquiring related illnesses and boosting lifespans in obese people.

The public's voice is recorded monthly through Public Health Wales's 'Time to Talk,' as an essential component in allowing Welsh residents to play a role in government initiatives. Thus, 43% of participants feel that the public sector should cut the price of fresh vegetable products through its fiscal tools, and more than 50% completely concur that school meals can be models for nutritious eating (Public Health Wales, 2023a). The public's full support for the local initiative of assigning distinct areas for walking and bicycles is determined by more than 70% of respondents' awareness of the positive effects of active travel on their own health, as well as 43%'s interest in increasing active travel action (Public Health Wales, 2023). Statistics from the National Survey for Wales provide significant evidence of people's preferences for active travel behaviour, with an increasing percentage for physical activity intake several times per week, particularly walking in urban spaces, and cycling being a monthly option for 14% of men (Khonje, 2023). In the regular annual review, Crompton (2019) asserts that the absence of comfort to operate creatively and inconsistency in thought and action are the obstructions to maximising the professionalism of Public Service Boards (PSBs). It is also interesting to note that public authorities are only able to build sporadic or partial partnerships with PSB members since the roles,

responsibilities, and demands remain unclear, under the strain of having limited finances allotted at the local level (Crompton, 2019). Referring to the ‘Healthy and Active Fund’ program, Flood-page et al. (2019) appreciate the positive aspect of the close ministerial collaboration in project management, but also identify the negative ones related to the principles of sustainability, namely: a) the long-term impact shows the failure of an incomplete evaluation of the health of the participants, the necessary resources and the funds; b) prevention did not take into account the evaluation of results by age category or health problems; c) the integration of the government was superficial because the allocated money did not cover the planned objectives; d) the future collaboration of the government with the partners interested in the project to be carried out under the protection of confidentiality and privacy; and e) the involvement should be extended both with more communities and with more project partners.

As examples of lifespan communities, the so-called Blue Zones (BZ) attract scientists interested in looking for the variables affecting the inhabitants’ ability to live longer than the rest of the worldwide population. BZ, according to Poulain, Herm and Pes (2013), are “limited and homogeneous geographical area where the population shares the same lifestyle and environment and its longevity has been proved to be exceptionally high” (p.89). Based on the experts’ results (Buettner and Skemp, 2016), their long lives have not much to do with self-discipline complicated diets or exercise regimens. Instead, the environment of these societies makes healthy choices natural; residents move on a regular basis, eat mostly vegetables, enjoy a busy social calendar and have solid familial ties. A recent review (Herbert et al., 2022) concluded that the environment in BZ fosters an inclination towards a conventional lifestyle; centenarians’ daily routine includes ongoing tasks of mild activity such as gardening or foot commuting intertwined with the cultural legacy of socialising and preserving cuisine. Fastame’s (2022) observations on Sardinian centenarians support the idea that their dietary preference to exclude animal-based, protein-rich food are mostly linked to decreased physical activity. Following extensive investigations, Grobman (2023) and Kreouzi, Theodorakis and Constantinou (2022) find that unique genetic traits of the elderly, in synergy with lifestyles, identified as the building blocks of well-being behaviour: nutrient-rich diet, daily movement, close bonds with others, stress control and environmental factors lead to longevity and overall well-being as observed in BZ. Pes et al.’s (2022) different standpoint state that BZ’s way of living is characterized by uniqueness dictated by own history, culture, and environment and therefore cannot be replicate or used as a model by any

other country in the world. Mostly geographically isolated, these fragile communities with no certain future existence start to show early signs of decline because of the coming modern times (Pes et al., 2022). However, in 2008, Alberta Lea City embraced the experimental challenge transformation based on the Blue Zones concept by enacting a policy that completely redesigned the walkable environment, restaurants and grocery stores pledging for healthy choices, and a quarter of community residents personally agreeing to change their lifestyles (Buettner and Skemp, 2016). After 18 months, the results were impressive: a three-year increase in life expectancy, a weight loss in the general population, and a 40% reduction in healthcare costs (Buettner and Skemp, 2016).

This essay comprehensively explored the notions of wellness, health, and sustainability from the perspective of their enactment into global, national, and local statutory regulations. Beginning with an introductory discussion of the worldwide objectives of sustainable development, the essay emphasised that Wales is a legislative pioneer devoted to the application of these goals in its own statute, the WFGA 2015. The three fundamental concepts were best portrayed in 'A Healthier Wales' and 'Healthy Weight: Healthy Wales,' which were presented and analysed in a critical note by specialists who attempted to emphasise the positive and detrimental aspects of the WFGA's implementation strategy. The final presentation of the Blue Zones provides a model of a healthy community that governments all over the world want to attain through regulation.

The determination to have healthy citizens encompassed in public programmes demonstrates that the government acknowledges the essential nature of people's well-being. It indicates that they appreciate the worth of health in terms of total production, quality of life, and advancement in society. Furthermore, prioritising the health of the population suggests a prospective approach of government, concentrating on the welfare of generations to come. It represents a knowledge that investing in healthy people today may have long-term societal advantages.

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