

Promoting health and well being: Implementing the national health promotion strategy



Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

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Foreword

Last year I published the Assembly's proposals for a new national health promotion strategy. The approach was welcomed during consultation as a framework for a co-ordinated effort involving people, communities and organisations alike. This document sets out an extensive programme of action to implement the strategy as a major contribution towards achieving the goals of *Better Wales*.

The Assembly approved the action programme as part of a plenary debate on the health promotion strategy, which took place on 30 November 2000. The programme reflects the importance of action to promote healthy lifestyles but as part of wider action to address the socio-economic determinants of health. Indeed, improving health and reducing inequalities in health are themes that go much wider than my portfolio in Health and Social Services. The belief that health promotion is the responsibility of the health sector alone is outdated. The NHS does indeed have a major role in preventing ill health and *Improving health in Wales: a plan for the NHS with its partners* strengthens this further, but the Assembly's other policy areas can also make a major contribution to preventing ill health and to improving people's health and well being.

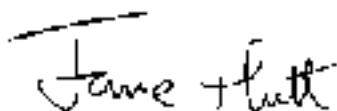
Many individuals and organisations already contribute to efforts to improve health and I welcome this, but there is considerable untapped potential. The programme recognises the potential and providing people with the knowledge and skills they need to help to improve health is one of its core components.

The programme extends across the Assembly's policy areas but there is greater scope to integrate health into wider action, for example, as part of community regeneration, as part of business development, and as part of life long learning initiatives. I am pleased to say that the motion passed by the Assembly in its plenary debate recognises this. It asks the Assembly's Subject Committees to consider the impact of their policies and programmes on people's health as a means of identifying new opportunities to protect and to improve people's health.

The main issue that arose in feedback on the strategy was the need for additional investment. There was a concern that without this, the strategy would simply be fine words without the support to back it up. The Assembly has responded positively to this. For example, our health promotion programmes budget will more than double to just over £1.7 million with the additional investment providing a major boost to local action through Local Health Alliances and through health promotion action in schools. Additional funding is also being made available for initiatives to reduce inequalities in health.

This programme is another significant step forward in our efforts to improve health in Wales and to reduce the inequalities in health that exist. I urge you to consider how your organisation or group can contribute to and/or participate in the programme, and also, how you can help to make the best possible use of the support available from opportunities such as the Objective 1 programme and the New Opportunities Fund.

Please join us in a co-ordinated and sustained national effort to improve health and well being across Wales.



Jane Hutt
Minister for Health and Social Services

Introduction

1. Better Wales highlighted the need to improve people's health and to reduce inequalities in health as one of its five strategic priorities. The development of a new national health promotion strategy for Wales is a key component of *Better Wales* and a document setting out the Assembly's approach - '*Promoting health and well being*' - was published for consultation in March 2000.
2. This document describes a programme of action to implement the health promotion strategy. The programme, which builds on the developments outlined in *A Healthier Future for Wales* (July 2000), will help to fulfil the commitment to a greater emphasis on preventing ill health set out in the Partnership Agreement.
3. The Assembly debated the national health promotion strategy in plenary session on 30 November 2000. In passing the motion and the amendments, the Assembly:
 - Welcomed the framework set by the national health promotion strategy as the basis for a co-ordinated and sustained effort to promote better health.
 - Approved the action plan following consultation on the strategy as a significant contribution to the Partnership Agreement's commitment to a greater emphasis on preventing ill health.
 - Urged the Assembly's Subject Committees to consider the impact of their policies and programmes on people's health as a means of identifying new opportunities to promote health as an integrated part of wider action.
 - Recognised that the long-term success of this strategy is dependent on a co-ordinated approach to health and well being becoming evident across the range of the Assembly's programmes. In particular however, it will be linked to the achievement of the related aims of such important documents as the Mental Health Strategies, the Substance Misuse Strategy, the Sexual Health Strategy and the forthcoming Strategic Framework for Children and Young People. The Assembly therefore recognised the pressing need for targeted investment linked to practical programmes of action.
 - Acknowledged the central contribution individuals can make to promoting their health and well being through healthy lifestyle choices.
 - Recognised the importance of socio-economic factors on the health profile of communities and the resulting implications for health promotion measures.

Strategy

4. The strategy consultation document identified five priorities that needed to be addressed as part of a co-ordinated and sustained effort to improve health. The priorities were:
 - Helping communities to develop a shared responsibility for health and to take action to improve people's health
 - Promoting healthier lifestyles as part of wider action to address the social and economic factors that affect people's health
 - Better communication on health issues – improved quality of information and people's access to it
 - Developing the tools, resources and skills for health promotion
 - Ensuring action is effective
5. The strategy's overall message was that everyone could contribute to promoting health and well being. Individuals can take greater responsibility for health and should do what they can to look after their own health and that of their families. Some individuals can help to improve the health of others through their jobs and the roles they play in local authorities, health services, businesses, voluntary and community groups, and more generally within communities and families. The strategy urged organisations in all sectors to reflect on how they contribute or could contribute to promoting better health as part of their role.

Consultation

6. Responses were received from a wide range of organisations including local authorities, educational institutions, health services, community and town councils, organisations in the voluntary sector and representative bodies and groups. The Assembly's pro-active approach to promoting health was welcomed as was recognition given to the importance of addressing the social and economic factors that affect health.
7. The strategy was seen as a useful framework that provided direction and a means by which organisations at local and national level could review their contribution to promoting health. The approach recognised the key role of health services in preventing ill health but also the considerable potential of local authorities, other organisations and groups in the voluntary sectors to develop the contribution they can make. The strategy was considered helpful to placing health and well being on the agenda of organisations and groups across sectors and offered a solid base for future action.
8. Better co-ordination of action at both national and local levels was considered essential and there was a call for further clarification of partners' roles and responsibilities.

9. The need for additional investment to implement the strategy was the strongest message from the consultation. Other common themes included the importance of action based on evidence of what works and evaluation to determine the effectiveness and impact of programmes. The need for training to support action and action to help hard-to-reach and disadvantaged groups was also stressed as well as action to promote the health of, for example, older people and carers.

Implementing the strategy

10. The strategy will be implemented through a rolling programme of action. The action described in this document covers the next 3 years. A longer timescale will be needed before the full impact of action undertaken now is reflected in mortality and morbidity statistics for Wales. However, other measures of progress will be used to assess progress against the strategy's priorities and these are outlined later in this document.
11. Action described in the programme is coherent with, and contributes to, the Assembly's wider programmes including *Communities First*, *Improving health in Wales: a plan for the NHS with its partners* and associated developments such as the National Service Framework for Coronary Heart Disease and other Frameworks that will address priorities. Action will also contribute to the prevention components of strategies on Substance Misuse, Mental Health Services, Primary Care and the Strategy for the Control of Communicable Disease. The programme complements other Assembly action which is directly relevant to health and well being, for example, *People in Communities*, *Sure Start*, *Children First*, and the *Children and Youth Partnership Programme*, the implementation of the Extending Entitlement report on developing youth support in Wales and the forthcoming Strategic Framework for Children and Young People. The programme is consistent with the Assembly's proposals for the development of community strategies as frameworks for local action to improve social, economic and environmental well being. It also complements developments such as the Job Retention and Rehabilitation pilot projects which as part of the New Deal for Disabled People, are being undertaken jointly with the Departments of Education and Employment and Health and Social Security. Pilot projects will include the evaluation of combining workplace and healthcare services in order to reduce the number of people forced to give up work through prolonged illness or disability.
12. The programme's emphasis on stimulating and using partnership and joint working to improve health contributes to *Better Wales*' aims of 'better government'. The programme will continue to evolve to reflect the need for action that stems from developments outlined above.

Roles

- 13.** Many organisations already contribute to efforts to improving people's health but considerable untapped potential exists. The main ways in which organisations can actively help to improve people's health are:
- Ensuring that their policies and programmes consider health so that, where possible, they encourage people to improve their health.
 - Helping communities to identify what they need to do to improve health and to act to address those needs.
 - Creating the type of environments that help people to improve their health.
 - Improving people's knowledge by providing access to information to enable them to make informed choices on issues relating to their health and by developing their skills so that they can use their knowledge to good effect.
 - Looking for opportunities to build a 'better health' dimension to the services they provide for the people and the communities they serve.
- 14.** Organisations' contributions may be strategic, or operational, or both. Organisations such as health authorities and local authorities will, because of their statutory duties and the breadth of their strategic role, play a pivotal role in improving health through identifying local needs and planning and delivering services to meet those needs. However, their role needs to be supplemented by contributions from organisations in the public, private and voluntary sectors.
- 15.** A high level Task and Finish Group has been established by the Local Government Partnership Council to examine in detail the roles and contributions of existing and potential partners to promote and improve people's health and to reduce inequalities in health. The Group will, by clarifying the roles and responsibilities of different organisations, seek to harness the potential for action to improve health and help to ensure that the best possible use is made of limited resources. It will report its findings to the Assembly in March 2001.
- 16.** Effective partnership and co-ordinated action is fundamental to the successful implementation of the strategy and is therefore a theme that runs through the programme of action. Local Health Alliances, which are rapidly being developed across Wales, provide the means by which local action to improve health at both strategic and operational levels can be planned and implemented. Local Health Alliances will:
- Help to develop the role of local authorities in improving people's health as an integral part of local service delivery and local development and regeneration activities.
 - Strengthen partnership working between organisations thus helping to ensure better use of resources through joint action and/or the pooling of resources, and synergy between plans e.g. Health Improvement Programmes, Community Strategies, and Local Health Group Action Plans.
 - Facilitate the sharing of local information on social, economic, environmental and health issues to identify priorities and a common understanding of local needs.

- Ensure that health is taken into account in fields in which it is not normally considered and work to address the health needs of vulnerable and disadvantaged groups as part of action to reduce inequalities in health.

Promoting health across policy areas

17. The NHS already plays a major role in preventing ill health through Health Improvement Programmes and through its local health promotion services. The National Strategy for NHS Wales will give even greater emphasis to its role in preventing illness and promoting healthy lifestyles. However, improving health and reducing inequalities in health is not the responsibility of the NHS alone.
18. It has been estimated that around half of improvements in life expectancy and mortality experience in recent decades is due to the development of health service and public health initiatives while the other half is the result of changes in the wider social and economic factors that affect people's health. Health is an issue that cuts across policy areas. The Assembly's major themes of tackling social disadvantage and promoting equal opportunities are fundamental to improving people's health, while investment in improving people's health is essential for sustainable development.
19. The Assembly's integrated approach aims to ensure that policies and programmes add value to each other. This programme of action to improve health and to reduce inequalities in health cuts across the Assembly's policy areas, as illustrated by the following examples:

Economic development

- Workplaces are an important, yet under-utilised, setting for promoting health and well being. A healthy workforce is vitally important to Wales' prospects and competitiveness in the market place. Action can also help to ensure that people who are at risk of unemployment or due to health or health related problems receive the advice and support they need to maintain employment.
- The Assembly's national *Health at Work: The Corporate Standard* initiative encourages organisations to improve the health of their workforce so that the costs of avoidable ill health can be reduced and productivity and competitiveness improved as a result. Work to achieve the Standard is consistent with the Business Excellence Model, which is being used to drive quality and organisational development in many organisations. Integrating action to improve the health of employees into business development and business practice has many benefits.
- The Objective 1 and Objective 3 Programmes can support action to assist people who are excluded from labour markets due to health or related problems. This offers the opportunity for co-ordinated local support mechanisms that provide effective pathways to job and training opportunities.

Communities

- Communities are where social, economic and environmental factors can combine to cause ill health and, in some cases, to act as a barrier to people improving their health. Thus it is at the community level that the best opportunities exist for action to address inequalities in health.
- The health promotion strategy's strong community focus means that it is coherent with the Assembly's approach to community strategies – working at the local authority level or wider – and *Communities First* working with smaller localities. Action will help to develop and expand the health improvement component of *Communities First* and community strategies. It will include the development of a practical planning tool to help communities to benchmark their area against the core characteristics of a healthy community together with new guidance to help all parts of the NHS, but particularly Local Health Groups and primary care teams, to develop their work with communities.
- Local Health Alliances will contribute to joint planning and action by local agencies and organisations at both strategic and operational levels while the Sustainable Health Action Research programme (SHARP) is supporting several projects which bring together organisations to work with communities to identify effective local action to improve health.

Education and life long learning

- Good health is important for children at home and in school. Helping children to develop a healthy lifestyle provides the foundation for preventing ill health later in life. It is also associated with educational achievement and helps young people to reach their full potential
- The *Welsh Network of Healthy School Schemes* will provide an accredited framework for local action. Work with schools to promote better health is recognised as a means of tackling inequalities in health and the effects can feed back through to parents and families. Training for teachers will help them to make a full contribution to improving the health of young people.
- The development of breakfast clubs and fruit tuck shops will promote healthy eating and help to improve nutrition among young people.
- The development of health promotion models for further and higher education institutions will enable targeted health messages to reach young adults while action with youth organisations will help to address the major challenge of reaching some young people for whom formal education is not a positive experience.
- Supporting young people in making informed choices is a key part of the Assembly's developing youth policies. This forms part of the strategy to implement the advisory report *Extending Entitlement* on which consultation will take place shortly in tandem with the strategic framework for Children and Young People. This recommends an entitlement for all young people to a package of accessible and flexible advice, information and support services including advice on health and personal issues, in the context of wider opportunities for achievement and participation.

- Action as part of the life-long learning approach can help to increase individuals' awareness, knowledge and skills on health issues and can show everyone – young and old - how they can improve their own health or that of others.

Environment and transport

- Harnessing and, where appropriate, enhancing the natural environment for leisure activities helps to promote exercise and physical activity and is an important contribution to reducing the risk of coronary heart disease. The environmental measures in the Objective 1 Programme also contribute to protecting and improving people's health
- Developments such as 'Safe Routes to School' and the provision of cycle paths and routes make a similar contribution, while action to prevent accidents and injuries is a key element of transport policy.

Rural affairs

- The Sustainable Health Action Research Programmes (SHARP) is supporting action to address the specific issues encountered by rural communities.
- The Wales Centre for Health, which became operational at the end of 2000, will explore health and inequalities in health in rural communities as part of its work programme in partnership with institutions focusing on rural issues.

Culture and sport

- Physical activity – sport and exercise – is fundamental for a healthy lifestyle and helps to reduce people's risks of developing coronary heart disease as well as reducing risk after coronary heart disease has become manifest. A Task Force on Healthy and Active Lifestyles, led by the Sports Council for Wales, is considering how to increase the amount of exercise taken by people. The Task Force will report its findings to the Assembly in 2001.
- A review of Welsh language provision of health education and health information materials forms part of the programme as does work to examine the information needs of ethnic communities.

The action programme

20. The programme comprises several interrelated strands. These reflect the priorities set out in the strategy document, which were endorsed by the consultation process. The programme reflects comments received during the consultation process that emphasised the need for additional action. Addressing inequalities in health by targeting action on hard to reach and disadvantaged groups within the population will be a major consideration in the roll-out of the programme and its component parts. Ensuring equity of access to health promotion action and support, for people with disabilities for example will also feature as a major consideration in the implementation of the programme. Action will take account of evidence of what works and the results of evaluations undertaken.

Action: helping communities

21. Action to help people to change factors that can help them to improve their health needs to be directed not only at individuals but through local communities and the organisations that serve local communities, e.g. local authorities, workplaces, schools, health services, voluntary organisations.

Local health alliances

- Local Health Alliance established in each area; clear plans of action developed on local priorities to address determinants of health. (Action: local authorities and partners in the Alliances)
- Comprehensive programme of support to help local authorities to develop their role in promoting health and to address inequalities in health; good practice guidance researched and issued. (Action: Assembly)

Measure(s): Local Health Alliance in each area by December 2001; clear local plan of action in place; progress reports detailing delivery against plan; impact of local action; guidance produced

Health promoting schools

- New support programme to roll-out Healthy Schools Schemes across Wales; implementation of the national accreditation scheme developed to ensure quality, consistency and effectiveness of local schemes. (Action: Assembly)
- Healthy Schools Schemes developed in all areas; assistance to schools to identify the priorities they wish to address and to develop and implement plans of action involving pupils, staff, governors and, where appropriate, the wider community. (Action: local authorities; health authorities, schools)
- Revised Assembly guidance about substance misuse will be developed for schools in 2001; draft guidance on sex and relationships will be issued for consultation early in 2001. (Action: Assembly)

- Schools' contribution to Personal and Social Education and promoting health to be given increased emphasis in Estyn's inspection of schools and in accompanying handbook and guidance. (Action: Estyn)

Measure(s): Schemes in all areas by March 2002; percentage of schemes accredited; minimum 250 schools involved by March 2002; minimum 500 schools involved by March 2003; guidance produced.

Community health development

- Development of a practical framework to guide the development of healthy communities as part of *Communities First*; identification of core characteristics and indicators of the healthy community concept to facilitate benchmarking and to strengthen monitoring and evaluation; development and piloting of a new planning tool prior to roll out across Wales as part of *Communities First*. (Action: Assembly)
- Research and development of new guidance on community approaches to improving health and well being for the NHS, particularly Local Health Groups and primary care teams; publication and dissemination of guidance across Wales as part of Continuing Professional Development (CPD) programme. (Action: Assembly; NHS)
- Pilot the use of community health development posts to increase capacity for action at local level; identify and disseminate good practice between communities on action to reduce inequalities in health. (Action: Health Authorities; Assembly)
- Generate new action to reduce inequalities in health by a series of reviews to identify effective practice in improving the health of disadvantaged groups within the population; findings to drive forward new initiatives to develop the health improvement objective of *Communities First*. (Action: Assembly)
- Development programme to help Community and Town Councils to develop the contribution they can make to reducing inequalities in health within their communities; pilot projects to identify and disseminate good practice. (Action: Assembly; Community and Town Councils)
- Refocused programme with national voluntary sector organisations – supported by the Voluntary Grants Scheme – to work with vulnerable groups to reduce inequalities in health e.g. homeless young people. (Action: Assembly; voluntary sector organisations)

Measure(s): launch and use of new guidance; new projects/actions grounded in evidence base; take-up by community based groups and organisations.

Reaching young adults through youth organisation, universities and colleges

- Policy models for FE/HE institutions and youth organisations researched and developed; guidance materials produced; dissemination programme implemented to promote take up and use of models. (Action: Assembly; FE and HE colleges; youth organisations)

- Addressing health and relationship issues is part of the Youth Work Curriculum for Wales which provides a framework for a holistic approach to promoting self-esteem and supporting young people's capacity to make informed choices on health and other issues. (Action: Assembly; Wales Youth Agency)

Measure(s): policy models launched; numbers attending dissemination events; take up and use of models.

Developing a healthy workforce

- *Health at Work: The Corporate Standard* rolled out across Wales; promoting and support programme to encourage participation. (Action: Assembly; employers in all sectors)
- Completion of pilot project on improving the health of employees in small and medium-sized enterprises (SMEs); translation of findings into action. (Action: Assembly; health authorities)

Measure(s): number of employers achieving the Standard; Assembly, health authorities and NHS Trusts, and local authorities to achieve by December 2002; action by, and attitudes of, employers and employees towards improving health.

Action: targeted programmes

22. Promoting healthier lifestyles is an essential part of the wider action needed to address the personal, social and economic factors that affect people's health. Targeted health promotion programmes can address specific risks to health or can help specific groups within the population to improve their health. They are also vehicles for delivering against the aims of wider action to prevent heart disease and cancers, for example, the National Service Frameworks.

Encouraging young people not to smoke

- Run *Smokefree Class Competitions* in Wales for secondary schools which secure a commitment from 13,000 11-13 year olds not to smoke over a 5 month period. (Action: Assembly; local authorities; schools)
- Research and development of new materials for primary schools which address smoking as a topic within language and numeracy. (Action: Assembly)
- Continued expansion of *Smokebugs* initiative for junior school pupils; programme of activities and resources provided direct to children to prevent smoking. (Action: health authorities; local authorities; Assembly)
- Encourage the extension of Tobacco Action Group pilot projects across Wales; secondary school pupils and teachers working with people from communities to identify and address issues concerning young people and smoking. (Action: Assembly; health authorities; local authorities; schools)

- Comprehensive review of approaches to help young smokers to stop smoking. (Action: Assembly)

*Measure(s): minimum of 90 schools and 13,000 pupils in each Smokefree Class
Competition; number of pupils involved in Smokebugs; number of Tobacco Action Groups established; new materials published and disseminated; take up and use of materials.*

Helping adults to stop smoking

- Continued development of smoking cessation services operating across Wales with local partners including, for example, community pharmacists. (Action: Health Authorities)
- National *Quit & Win* competition in 2001 to encourage adults to consider giving up smoking and to take action to do so. (Action: Assembly)
- New voluntary code for Smokefree public places launched; comprehensive promotion strategy developed and implemented to encourage its uptake across all parts of Wales. (Action: Assembly; organisations in all sectors)
- Provision of national telephone helpline support service; comprehensive national media campaign to reinforce benefits of not smoking and to provide information on sources of support for people wishing to quit smoking. (Action: Assembly)

Measure(s): number of adults not smoking 1 year after giving up; number of requests for support from helpline; number of organisations signed up to the voluntary code

Sexual health

- Campaigns on emergency contraception and to prevent the spread of sexually transmitted infections. (Action: Assembly; NHS; voluntary sector organisations)
- Implementation of action set out in the *Strategic Framework for Promoting Sexual Health* to improve sexual health in Wales and to reduce the number of teenage pregnancies. (Action: Health Authorities; Local Health Groups; NHS Trusts; voluntary sector organisations; Assembly)

Measure(s): impact of campaigns; progress against objectives set out in the sexual health strategy.

Healthy eating

- Development of a national nutrition strategy and action plan for Wales; development of a healthy eating programme in support of the Coronary Heart Disease National Service Framework; implementation of action at national and local levels. (Action: Assembly; Food Standards Agency)

- Development of new community food initiatives via the new grants scheme; expansion of the national diet and nutritional survey to capture more data on nutritional standards in low income groups as the basis for plans and action; implementation of minimum nutritional standards for school meals. (Action: Assembly; Food Standards Agency; voluntary organisation and groups; local authorities; retailers)
- As part of the Partnership Agreement, action to improve the nutrition of school-aged children through Breakfast Clubs operating in schools and to increase fruit consumption by young people through the Fruit Tuck Shop approach. (Action: Assembly; local authorities; schools)

Measure(s): number of new community food projects and impact; number of new fruit tuck shops operating; number of school breakfast clubs established; nutrition strategy developed and launched national healthy eating programme developed; new action implemented; standards for school meals in place.

Physical activity

- Roll out of *The Class Moves!* initiative to primary schools in all areas. (Action: Assembly; local authorities; schools)
- Guidance and support programme for joint working between primary care teams and local authority leisure centres to increase the use of exercise referral schemes. (Action: Assembly; GPs; local authorities)
- Completion of the Healthy and Active Lifestyle Task Force report on healthy lifestyles; development and implementation of a national programme of action following recommendations of Task Force. (Action: Sports Council for Wales; Assembly; partners in Task Force)

Measure(s): action following Task Force report; number of referral schemes; take up and use of materials.

Substance misuse

- Action to implement the national substance misuse strategy *Tackling Substance Misuse in Wales: A Partnership Approach*; action to help children, young people and adults to resist substance misuse; action to promote sensible drinking within the context of a healthy lifestyle; key performance targets to be published in 2001; Drug and Alcohol Action Teams and Local Action Teams will have prime responsibility for local implementation. (Action: Assembly; Drug and Alcohol Action Teams; Local Action Teams)

Measure(s): progress against the aims, objectives and targets of the Substance Misuse Strategy.

Older people

- Use of co-ordinated national/local campaigns such as *Keep well this winter* with associated programme of action and media support involving range of partner organisations, components may include keeping warm; eating healthily; preventing injuries and accidents; use of medicines; pilot projects involving young people helping to support older people within communities. (Action: Assembly; organisations in all sectors)
- Comprehensive effectiveness review of health promotion for older people; review of loneliness and isolation in older people and the impact on their health and well being; translation of findings into pilot projects and wider action across Wales. (Action: Assembly)
- Develop a framework for an integrated approach to promoting the health of older people in local communities in partnership with all key agencies. (Action: Assembly)
- New Elderly Persons Strategy will have a wider focus than just health and social care of the older people and will embrace health promotion and advice about transitional phases in life. It will also be an opportunity to widen the agenda and include promotional and positive messages about growing old. (Action: Assembly)

Measure(s): campaigns completed and impact; effectiveness review; new pilot projects and action.

Other targeted programmes

- Mental health: implementation, following consultation, of the prevention elements of the All-Wales Strategy for Adult Mental Health Services and the All-Wales Strategy for Child and Adolescent Mental Health Services. (Action: Assembly; NHS; local authorities; voluntary organisations)
- Oral health: action within framework provided by *Promoting oral health: An integrated approach for Wales* to reduce inequalities in oral health and the incidence of oral disease; action to address oral health as an integrated part of other actions within the programme. (Action: Assembly; NHS; schools and nurseries)
- Pregnant mothers and babies: implementation of the breastfeeding strategy; provision of information e.g. parenting and childcare publications; actions such as *Sure Start* provide integrated, local, support for families to improve the health, social and emotional development of young babies and their ability to learn. (Action: Assembly; NHS and other local partners)
- Health of people in prison: health promotion action to address the specific health needs of people in prison as part of UK wide developments. (Action: Assembly; health authorities; prisons)
- Accidents and injuries: Support the Collaboration for Accident Prevention and Injury Control (CAPIC) in developing a framework for an integrated approach to accident and injury prevention in Wales. (Action: Assembly; CAPIC)

Measure(s): numbers of individuals reached through projects; increased awareness of key issues in relation to mental illness.

Action: increasing skills and knowledge

- 23.** It is clear that raising awareness of, and increasing the skills and knowledge base for, health promotion are fundamental to harnessing fully the contributions that can be made by individuals and organisations. The latter includes national and local organisations and representative bodies and groups. Individuals who can promote health as part of their role include not only those who are part of the NHS – nurses, midwives, health visitors, GPs, pharmacists, dentists and opticians to name but a few – but also individuals who work in public and private sector organisations, and in voluntary organisations and communities. Without such action, the capacity to implement programmes of action set out in the strategy will be limited.
- Increased training provision and resources to enable individuals to contribute to promoting health through their role in organisations across the public, private and voluntary sectors. (Action: Assembly; education and training providers)
 - Review of health promotion component in initial training programmes for professionals and updating of curricula; further development of health promotion components of continuing development and education for professionals. (Action: Assembly; education and training providers)
 - Improved access to training by the development of new training provision including the following: communications skills for promoting health; working with the media; searching and using the evidence base for health promotion; research and evaluation skills; community development approaches to health promotion, health impact assessment. (Action: Assembly; education and training providers)
 - Development of standards and skills for multi-disciplinary and multi-agency action through the Wales Centre for Health. (Action: Wales Centre for Health).

Measure(s): number of new training courses; numbers trained; courses/curricula reviewed and updated content provided; effectiveness of training provision.

Action: better communication

- 24.** Effective, targeted, communication is an essential element of all parts of the programme but additional action is required to address certain development needs. A vast amount of health information is produced but the quality varies. Information is not always accessible to people and in some cases, does not meet in full the needs of specific groups within the population. Developments will link with other information services, for example, the NHS Direct.
- National accreditation scheme for Wales to ensure the quality of health information and materials; new good practice guidance on producing and using health information researched and developed. (Action: Assembly)

- Information for the public and support resources and materials for those who help to improve the health of others; continued expansion of the national web-site, and publishing and media relations activity to promote health in Wales as a shared resource for all organisations who can contribute to promoting health; continued development of the health promotion library as a national resource. (Action: Assembly; organisations and groups in all sectors)
- Review of current Welsh language provision of health education materials and health information. (Action: Assembly)
- Health information for young people to be included in the development of improved information package for all young people in Wales through Canllaw Online as recommended in *Extending Entitlement* report. (Action: Assembly; Wales Youth Agency)
- Series of reviews to assess extent to which the information needs of groups within the population are being met, to cover for example: people with disabilities, visually impaired people; people with hearing difficulties, people with learning difficulties; ethnic communities; homeless people and rough sleepers. Pilot project to address the information needs of people who have difficulty in reading or writing; translation of findings into action. (Action: Assembly)
- New materials and information provision for carers – including young carers – to help protect and improve their own health. (Action: Assembly)

Measure(s): new accreditation scheme operational; size and coverage of web-site; use of web-site; feedback on usefulness of web-site; findings of review of Welsh language provision and subsequent action; effectiveness of library information services; new action and provision following reviews.

Action: promoting health across policy areas and effective practice

Health impact assessment

25. The Assembly is committed to using health impact assessment and is encouraging other organisations and groups to do the same. Health impact assessment helps to ensure that the potential health consequences and effects of future decisions are not overlooked and helps to increase our understanding of the contribution that the range of policy areas can make to health, and vice-versa. It can also help to identify more opportunities to promote and protect health across policy areas. The use of health impact assessment will help to integrate action to promote health across policy areas.
- Continued expansion of the Assembly's programme to develop the use of health impact assessment; new pilot projects; the application of health impact assessment to policy and programme developments; developmental events for different sectors. (Action: Assembly; organisations in the public, private and voluntary sectors)

Measure(s): number of new pilot projects; use of health impact assessment; numbers attending developmental events.

Research and evaluation

26. Action to promote health and well being needs to be grounded in the existing evidence base and should generate new evidence where appropriate. Evaluation is an essential component of future action to promote health and well being. Projects and programmes should be evaluated against clearly identified aims and objectives in order that their effectiveness can be assessed.

- National research programme for health promotion and inequalities in health developed through consultation with partners. (Action: Assembly)
- National surveys to monitor lifestyle and behaviours of adults and young people and, where possible, to provide international benchmarks for Wales on health issues; surveys to measure changes in policies and organisational practice. (Action: Assembly)
- Publication of indicators for inequalities in health to inform future targets; development of a Performance Management Framework to consider quality of health promotion activity and to monitor the range of measures to monitor implementation of the programme. (Action: Assembly)
- Development of criteria to audit action to promote heart health as part of the National Service Framework for Coronary Heart Disease. (Action: Assembly; health authorities; NHS)
- Review of evidence on optimum investment levels for local health promotion infrastructure to support local and national action. (Action: Assembly)
- Implementation of the Sustainable Health Action Research Programme (SHARP) to identify effective local action in tackling poor health; communities involved as partners in all aspects of project development and implementation; identification of policy implications and recommendations. (Action: Assembly; partners in SHARP projects)

Measure(s): regular statistics for monitoring progress against strategic aims and targets; new indicators for inequalities in health; recommendations on tackling inequalities in health; proportion of programmes evaluated.

Resources

27. The strongest message to emerge from consultation on the strategy was the need for more investment in health promotion. The Assembly has responded positively in its draft budget published on 19th October 2000.

28. Subject to the Assembly's decisions, the resources available to support action to promote health will increase. The health promotion programmes budget is planned to increase from £0.827 million in 2000-01 to £1.745 million in 2001-02 and £1.846 million in 2003-04. The additional investment will support, for example, the development of Local Health Alliances and work to improve the health of young people through health promotion in schools. The Tobacco Control budget available to support action to reduce smoking in Wales is planned to increase from £1.75 million in 2000-01 to £2.112 million by 2003-04.

- 29.** A new *Inequalities in Health Fund* has been established with funding of £3 million for 2001-02 rising to £6 million in 2003-04. When available, the Fund will support targeted health promotion activity and will help primary care teams to develop their work with communities. The Fund will help to develop further the Assembly's *Communities First* approach in which action to improve health is an integrated part. *Communities First* will build on the success of projects such as *Sure Start* and *People in Communities*. On Friday, 2nd February 2001, the Minister of Health and Social Services announced an additional £1 million for the Fund to expand the existing dental initiative scheme and to fund a dental fissure sealant programme for children in areas of high dental decay
- 30.** The existing Voluntary Grants Scheme will continue to provide a source of support for health promotion activity by voluntary organisations and groups while the Sustainable Health Action Research Programme (SHARP) is supporting 7 projects involving communities over the next 3 financial years.
- 31.** The above are in addition to the funds available to support action to implement the Assembly's Substance Misuse Strategy (shown by the Drug and Alcohol Initiatives Budget Expenditure Line). Funding for this budget is planned to increase from £2.594 million in 2000-01, to £3.194 million in 2001-02, £3.594 million in 2002-03 and £4.094 million in 2003-04. Initiatives such as *Sure Start*, *People in Communities* and the Assembly's policies to improve advice, support and opportunities for young people, also make an important contribution to the overall implementation of the health promotion strategy.
- 32.** Other potential sources of support for local action to improve people's health and well being include the New Opportunities Fund and European Structural Funds programmes such as the Objective 1 Programme for West Wales and the Valleys.

Monitoring progress

- 33.** Given that action undertaken now can be expected to impact on mortality and morbidity statistics in around 10 years or more time, a hierarchy of outcomes is needed to measure progress in the short, medium and long-term.
- 34.** Short-term measures will include changes in individuals' awareness, knowledge, attitudes and levels of participation in action to improve health. Medium-term measures include changes in public opinion and social norms, changes in public policies and organisational practices, and stronger community network and support arrangements. Long-term measures include changes in morbidity, mortality and indicators of inequalities. The latter will include progress against the existing health gain targets highlighted in *Better Health Better Wales*. Use will also be made of other mechanisms developed by the Assembly to monitor and to report progress and performance e.g. reporting mechanisms for community strategies, policy agreements, and the NHS Performance Management Framework.

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