

Section 5.2a

Title: Draft 1 Healthy Lifestyles

1. Overview

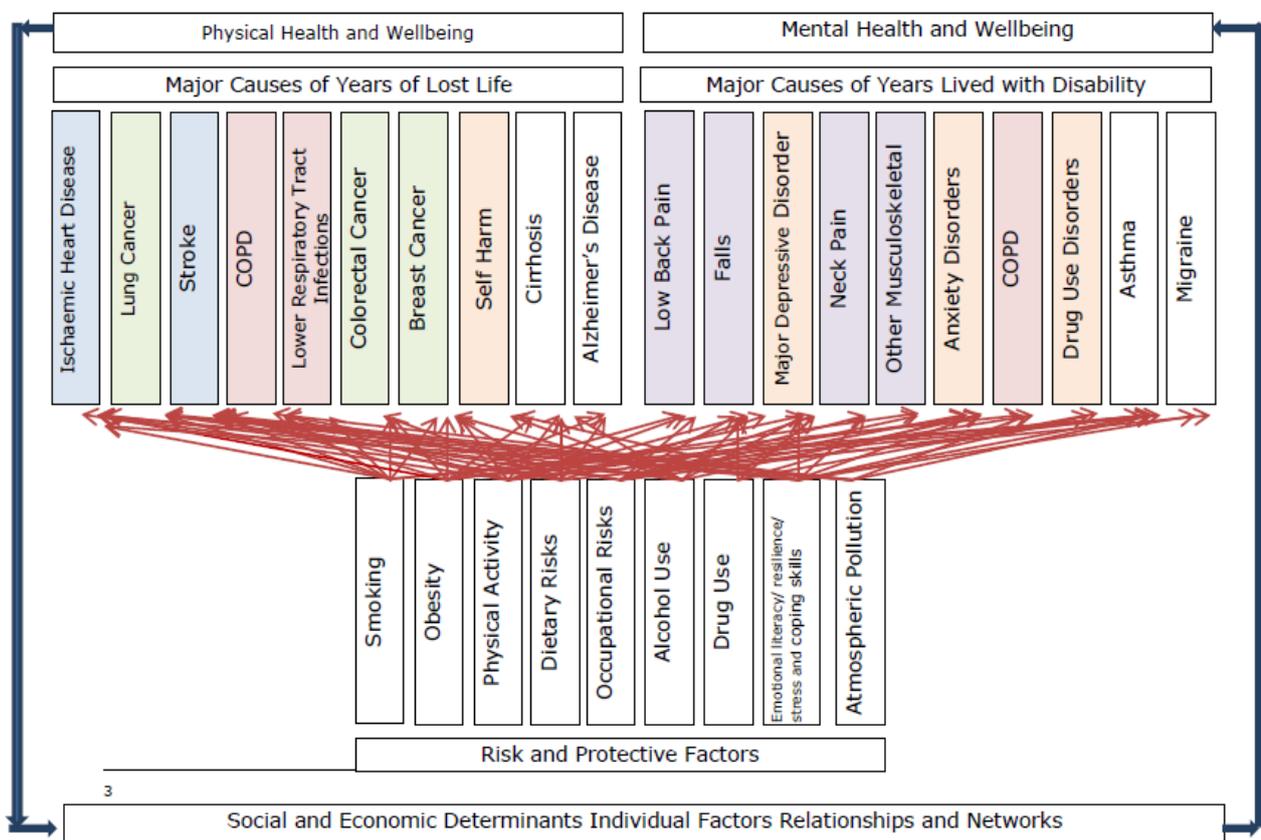
Good health is a resource for life. The fundamental conditions and resources for health include; peace, adequate housing, education, affordable food and clean water, affordable clean energy, a stable ecosystem, sustainable resources, social justice and equity. Good health and wellbeing enables people to contribute positively to family, community, productivity. Improvement in health requires a stable grounding in these basic foundations which is achieved through the organised efforts of society.

But in addition to these foundations for health, there is strong evidence from many studies, that enjoying four or more healthy behaviours (not smoking, maintaining a healthy weight, eating lots of fruit and vegetables, being physically active, having moderate alcohol intake) promotes health and reduce the risk of diseases significantly. So it is also necessary that we create the conditions and culture to enable, encourage and make it the easiest option for people in Blaenau Gwent to engage in health behaviours.

The impact of a small number of ill-health or health-risk behaviours cause or exacerbate the vast majority of our most serious and prevalent poor health outcomes experienced by the citizens of Torfaen and which cause the most damage to health and equality of wellbeing. Having healthy behaviours keep people healthy and free from ill health, extending healthy life expectancy, preventing premature mortality,

mitigating the negative effects of our aging population and, enabling those with chronic ill-health to lead healthy lives for longer. Most health-harming behaviours have a strong relationship with deprivation and the life circumstances that go with it meaning that rates are higher in areas of higher multiple deprivation. Evidence suggests that people with high wellbeing are more likely to have healthy behaviours, because like health itself health behaviour is also determined by a wide range of social, environmental and economic factors.

Health behavioural causes of premature morbidity and mortality



Transforming Health Improvement in Wales, Public Health Wales, 2014.

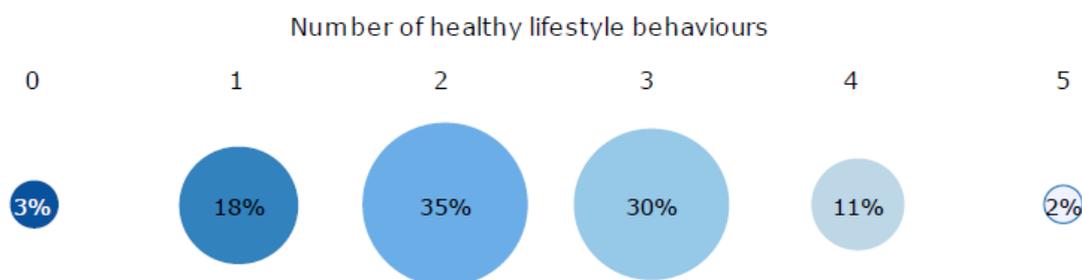
Multiple ill health behaviours are also more prominent in areas of high socio-economic disadvantage as indicated by their relationship with deprivation. The combined effect of poor health behaviours can be

substantial, with the risk of mortality increasing as the number of poor health behaviours increases. There is good evidence from many studies, that enjoying 4 or more healthy behaviours can reduce the risk of disease such as diabetes by as much as 72%, vascular disease by 67%, dementia by 64% and cancers by 35% when compared to those who have none or just one health behaviour.

2. The story behind the data

In Gwent, only 2% of residents in 2013-14 (age 16 and over) engaged with all 5 healthy behaviours. This rises to 11% engaging in 4 healthy behaviours and 30% engaging with 3 healthy behaviours.

Proportion of people aged 16 and over undertaking healthy behaviour



*not smoking, not drinking above guidelines, eating 5 or more portions of fruit and vegetables per day, physically active at least 5 days a week, healthy weight.

**percentage of the population with the given number of behaviours. The sum of percentages do not equal 100 due to rounding.

Source: Public Health Wales Observatory, using WHS

In the Welsh Health Survey (2014/15) 27% of residents said their health was just fair or poor in Blaenau Gwent compared to 19% across Wales. Amongst other things, this reflects a lower rate of healthier lifestyle behaviours in Blaenau Gwent which are discussed below.

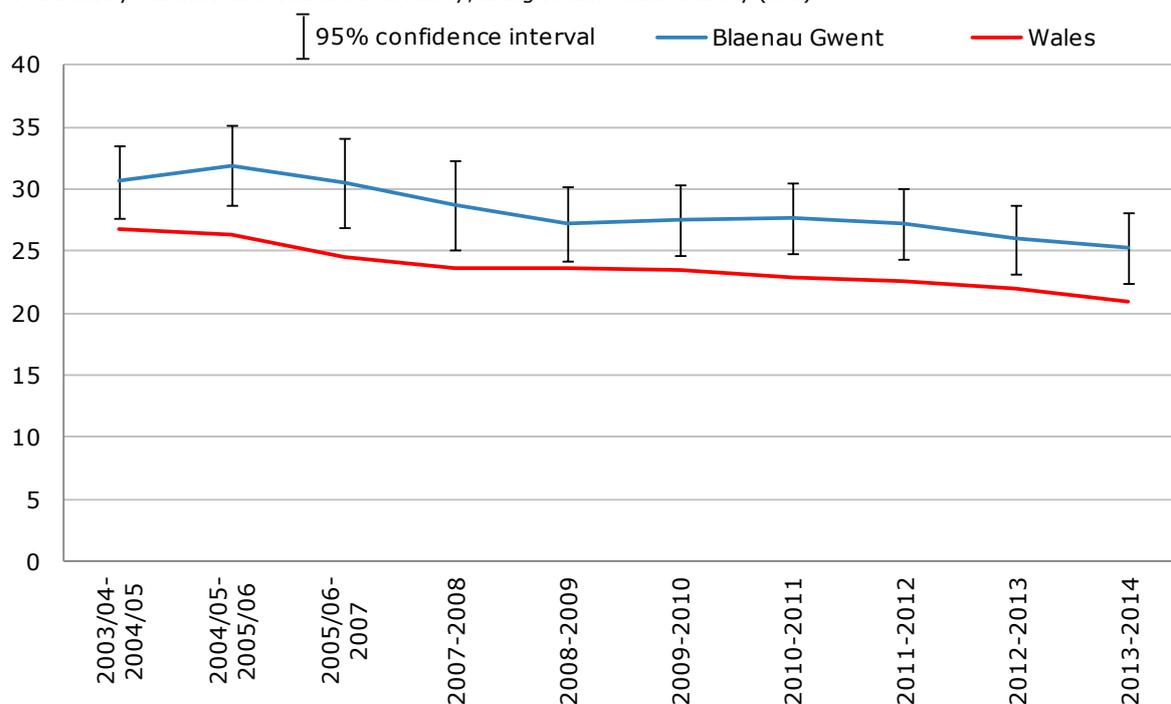
Smoking

Smoking is the largest single preventable cause of ill health and death in Wales with high costs to the NHS, society and the economy. Smoking is associated with more than 50 different diseases and disorders and is a major cause of health inequalities.

In Blaenau Gwent 26% of adults smoked in 2014-15. This is higher than in other areas of Gwent (21% in 2014-15) and Wales (20% in 2014-15), but the rate has reduced from above 30% over the past decade.

Percentage of adults reporting to be a current smoker, age-standardised percentage, persons, Blaenau Gwent and Wales, 2003/04-2014

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



Deprivation is a risk factor for smoking. In Wales, nearly 1/3 of the people in the most deprived fifth of the population smoke (29%), compared to 11% in the least deprived fifth. Smoking rates are 2.5 x higher in the most deprived populations and 4 x higher in the long term unemployed.

The Infant Feeding Survey 2010 demonstrated that one in six of all mothers (16%) in Wales continued to smoke throughout their pregnancy, although this has reduced since 2005 (22%). This is the highest in the UK. This rate is much higher in the lower age groups at 32% (under 20) and 27% (age 20-24). However these have also fallen since 2005 (51% age 20-24).

The health of babies born into lower income households is disproportionately affected by second hand smoke. This can result in x 2 higher risk of sudden infant death, 50% higher risk of lower respiratory infections and asthma with 571 hospital admissions for children every year.

Currently 1 in 5 pregnant women smoke, resulting in higher risk of miscarriage, premature birth and low birth weight. Childhood exposure to tobacco smoke is of specific concern. Two in three smokers start before the age of 18 years; one in five children aged 10-11 years are exposed to second hand smoke (PHW 2016).

Data from the Health Behaviours in School aged Children survey (HBSC) shows that the percentage of children in Wales classed as a regular smoker has fallen since 1998. In 2009-10, 3% of boys and 6% of girls aged 13-14, and 11% of boys and 16% of girls aged 15-16 smoked at least once a week. The 2015 report, based on 2013-14 figures, shows that smoking is at an all-time low among 15 and 16 year olds in Wales with 8% of boys and 9% of girls smoking regularly.

The cost of tobacco represents a higher proportion of household income amongst poorer smokers, meaning that their tobacco use not only

damages their health but also contributes to trapping people in poverty (NCSCT 2013).

In Wales, 1 in 5 adults smoke causing 18% of adult deaths (5,450), with treatment costs of £386 million per year to the NHS for associated diseases; that was 7% of total healthcare expenditure in 2007/08, £129 per head of population. The estimated cost of smoking to the overall was £791 million per year to the economy (Ash Wales 2009).

Children are particularly vulnerable to second-hand smoke. They have smaller lungs, faster breathing and less developed immune systems, which make them more susceptible to respiratory and ear infections triggered by passive smoking.

Smoking near children can cause a range of respiratory illnesses such as asthma, bronchitis and reduced lung function. Passive smoking results in more than 165,000 new episodes of disease of all types among children, 300,000 primary care consultations, 9,500 hospital admissions and around 40 cases of sudden infant death syndrome each year (Royal College of Physicians, 2010) .

There is evidence that children in Wales seriously over estimate the percentage of adults who smoke. They estimated 60-70% when the actual percentage was closer to 20%.

Research released in 2013 outlined Welsh public attitudes towards smoking in cars carrying children, to inform policy development. From 1st October 2015, it is against the law to smoke in a car with children under the age of 18 years. The new law is about protecting children from the

avoidable dangers that tobacco smoke presents to their health and well-being.

Further research was also conducted on exposure to second hand smoke in cars and homes, and e-cigarette use among 10 - 11 year old children in Wales: [CHETS Wales 2](#)

Latest figures demonstrate that 68% of adults who smoke would like to give up (WHS, 2015) and 41% of smokers tried to quit in the last year.

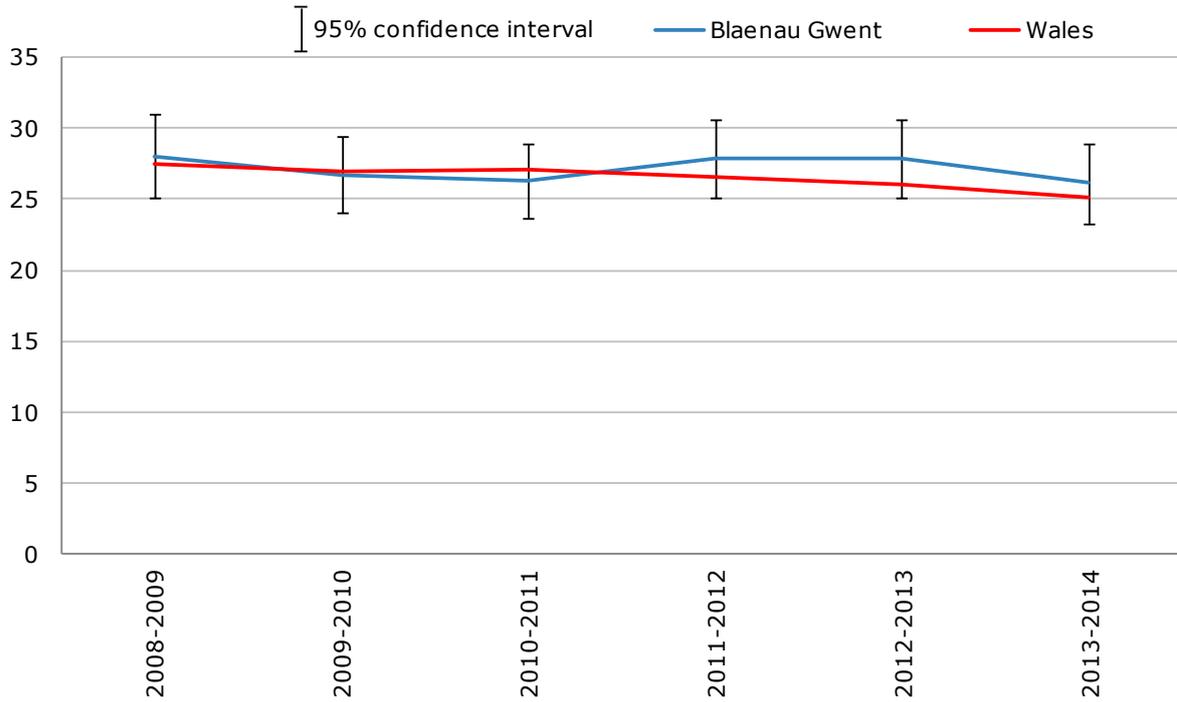
Alcohol

Alcohol has been part of our culture for centuries and many people use it sensibly. However, alcohol misuse has become a serious and worsening public health problem in Wales and for Blaenau Gwent. Alcohol misuse not only poses a threat to the health and wellbeing of the drinker, it can also cause harm to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity (Faculty of Public Health, 2008).

The number of people reporting they drink above the national guidance and those reporting binge drinking at least one day in the previous week was 39% and 25% respectively in Blaenau Gwent, both in line with the Welsh rate over all. Rates have reduced slightly over the past 10 years.

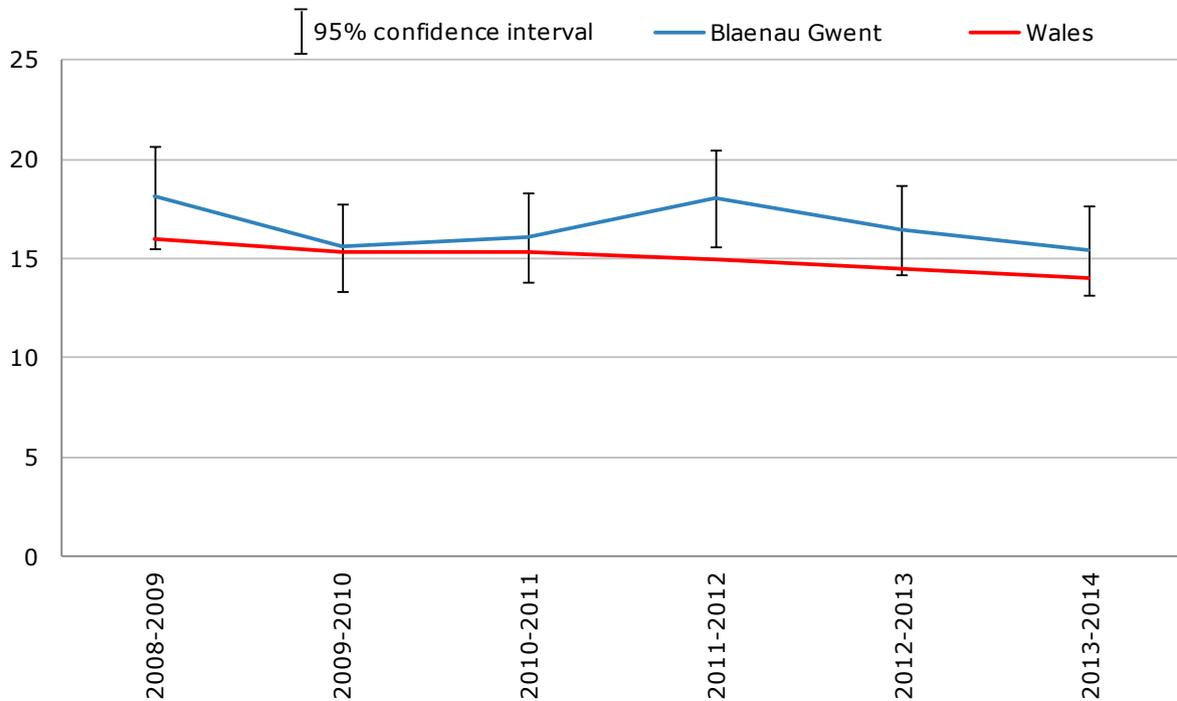
Percentage of adults reporting heavy (binge) drinking on a day in the past week, age-standardised percentage, persons, Blaenau Gwent and Wales, 2008-2014

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



Percentage of adults reporting very heavy drinking on a day in the past week, age-standardised percentage, persons, Blaenau Gwent and Wales, 2008-2014

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



Adults under 45 now drink less. Drinking above guidelines, heavy and very heavy drinking have decreased in adults aged under 45, particularly in males and the youngest females, and increased or stayed the same for adults aged 45 and over. Whilst a reduction in average drinking is good news, it is not uniform across the age groups and masks persistent or increased drinking in over 45 year olds.

A report by Public Health Wales in 2014 also identified that:

- Alcohol remains a major cause of death and illness in Wales. Around 1,500 deaths in Wales are attributable to alcohol each year (4.9% of all deaths).
- Alcohol related deaths are higher in the most deprived areas of Wales.
- Drinking in children and young people remains a concern with 17% of males and 14% of females aged 11-16 in Wales drinking alcohol at least once a week. This is higher than in Scotland, Ireland, and England.
- The hospital admission rate in children and young people under 18 for alcohol specific conditions has been decreasing steadily for several years, but around 410 young people were still admitted (in Wales) per year in the most recent period.

Alcohol related harm places a huge pressure on public services. For example, a report by Public Health Wales examining the health, social and well-being problems associated with alcohol found that hospital admissions in Wales, for alcohol-attributable conditions, were increasing over time. In Wales, an estimated 21,700 males and 12,300 females were admitted to hospital in 2013 with an alcohol-attributable condition

using the broad definition. This includes individuals with at least one diagnosis that relates to an alcohol-attributable condition, but not necessarily the main reason for attendance.

Alcohol-specific hospital admissions in 2013 were significantly higher than the Wales average in Newport, Caerphilly and possibly Blaenau Gwent (the higher rate in Blaenau Gwent was not statistically significant).

Accident and Emergency admissions for youths due to alcohol are proportionately higher for female youths than male youths, suggesting that female youths are more at risk of the effects of alcohol.

In addressing substance misuse the Gwent Area Planning Board undertook an interim needs assessment in 2013 using extensive Gwent regional and United Kingdom data sources. The report noted that alcohol misuse is responsible for more premature deaths than drug misuse. Almost five times more deaths are caused by alcohol misuse than substance misuse in the UK. For both sexes, the number of alcohol-related deaths increases sharply from the 25-29 age group, peaking in the 55-59 age group. After this the numbers decrease for each age group.

The Making a Difference (PHW 2016) report identifies that:

- Alcohol is associated with more than 6,000 cases of domestic violence and more than £1 billion cost of harm to society each year.
- Heavy drinking increases the risk of unemployment and could account for more than 800,000 working days lost due to absence

from work and nearly 1 million working days lost due to job loss and reduced employment opportunities in Wales.

Healthy weight/ Overweight/obesity

High body mass index (overweight and obesity) and physical inactivity are the third and fourth leading causes of ill health in the UK. Taken together they are arguably the most important contributor to poor wellbeing in our communities today.

The World Health Organization (2012) regards obesity as one of the most serious global public health challenges for the 21st century. Harms to wellbeing from obesity, physical inactivity and a poor diet are felt across the life course and are intergenerational.

Maternal obesity and excess weight gain in pregnancy poses serious risks to the mother and child including: gestational and type II diabetes, pre-term deliveries, macrosomia, late foetal loss, stillbirth, congenital anomalies and increased neonatal intensive care (Larsen, *et al*, 1990; Power, *et al*, 2003; Leddy, Power and Schilkin, 2008).

The harms to child health and wellbeing caused by obesity are serious and wide ranging and include physical, psychological and social harms. Children themselves report the emotional damage from stigmatisation and isolation as the most serious harms to their wellbeing. Obesity harms children in the short term but also, as most (between 55 to 80%) go on to become obese adults (Schonfeld-Warden & Warden 1997; Lifshitz, 2008), childhood obesity harms *life chances* undermining a range of wellbeing goals in future generations.

The severity and likelihood of poor wellbeing increase as children age and progress through adolescence in to adulthood. Childhood obesity

leads to and exacerbates adult obesity which in turn causes or exacerbates our most prevalent limiting long term ill health conditions. It is well accepted that adult obesity results in less healthy life expectancy and shorter life expectancy. Table two below shows the risks to adult ill health from being obese (a relative risk of 3 equates to approximately 200 percent increase in risk).

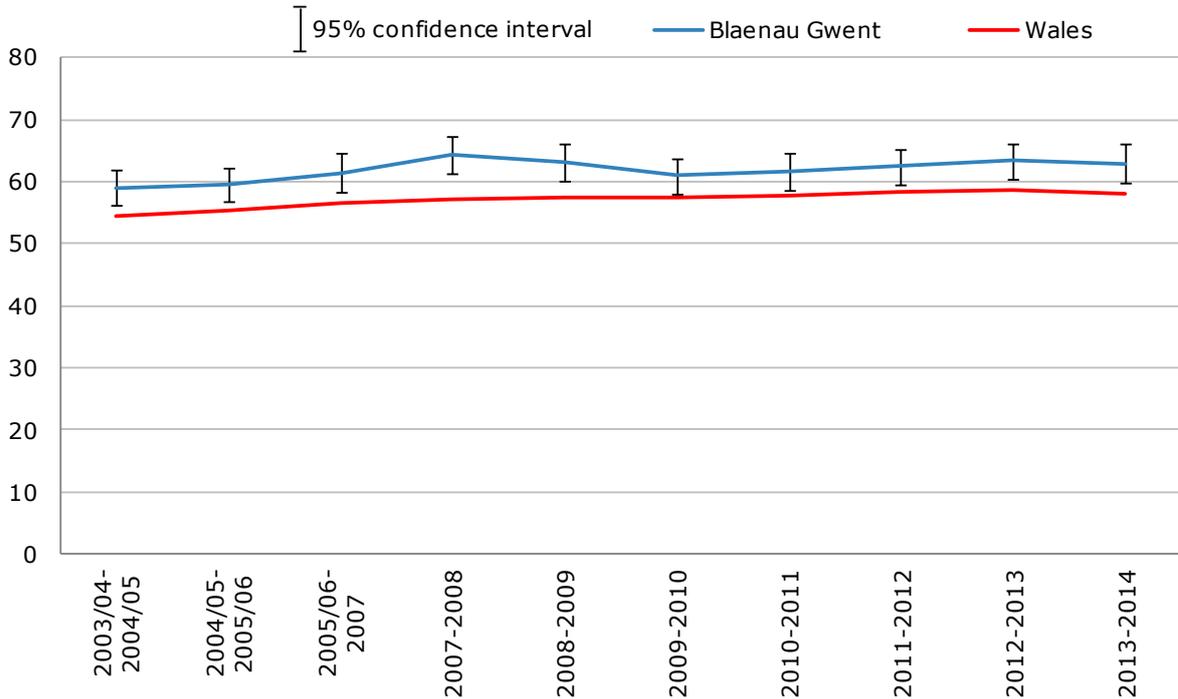
On the societal level, the *economic consequences* of obesity come in the form of increased healthcare costs and impact on the labour market damaging prosperity. People with obesity have lower employment rates, lower productivity with more sick days, and people with obesity earn considerably less. Obesity costs employers in the UK an estimated £4.3 billion annually with the majority £3.2 billion from reduced productivity as opposed to days lost (McKinsey, 2014).

Healthcare spending increases directly with increases in BMI. In 2008 the NHS Wales were estimated to spend between 1.3 and 1.5 per cent of their total budget treating and managing the proportion of disease directly resulting from overweight and obesity. The estimated direct annual costs of obesity to NHS Wales across primary, community and secondary care was £73 million, which increases to nearly £86 million if overweight people are included (Welsh Assembly Government Social Research, 2011). Gwent residents make up about a fifth of the Welsh population, even without adjusting for higher rates of overweight and obesity in Gwent, the *annual* cost to ABUHB could be crudely estimated to be in the region of £17 million.

Sixty two percent, that is considerably more than half of adults in Blaenau Gwent reported being overweight or obese in 2014-15. This is higher than the Wales figure of 59%.

Percentage of adults reporting to be overweight or obese, age-standardised percentage, persons, Blaenau Gwent and Wales, 2003/04-2014

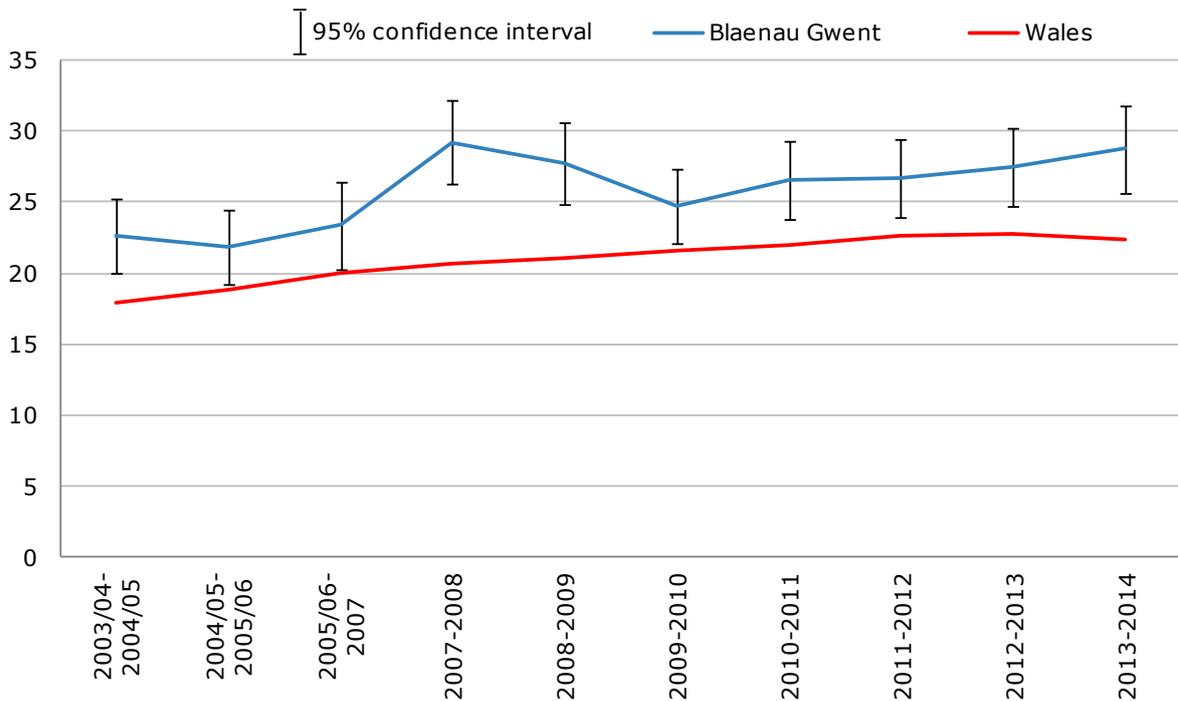
Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



At 29%, the proportion of adults in Blaenau Gwent who are obese has increased by 6% in the past decade and is considerably higher than for Wales as a whole.

Percentage of adults reporting to be obese, age-standardised percentage, persons, Blaenau Gwent and Wales, 2003/04-2014

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



The most reliable data available on childhood obesity comes from the Child Measurement Programme (CMP) Wales, surveillance of weight for height of children aged four to five years in primary school reception year. Latest data from CMP measured in 2014/2015 (CMP, 2016) shows even at this young age of 4 and 5 years, over a quarter of children in Blaenau Gwent are overweight or obese (29%) and 12% are obese. This is of great concern given the associated future risks.

Analysis of the CMP data by the Welsh Index of Multiple Deprivation shows that overweight and obesity amongst four and five year olds increase as deprivation increases. Children aged just four and five years old living in areas ranked amongst the most deprived fifth, have significantly higher rates of obesity compared to the Wales average and children living amongst the most affluent 40 per cent. Given the harms to children now and their futures, this is an unacceptable inequity, particularly at this age. Adult obesity shows the same relationship.

Based on observed trends shown, rates are expected to rise further in future generations creating a significant problem for health and wellbeing and the sustainability of public services in the future.

The Foresight Report 2007 tells us that being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke as well as cancer. It can also impair a person's well-being, quality of life and ability to earn.

By 2050 the Foresight Report forecasts that 60% of adult men and 50% of adult women will be obese, and 25% of children under 16% will be

obese if current trends continue. If rates of overweight and obesity continue to rise, by 2050, this will cost the NHS in Wales £465 million per year, with the cost to society and the economy of 2.4 billion.

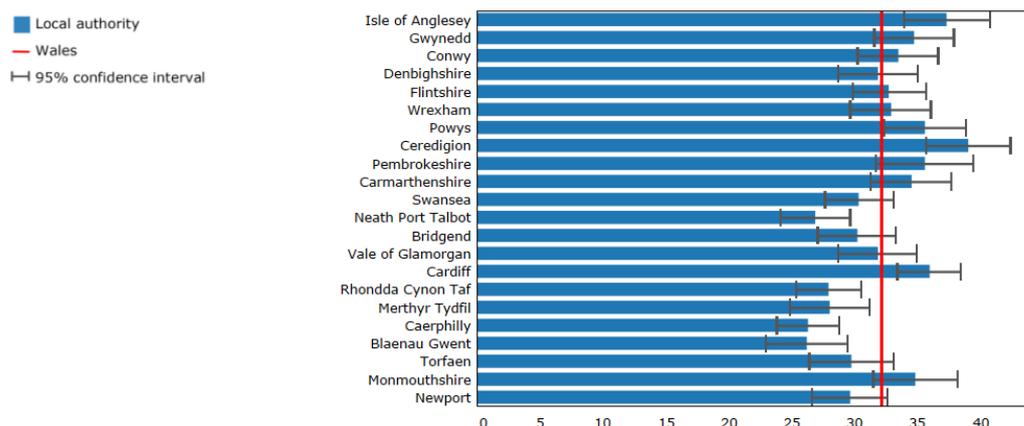
Healthy weight is determined by a number of factors, most prominently energy balance between intake of calories and energy expenditure through metabolism and physical activity. In addition to their contribution to a healthy weight, a healthy diet and adequate physical activity are independent health promoting and protective behaviours.

Healthy diet

A healthy diet can contribute to the promotion of health and the prevention of diseases such as diabetes, hypertension, high cholesterol, heart disease, stroke and bowel cancer. Poor diet is the biggest contributor to escalating obesity rates and is causally related to several conditions of unhealthy aging such as osteoporosis and dementia.

There are little available data on 'healthy' diet at local or even national levels. The rate of people consuming five portions of fruit and vegetables daily (five a day) is good indicator of a healthy diet as it is independently related to good health itself. It is also routinely available from the WHS.

Adults who report eating five or more portions of fruit or vegetables within the previous day, age-standardised percentage, persons aged 16+, Wales and local authorities, 2014-2015



Please consult the technical guide for full details on how this indicator is calculated. Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)

The percentage of adults in Blaenau Gwent who reported eating five a day (WHS, 2014-15) is 26 percent, which is statistically lower than the average for Wales (32%).

The percentage of adults that reported eating five or more portions of fruit and vegetable the previous day in Blaenau Gwent has remained fairly static over the last decade.

People living in areas of high multiple deprivation with the life circumstances associated with it are at significantly greater risk of consuming less portions of fruit and vegetables and over-consuming diets high in fat, sugar and salt which are particularly bad for health. This contributes to a greater burden of preventable disease.

Physical activity and inactivity

Described by the World Health Organisation as the “best buy in public health”, increasing levels of physical activity has been shown to have beneficial consequences in terms of increasing peoples’ healthy life expectancy and significantly reducing the risk of at least 20 of our most common chronic diseases, including circulatory diseases, some cancers,

type II diabetes, low back pain, osteoporosis, mental ill health, falls and dementia.

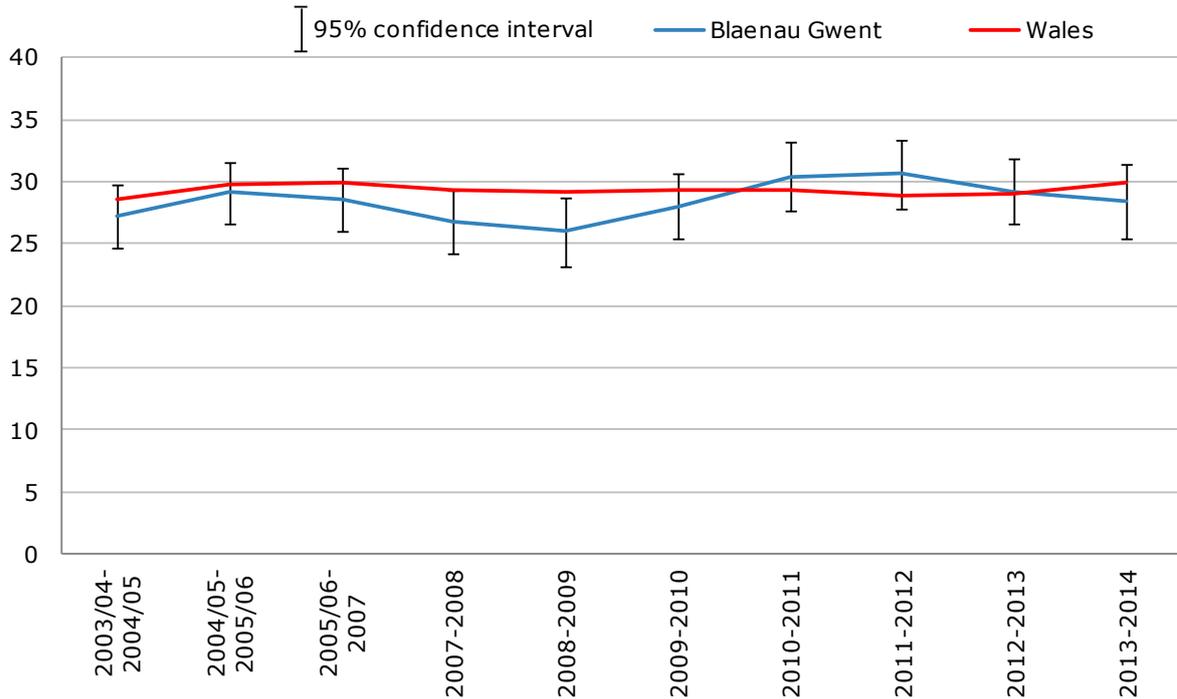
There is increasing evidence that being physically active outdoors can make a significant contribution to physical health and mental wellbeing over and above the physical activity benefits. Population level physical activity, more people walking and cycling as part of their daily lives, active in their communities and participating in group activities brings benefits across the wellbeing goals from increased consumption of cultural assets, more connected and vibrant communities and benefits local economies. There is evidence that increased activity can help children concentrate and that engagement in sport can reduce antisocial behaviour.

The recommendations for the amount of physical activity to improve health differ across the life stages. Children should accumulate an hour a day of mixed moderate and high intensity physical activity whilst the recommendation for adults is to accumulate at least the equivalent of 150 minutes of moderate intensity *or* 75 minutes vigorous intensity per week. Other important recommendations are to reduce sedentary behaviour (time spent sitting or on screens and, reduce the proportion of physical inactivity (reporting no activity on any days in the past week).

Despite the numerous benefits of being physically active, less than a third (29%) of Blaenau Gwent residents report meeting the physical activity guidelines (WHS 2014/15) for exercise for health, which is roughly the same as for Wales (30.6%). The proportion of people getting enough physical activity to benefit their health in Blaenau Gwent over the last decade has remained stubbornly flat, in spite of the many opportunities available to build physical activity into our daily lives.

Percentage of adults reporting to be physically active on 5+ days in the past week, age-standardised percentage, persons, Blaenau Gwent and Wales, 2003/04-2014

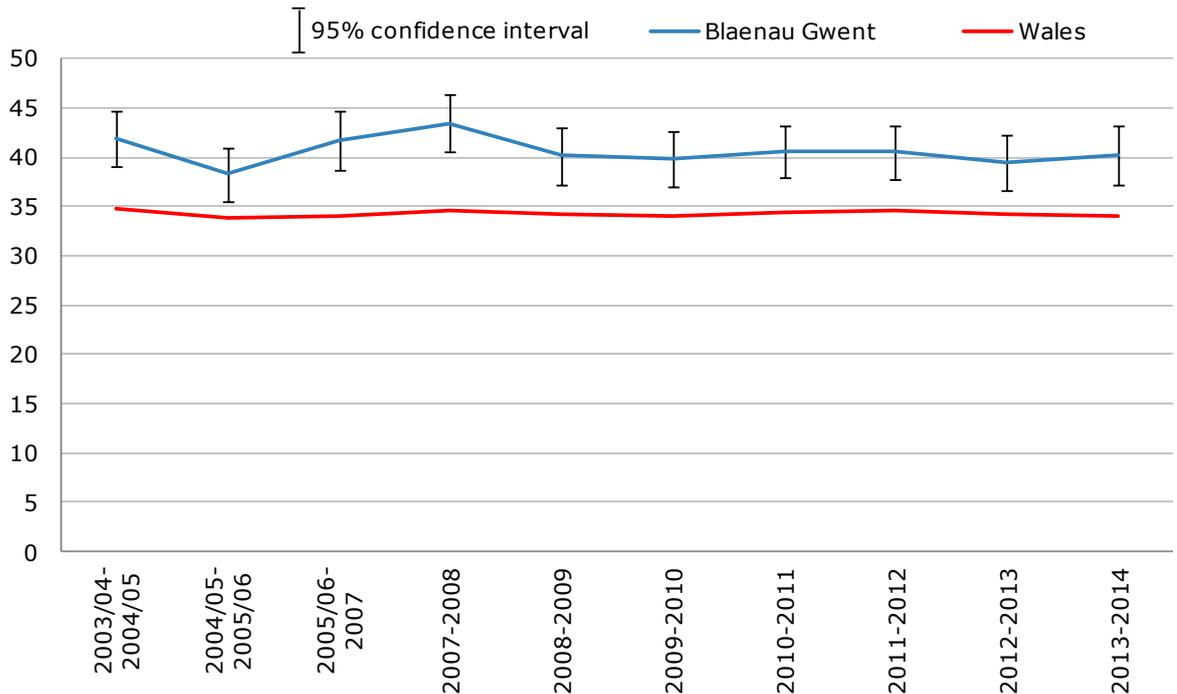
Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



In Blaenau Gwent more people (40%) report taking physical activity on no days in the previous week than taking the enough activity to benefit their health. This is significantly higher than the Wales rate.

Percentage of adults reporting to be physically active on no days in the past week, age-standardised percentage, persons, Blaenau Gwent and Wales, 2003/04-2014

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



There is variation at Local Authority level across Wales in rates of people getting enough physical activity for health. Physical activity and physical inactivity are significantly related to deprivation with people twice as likely to be physically inactive in areas of high multiple deprivation compared to their more affluent neighbours.

Physical activity is essential for long- and short-term physical and mental health and may improve academic and cognitive performance. It is associated with reduced anxiety and depression, and increased musculoskeletal and cardiovascular health among young people.

Across Wales, physical activity rates are similar in both boys and girls until teenage years when there is a decline in rates of young women who are physically active. Findings of the HBSC survey demonstrate that adolescence is a key period for intervention, with overall activity levels declining between the ages of 11 and 15, especially among girls. Good physical-activity habits established in youth are likely to be carried through into adulthood. Low levels of physical-activity and excess sedentary behaviour in youth are associated with obesity in adult life, a serious public health issue with long-term costs globally.

Action on the environmental determinants of physical activity such as access to open and green spaces and safer communities where people use active travel and walk and cycle rather than relying on motorized transport for shorter journeys has wider benefits to the environment. Equitable access to the countryside, water and green space close to where people live is increasingly important, providing health, economic and social benefits for communities and businesses as well as increasing physical activity levels.

There are unlimited opportunities to be more physically active. Many outdoor recreational activities are free at the point of use, enabling participation across and between communities. The outdoors can offer opportunities for everyone; and appropriate promotion, facilities and access opportunities particularly targeted to specific at risk groups can improve social inclusion.

Increasing physical activity levels in the population require a response across multiple sectors within many systems, such as education and the school setting, workplaces particularly in the statutory sector, the environment and urban and rural planning and transport, sports and leisure providers and the community. Efforts need to be coordinated in areas of high multiple deprivation where inactivity rates are highest.

The built environment includes land-use patterns, transport systems, urban design, green spaces and all buildings and spaces that are created by people, including schools, homes, workplaces and recreational areas. Most sustainable physical activity occurs during everyday activities within the built environment rather than for leisure.

Creating and maintaining the built environment to be conducive to physical activity has a number of societal, economic and environmental benefits including climate change adaptation and mitigation, biodiversity, reduced traffic congestion, revitalisation of local shops and services and increased community cohesion and social interaction. Building physical activity back into daily routines requires a range of activities which together make active travel, leisure and incidental activity in daily routines the easiest, cheapest and most appealing options for people.

Prevalence of chronic conditions in Blaenau Gwent

A significant proportion of the burden of chronic conditions is attributable to poor health behaviours. We have seen, in Blaenau Gwent, more people than for Wales smoke, are physically inactive, drink hazardously and do not eat healthy diets. It is therefore unsurprising that the prevalence of chronic conditions such as diabetes, cardio vascular disease and some cancers is slightly higher in Blaenau Gwent than elsewhere in Wales. Prevalence (number of cases) data is collected by General Practices who keep registers of those with chronic conditions. In the table below, data are presented by the two GP clusters (Neighbourhood Care Networks NCNs) in Blaenau Gwent.

GP Population Profiles 2016 - Chronic Conditions

| Indicator | Blaenau Gwent East | Blaenau Gwent West | Aneurin Bevan University Health Board | Wales |
|------------------|---------------------------|---------------------------|--|--------------|
| Asthma | 6.7% | 7.6% | 6.8% | 6.9% |
| Hypertension | 19.5% | 17.0% | 16.0% | 15.5% |
| CHD | 4.5% | 4.2% | 3.8% | 3.8% |
| COPD | 3.4% | 2.9% | 2.2% | 2.2% |
| Diabetes | 8.9% | 8.3% | 7.6% | 7.0% |
| Epilepsy | 1.0% | 1.1% | 0.9% | 0.9% |
| Heart Failure | 1.3% | 1.3% | 1.0% | 1.0% |

Produced by Public Health Wales Observatory,
using Audit+ (NWIS)

The table illustrates that prevalence of chronic conditions across both Blaenau Gwent NCH's are higher than the Welsh and Health Board prevalence in the majority of chronic conditions.

Risk factors associated with chronic conditions fall into two categories, these are non-modifiable meaning they cannot be changed or modifiable that can be influenced or changed. Modifiable factors include unhealthy diet, physical inactivity, tobacco use and the harmful use of alcohol. Addressing these factors can have a positive influence on the prevalence of chronic conditions across Blaenau Gwent at an individual and community level.

Clearly, when it comes to diseases, prevention is better than cure and if we are going to address the high prevalence of chronic disease, we need more people to adopt healthier behaviours.

Whilst individuals take some responsibility for their own choices, it is indisputable that your environment, your family, the culture in which you live greatly influence your health behaviours. For example, if a child lives in a family where no one smokes, goes to a school and plays in a park where no one smokes and has friends who don't smoke, they are less likely to smoke than if they see people smoke on a daily basis and believe it to be 'normal' behaviour. Similarly, people are much more likely to eat fresh fruit and vegetables, if it is easily available and familiar to them. There is considerable evidence that making walking and cycling the 'easiest options' will increase physical activity levels.

It is also the case that high uptake in screening services, allows earlier detection of some diseases, which increase the chances of earlier treatment and better health outcome.

3. What we know from engagement



During Phase 1 of the Blaenau Gwent We Want Engagement programme numerous engagement activities and events were undertaken throughout the borough to gather people's views around the following key areas:

- Citizen values, aspirations and priorities;
- Citizen needs – insight into the needs they and their communities encounter within daily life and what the best solutions may be and
- Citizen assets –what people can and already contribute themselves such as self-care, citizen and community action and volunteering.

Views were captured via a questionnaire, which was also made readily available through a variety of channels including Public Services Boards partner representatives' websites and social media (for example, Blaenau Gwent We Want Facebook page) etc.

Furthermore, links to an online questionnaire were also distributed to the Blaenau Gwent Citizen Panel, a panel of Blaenau Gwent residents who voluntarily agree to get involved and take part in partnership engagement activities.

Questions put to residents included:-

Q1. What do you think is special about Blaenau Gwent?

Q2. What things are important to you to live well and enjoy life?

Q3. What would make Blaenau Gwent a better place?

Q4. What can you do to help make Blaenau Gwent a better place?

Approximately 1,000 residents were participated during Phase 1 of the Blaenau Gwent We Want Engagement Programme.

In response to the first question, the most commonly mentioned theme was Environment, 186 (36%) with Social Activities, 28 (5%) also in the top 5 themes. Blaenau Gwent is blessed with green, outdoor spaces and country side idea for engaging in physical activity. The landscape and parts also featured as did quality of exercise facilities, 21 (4%) in the assets identified by citizens. They were also identified as factors people said were important to their lives.

In terms of understanding the perspectives of older residents this section needs to be read in conjunction with the section on Ageing Well. This highlights a range of issues pertinent to older people who form a significant and growing part of the population.

4. What we know from existing research

There is a plethora of evidence which demonstrates the value of physical activity at all stages of life, to health, education, community safety and improving the economy.

Evidence suggests that that providing more opportunities for PE and sport within the curriculum is positively associated with improved academic performance and higher levels of attainment as measured by numeracy and literacy tests. PE can reduce the potential for disruptive behaviour and poor attendance within the school setting, which suggests increasing physical activity in schools can not only promote health and

wellbeing, but can also help to create optimum conditions for learning and academic achievement.

In many cases, the evidence demonstrates Data from Wales supports these research findings, demonstrating a positive relationship between frequent participation in sport and attainment levels. Schools that have higher levels of frequent sports participation (*hooked on sport*) are more likely to have higher percentages of pupils achieving the Level 2 threshold (5 GCSE or equivalent qualifications A*-C). The effects are the same even when taking into account socio-economic factors that we know can influence participation and attainment levels.

No evidence has been found to suggest that taking part in sport has a negative effect on attainment levels in other areas of the curriculum, even if the curricular time is adjusted to increase the time spent on sport and PE and reduce the amount given to other subjects.

Sport Wales' *School Sport Survey* (2014)

Recent social insight undertaken in Blaenau Gwent, Caerphilly and Torfaen as part of a Large Scale Change programme to get more people, more active, more often, included survey findings from 1,109 women mostly aged 16 to 40 years, on levels of participation in physical activity, what motivates women who were active, the barriers to engaging in physical activity and what would encourage those who are physically inactive to become engaged. The main motivators for being physical active were for health, wellbeing and weight loss. A significant majority of those who were physically active said it promoted their sense of wellbeing and made them feel better. The majority (about $\frac{3}{4}$) of those

women who were not physically active said they would like to be more physically active. The barriers women said would prevent them becoming more physically active were lack of time, the cost and lack of childcare. In spite of the vast array of options available, fewer than 25% of the participants thought there were enough physical activity options in their area. From this in sight work there was a strong sense that women wanted to feel socially connected and confident and that they wanted physically activity that was social and fun.

5. What this tells us about Well-being in Blaenau Gwent

A significant proportion of all the poor health outcomes reported can be either prevented, prevented from getting worse or prevented from the serious exacerbations which result in acute health and care intervention.

Addressing harmful behaviours and protecting health is of vital importance. As we plan in Blaenau Gwent, it is crucial that we consider positively creating the conditions for better health. Whether someone smokes and if a smoker quits, being physically active, a person's weight or whether they drink excessively is commonly viewed as a personal choice. However, there is considerable evidence that creating an environment which encourages healthier behaviours, making healthier options more widely available, affordable and the easiest option can support and encourage people to make healthier choices and it is important we consider this in all of our strategic planning.

Prevention - removing the causes of poor health and inequalities (rather than addressing the consequences) offers good value for money. Preventative policies and interventions save lives and money and improve peoples' mental, physical and social wellbeing. They show both

short and long-term benefits far beyond the health system – across communities, society and the economy. A recent systematic review (Mason et al., 2016) suggests that both local public health interventions and nationwide programmes are cost-saving and offer substantial returns on investment (ROI). The overall median ROI was estimated at £14.3 for every £1 spent, ranging from a median ROI of £27.2 to £1 for nationwide public health interventions to a median of £4.1 to £1 for local public health interventions. Taking measures to improve health and prevent ill health will be essential in a sustainable

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