

WELL-BEING ASSESSMENT BRIEFING DOCUMENT: SOCIAL

1. Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Well-being of Future Generations (Wales) Act has been put in place to make sure that public services are doing all that they can to improve the cultural, economic, environmental and social well-being of people and communities, and working in ways that will help to create a Wales we want to live in, now and in the future.

The Act means that public services will have to:

- Think about the long term;
- Look to prevent problems;
- Look to contribute towards the Act's seven well-being goals in all that they do;
- Work better with each other; and
- Work better with people and communities.

Under this Act, public services must carry out and publish a Well-being Assessment, which looks at the state of well-being of people in the area, people within specific communities within that area and think about what this picture is likely to look like in the future.

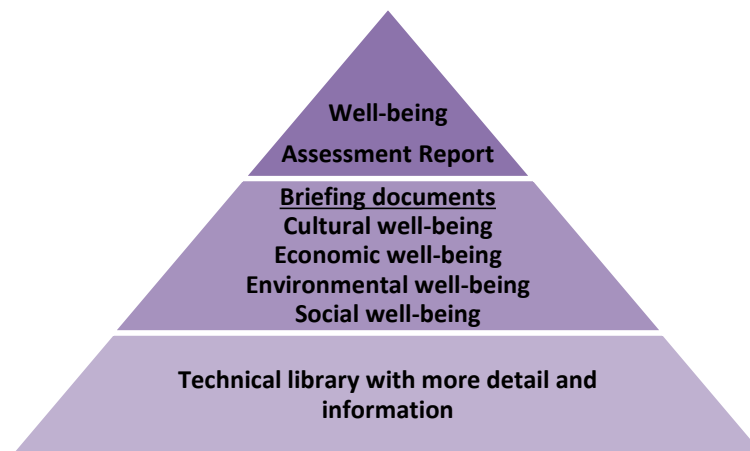
In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services.

We then spent some time, talking with these people about the headlines that emerged under each theme and really thinking about how they affect well-being and what the impact of these headlines is likely to be on communities, now and in the future.

A summary of the headlines relating to social well-being are contained in this document. The document shows both how each headline relates to well-being and how social well-being relates to the other well-being themes.

The headline information across all themes of well-being is reported in the overall Cwm Taf Well-being Assessment. Each level of this Assessment is supported by a more detailed level of data and information. All of the information gathered throughout the project to inform these headlines will also be available in an online library.

Figure 1: Structure of Cwm Taf Well-being Assessment



2. Social well-being

Social well-being is a complex concept to define. It is closely linked with health, as in the World Health Organisation's (WHO) definition:

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". WHO 1948.

Other authors¹ have described well-being as:

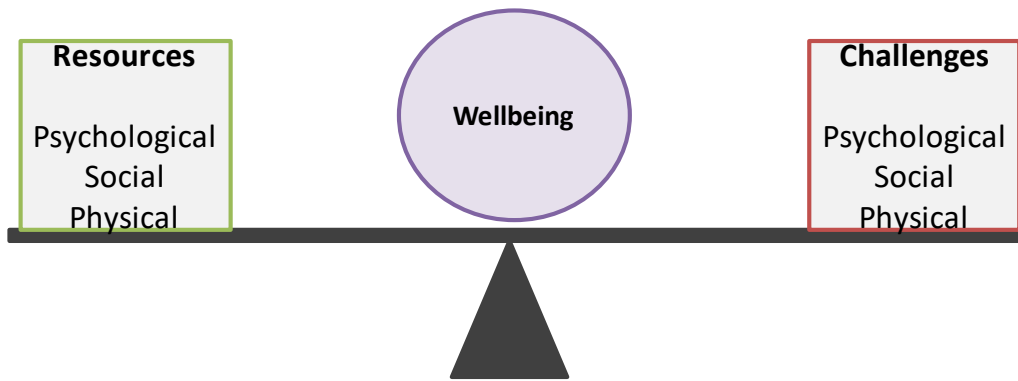
".. more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community".

Dodge et al (2012)² suggest a new definition where well-being is:

"The balance point between an individual's resources and the challenges they face".

¹ [A well-being manifesto for a flourishing society.](#)

² [The challenge of defining wellbeing](#)



In life we face challenges every day. Stable well-being is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When people have more challenges than resources, the see-saw dips, along with their well-being.

What is clear is that the well-being of individuals, families and communities is influenced by a wide range of social, economic, environmental and cultural determinants which interact together.

3. Headlines

Life expectancy and healthy life expectancy are improving in Cwm Taf. However, outcomes for our population are determined by the inequalities that persist.

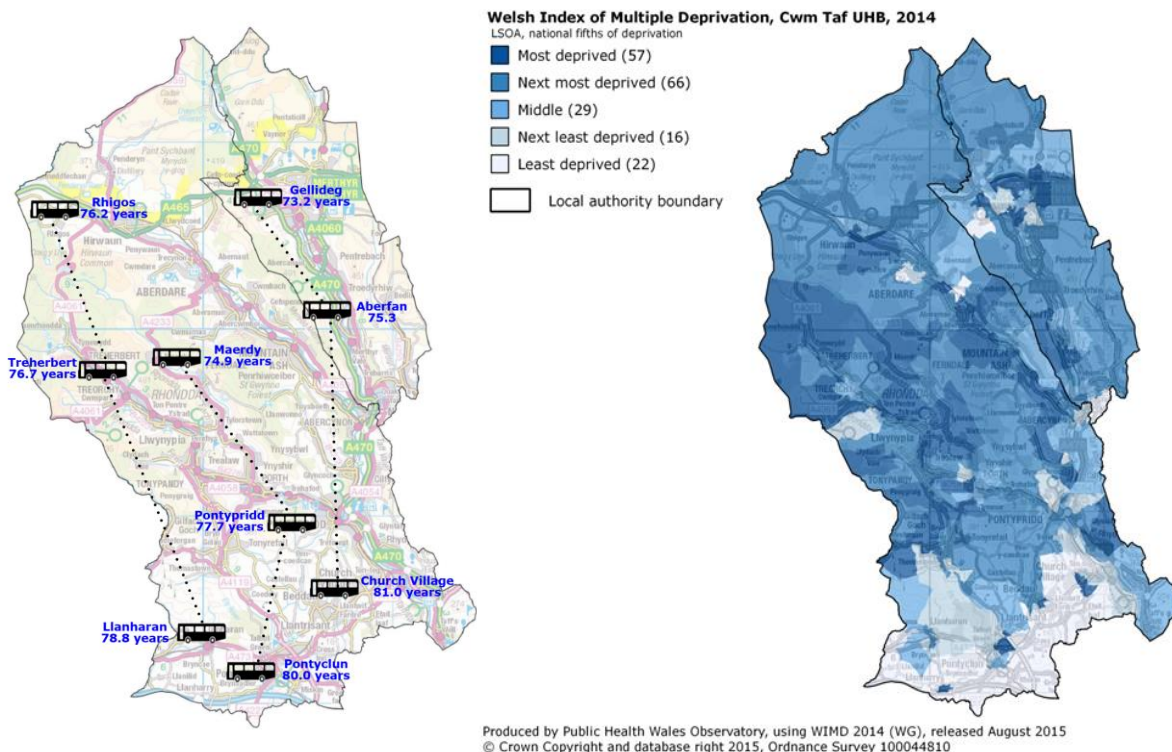
- Life expectancy and healthy life expectancy are key measures of well-being.
- The figures for Cwm Taf are improving.
- The figures for Cwm Taf reflect the socio-economic deprivation and inequalities that persist in our area.

Life expectancy (LE) is a widely used statistical measure of the average expected years of life for a newborn, based on recently-observed death rates. As such, LE at birth is also a measure of death across all ages. Whilst LE figures are our “best guess”, they cannot provide a precise estimate of the lifespan of an individual.

In addition to general LE, it is important to consider healthy life expectancy (HLE). This represents the number of years a person might expect to live in good or very good health. HLE incorporates survey data on health in Wales.

In Cwm Taf, life expectancy and healthy life expectancy are improving and the inequality gap between the most and least deprived is narrowing. However:

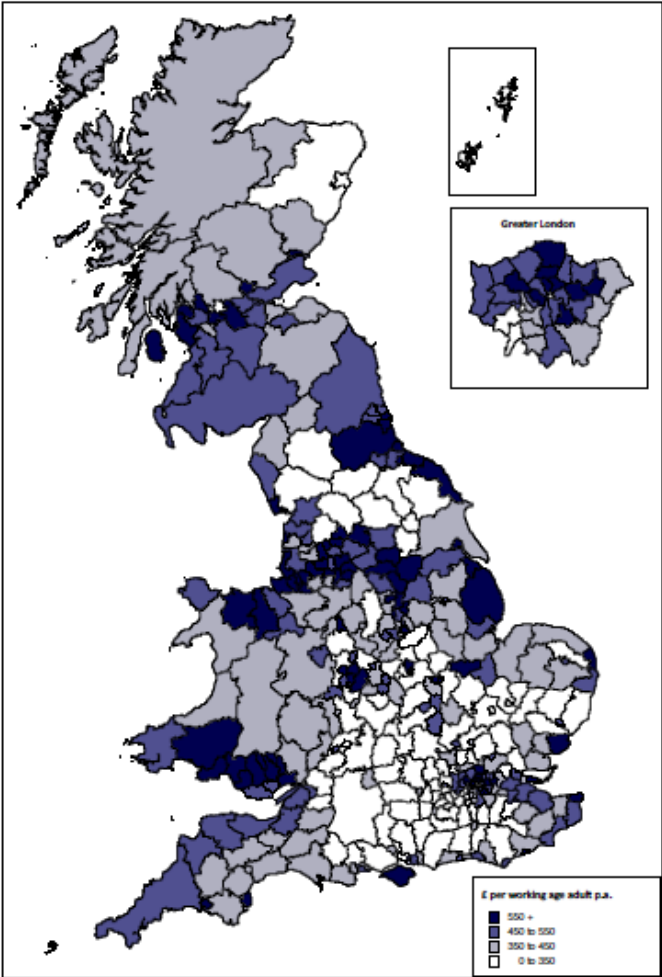
- Cwm Taf UHB remains the health board with the lowest life expectancy (76.6 years men, 80.9 years women) and healthy life expectancy (61.2 years men, 62.6 years women) in Wales.
- Across Cwm Taf the inequality gap (difference between the most and least deprived) for life expectancy is 7.4 years for men and 3.7 years for women. This is not as big a gap as in some other parts of Wales, but instead reflects the extent of deprivation across the area.
- The gap for healthy life expectancy between the most and least deprived areas of Cwm Taf is 14.8 years for men and 15.0 years for women.
- The life expectancy bus journey through Cwm Taf reflects our areas of deprivation, particularly in the post industrial areas such as in the Rhondda and Cynon Valleys and Merthyr Tydfil.



In Merthyr Tydfil, 81% of the resident population live in the most deprived half of Wales as shown by the Welsh Index of Multiple Deprivation (2014). The equivalent figure for Rhondda Cynon Taf is 72%. Cwm Taf is a socio-economically deprived area, with low levels of employment and educational attainment. These factors impact on the social well-being of people in our area.

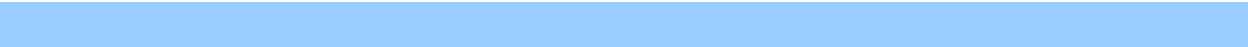
Austerity measures and welfare reforms have impacted severely on our area and this may lead to increased inequalities³.

Overall financial losses resulting from welfare reforms, by local authority:



Source: Sheffield Hallam estimates based on official data

For Maerdy, Pen-y-Waun (Rhondda Cynon Taf) and Gurnos (Merthyr Tydfil), the estimated loss is expected to average more than £1,000 a year per adult of working age. This has consequences for local consumer spending and jobs. The strongest negative impact of economic downturn is on mental health.



³ [The impact of welfare reforms on the valleys](#)

A good start in life is fundamental to the well-being of future generations.

- Giving every child a good start in life is a key policy agenda both nationally and locally.
- The wide ranging consequences of Adverse Childhood Experiences (ACEs) highlights the importance of preventing them before they happen.
- There is a strong economic case for investing in early years programmes, especially those that target the first 1000 days (from conception to second birthday).

Maternal health:

Women are the bearers of future generations, and a mother's health before, during, and after pregnancy, as well as the home and wider environment in which children grow up have a major impact on their physical, social, emotional and cognitive development.

In Cwm Taf, 19% of women who gave birth in 2013 had experienced a mental health problem, with the vast majority of these being stress, anxiety, and depression. Depressed mothers may be less responsive to their baby's efforts to engage with them and this, in turn, affects how babies bond with their mother. Failure to establish a close and trusting bond with at least one main carer can lead to poor developmental and behavioural outcomes for the child.

Smoking during pregnancy is harmful to mothers and their unborn babies and can lead to longer term health problems for babies, children and adults. In Cwm Taf, latest figures (2014/15) show that 24.4% of women smoke during pregnancy.

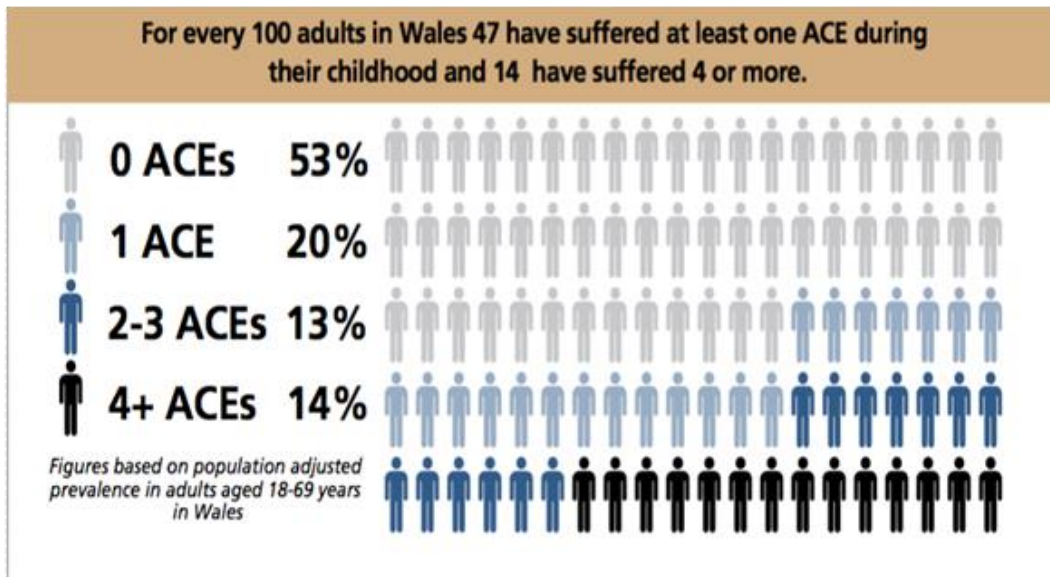
Birth weight is an important determinant of future health. Low birth weight (LBW) is defined by the World Health Organisation as less than 2,500 grams. Babies born weighing less than 2,500g are at risk of problems with: growth, cognitive development and the onset of chronic conditions in later life. LBW is also considered a key predictor of health inequalities. Cwm Taf has the highest percentage of LBW babies in Wales. The latest (2014) data shows the following:

| Singleton live births, low birth weight (less than 2,500g) 2014 | Percentage |
|---|------------|
| Rhondda Cynon Taf | 6.2 |
| Merthyr Tydfil | 7.2 |
| Cwm Taf | 6.4 |
| Wales | 5.1 |

Source Public Health Wales Observatory

Adverse Childhood experiences (ACEs):

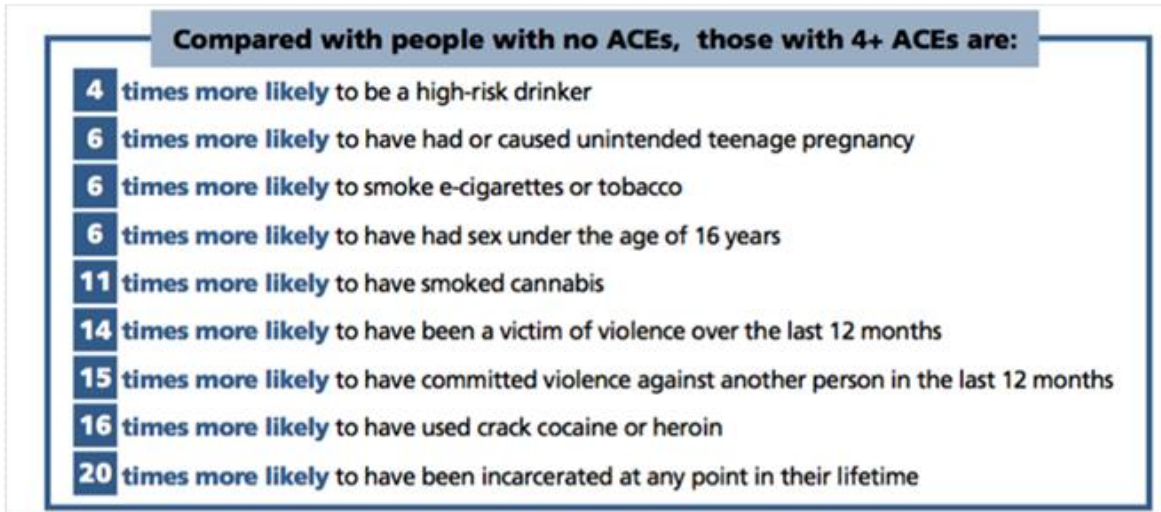
ACEs are potentially traumatic events that can have negative, lasting effects on physical and mental health and well-being⁴. These experiences range from physical, emotional, or sexual abuse of the child, to parental separation, parental substance misuse, domestic violence, parental mental illness, or the incarceration of a parent or guardian.



Source: Public Health Wales

There is a growing body of evidence showing that childhood experiences can affect health throughout the life course.

⁴ [Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population](#)



Source: Public Health Wales

One example of the impact of ACEs relates to children in need. A child in need is defined under the Children Act 1989 as a child who is: unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

In Cwm Taf, rates of children in need (CiN) are declining, although they remain the highest in Wales. A 2015 report found that abuse or neglect accounted for 60% of referrals to social services in Cwm Taf. Domestic abuse, parental mental illness and parental substance /alcohol misuse are the most frequently recorded ACEs relating to CiN.

In Cwm Taf, New Pathways is the only provider of support services for women, men and children who have been the victims of sexual violence. The Sexual Assault Referral Centre based in Merthyr Tydfil supports people across Cwm Taf and saw 316 clients in 2015/16, comprising 190 adults and 126 children. Their counselling service supported 201 adults and 76 children in the same time period. There is very little direct support provided to children to combat the impact of domestic abuse or sexual violence within their home environment.

Further information can be found in the relevant sections (Children and young people, VAWDASV) of the Social Services and Well-being (Wales) Act Population Assessment.

Although there are opportunities across childhood and adolescence to prevent or moderate the impact of ACEs, the evidence shows that we can have the greatest

impact if we focus our efforts in preventing and/or protecting against the impact of ACEs for both parents and children during the first 1000 days of life from conception to age two.

As well as the impact on health harming behaviours, two further reports^{5,6} have presented the impact of ACEs on mental health and the development of chronic disease in adults. The wide-ranging health and social consequences of ACEs emphasises the importance of preventing them before they happen.

Safe, stable and nurturing environments can have a positive impact on the development of skills that can help children reach their full potential. Strategies that address the needs of children and families include:

- Home visits to pregnant women and families with newborns
- Parenting programmes
- Partner violence prevention
- Social support for parents
- Teen pregnancy prevention programmes/support for teenage parents
- Mental illness and substance misuse treatment
- High quality childcare
- Sufficient income support for lower income families

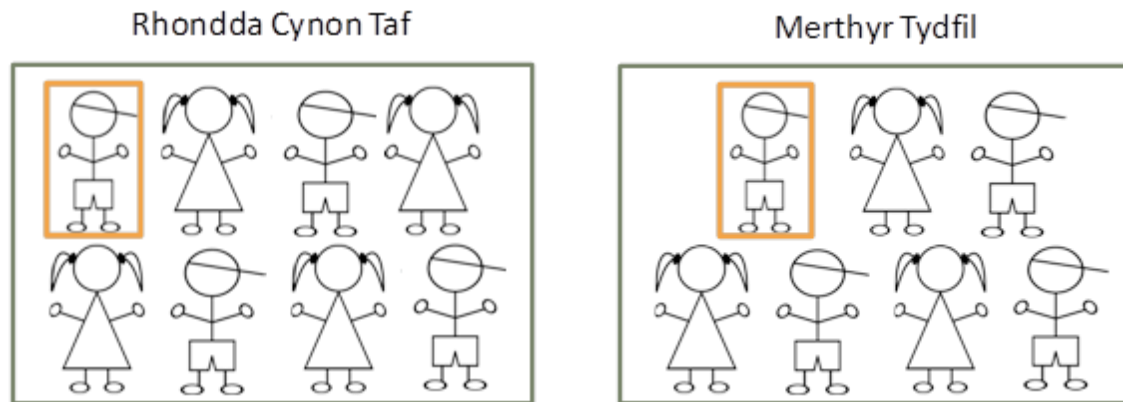
Childhood obesity:

The Child Measurement Programme for Wales (CMP) is a surveillance programme which aims to give an accurate picture of the growth of children in Wales. School nursing teams in each area measure and weigh every child in reception class unless parents have opted their child out of the programme.

Since the CMP was introduced in 2011 there has been a reduction in overweight and obese 4/5 year old children in Cwm Taf, and the latest report shows that 71.9% of 4/5 year olds are a healthy weight. However, 28.1% are overweight or obese. In Rhondda Cynon Taf, 1 in 8 children aged 4/5 are obese; in Merthyr Tydfil the figure is 1 in 7.

⁵[Adverse Childhood Experiences and their impact on mental health in the Welsh adult population](#)

⁶[Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population](#)



Several studies have shown that breastfeeding is a significant protective factor against obesity in children. Latest figures show that only half of mothers in Cwm Taf start to breastfeed, and this falls significantly in the days and weeks following birth, with only 21% of babies being exclusively breastfed at ten days.

From the Health Behaviour of School Children survey we know that children in Cwm Taf eat less fruit and vegetables than the Welsh average and are less physically active.

It is predicted that 60% of children who are overweight before puberty will be overweight in early adulthood. This can lead to the development of adult diseases such as Type 2 diabetes from an early age.

In addition, the children and young people of today will be the parents of tomorrow. Parental and in particular maternal influence further adds to the risk of a child becoming overweight or obese. This can develop into an inter-generational cycle of obesity, with obesity amongst the adult population continuing into future generations.

There is a strong relationship between levels of obesity and deprivation. This is reflected in the distribution of childhood obesity in Cwm Taf.

Education, employment and inequalities:

Children's chances in life are strongly influenced by their experience during their early years. We have seen that inequalities begin before birth and that the home environment that children grow up in can have a major impact on their physical, social and emotional development. The figures in the table below confirm that inequalities in Cwm Taf persist throughout children's lives and are demonstrated through a range of health and social indicators.

Indicators for children and young people:

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|---|----------------|-------------------|---------|-------|---|
| Flying Start children reaching or exceeding their developmental milestones at age 3 | 82% | 85% | | 82% | |
| Children receiving scheduled vaccinations by age 4 | 92.0% | 86.0% | 87.3% | 84.6% | 93.6% of children in Cwm Taf are up to date with these scheduled vaccinations by age 5 |
| Average number of decayed, missing or filled teeth at age 5 | 2.59 | 1.54 | | 1.77 | |
| Rate of Children in Need | 450 | 421 | | 283 | |
| Children living in workless households | 24.1% | 12.6% | | 12.1% | |
| Rate of emergency admissions for injury (age 0-4) | 214 | 243 | | 177 | |
| Achievement of the Foundation Phase indicator by the categories : • Children not receiving free school meals | 89% | 91.2% | | 90% | This highlights the impact that inequalities have on children's development and outcomes by age seven |
| • Children receiving free school meals | 76.9% | 71.9% | | 75.1% | |
| • Children in Need | 45% | 48% | | 54% | |
| Teenage conceptions: rate /1,000 females aged 15-17 | 27.9 | 31.4 | 30.7 | 25.4 | Teenage pregnancy rates have fallen nationally since 2007, and have fallen consistently in Cwm Taf since 2009 |
| Care leavers leaving care with no qualifications | 24% | 23% | | 21% | |
| Year 13 school leavers not in employment, education or training (NEET) | 5.6% | 6.4% | | 3.8% | |

Unemployment and low income are the drivers of child poverty. In addition, the essential goods and services to meet basic needs and participate in society take up a relatively larger share of low income budgets. Although 24.1% of children in Merthyr Tydfil and 12.1% of children in RCT live in workless households, a recent report⁷ has estimated that 55% of people in poverty are in a working family. In-work poverty is also more common for younger workers, part-time employees and the self-employed.

⁷ [Monitoring poverty and social exclusion 2016](#)

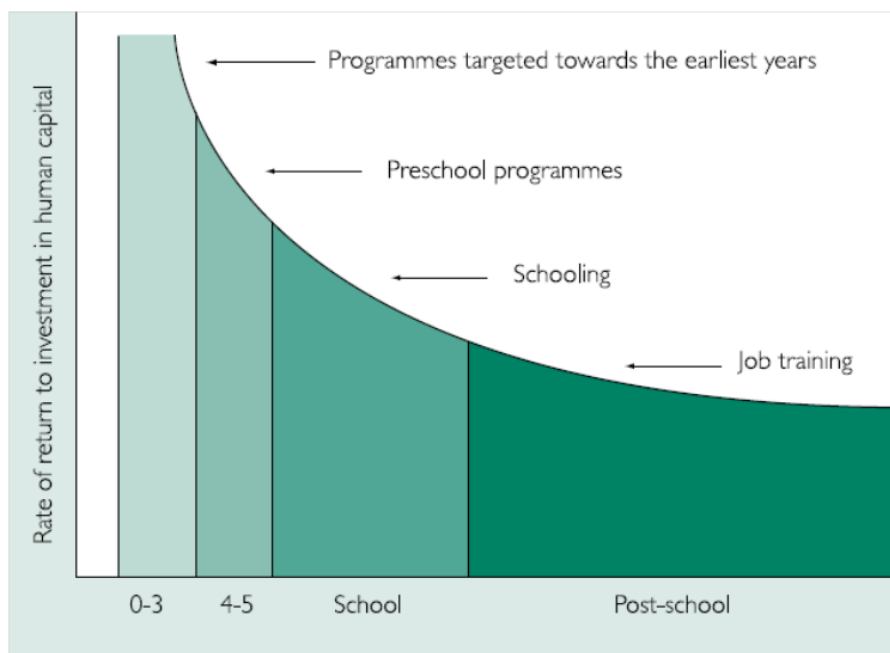
Children who receive free school meals have significantly poorer educational outcomes than those who don't, and this is apparent by the time of the Foundation Phase indicator at age seven.

By the time our children reach adulthood, for half of them, A Level (or equivalent) is their highest educational qualification, and 17% of our adults have either no qualifications or qualifications below GCSE level. This affects their employment and income prospects and in turn increases the risk of the cycle of inequalities continuing into future generations.

The Welsh Government's Tackling Poverty Action Plan (2015) contains the additional objectives:

- To use all available means to create a strong economy and labour market in Wales to reduce in-work poverty.
- To help families increase their household income through effective debt and financial advice.

In trying to break the inequalities cycle there is a strong economic case for investing in the early years of life as demonstrated by Heckman and Tremblay⁸.



Early years programmes are often less expensive than the services needed to address the physical, social and behavioural consequences of poor child development. As

⁸ [The case for investing in early childhood](#)

well as universal programmes, additional, targeted support should be directed towards the most vulnerable children.

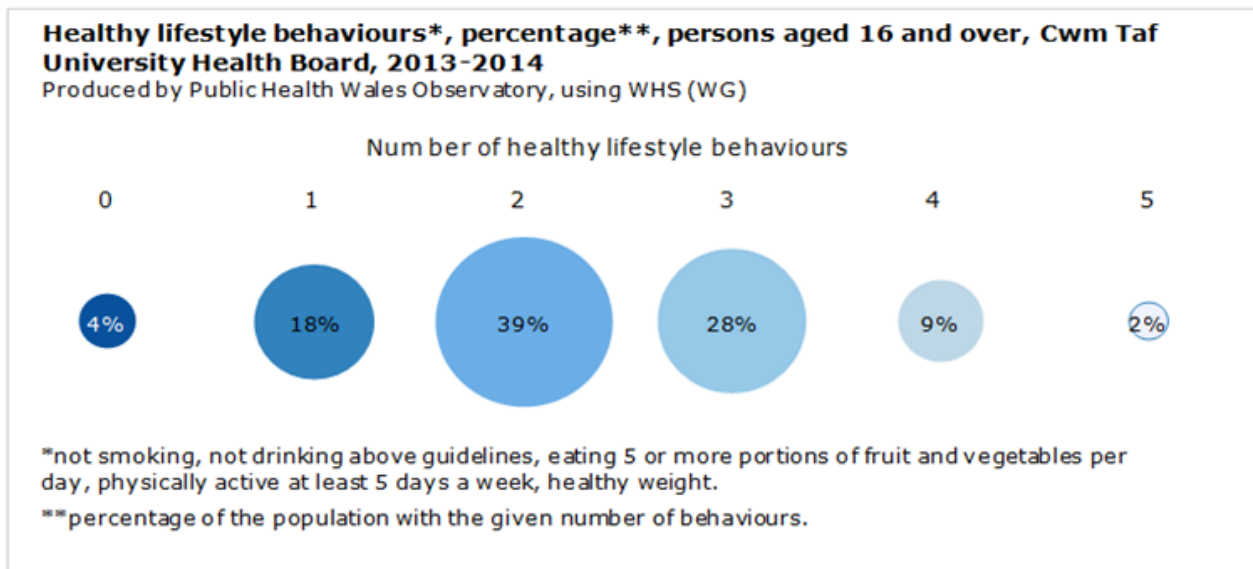
It will be vital to take into account evidence of effectiveness and cost-effectiveness when considering future investment in early years interventions in Cwm Taf.

Preventing ill health across the population improves well-being and reduces inequalities.

- Health is a resource for everyday life; poor health affects our ability to learn, work and socialise with family and the wider community.
- People in the most deprived communities live more years in poor health.
- Five health harming behaviours (smoking, obesity, alcohol consumption, poor diet, inactivity) lead to four chronic diseases (heart disease, cancer, stroke, diabetes) which account for 64% of early deaths in Cwm Taf.

Lifestyle behaviours:

There is good evidence that people who have four or more healthy behaviours can reduce the risk of diabetes by 72%, vascular disease by 67% and cancers by 35%, when compared with those who have less than two healthy behaviours. In Cwm Taf, 11% of those aged over 16 have four or more healthy behaviours.



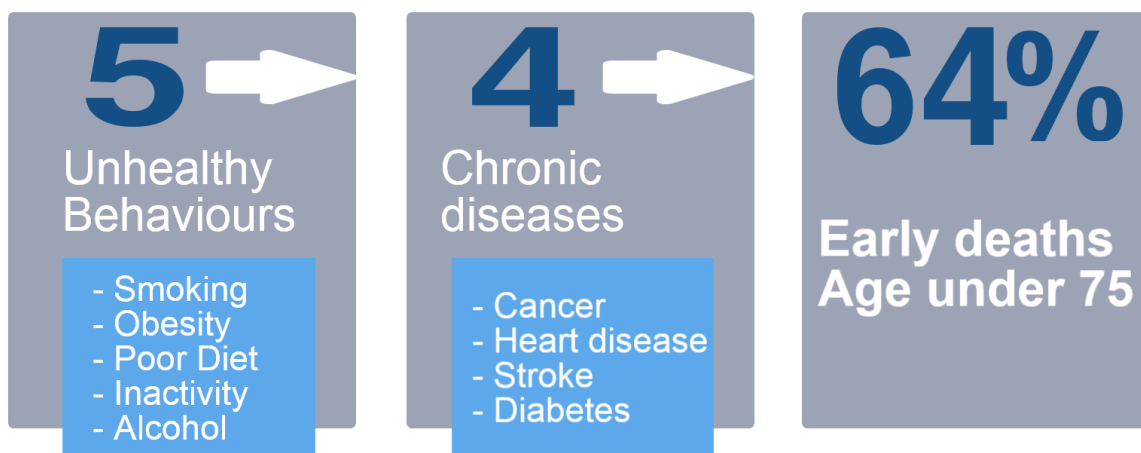
The latest lifestyle data from the Welsh Health Survey (2014/15) shows the extent and the impact of poor health behaviours in our population.

Adult lifestyle indicators:

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|---|----------------|-------------------|---------|-------|--|
| Adults who reported smoking daily or occasionally | 25% | 22% | 23% | 20% | Decreasing, but it is the most significant preventable risk factor for the development of many chronic conditions and associated mortality |
| Adults with a Body Mass Index classified as obese (more than 30kg/m ²) | 30% | 28% | 29% | 23% | Increasing year on year and is a preventable risk factor for the development of many chronic conditions and associated mortality |
| Adults who reported consuming alcohol above guidelines | 37% | 41% | 40% | 40% | Hospital admissions due to alcohol related liver disease are statistically significantly higher in Cwm Taf than the Wales average |
| Adults who reported eating five or more portions of fruit and vegetables the previous day | 28% | 28% | 28% | 32% | Poor diet and low levels of physical activity contribute to rising obesity levels |
| Adults who reported being active on five or more days per week | 29% | 26% | 27% | 30% | |

Source: Welsh Health Survey

The impact of unhealthy behaviours on illnesses and early deaths in Cwm Taf is starkly demonstrated below:



Although smoking rates are falling, it remains the largest single preventable cause of ill health and death and a major cause of inequalities in health and life expectancy. As tobacco tends to be consumed by those in the most deprived areas, it also contributes to poverty through loss of income and loss of productivity.

The rising burden of obesity is a major public health concern. In Cwm Taf it is estimated that 64,500 adults are obese. As well as adverse health outcomes for individuals, there are significant economic costs of obesity including increased, and increasingly unsustainable, health and social care expenditure. In addition, overweight and obesity are health inequality issues, with people from the lowest socio-economic groups most at risk.

Alcohol consumption is associated with many chronic health problems including mental ill-health, as well as social problems such as crime, assault and domestic violence. A recent report has shown that 60% of adults in Wales have suffered some form of harm or negative experience in the last year as a result of someone else being under the influence of alcohol. Alcohol accounts for 62% of referrals to substance misuse treatment services in Cwm Taf, with substances making up the remaining 38% of referrals.

Assessments in Cwm Taf 2015-16 by individual substance:

| Substance | Number of referrals | Rate per 100,000 population |
|------------------------|---------------------|-----------------------------|
| Alcohol | 1162 | 392 |
| Cannabis | 272 | 75 |
| Heroin | 181 | 61 |
| Amphetamines | 106 | 36 |
| Cocaine | 43 | 14 |
| Methadone | 35 | 12 |
| <i>Benzodiazepines</i> | <i>17</i> | <i>6</i> |

Source: WNDSM (NWIS)

Not enough adults or children are physically active enough to protect their health. Physical activity contributes to well-being and is essential for good health. Individuals who have a physically active lifestyle have less risk of developing a range of chronic conditions compared to those who have a sedentary lifestyle.

Chronic illness in Cwm Taf:

Cancers and circulatory diseases are consistently the major causes of premature death in Cwm Taf. Although premature death rates are reducing, the reduction is happening faster in our least deprived communities than our most deprived communities, resulting in a widening of the inequality gap for cardiovascular disease.

Lung cancer is one of the most common cancers and survival rates are poor. Around 70% of people die within a year of diagnosis in Wales. The incidence of lung cancer in Cwm Taf is the highest of all the health boards for both genders. This is undoubtedly linked to having the highest smoking prevalence rates in Wales.

A similar link is seen with Chronic Obstructive Pulmonary Disease (COPD) of which, smoking is the main cause. Cwm Taf has the highest percentage of adults with COPD in Wales amounting to 8,035 individuals on GP practice chronic condition registers.

High blood pressure (hypertension) is strongly linked to unhealthy lifestyles. Persistent high blood pressure can increase the risk of a number of serious and potentially life-threatening conditions. Thirteen percent of adults in Cwm Taf are on a GP hypertension register.

Although the Welsh Health survey reports alcohol consumption in Cwm Taf on a level with the Welsh average, in 2013/14 our area had the highest level of hospital admissions for liver disease in Wales; admissions due to alcohol-related liver disease were statistically significantly higher than the Wales average. Cwm Taf also has the highest rate of premature death from chronic liver disease in Wales,

The growing burden of type 2 diabetes is due to obesity, sedentary lifestyles, dietary trends and an ageing population. There is a seven times greater risk of diabetes in obese people compared to those of healthy weight, with a threefold increase in risk for overweight people. The incidence of diabetes is increasing as the prevalence of obesity has risen; diabetes among adults in Wales is predicted to rise to 10.3% in 2020 and 11.5% by 2030. In turn, people with diabetes are then at a greater risk of a range of other chronic health conditions. Type 2 diabetes was diagnosed for the first time in a child in the UK in 2000, and in recent years numbers have risen.

As well as harm to individuals, treating diabetes is placing cost pressures on health boards. In Cwm Taf, prescribing costs for diabetes have increased by almost 40% since 2008/9 to £5million in 2013/14. However, it has been shown that lifestyle interventions can reduce the risk of type 2 diabetes in individuals with impaired glucose tolerance.

What is clear is that having unhealthy lifestyle behaviours is a major, preventable factor in the poor health outcomes and reduced life expectancy for our citizens; these factors are closely linked with deprivation and the inequalities that persist in our community.

Addressing the wider determinants of health:

It is well established that inequalities result in poor health, social, educational and economic outcomes across the whole of the life course for children, adults and older people, and trap many of the most disadvantaged people in a cycle of deprivation. This has been demonstrated across a range of parameters that impact on social well-being in Cwm Taf. Furthermore, austerity measures and welfare reforms have impacted disproportionately on our area, and this may lead to increased inequalities.

Social and economic inequalities also drive health inequalities. It has been suggested⁹ that the following evidence based actions could improve health and reduce inequalities:

- Programmes that ensure adequate incomes, reduce debt and reduce income inequalities.
- Programmes that reduce unemployment in vulnerable groups or areas and that promote physical and mental health in the workplace.
- Programmes that improve physical environments, such as traffic calming schemes and the creation of greenspace.
- Programmes that target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision.
- Early years programmes.
- Policies that use regulation and price (for example, minimum unit pricing or taxes) to reduce risky behaviours.

In this way, outcomes for social well-being are dependent on actions across all the themes of the Well-being of Future Generations (Wales) Act.

⁹ [Economics of prevention, inequality](#)

Ageing well in Cwm Taf: meeting the needs of an older population.

- The population aged over 65 is set to increase over the next 20 years, with the largest percentage increase predicted to be in those aged 85 and over.
- The associated increase in age-related chronic illnesses will have a significant impact on individuals, carers and health and social care services.
- Future plans should include the development of housing options for this age group that maximise well-being and independence, are energy efficient and free from hazards.

The age profile of our population is changing as people are living longer. Due to increases in the state pension age people will be working for longer and will also need financial resources to provide for extended periods of retirement. An older workforce may need to be supported through training and re-skilling. Although much of the dialogue around older people focuses on the care and support needs of this group, we must not underestimate the assets that older people bring to communities; they engage in paid or volunteering work, transmit experience and knowledge, or carry out caring responsibilities within their families. These contributions can only be realised if their own health and well-being allows.

It will also be important to have opportunities to participate in education as well as leisure and social activities at all ages. Continuous learning throughout life can bring people a range of benefits. Education and training improve mental capital, which in turn increases resilience in later life. Learning can also help improve physical and mental health.

Planning for housing and the wider environment will need to adapt as the age structure of our population changes. A decent home is fundamental to people's well being, and as older people can spend between 70 and 90 per cent of their time in their home, a warm, secure, accessible environment is crucial. The Local Housing Market Assessments (LHMA) for Merthyr Tydfil and Rhondda Cynon Taf have noted that a range of more adaptable and specialised housing will be needed in the future.

It is vital that communities become more 'age-friendly'. This can be done by creating homes and neighbourhoods that enable older people to remain active and involved with their friends, neighbours, family and local community. Good public seating, toilets, well maintained pavements, well lit streets, clear visible signage, and streets that feel safe help older people maintain their confidence and independence. Schemes to promote social inclusion, volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Free bus passes and free

swimming for over 60s are examples of supporting older people to get out and about and maintain their well-being.

The key elements for ensuring a good quality of life for older people have been recognised in the Strategy for Older People in Wales¹⁰ and match the themes of the Well-being of Future Generations (Wales) Act.

Further confirmation of these key elements has come from our engagement with older people locally which has identified that people:

- Value their independence,
- Value the ability to live in their own home,
- Expect to be treated with dignity and respect,
- Need easy access to good quality information and advice,
- Are concerned about being isolated and lonely,
- Need accessible transport.

Maintaining a healthy lifestyle, attending screening programmes (breast, bowel and abdominal aortic aneurysm screening), and the uptake of flu and pneumococcal vaccinations all contribute to good health and well-being for this age group.

The population aged over 65 is set to increase over the next 20 years, with the largest percentage increase predicted to be in those aged 85 and over. By 2036 it is estimated that our older population will increase as follows:

| Age group | Increase | Predicted number |
|-----------|----------|------------------|
| 65-84 | 37% | 16,200 |
| 85+ | 137% | 8,600 |

Source: Public Health Wales Observatory

This trend is likely to continue, and will have a significant impact on individuals, carers and health and social care services.

In Cwm Taf, men can expect to have a healthy life expectancy of 61.2 years; for women this is 62.6 years, which means that their remaining lifetime may be limited by disability or chronic illness. The Cwm Taf Joint Commissioning Statement for

¹⁰ Welsh Government (2013) [The Strategy for older people in Wales 2013-2023](#)

Older People 2015 – 2025 sets out a common vision for health and social care services for older people.

Mental well-being: building resilient communities.

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events.

- Cwm Taf has the highest levels of mental illness and poor well-being in Wales.
- Conversely, community spirit is felt to be strong in our area.

Mental health is more than the absence of clinically defined mental illness. Mental health is determined by biological, psychological, social, economic and environmental factors which interact in complex ways. Good mental health is fundamental to physical health, relationships, education, training, work and achieving potential.

In Cwm Taf:

- The prevalence of adults with any mental illness is the highest in Wales.
- Antidepressant prescribing figures have increased across all health boards since 2006. Cwm Taf has the highest figures in Wales.
- The suicide rate is the highest in Wales.
- The projected rise in the population aged over 65 and in particular, those aged over 85, will increase the prevalence of dementia.
- Mental ill-health accounts for a substantial burden of ill-health and disability and, consequently, of the cost to services, and this is set to rise.
- There is a strong correlation between social and economic deprivation and mental health problems.

Merthyr Tydfil and Rhondda Cynon Taf are in the top four local authorities in Wales which have been hardest hit by the impact of welfare reforms. It is anticipated that this may have wide-ranging negative effects on claimants' well-being, and increased demands on the health, housing and social services that support them.

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. This is starkly demonstrated across a range of indicators for Cwm Taf.

Mental health indicators:

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|--|----------------|-------------------|---------|-------|--|
| Adults who reported consuming alcohol above guidelines | 37% | 41% | 40% | 40% | More than half of people with substance misuse problems are simultaneously diagnosed with a mental health disorder at some point in their lives, with alcohol being the most commonly reported substance misused |
| Adults who reported binge drinking | 24% | 26% | 26% | 24% | |
| Mental Component Summary Score (measure of well-being) | 47.0 | 48.4 | 48.2 | 49.4 | Cwm Taf has the lowest score for well-being in Wales |
| Adults being treated for a mental illness | 18% | 15% | 16% | 14% | Cwm Taf is the highest in Wales |
| Admissions to mental health facilities (2015/16) | | | 1225 | | |
| Suicide rate/100,000 population (2014) | | | 14.1 | | Cwm Taf is the highest in Wales |

As our older population increases, so will the prevalence of dementia. Dementia is the progressive loss of brain function; the most common types are Alzheimer's disease and vascular dementia. Dementia is a growing health issue in Wales with over one in twenty over the age of 65 affected and one in five over the age of 80. In 2015 there were approximately 3,685 over 65s affected by some form of dementia in Cwm Taf. It is estimated that this will rise to 5,455 by 2030 with the growing population in this age group.

The strength of evidence around dementia prevention is currently limited. However, the evidence that is available suggests that the best current advice to prevent dementia includes advocating healthy lifestyles specifically:

- Stopping smoking;
- Reducing alcohol intake;
- Eating a healthy diet;

- Participating in physical and social activity.

It has been estimated that by promoting and adopting healthy lifestyles in middle age, an individual's risk of developing dementia could be reduced by approximately 20%.

It is estimated that a third of our population aged over 65 live alone. This can exacerbate poor well-being due to social isolation.

Accommodation for our increasing, elderly population has been identified as an issue in the Local Housing Market Assessments for the two local authorities. A range of extra care housing options is needed including smaller, energy efficient homes, retirement complexes, sheltered accommodation, and care homes in order for older people to live independently in environments that support well-being.

It has been described earlier that as the number of older people in our area grows, it is vital that communities become more 'age-friendly' and promote social inclusion. The Alzheimer's Society has a recognition process for dementia-friendly communities. In our area, Maerdy, Mountain Ash and Pontypridd are signed up to this scheme.

Personal resilience and community cohesion:

Building confidence and resilience in individuals and communities is an important step towards improving well-being. The Foresight Report¹¹ stated that:

"Achieving a small change in the average level of well-being across the population would produce a large decrease in the percentage with mental disorder, and also in the percentage that have sub-clinical disorder -those languishing"

A set of five, evidence based messages have been developed as a way of building well-being into everyday life¹¹. These messages can apply to anyone – children, young people, adults, older people, and to those with or without mental health problems. They are first line messages in self-care and should be promoted widely in settings: education, workplaces and communities to improve resilience and well-being:

¹¹ [Five ways to wellbeing](#)

| Five ways to wellbeing | |
|------------------------|--|
| Connect | With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day. |
| Be active | Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness. |
| Take notice | Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters. |
| Keep learning | Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun. |
| Give | Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you. |

Statistically we know that we have high levels of mental illness and poor well-being in Cwm Taf. However, people have reported that they feel that there is a strong community spirit in our area and they resent the label 'deprived' that is often applied to Cwm Taf. They feel that more people should be made aware of the positive achievements that have been made and they value local resources such as Pontypridd Lido.

As part of the engagement process the natural environment in our area has often been mentioned as one of our biggest assets. There is significant and growing evidence on the physical and mental health benefits of access to good quality greenspaces, both urban and rural. It can also bring other benefits such as greater community cohesion and reduced social isolation.

Our two voluntary services councils - Interlink¹² in Rhondda Cynon Taf and VAMT¹³ in Merthyr Tydfil between them support over 800 community and voluntary groups

¹²[Interlink RCT](#)

¹³[VAMT](#)

across Cwm Taf by building on their existing assets and strengths, empowering individuals, communities and organisations to have an equal voice and to make a difference through community development. In turn, these 800 groups cover a wide range of community interests and are supported by thousands of volunteers. Such groups and networks build social capital and cohesion.

Communities First is the Welsh Government's community focused tackling poverty programme. It supports the most vulnerable people in the most deprived areas of Wales, to make these communities more prosperous, healthier, more skilled and better informed. There are 52 Communities First clusters in Wales, 11 of them are in Cwm Taf. On 16 October 2016 the Welsh Government's Cabinet Secretary for Communities acknowledged the contribution that the programme has made but is, "minded to phase out the Communities First programme while establishing a new approach to meet the challenges of the future. The new approach will focus on three key areas of employment, early years, and empowerment".

If social capital and community cohesion is to be maintained and improved in our most vulnerable communities then Cwm Taf must receive the appropriately proportioned share of the replacement model, as yet to be confirmed.

The quality of the home and environment has a substantial impact on well-being.

There is strong evidence linking health and well-being outcomes with the quality of the built and natural environments.

In Wales, new legislation now has a clearer obligation to improve health and well-being, deliver high-quality place-making and sustainable environments, and reduce health inequalities across communities.

In Cwm Taf we have a legacy of old housing stock and depopulation in some areas following the decline of traditional industries.

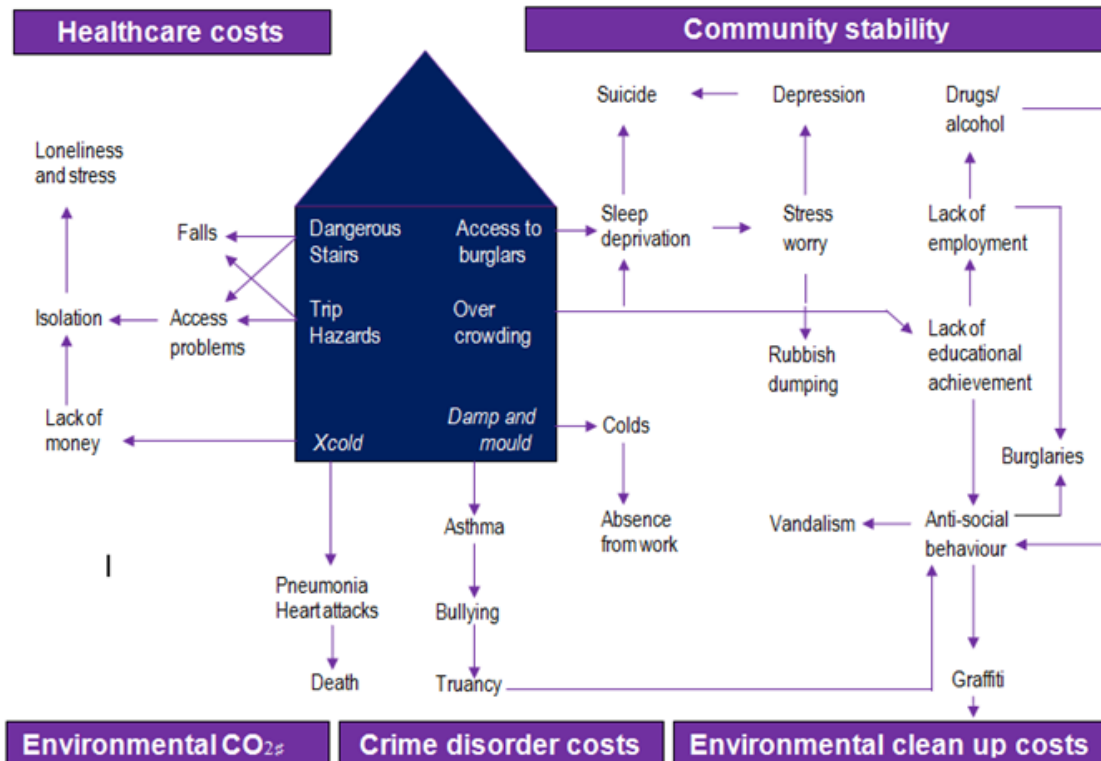
As part of the Planning Wales Act (2015), local planning authorities will be under a duty to have regard to the local well-being plans produced by Public Service Boards. This provides an opportunity to prioritise the development of healthy, sustainable communities.

Housing:

The quality of the home has a substantial impact on health; a warm, dry and secure home is associated with better health; poor housing is associated with increased risk of cardiovascular diseases, respiratory diseases as well as depression and anxiety.

In addition to basic housing requirements, other factors such as the neighbourhood and security of tenure can impact on well-being. A recent study¹⁴ has shown that the targeted regeneration of deprived neighbourhoods can improve mental health.

The impacts of poor housing on health:



Adapted from CIEH: Good housing leads to good health: a toolkit for practitioners

Housing related hazards such as damp and mould increase the risk of allergies and asthma. The elderly are particularly at risk of health problems relating to accidents arising from structural problems such as poor lighting or lack of stair handrails; they are also more likely to suffer ill health in a cold home which can be linked to fuel poverty.

The Local Housing Market Assessments (LHMA) for Merthyr Tydfil and Rhondda Cynon Taf have noted a need for smaller, one and two bedroomed properties.

Merthyr Tydfil has a significantly higher proportion of older housing stock than elsewhere in Wales which has a high rate of unfitness, particularly amongst terraced housing. In Rhondda Cynon Taf there are distinct differences across the borough; the central and northern valleys have suffered from deprivation, depopulation and

¹⁴ [Improving mental health through the regeneration of deprived neighbourhoods](#)

low levels of house building, linked to a decline in traditional industries; the southern third of the county has experienced growth pressures due to the proximity of the M4 corridor and access to the major urban centres.

As our population aged over 65 increases over the coming years, consideration needs to be given to the housing needs of this group. Older people who were consulted as part of the LHMA process valued independent living; for some this meant remaining in their own homes, while others felt more confident in supported accommodation. Both local authorities reported a lack of options in the housing market for this age group, but in Rhondda Cynon Taf there is currently an over-supply of sheltered housing. In Merthyr Tydfil a recent study showed that all the older people's housing schemes are at 100% capacity.

A range of extra care housing options is needed including smaller, energy efficient homes, retirement complexes, sheltered accommodation, and care homes in order for older people to live independently in environments that support well-being. In addition, it is vital that communities become more 'age-friendly' and facilitate access and participation for people of all ages.

The quality and safety of our built environment:

Where we live matters to our health and well-being. Barton and Grant's health map demonstrates this.

The settlement health maps the relationship between health and the physical, social and economic environments.



For example, an individual’s ability—and motivation—to exercise and eat healthily can be limited by living in a neighbourhood that lacks safe areas for exercise, access to cheap, fresh fruit and vegetables is scarce, and where fast food outlets are plentiful.

As well as the physical and social environment, community safety has an impact on well-being. Community safety relates to people’s sense of personal security and their feelings of safety in relation to where they live, work and spend their leisure time. Feeling safe influences how people value their community, and is important to people’s quality of life, often making the difference between people wanting to live and stay in their neighbourhood or not. Community safety issues that affect well-being include poorly lit streets, graffiti or the cleanliness of an area through to services focussed on crime, victims of crime or those living in fear of crime¹⁵.

¹⁵ Auditor General for Wales (2016) [Community safety in Wales](#)

Community safety indicators:

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Wales |
|--|----------------|-------------------|-------|
| Rate of all offences per 1000 population | 72.41 | 60.42 | 58.95 |
| Percentage of people who agree that it is safe for children to play outside in the local area | 56% | 61% | 64% |
| Percentage of people who agree that the local area is well maintained by the local authority | 59% | 59% | 70% |
| Percentage of people who agree that the local area is free from graffiti and vandalism | 65% | 68% | 77% |
| Percentage of people who agree that the local area is free from litter and rubbish | 53% | 49% | 62% |
| Percentage of people who tend to agree/strongly agree that the local area is free from heavy traffic | 4% | 38% | 48% |

Source: National Survey for Wales/ONS

Planning and well-being:

A new briefing document¹⁶ demonstrates how planning objectives relate to the spheres of this health map.

Health and well-being objectives in planning for health, with respect to the spheres of the health map:

| Spheres from the health map | Objectives |
|-----------------------------|---|
| People | Providing for the needs of all groups in the population Reducing health inequalities |
| Lifestyle | Promoting active travel |

¹⁶ TCPA (2016) [Planning for better health and well-being in Wales](#)

| | |
|---------------------|--|
| | Promoting physically active recreation Facilitating healthy food and drink choices (including licensed premises) |
| Community | Facilitating social networks and social cohesion Supporting a sense of pride and cultural identity Promoting a safe environment |
| Local economy | Promoting accessible job opportunities for all sections of the population Encouraging a resilient, vibrant and diverse local economy |
| Activities | Ensuring the provision of retail, educational, leisure, cultural and health facilities that are accessible to all Providing good quality facilities, responsive to local needs |
| Built environment | Ensuring the good quality and required supply of housing Promoting a green urban environment that supports mental well-being Planning an aesthetically stimulating environment, with acceptable noise levels |
| Natural environment | Promoting good air quality Ensuring security and quality of water supply and sanitation Reducing the risk of environmental disaster |
| Global ecosystem | Promoting the substitution of fossil fuel with renewable energy Adapting the environment to climate change |

Source: TCPA (2016) Planning for better health and well-being in Wales

Connecting these objectives with the spheres of the health map advocates health and well-being as a key goal of town planning. This approach focuses on the positive impact that urban planning can have on human health, well-being and quality of life, and has the potential to create healthy sustainable communities.

In particular, for Cwm Taf, the causes of the significant and rising burden of obesity are not simply due to the food and physical activity choices of individuals. They are more complex than this and relate to a wide range of behavioural, societal and environmental factors.

Urbanisation has contributed to the development of 'obesogenic' environments, typified by high levels of car use, 24-hour food availability, sedentary occupations and low levels of physical activity. The fall in food prices relative to wages has encouraged greater consumption of soft drinks, confectionary snacks and fast food.

Evidence suggests that obesity will only decrease if the built environment is adapted to make it easier for people to be more physically active in their daily lives. Planning solutions should promote walking and cycling for leisure as well as active travel through well designed paths and cycle ways, while improving access to greenspace and leisure facilities. Such planning changes not only strengthen action on obesity, but also promote environmental sustainability.

A change of focus for Cwm Taf - from deficits to assets.

- Cwm Taf is a socio-economically deprived area.
- Historically, a range of commonly used indicators have reported the deficits in our area.
- Engagement has shown that people who live here do not want to be associated with the negative stereotyping of valleys communities.

The post-industrial economic legacy in Cwm Taf has led to the area being known for poor income, high unemployment levels, benefit dependency and poor lifestyles which lead to chronic illness and low life expectancy. Certainly the economic recession, austerity measures and recent welfare reforms have impacted detrimentally and disproportionately on our communities. The persistent negative perceptions of Cwm Taf erode well-being and add to the poverty of aspiration felt in some communities.

In contrast, our engagement process has revealed that people who live here do not necessarily regard themselves as being deprived and do not want to be associated with the negative stereotyping of valleys communities. Instead we have heard about networks, groups and initiatives which involve and support people's well-being in local areas including:

- Food Co-operatives.
- Credit Unions.
- Time-banking.
- Money Management skills.
- Transport/local solutions.
- Digital literacy schemes.
- Intergenerational activities – older people passing on traditional skills to young people.

People spoke of the natural environment being one of our biggest assets, with parks and the Taff Trail being a source of enjoyment for individuals and families. Others suggested using community assets such as buildings where the original services had stopped, and exploring the potential of repurposing these as community hubs as a focus for activities and participation. All of these activities build social capital and increase community cohesion. By looking at the assets in our communities rather than the deficits we may learn how our citizens are maintaining their resilience in the face of such adverse circumstances.

Assets are factors or resources which improve the ability of individuals, communities and populations to maintain their well-being. These act as protective or supporting factors to buffer against life’s stresses. They include the capacity, skills, knowledge, connections and potential in a community. Measuring assets alongside needs gives an improved understanding of communities and helps to build resilience and social capital and thus develops a better way of providing services.

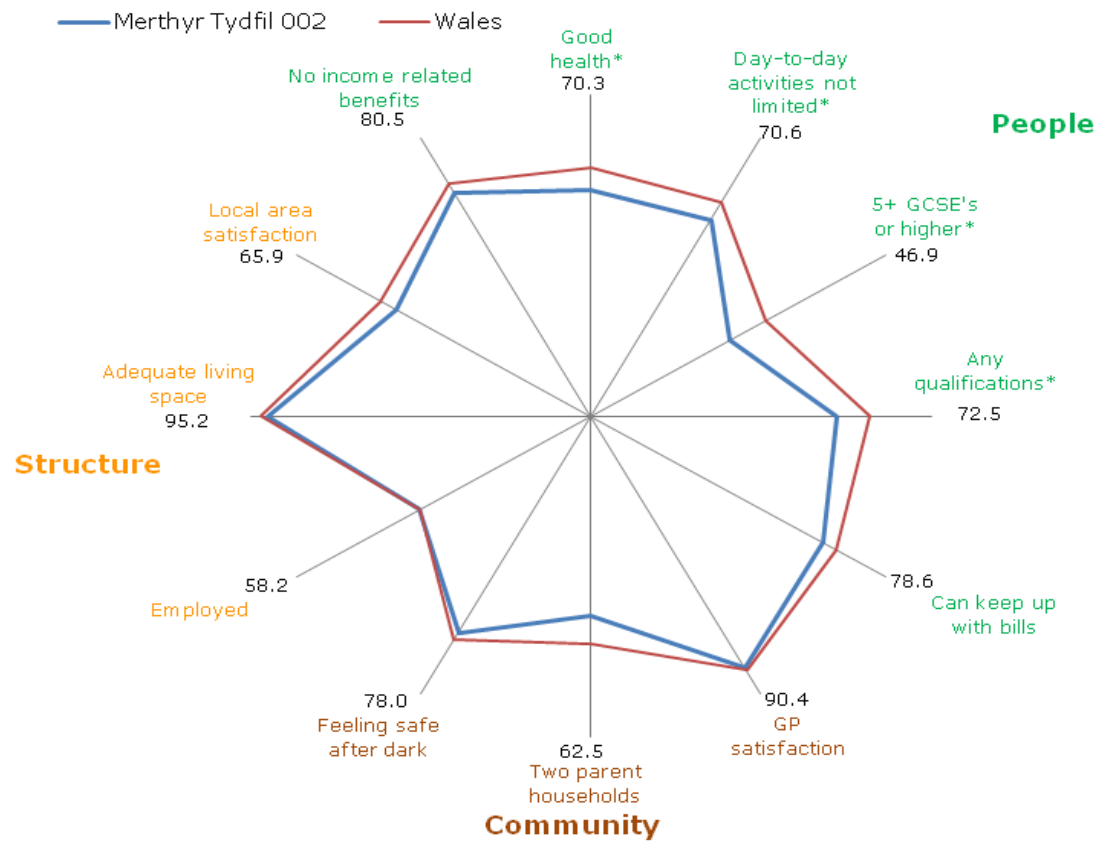
A range of asset indicators has been developed covering a range of topics across three domains:

| People | Community | Structure |
|----------------------|----------------------------|-------------------|
| Health | Services | Employment |
| Education | Family cohesion | Open environment |
| Financial well-being | Neighbourhood satisfaction | Built environment |

The asset indicators for Merthyr Tydfil and Rhondda Cynon Taf have been visually interpreted below as spider charts. These show how our local authority areas compare with Wales.

Health Asset indicators, percentages, Merthyr Tydfil 002 and Wales

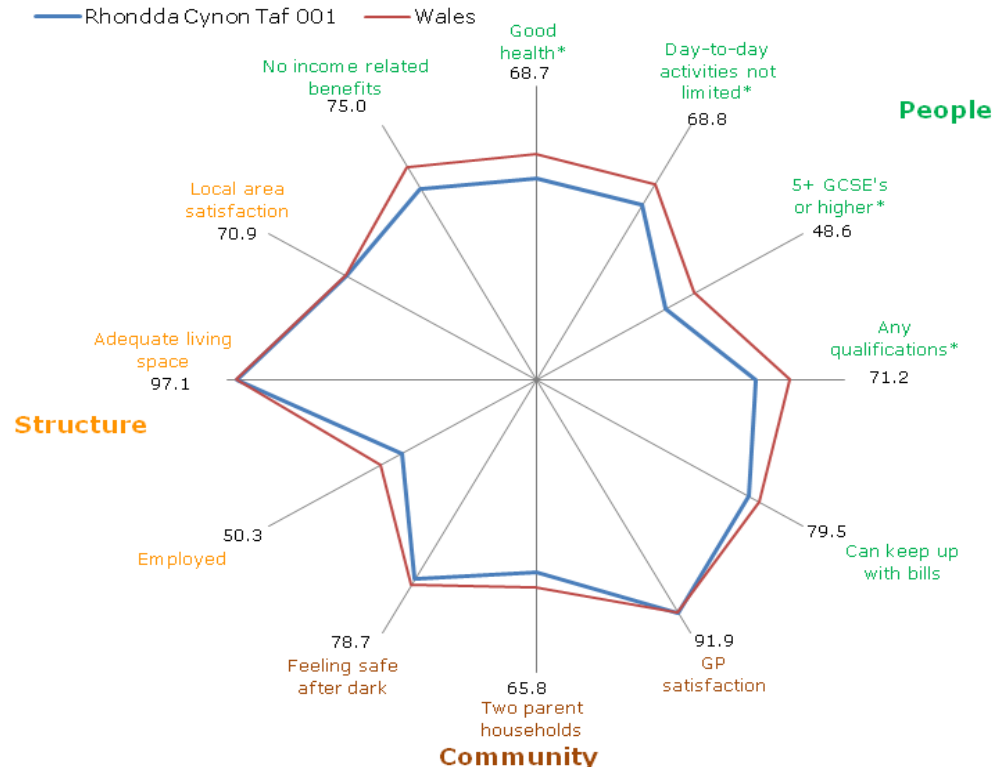
Produced by Public Health Wales Observatory, using NSW (WG), Census 2011 (ONS) and DWP



*These percentages are directly age-standardised using aggregated weightings from the 2013 European Standard Population.

Health Asset indicators, percentages, Rhondda Cynon Taf 001 and Wales

Produced by Public Health Wales Observatory, using NSW (WG), Census 2011 (ONS) and DWP



*These percentages are directly age-standardised using aggregated weightings from the 2013 European Standard Population.

By considering our assets, we can begin to build on the strengths in our communities as well as targeting areas for improvement. However, further work needs to be done on measuring the assets in Cwm Taf as a starting point.

4. Links to other well-being themes

Social well-being does not stand alone and has many links with the other well-being themes as has been discussed in this document.

Health in particular links across all the other well-being themes; poor health affects our ability to learn, work and socialise with family and the wider community.

The wider determinants of social well-being lie in all the themes, and action to reduce inequalities needs to happen across all themes if social well-being is to be improved.

In addition, action to improve social well-being for our whole population will also impact on all the themes covered by the Social Services and Well-being (Wales) Act.