

Building a Fairer Society

Consultation paper on Inequality in Wales

Autumn Conference 2014

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Purpose of Policy Document/Background

This paper has been prepared as part of a project for Kirsty Williams AM, funded with the kind support of the Joseph Rowntree Reform Trust. The aim of this project is to explore the issues facing democracy in Wales and develop policy which will expand access and increase participation in Welsh democracy.

This Consultation Paper is the first stage in the development of new Welsh Liberal Democrat policies in relation to inequalities in Wales. It does not represent agreed policy. It is designed to stimulate debate and discussion, within the Welsh Liberal Democrat party and outside. Not all of the questions asked by the consultation will become party policy and no question or statement should be taken as being Welsh Liberal Democrat policy unless it has been approved by Conference.

This paper has been approved for consultation by the Welsh Liberal Democrat's Policy Committee as a Consultation Paper, for debate at Welsh Liberal Democrat Autumn Conference in Aberystwyth, November 2014. Using the responses a full policy paper will be drawn up and presented to Conference in February 2015.

Comments on the paper should be directed to:
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Comments should reach us as soon as possible, and no later than 10 December 2014.

Foreword

Wales is a wonderful country and we have so much to be proud of.

For example, the first steam locomotive to haul a train on rails was in Merthyr Tydfil, the first wireless signals over open sea were sent by Marconi near Penarth. There have been numerous Welsh musicians, designers and actors of international renown. Moreover, the landmark policies necessary to address inequality - old age pensions, sick pay, unemployment insurance, employment exchanges and free school meals were spearheaded by a Welsh politician.



However, it is shocking that so many of the key indicators of people's well-being and opportunity show that the people of Wales are being let down. The Labour led government in Wales has not given the effective leadership to ensure high class public services. The Labour complacency and lack of rigour is not good enough.

The Welsh Liberal Democrats are determined to address that balance so that Wales has a fairer society and stronger economy. We are already taking the following action to meet those goals:

- *securing increased funding for the Pupil Premium in Wales, ensuring schools have the resources to support pupils from the poorest backgrounds.*
- *supporting the creation of more apprenticeship schemes, to ensure a skilled workforce for Wales as well as further education opportunities for those not interested in pursuing academic qualifications.*
- *supporting the South Wales Metro system and not the ploughing of all our resources into a new M4.*

However, we are keen to do more. This paper currently focuses on the necessary foundations for a society that offers opportunity for all: generation of wealth, good quality education, free healthcare, safe housing and a reliable transport infrastructure.

One overarching question needs to be kept in mind, "How can everyone in Wales have equal access to opportunities in every area?"

I would very much welcome your views.

A handwritten signature in black ink that reads "Kirsty Williams". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Kirsty Williams AM
Leader of the Welsh Liberal Democrats

Building a Fairer Society and Opportunity for All

Introduction

There have been some shocking media headlines over the last 12 months:

- “PISA ranks Wales’ education the worst in the UK”, 3 December 2013¹
- “People with disabilities in Wales face higher levels of inequality than in any region of England”, 3 December 2013²
- “Wage Inequality between Wales and London rises by 9.8%”, 24 March 2014³
- “Child obesity rates higher in Wales in England”, 31 July 2014⁴

These headlines highlight the inequality that exists in Wales when contrasted with the rest of the UK and comparable countries.

Debate about inequality has raged for years. The 2009 book, the *Spirit Level: Why More Equal Societies Almost Always Do Better*⁵, argued that inequality in societies leads to “eroding trust, increasing anxiety and illness, (and) encouraging excessive consumption”. The book claimed that for each of eleven different health and social problems: physical health, mental health, drug abuse, education, imprisonment, obesity, social mobility, trust and community life, violence, teenage pregnancies, and child well-being outcomes are significantly worse in more unequal rich countries. The former Labour Prime Minister, Tony Blair, seemed more relaxed about the existence of an inequality gap saying, he didn’t go into politics to make sure that very high earners earned less money.⁶ Margaret Thatcher declined to condemn an increased gap between the richest and poorest 10% during her last Prime Ministers questions⁷. The Liberal Democrats believe that there should be equality of opportunity for all, rather than just achieving equality, as shown in this extract from their constitution:

*The Liberal Democrats exist to build and safeguard a fair, free and open society, in which we seek to balance the fundamental values of liberty, equality and community, and in which no one shall be enslaved by poverty, ignorance or conformity. We champion the... well-being of individuals...and their right to develop their talents to the full...We believe that the role of the state is to enable all citizens to attain these ideals, to contribute fully to their communities and to take part in the decisions which affect their lives.*⁸

The purpose of this paper is to consider how to address inequality in those areas, which have a specific impact on deprived communities, where Wales performs particularly badly when assessed against comparable countries. It needs to be considered how public services can be improved to address inequality levels.

¹ <http://www.bbc.co.uk/news/uk-wales-25196974>

² <http://www.walesonline.co.uk/news/wales-news/people-disabilities-wales-face-higher-6366744>

³ <http://www.walesonline.co.uk/news/wales-news/wage-inequality-between-wales-london-6866967>

⁴ <http://www.wales.nhs.uk/sitesplus/888/news/33512>

⁵ *The Spirit Level: Why More Equal Societies Almost Always Do Better*, Richard Wilkinson and Kate Pickett 2009

⁶ <http://www.newstatesman.com/politics/2013/04/inequality-and-after-thatcher-what-really-happened>

⁷ House of Commons Hansard, 22 November 1990

⁸ Constitution of the Liberal Democrats. <http://www.libdems.org.uk/constitution>

Overview of Inequality in Wales

As arguably the world's first industrial nation due its great mineral wealth in slate, coal and iron ore, Wales has generated a huge amount of wealth for the UK. However, the workers and people of Wales had to fight hard for their share of the wealth. This was shown by the Rebecca riots and Chartist marches. Unfortunately, productivity in Wales now lags behind the rest of the UK as do exports, a sharp contrast with the picture 100 years ago⁹.

Various reviews have highlighted the current extent of inequality in Wales. For example, the 2014 State of the Coalfields Study concluded that, *"It's clear that of all the former mining areas in Britain those in south Wales remain the most socially and economically, disadvantaged"*.¹⁰ It found that:

- 757,000: Number of people living in former mining communities in South Wales
- 9.8%: The proportion in the valleys who say their health is bad or very bad - higher than any other former coalfield
- 17%: The proportion of working age adults on benefits in the valleys - higher than any other former mining community
- 20%: The proportion of working age adults in the valleys who have no qualifications compared to a 15% national average.
- 10.7%: The proportion of the valleys' population who claim disability allowance - double the national average
- 41: The number of jobs for every 100 people of working age - the lowest of any former mining area.

Wales has been deemed one of the poorer parts of the European Union so has qualified for "structural funding" for the third time in a row to generate wealth and create jobs.¹¹ The money is given to areas where the value of what is produced is three-quarters or less of the EU average. The latest tranche runs from January 2014 until 2020. There will be £1.7bn for west Wales and the valleys and £350m for east Wales. When Wales first qualified for this type of funding in 2000 and was given £1.6bn, First Secretary Rhodri Morgan called it a *"once-in-a-generation opportunity to transform our economy and make a major difference to the lives of people in west Wales and the valleys"*.

Wales has some areas of high deprivation. These include large areas of the South Wales Valleys, parts of Cardiff, Newport and Swansea, pockets around Cardigan, Rhyl and Bangor.¹² The causes of this deprivation include the closure of the coalmines and the decline of the tourist trade in seaside areas. Living in a deprived area is more likely to lead higher levels of poor health, smoking and teenage pregnancy, violence, lower education levels and other difficulties.

Poor performance of public services and lack of confidence

The problem of inequality in Wales is exacerbated by the poor performance of many public services. Wales has lower levels of education attainment than the rest of the UK¹³, targets for

⁹ http://www.clickonwales.org/wp-content/uploads/15_Factfile_Economy.pdf

¹⁰ Sheffield Hallam University Centre for Regional Economic and Social Research: The State of the Coalfields – Economic and Social Conditions in the former mining communities of England, Scotland and Wales

¹¹ <http://www.bbc.co.uk/news/uk-wales-23155414>

¹² Wales Index of Multiple Deprivation 2014

¹³ <http://www.oecd.org/pisa/keyfindings/pisa-2012-results.htm>

ambulance response times are missed¹⁴ and there are longer waiting lists for specialist treatment¹⁵. The Welsh Government's own targets to improve the quality of social housing in Wales are missed.¹⁶ The transport network leaves many isolated¹⁷ and the proportion of young people not in education, employment or training (NEETs) is higher in Wales than anywhere else in the UK¹⁸.

It has been argued that Wales is held back by a general level of low confidence. For example, the December 2013 Final Report for Wales by the Oxbridge Ambassador Paul Murphy found that, *"Too many bright Welsh applicants appear to suffer from low self-esteem and to lack academic self-confidence, which precludes them from applying or undermines their ability to do themselves justice in the application process"*.¹⁹

Welsh Government response

In 2012, the Welsh Government produced its assessment on equality in, "Wales as it stands - what are the inequalities we want to tackle?"²⁰ The Labour led Welsh Government has introduced policies to tackle inequality including some free services. These include free swimming and coach travel free breakfasts and free prescriptions. Some commentators have argued that inspection regimes for public services have been insufficiently rigorous and that weak management has not been robustly challenged.

- 1) What are the generic reasons why some Welsh public services underperform?
- 2) Has the EU structural funding been well used? How could it have been better spent?
- 3) How can there be sufficient transparency about how Welsh public services perform?
- 4) How can positive and negative feedback on public services be given in the most effective way?
- 5) Is there sufficient evaluation of the success of government initiatives? If not, how can it be improved?
- 6) Is enough research done to identify the root cause of a problem before a policy to tackle it is announced by the Government?
- 7) Does the provision of certain free public services target funding in the most effective way?

¹⁴ <http://wales.gov.uk/statistics-and-research/ambulance-services/?lang=en>

¹⁵ <http://wales.gov.uk/docs/statistics/2014/140109-referral-to-treatment-times-november-2013-en.pdf>

¹⁶ <http://www.insidehousing.co.uk/wales-fails-to-hit-quality-standard-target/6524227.article>

¹⁷ National Assembly for Wales Enterprise and Business Committee. Integrated Public Transport in Wales Report, May 2013

¹⁸ <http://www.walesonline.co.uk/news/local-news/welsh-neets-highest-uk-2028170>

¹⁹ <http://www.walesonline.co.uk/news/wales-news/lack-self-confidence-stops-welsh-students-6400729>

²⁰ <http://wales.gov.uk/topics/equality/publications/5503306/?lang=en>

Wealth, Income and Employment Inequality

Wales needs a vibrant economy to generate good employment, wealth and income levels to maximise opportunity. Unfortunately, Wales has some way to go to achieve those goals.

The pay gap between the top 10% of earners in London and the bottom 10% in Wales has risen by 9.8%. This is far higher than the overall UK average over the same period. However, the gap between the richest and poorest in Wales is reducing according to the 2000 and 2013 Annual Survey of Hours and Earnings (ASHE).²¹ So, in one way, Wales is more equal.

In addition, Wales has the highest percentage of people on low incomes in the UK according to the Department of Work and Pensions. The latest Households below Average Incomes (HBAI) survey shows that in 2012/13 24% of workers in Wales live on low incomes after housing costs. This is a higher proportion than England, Scotland or Northern Ireland. The figures are getting worse as they are up a percentage point on the previous year. Someone is considered to be in absolute poverty if they receive less than 60% of the average income in the year in question.²²

Wales has the lowest employment rate and the highest economic inactivity rate in Great Britain, according to the Office for National Statistics (ONS). The October 2014 figures report that the employment rate in Great Britain for people aged 16-64 was highest in the East of England region (76.8%) and lowest in Wales (68.8%). The inactivity rate was highest in Wales at 26.3%. On a more positive note, there was a slight fall in unemployment between March to May and June to August 2014 - down from 6.8% to 6.7%.²³

One of the indicators of Wales's economic difficulties is the low productivity levels, measured by Gross Value Added (GVA). ONS figures show that, England has the highest GVA per head at £21,037, followed closely by Scotland at £20,013, then Northern Ireland at £16,127 and finally Wales with £15,401.²⁴

Assessment of the Challenges

The Institute of Welsh Affairs provides an assessment of Wales's economic challenges. They say that, a wealth gap that has existed for more than 100 years between Wales and the more prosperous regions of Britain has been widening in the first few years of the 21st Century, and on many measures Wales ranks as the poorest, or at best second or third poorest performing region of the UK economically.²⁵

The former predominance of coal - which ended after the First World War with the switch to oil in many industrial and transport uses - is at the heart of the problem. During the era of coal and steel - its other main industrial sector - Wales did not develop a diversified economy. Attempts to correct this fault, through post-war direction of industry, inward investment incentives and the encouragement of indigenous entrepreneurialism have not yet paid off. Wales has a very small portfolio of company headquarters, a poor record in business start-ups, a relatively small financial services sector... and below the share of UK research and development expenditure that might be expected.

²¹ <http://www.tuc.org.uk/economic-issues/britain-needs-pay-rise/pay-inequality-has-soared-across-london-and-south-east-2000>

²² <http://www.walesonline.co.uk/news/wales-news/new-figures-show-wales-highest-7355475>

²³ <http://www.walesonline.co.uk/news/wales-news/latest-jobs-figures-show-wales-7938328>

²⁴ <http://www.ons.gov.uk/ons/guide-method/compendiums/compendium-of-uk-statistics/economy/index.html>

²⁵ http://www.clickonwales.org/wp-content/uploads/15_Factfile_Economy.pdf

Two decades of success in the 1980s and 1990s in attracting inward investment saw Wales winning some of the biggest projects to come to the UK, which have now run their course. Many of the companies that were attracted to Wales by the incentives on offer then have now found it more profitable to scale back or move their operations to other destinations on the globalisation game board. The vacuum left by a weak private sector has been mainly filled by the public sector, mostly health, education and local and national government, which now accounts for more than 60% of the Welsh economy, a figure higher than in many parts of former Eastern Europe.

It should be noted there have been some success stories. For example, when the Admiral Company floated on the London Stock Exchange in September 2004 and became the highest valued public company in Wales.

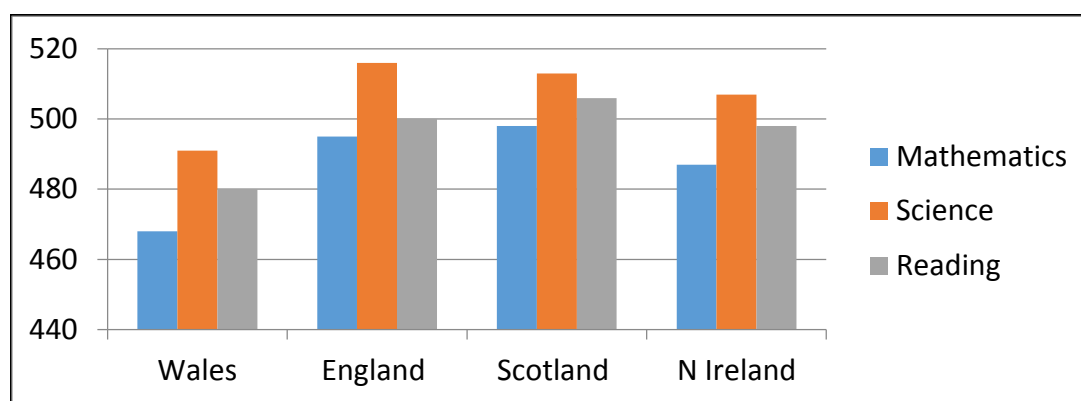
- 8) How can Wales be made wealthier and how can that wealth be distributed equally across the whole country?

Educational and Early Years Inequality

Schools

Wales is the lowest performing UK country on the educational international stage according to the Organisation for Economic Co-operation and Development (OECD). The 2012 PISA survey, found that of 65 countries included in the survey, Wales was 43rd in maths (formerly 40th), 41st in reading, (formerly 38th) and 36th in science (formerly 30th). The tests were taken by 500,000 15-year-olds in 65 OECD countries.²⁶

The chart below shows how Wales compares to other UK countries in the 2012 PISA survey.



It is also of huge concern that nearly a third of local education authorities in Wales have been subject to special measures. These include Anglesey, Pembrokeshire, Torfaen, Blaenau Gwent, Monmouthshire and Merthyr.

Impact of a poor education system on inequality

Having a good educational system is fundamental to improving the overall opportunity and well-being of Wales. As Katja Hall, the chief policy director of the Confederation of British Industry (CBI) employers' organisation said, *"No issue matters more to the UK economy over the long term than the quality of our education system"*.²⁷

A good education system is the key to getting people out of poverty. However, the Social Mobility and Child Poverty Commission have recently called for "urgent" change in Wales to help those from the poorest backgrounds and ensure more people go to university. In their second report, produced in October 2014, the Commission is alarmed that better-off pupils in Wales are more than twice as likely as those on free school meals to achieve five good GCSEs including English or Welsh and mathematics. These children have a lower attainment rate than their counterparts in all but six of the 152 local authority areas in England. The commission, chaired by former Health Secretary Alan Milburn, warns that *"nearly half of three-year-olds in Wales in the poorest areas are failing to achieve the expected level of development for their age."*²⁸

These sentiments are echoed by ESTYN. In her 2012-2013 Annual Report, the Chief Inspector, Ann Keane, said:

²⁶ <http://www.oecd.org/pisa/keyfindings/pisa-2012-results.htm>

²⁷ <http://www.bbc.co.uk/news/education-25187997>

²⁸ <http://www.walesonline.co.uk/news/wales-news/poor-children-wales-being-let-7965691#rlabs=10>

“It is the case that too many pupils, at present, continue to be disadvantaged by poverty. Schools with high proportions of pupils entitled to free school meals do not currently perform as well as those with pupils from more advantaged backgrounds”... “Tackling the impact of poverty has to be central to whole-school planning. School leaders do not currently put a high enough priority on this. Schools should have a suite of distinct initiatives to support disadvantaged learners [...] in terms of:

- *Tracking pupil progress*
- *Coaching and mentoring individuals*
- *Improving literacy and crucial thinking skills*
- *Developing social and emotional skills*
- *Support for well-being include attendance and behaviour*
- *Offering a relevant and motivating curriculum*
- *Listening to learners and*
- *Engage with parents”.*²⁹

Potential solutions to improve school performance

Following the poor performance of Wales in the international PISA survey, the Welsh Government asked the OECD to provide an analysis of the Welsh education system. The resulting 2014 report, *Improving Schools in Wales: An OECD Perspective*, recommended a way of improving the education for children from deprived backgrounds. It concluded:

*“With a high proportion of low performers, about one in five students living in poverty and the same proportion with special education needs, and low proportion of high performers, Welsh schools need to move towards more personalised learning while still setting high expectations for every child”.*³⁰

The importance of leadership to school improvement, including in the mitigation of poverty has been highlighted by ESTYN. The Chief Inspector said:

“One of the key factors in any journey of improvement is strong leadership. There has not been enough support at a national level in Wales to develop leaders systematically by offering training, coaching and mentoring programmes for aspiring middle and senior managers”.

She also criticised the lack of a central source of expertise for leaders saying, *“Leaders lack a one stop shop of leadership expertise that they can call on for guidance and informal advice, sourcing of training courses, and the matching of partners for coaching and mentoring.”*³¹

The former Labour Welsh Education Minister, Leighton Andrews AM, mooted the possibility of some schools following a co-operative model in 2012. Some commentators feel he may have been promoting the concept of such a model as way of harnessing the commitment of teachers, governing bodies and parents while retaining the benefits of remaining firmly within the public sector.³²

England has some different schooling models to Wales. The most notable of these are academies which are publicly funded independent schools. Academies don't have to follow the

²⁹ HM Chief Inspector of Education and Training Wales Annual Report, 2012-2013, page 8

³⁰ *Improving Schools in Wales: An OECD perspective*, 2014

³¹ HM Chief Inspector of Education and Training Wales Annual Report, 2012-2013, page 13 and 8

³² <http://www.bevanfoundation.org/blog/time-for-co-operatives-in-education/>

national curriculum and can set their own term times. They still have to follow the same rules on admissions, special educational needs and exclusions as other state schools. Academies get money direct from the government, not the local council. They're run by an academy trust which employs the staff. Some academies have sponsors such as businesses, universities, other schools, faith groups or voluntary groups.³³ Sponsors are responsible for improving the performance of their schools.

In October 2014, the Welsh Government set out their vision and aims for education to 2020 in, "Qualified for Life - An education improvement plan for Wales". The document acknowledges that "Excellent teaching and learning comes from...excellent practitioners, who are highly skilled, who combine expert subject knowledge with a deep understanding of the learning process and who continually seek to improve their skills"... "Evidence shows that learners from deprived backgrounds may be less likely to experience good-quality teaching, but to buck the trend, they need more of it". The paper announces plans to reform Initial Teacher Training so that new teachers entering the profession are the best qualified and best trained.³⁴

Pupil Deprivation Grant

Over recent years, the Welsh Liberal Democrats have secured funding for the Pupil Deprivation Grant (PDG) which supports children in most need. Funding for continuation of an expanded PDG from 2015/16 has been secured. All schools in Wales will receive £1,050 per child on free school meals in 2015/16 to spend on improving the literacy and numeracy skills of the poorest pupils. This will rise to £1,150 for the following year. For the first time, under 5s will receive the grant (at a rate of £300 per eligible child in 2015/16) to ensure Welsh children get the best possible start in life. Schools have used this money to invest in additional learning support for students as well as updating resources for the classrooms.³⁵

An October 2014 Welsh Government commissioned report has identified a number of positive indicators to show that the PDG is having its intended effect. Particularly, there is evidence to show that a significant amount of new activity has been undertaken to support disadvantaged pupils and there has also been a culture change in schools which has improved the way they tackle disadvantage and monitor impact. The Welsh Government need to address the flaws in the monitoring of the PDG grant and make sure that schools follow Ministerial guidance and make better use of the Sutton Trust Toolkit evaluation system. The regional consortia need to do more to support schools and ensure that even more disadvantaged children are given the opportunity to benefit from this scheme.³⁶

A 2013 Welsh Liberal Democrat survey of 1,630 primary and secondary schools in Wales revealed how students from poorer backgrounds are starting to benefit from the pupil deprivation grant. Many of the comments received in response to the survey highlighted the positive impact that the pupil deprivation grant is having. Some schools noted that carefully focused spending and teaching had resulted in "*positive, measureable outcomes*" and was having a "*huge impact on improved pupil performance*".³⁷

³³ <https://www.gov.uk/types-of-school/academies>

³⁴ Welsh Government, Qualified for Life - An Education Improvement Plan for Wales October 2014

³⁵ Media release: Welsh Lib Dems secure major £223m deal, 30 September 30, 2014

³⁶ Media release: Welsh Lib Dem flagship policy having positive effect, 22 October, 2014

³⁷ <http://welshlibdems.org.uk/en/article/2013/720466/pupil-deprivation-grant-beginning-to-make-a-difference-to-children-from-poorer-backgrounds-aled-roberts>

Free School Meals

In England, the Liberal Democrats in Government have introduced free school meals for all pupils aged 4-7 in England from September 2014. The purpose of the policy is to help to improve pupil attainment, end the stigma often attached to free school meals, ensure children can have a healthy and nutritious meal at lunchtime and save parents money. The move will save the average family £400 a year per child and ease household budgets. The Liberal Democrat 2014 Pre-Manifesto has given a commitment to expand the policy to all primary school pupils in England.³⁸

The policy has been based on in depth research. In January 2013 the Department for Education produced a Research Report which evaluated the Impact of a Free School Meals (FSM) pilot which took place in Newham and Durham local authorities. Two different approaches to extending FSM provision were tested as part of the pilot. In the local authorities piloting a 'universal' offer (Newham and Durham), all primary school children were offered free school meals. In the third area (Wolverhampton), entitlement was extended to cover pupils in primary and secondary schools whose families were on Working Tax Credit whose annual income did not exceed £16,040 in 2009-10 (uprated to £16,190 in 2010-11). The evaluation found that the universal pilot had a significant positive impact on attainment for primary school pupils at Key Stages 1 and 2, with pupils in the pilot areas making between four and eight weeks' more progress than similar pupils in comparison areas.³⁹

The Welsh Labour Government has received additional funding over two years as a result of this policy in England. However, they have not used the funding to introduce free school meals in Wales. If the policy was extended to Wales along the lines of the Liberal Democrat 2014 Pre-Manifesto 269,421 primary school pupils would be likely to benefit. The Welsh Liberal Democrat spokesperson has welcomed this policy and called for it to be replicated in Wales.⁴⁰

Special Educational Needs

Studies have also noted a link between those children on Free School Meals (FSM) and special education needs and behavioural issues. Where schools and parents are not given the skills and resources to support a child who needs additional support, pupils will fall further behind. Pupils with special educational needs may include gifted students as well as those who struggle.

The process for accessing additional help and support for those with SEN has been the source of much debate. The process, known as "statementing" requires many forms and assessments to be completed and can take a considerable time. New changes are coming into force. Getting access to help should be simple. While there should always be a criteria for eligibility children should not miss out on assistance because the process is too complex for their parents/carers to navigate. Getting help early on means young people can receive maximum assistance and support throughout their education.

³⁸ Liberal Democrat Pre-Manifesto 2014

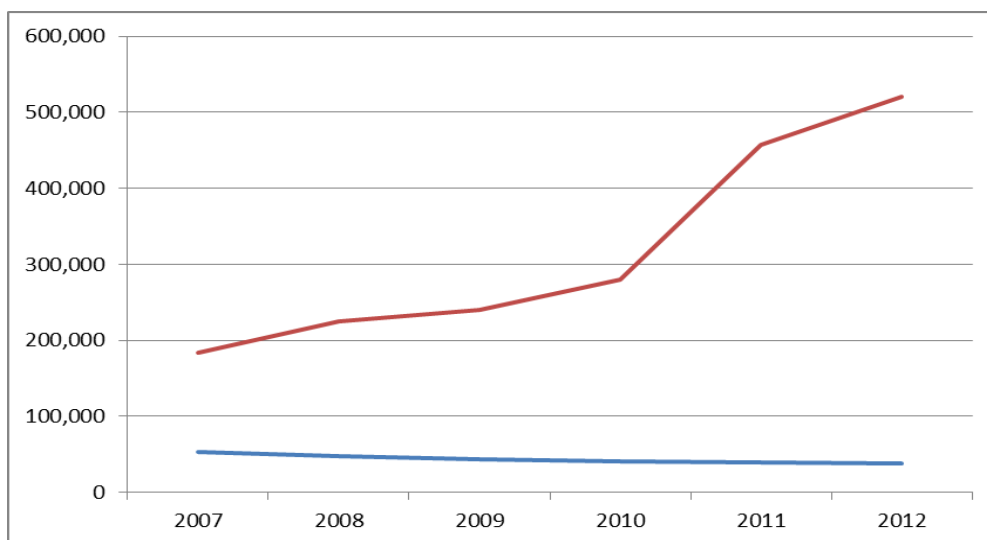
³⁹ Evaluation of the Free School Meals Pilot Impact Report, Department for Education, January 2013

⁴⁰ Welsh Liberal Democrat Media Release: **Welsh infants are missing out on free school meals**

- 9) What reforms of the Welsh education system should there be?
- 10) Is the current local education authority and education consortium structure fit for purpose?
- 11) How can we ensure that there is strong leadership in schools?
- 12) How can the quality of teaching be improved in schools?
- 13) How can support for children with special educational needs be improved?
- 14) How can the pupil deprivation grant be used to best effect?
- 15) How can we recruit the best teachers to teach in Wales?
- 16) What lessons can we learn from other countries that seem to be doing better?
- 17) What is the right approach to monitoring school performance and providing parents with quality information to help them make the right choice of school for their children?
- 18) How should free school meals be implemented in Wales?

Apprenticeships and vocational education

Whilst the number of apprenticeships for young people in England has risen dramatically since the Liberal Democrats entered the Coalition Government in 2010, there has been a decline in Wales. This is highlighted in the chart, below which compares the number of apprenticeships in England (upper line - red) to Wales (lower line - blue). The figures were provided by Stats Wales and House of Commons Library.⁴¹



Source: Stats Wales and House of Commons Library

The current lack of support for businesses wishing to take on apprenticeships is detrimental to the Welsh economy as it slows the speed at which businesses may be able to expand but also to those apprentices looking for placements and unable to complete their training due to a lack of apprenticeships available.

If the current trends continue Wales could face a skills shortage in the next 10 years as skilled workers retire with no one able to take their place. In November 2013, the Liberal Democrats launched a report into the challenges young people face when looking at their post 16 educational options. The Welsh Liberal Democrats have proposed:

⁴¹ Stats Wales and House of Commons Library - Apprenticeship Statistics

- Developing a school liaison programme to increase the prominence of apprenticeships in the provision of career advice to young people
- Establishing an Apprenticeship Ambassador scheme to promote positive role models
- Improving the visibility of competitions to celebrate excellence in skills
- Trialling a UCAS-style single application process and clearing house system to improve the parity of approach between career routes
- Creating a single information, application and support system to streamline information provision and reduce drop-out and disengagement rates

19) How can Wales dramatically increase the number and quality of apprenticeships?

Early Years

Flying Start is the Welsh Government's targeted early years programme aimed at families with children below 4 years of age in some of the most deprived areas in Wales. It was initially introduced in 2007 and funding allocated until 2010-11. The Welsh Government committed to expanding of the scheme from 2012 onwards with the aim of doubling the number of children gaining from Flying Start to from 18,000 to 36,000 by 2016.

In 2012/13, 23,579 children benefited from Flying Start services. This reflects the total number of children who have had a contact with a Flying Start health visitor during the year.⁴² The Flying Start scheme consists of **four core elements**:

- **Free 'quality' part time childcare:** for all eligible 2 to 3 year olds for 2.5 hours a day, 5 days a week for 39 weeks. This should also include at least 15 sessions of childcare provision for families during school holidays;
- **Enhanced health visiting:** with caseloads of 1 health visitor per 110 children in Flying Start areas, (a significantly reduced caseload compared with the generic service);
- **Parenting support programmes:** provision of parenting programmes, to be decided upon local need, which have been judged to generate positive outcomes for children;
- **Early language development and play skills:** each eligible family should have access to a language and play group. Where needed, more specialist support can be offered.

Research has shown that those children who are below the language targets when starting school are likely to remain, and even fall further behind. Programmes like Flying Start can help parents develop the skills to teach their children from an early age. Children from deprived backgrounds are less likely to be read to at home, sometimes due to low literacy levels of the parents.

However, Flying Start is one of the "post code lottery" services meaning that the services vary greatly from community to community and those in need who live in a more affluent area often do not have such provision, even if there are a number of families who would benefit from the services.

- 20) Does Flying Start address the needs of children who meet the criteria for support? If not, how should Flying Start be reformed?
- 21) Does there need to be additional early year's initiatives to support those most in need? If so, what?
- 22) Does there need to be better co-ordinated support for families in particular difficulty?

⁴² <http://www.assemblywales.org/Research%20Documents/Flying%20Start%20-%20Research%20note-03032014-254185/rn14-005-English.pdf>

Health Inequality

In her 2012-13 Annual Report the Chief Medical Officer for Wales said, “*Significant inequalities in health continue to exist across the country, men in the most deprived areas having almost eight years lower life expectancy and women about six years lower, compared with the least deprived areas*”.⁴³ Monmouth, on the English border, has the highest life expectancy in Wales, while Blaenau Gwent, just a few miles away, and within the same health trust/board, has the lowest.⁴⁴

She goes on to report that, “*there are still inequalities, tough challenges such as smoking and obesity and newer threats like liver disease, all of which disproportionately affect the poorest communities*”.⁴⁵ People in the most deprived areas have higher levels of mental illness, hearing and visual impairment, and long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis.⁴⁶ When compared with the rest of the UK, Wales has high smoking levels⁴⁷ and high alcohol consumption (particularly by younger people).⁴⁸

Differences in happiness and health both appear to be strongly related to social circumstances. Happiness levels were related to being in work; only 20 per cent of employed people rating low ‘life satisfaction’ compared with 45 per cent for the unemployed. Perceived good health also correlated positively with happiness.⁴⁹

Impact of poor health on communities

When a nation’s health is poor the impact is far reaching. The effects are felt not only by the individuals and their families but also by communities and the country as a whole. Poor health leads to reduced output, the number of sick days taken impacts upon businesses and their ability to grow and employ more people. It impacts upon education as children miss out not only from their own sick leave but from that of teachers. The healthcare system struggles to cope with the changing demographics and the increase in chronic conditions, and it reduces enjoyment of life and the ability to interact with family and friends. The Welsh healthcare system is struggling to cope with rising demand and a limited budget.

Preventative Work

Preventative work is being done by different health trusts to improve outcomes in deprived communities. For example, the Cardiff and Vale University Trust provides cooking classes, nutrition programmes, and access to fitness programmes. The exercise referral scheme also provides access to facilities, either for free or at a reduced cost. Work is being done in conjunction with local leisure centres, which also give tasters of various activities available. There may be funding available for those who struggle to meet the cost of the services.

- 23) What can be done to improve the life chances of children born in Wales?
- 24) How successful is the Welsh Government preventative health policy?
- 25) What impact has the free prescriptions policy had on the health of Wales?

⁴³ Chief Medical Officer for Wales Annual Report 2012-13, Page 13

⁴⁴ <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Life-Expectancy/LifeExpectancy-by-LocalAuthority-Gender>

⁴⁵ Chief Medical Officer for Wales Annual Report 2012-13, Page 35

⁴⁶ <http://www.wales.nhs.uk/sitesplus/888/page/43764>

⁴⁷ http://www.ash.org.uk/files/documents/ASH_93.pdf

⁴⁸ <http://www.alcoholconcern.org.uk/assets/files/Wales%20factsheets/A%20drinking%20nation%20-%20final.pdf>, page 15

⁴⁹ Chief Medical Officer for Wales Annual Report 2012-13, Page 13

Obesity

Child obesity rates are higher in Wales than England according to the second annual report of the Child Measurement Programme, published in July 2014. The programme, run by Public Health Wales, showed that over a quarter of five year olds in Wales have an unhealthy body mass index compared to just over a fifth of five year olds in England.⁵⁰

The 2013 Child Measurement Programme Report showed the inequality between the more deprived and affluent parts of Wales. In Merthyr Tydfil, 34% of four to five-year-olds were overweight or obese, while in neighbouring Rhondda Cynon Taf, the figure was nearly 32%. In contrast, in the more affluent areas of Monmouthshire and the Vale of Glamorgan, the figures were 22% and 25% respectively.⁵¹

The Chief Medical Officer for Wales concluded, in her 2012-13 report, that childhood obesity is one of the most serious health challenges of the early 21st century, with serious health consequences, significant reductions in quality of life and a greater risk of bullying and social isolation. It has trebled over the past 30 years. Half of obese school-age children are likely to become obese adults with especially high risk of metabolic syndrome. Moreover, since behaviour is often passed down through families, successful intervention is essential to safeguard the health of future generations.⁵²

Definition

Obesity is the term used to describe someone who is very overweight with a lot of body fat. It is generally caused by consuming more calories - particularly those in fatty and sugary foods - than is burnt off through physical activity. The excess energy is then stored by the body as fat.⁵³ There are also links between parental obesity and obese children.⁵⁴

One of the primary measurements used to determine if a person is overweight or obese is the Body Mass Index (BMI). This is the weight in kilograms divided by height in metres squared. A BMI of 25 – 29.9 is classed as overweight, 30 – 39.9 is classed as obese. Over 40 is deemed very (morbidly) obese.⁵⁵ The Body Mass Index can face criticism for its simplicity, largely because it does not take into account the fitness (and therefore muscle/fat ratio).⁵⁶

Extent of the problem

The obesity problem extends to the Welsh adult population. The 2013 Welsh Health Survey found that 58% of adults were classified as overweight or obese, including 22% obese.⁵⁷

Experts across the developed world have raised concerns about the rise in obesity. Worldwide, there has been a startling increase in rates of obesity and overweight in both adults (28% increase) and children (up by 47%) in the past 33 years, with the number of overweight and obese people rising from 857 million in 1980 to 2.1 billion in 2013, according to a major new analysis. However, the rates vary widely throughout the world with more than half of the world's

⁵⁰ <http://www.wales.nhs.uk/sitesplus/888/news/33512>

⁵¹ <http://www.bbc.co.uk/news/uk-wales-23168523>

⁵² Chief Medical Officer for Wales Annual Report 2012-13, Page 9

⁵³ <http://www.nhs.uk/conditions/obesity/Pages/Introduction.aspx>

⁵⁴ EM Perez-Pastor and colleagues at the Department of Endocrinology and Metabolism, Peninsula Medical School, Plymouth,

⁵⁵ <http://www.wales.nhs.uk/sitesplus/888/page/52135>

⁵⁶ <http://www.bbc.co.uk/news/magazine-21229387>

⁵⁷ Welsh Health Survey 2013

671 million obese individuals living in just ten countries - the USA, China and India, Russia, Brazil, Mexico, Egypt, Germany, Pakistan, and Indonesia.⁵⁸

Obesity can lead to a number of serious and potentially life-threatening conditions, such as, type 2 diabetes, coronary heart disease, some types of cancer, such as breast cancer and bowel cancer and stroke. It can also affect quality of life and lead to psychological problems, such as low self-esteem or depression.⁵⁹

The rapidly growing scale of diabetes, in particular, is alarming, as are the associated care and treatment costs. NHS Wales spending on diabetes was estimated to be £500m in 2011, or 10 per cent of the NHS Wales budget. 80 per cent of NHS spending on diabetes goes into managing avoidable complications.⁶⁰

Causes of obesity

Dr Nadim Haboubi, Chair of the National Obesity Forum for Wales, an obesity doctor, believes that childhood obesity is: *“down to a combination of many things. Most important is the sedentary lifestyle. They are far less active - many parents drive them everywhere and are worried about their safety when they let them go out to play. Another factor is the availability of junk food and fizzy drinks - you go into a shop or garage and the availability of chocolates and sweets is shocking. And of course, there is the fact that overweight kids are more likely to have obese parents and they are more likely to carry on being overweight until adulthood. It is a huge challenge and there is not an easy solution.”*⁶¹

Impact of convenience and processed food on obesity

Obesity expert Tam Fry, of the National Obesity Forum, said: *“Really the answer has got to be we have got to put far more focus on prevention”*. Mr Fry said Wales was the UK's fattest nation. *“Wales kind of vies with Scotland. England is a smudge better. Where you have deprivation and low income, you are more likely to eat food that's cheaper and convenient rather than healthy and more difficult to obtain food.”*⁶²

The former Chief Medical Officer for Wales, Dr Tony Jewell, believed too much processed food was a key problem. In 2012 he said, *“In Wales, we are eating too much processed food, high in fat, sugar and salt and drinking too many fizzy drinks. I believe the links between regular high consumption of these and obesity are also clear”*.⁶³

Researchers from the Centre for Diet and Activity Research (CEDAR) at the University of Cambridge recently found that there was a growing gap between the prices of more and less healthy food between 2002 and 2012. In fact, that healthy foods were three times more expensive per calorie than less healthy foods. They concluded that *“the increase in the price difference between more and less healthy foods is a factor that may contribute towards growing food insecurity, increasing health inequalities and a deterioration in the health of the population”*.⁶⁴

⁵⁸ Marie Ng, Emmanuela Gakidou et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 2014;

⁵⁹ <http://www.nhs.uk/Conditions/Obesity/Pages/Introduction.aspx>

⁶⁰ State of the Nation 2012 - Wales, WALES, Diabetes UK Page 6

⁶¹ <http://www.bbc.co.uk/news/uk-wales-23168523>

⁶² <http://www.walesonline.co.uk/news/wales-news/welsh-communities-more-60-overweight-2493562>

⁶³ <http://wales.gov.uk/newsroom/healthandsocialcare/2012/120711obesity/?lang=en>

⁶⁴ <http://www.cam.ac.uk/research/news/price-gap-between-more-and-less-healthy-foods-grows>

Some commentators argue that with budgets tightening, especially over recent years, people are opting for cheaper convenience foods, rather than ingredients from which to make a meal from scratch. In addition, many people do not have the necessary cooking skills as less is being cooked at home.

Some studies show that people are consuming many more “empty calories” from processed food, which lead to weight gain but do not satisfy nutritional needs. This can lead to feeling hungry and repeating the cycle. Convenience foods are often marketed with a focus on “super-sized” meals or “extra” free and multi-packs.

Impact of Physical Inactivity on obesity

The NHS advises that adults aged 19-64, to stay healthy, should be active daily and do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities on 2 or more days a week that work all the main muscles (legs, back, abdomen, chest, shoulders and arms).⁶⁵ Exercise helps keep the heart and lungs healthy, has been noted to have benefits for mental health, can improve sleep and concentration.

However, a third of the population do no or very little physical activity according to Dr Tony Jewell, the Chief Medical Officer for Wales, in his annual report published in 2012.⁶⁶

People in the most deprived population quintile in Wales are less than half as likely to take exercise as the least deprived. They are half as likely again to be obese.⁶⁷

Some believe that insufficient focus has been given to the role of sport in tackling obesity. In their evidence to the National Assembly’s Children and Young People Committee Inquiry on Childhood Obesity in March 2014, Sport Wales, said: “*We firmly believe that sport has a key role to play in improving the overall health of the nation and for too long has been sat on the side lines of the national debate in relation to health and obesity*”.⁶⁸

Impact of sedentary lifestyle

Increased car ownership and changes in employment patterns over the last 30 years are some of the reasons for a more sedentary lifestyle. Wales has traditionally been a centre of manufacturing, farming and mining - physical jobs. With the decline of these industries in Wales and increased office based roles working people move less in the workplace. Coupled with increased overeating, the effect on the nation’s health has been considerable.

Some experts suggest that people still crave the high energy and fat foods required during our ‘hunter gatherer’ age, when energy was needed to source food and to build up fat for times when food was scarce. The more sedentary nature of the 21st century lifestyle means that consuming the same diet as our ancestors whilst not exercising (and consuming considerably more than our hunter gatherer predecessors) has led to the obesity global epidemic.

About 75% of workers use a car or van to commute in Wales. Blaenau Gwent has the highest proportion of car use for commuting in the UK with more than eight in every 10 workers in the area to work.⁶⁹ Part of this change in behaviour may be attributed to people travelling further for work, but it is also due to the increased availability of cars, as many households now have at

⁶⁵ <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx>

⁶⁶ <http://wales.gov.uk/newsroom/healthandsocialcare/2012/120711obesity/?lang=en>

⁶⁷ National Public Health Service for Wales (2004) Deprivation and Health

⁶⁸ <http://www.walesonline.co.uk/news/wales-news/wales-obesity-crisis-exercise-been-6772076>

⁶⁹ RAC Foundation, 2013

least one car. Children are now often driven to school, despite many schools being less than one mile from home. The commute is also generally less active than in previous years, partly because people may travel further to get to work and so use more transport and because people use cars for even short journeys.

There needs to be more encouragement of walking and cycling.

When relaxing, people tend to be more sedentary and watch TV, browse the internet or play computer games, and rarely take regular exercise. More entertainment now comes from digital media, so many people now spend their working and home life in front of screens.⁷⁰

Welsh Government Action on obesity

The Welsh Government All Wales Obesity Pathway sets out the approach for the prevention and treatment of obesity in Wales, from community-based prevention and early intervention, to bariatric surgery. It involves health boards working with a range of groups such as local authorities to address obesity across 4 levels:

- level 1 aims to ensure the availability and promotion to the public of opportunities to achieve and help maintain a healthy body weight
- level 2 provides of a range of services for children, young people and adults who wish to lose weight and have been identified as being at an increased risk of obesity
- level 3 aims to ensure availability of services for obese children, young people and adults who have one or more identified needs, and
- level 4 is about providing specialist medical services, such as bariatric surgery.⁷¹

The National Assembly for Wales Children, Young People and Education Committee conducted an Inquiry into Childhood Obesity in March 2014. They concluded that *"In principle, the All Wales Obesity Pathway should be an effective way of addressing this issue. However, we were concerned to hear that the Pathway has not been fully implemented, despite being published in 2010. Much of the evidence suggested that clearer national direction is needed"*.⁷²

The Welsh Liberal Democrats believe there should be more action rather than strategies to tackle obesity. The Healthy Eating in Schools (Wales) Measure was passed by the Assembly in 2009, yet there has been a delayed introduction into schools. There is also a responsibility on retailers who often discount unhealthy food in their supermarkets, and on parents to make more healthy choices for their children. Governments and councils also have the ability to influence and minimise the factors which lead to obesity in children.⁷³

- 26) Does the Welsh Lib Dem health policy need revising to tackle the problem of obesity? If so, how?
- 27) Why are many people eating more and moving less?
- 28) Why does Wales have a higher obesity rate than comparable countries?
- 29) What are other countries doing to tackle obesity?
- 30) How can everyone have access to effective weight management services?
- 31) How can everyone have access to a good diet?
- 32) How can people be encouraged to be more active?

⁷⁰ <http://www.nhs.uk/Conditions/Obesity/Pages/Causes.aspx>

⁷¹ <http://wales.gov.uk/topics/health/improvement/index/pathway/?lang=en>

⁷² National Assembly for Wales Children, Young People and Education Committee Inquiry into Childhood Obesity, March 2014

⁷³ Welsh Liberal Democrat Media Release: There should be more action rather than strategies to tackle obesity, July 2013

Smoking

Tobacco is a preventable cause of early death in Wales and the world today (WHO, 2008). It is calculated that over 5,000 premature deaths are attributable to smoking related diseases each year in Wales (Public Health Wales Observatory, 2010).⁷⁴

While smoking rates have declined over the last 50 years, it is estimated that 23 per cent of the adult population in Wales continue to smoke (Welsh Health Survey 2011/12). There is inequality in smoking rates between more affluent and deprived communities. For example, 18% of adults in Monmouthshire smoke compared to 28% in Blaenau Gwent. They are neighbouring local authorities. Given that about 30 per cent of the inequality in death rates in Wales is attributable to smoking related diseases, Stop Smoking Wales recognises the contribution that provision of a specialist service makes to addressing inequalities in health⁷⁵. Those in low income jobs, or those who have never worked are more likely to smoke than those with higher income jobs.⁷⁶

Wales has the highest proportion of 15 year old girls who smoke in the UK, although the rates are decreasing. Wales also has the highest proportion of mothers in the UK (33%) who smoked before or during pregnancy. Moreover, 16% of expectant mothers continued to smoke throughout the pregnancy. Smoking during pregnancy is harmful and remains an issue of concern in Wales.⁷⁷ Younger mothers are more likely to smoke through pregnancy than those who are over the age of 25.⁷⁸

The table below shows that smoking rates in Wales are higher than England and Northern Ireland.

Cigarette Smoking rates for Adults aged 18 and over in the UK 2013⁷⁹

	<i>England</i>	<i>Wales</i>	<i>Scotland</i>	<i>Northern Ireland</i>	<i>United Kingdom</i>
<i>Males</i>					21.1
<i>Females</i>					16.5
<i>Total</i>	18.4	19.8	21.1	18.7	18.7

The most noticeable drop in smoking occurred in the years following the smoking ban. Over recent years, legislation has come into effect requiring all cigarette packaging to carry health warnings. Also, cigarettes cannot be displayed but must be out of sight behind screens or under the counter. The impact of the restrictions of tobacco advertising have had mixed reviews.⁸⁰

Cost to the Economy

It has been estimated that smoking is costing the Welsh economy nearly £800m a year, according to an analysis of the cost of the habit by Action on Smoking and Health (ASH) Wales. The 2013 analysis concluded that it costs £790.66m a year, putting increasing pressure on

⁷⁴ Stop Smoking Wales Annual Report 2012-2013

⁷⁵ Stop Smoking Wales Annual Report 2012-2013

⁷⁶ <http://www.stopsmokingwales.com/sitesplus/documents/1006/Eng%20Smoking%20Report%20LowRes.pdf> - pg 17 fig 13

⁷⁷ Chief Medical Officer for Wales Annual Report 2012-13, page 36

⁷⁸ <http://www.stopsmokingwales.com/sitesplus/documents/1006/Eng%20Smoking%20Report%20LowRes.pdf> pg 17 fig 14

⁷⁹ <http://www.cancerresearchuk.org/cancer-info/cancerstats/causes/tobacco-statistics/>

⁸⁰ Ash Factsheet - UK Tobacco Advertising and Promotion, May 2012

businesses and the NHS. This includes £302m spent on healthcare, £288m lost to productivity through premature deaths, £49.5m lost through excess sickness absence, £4m lost to businesses through smoking breaks, £25.8m spent clearing up smoking-related litter and £45.4m lost through premature death due to second hand smoke exposure. The report also said that the cost of smoking to the economy as a whole is £145m higher than the amount generated by tobacco in tax every year.⁸¹

Impact on health

It is estimated that 50% of smokers will die as a result of health complications caused by their habit.⁸² It is widely accepted that smoking also has a negative effect upon those around the smoker too, particularly young children and those with respiratory conditions such as asthma.⁸³

E-Cigarettes are becoming increasingly common. There have been mixed feelings about their impact. In April 2014, the Welsh Health Minister, Mark Drakeford, AM has said, "I have concerns about the impact of e-cigarettes on the enforcement of Wales' smoking ban. That's why we are proposing restricting their use in enclosed public places. I am also concerned that their use in enclosed public places could normalise smoking behaviour".⁸⁴ The Welsh Liberal Democrats have raised strong concerns over the lack of evidence supporting prohibition of e-cigarettes. There is by no means a clear consensus on e-cigarettes, and unless evidence clearly shows that e-cigs pose a public health risk, the Welsh **Liberal Democrats will continue to lead the opposition in Wales on any restrictions on their use.**⁸⁵

33) How can the number of smokers (and the amount they smoke) be reduced?

34) Why do young women smoke so much in Wales?

35) Does the Welsh Lib Dem health policy need revising to tackle the problem of smoking?
If so, how?

Alcohol

The OECD has seen an average decline of 9% in alcohol consumption between 1980 and 2009, however, during the same period the UK saw a 9% rise in alcohol consumption.

Alcohol is now 45% more affordable than in 1980 meaning that many people are drinking more. 45% of people admit to drinking heavily in health surveys.⁸⁶ However, sales data would suggest that figure is closer to 75% as almost half of the alcohol purchases in the UK is unaccounted for in health surveys.⁸⁷ Young people aged between 11 and 16 in Wales drink more alcohol each week than in any other part of the UK. According to the Public Health Wales Observatory, 17% of boys and 14% of girls aged 11-16 drink alcohol at least once a week - 2% higher than in England and Scotland and twice the amount of youngsters in the Republic of Ireland. Professor Mark Bellis, Director of Policy, Research and Development at Public Health Wales, fears alcohol is "*deeply ingrained in the culture of Wales*" and hurts the poorest the most. He says the public must change its relationship with alcohol to curb the high numbers of drink-related deaths.⁸⁸ The Chief Medical Officer highlighted similar findings in her 2012-13 Report.⁸⁹

⁸¹ <http://www.walesonline.co.uk/news/health/smoking-costs-welsh-economy-800m-6091007>

⁸² <http://www.nhs.uk/smokefree/why-quit/smoking-health-problems>

⁸³ Ash Fact Sheet, Smoking and respiratory disease, October 2011

⁸⁴ <http://www.walesonline.co.uk/news/wales-news/health-minister-mark-drakeford-defends-6911140>

⁸⁵ <http://welshlibdems.org.uk/en/article/2014/842099/welsh-liberal-democrats-oppose-labour-s-e-cigarette-ban>

⁸⁶ <http://www.alcoholconcern.org.uk/campaign/statistics-on-alcohol>

⁸⁷ <http://www.wales.nhs.uk/sitesplus/888/page/71713>

⁸⁸ <http://www.walesonline.co.uk/news/health/young-people-wales-drink-more-7942257>

⁸⁹ Chief Medical Officer for Wales Annual Report 2012-13, page 36

Impact of alcohol misuse

Alcohol-related admissions, despite falling slightly, remain a persistent problem for hospitals in Wales. This means there is an alcohol-related admission every 35 minutes on average. The number of admissions to Welsh hospitals where alcohol was a primary or secondary diagnosis reached 14,907 in 2012-2013. This compares to 15,166 admissions in 2011-2012 and 15,253 in 2010-2011.⁹⁰ Alcohol related hospital admissions are responsible for a large number of emergency admissions (particularly on the weekends), not only for the immediate effects of alcohol on the body but also for treatment to injuries sustained as a result of alcohol whether through aggressive behaviour, impaired functions, drinking and driving.

In the longer term, alcohol misuse has been linked to more than 60 medical conditions, including certain cancers, cirrhosis of the liver, high blood pressure and depression.⁹¹ Treatment for cirrhosis of the liver is becoming more common in younger people, particularly as younger people are more likely to drink above recommended guidelines.

Potential solutions

There is ongoing discussion about the best ways in which to reduce the amount that is consumed. Many people enjoy an occasional drink without causing an issue. The Drinkaware Organisation argue that consumption of some alcoholic drinks, in small amounts, has been found to be beneficial for health.⁹²

One of the most frequently discussed options is minimal alcohol pricing which sets a minimum price per unit of alcohol. Whilst such a measure is welcomed by some, others feel it would disproportionately affect those from lower incomes. The Welsh Government has responded to the recent UK Government consultation and advocated a minimum price be set of at least 50p per unit. It has argued strongly that consideration of public health issues should be a condition under the Licensing Act 2003.⁹³

Another way to reduce the amount of alcohol consumed is to reduce the alcohol content of the drinks. Heineken did that as part of the Public Responsibility Deal being run by the Department of Health, pledging to remove 100 million units from UK shelves by 2013.⁹⁴

- 36) Why does Wales have higher levels of alcohol use?
- 37) Does the Welsh Lib Dem health policy need revising to tackle the problem of alcohol? If so, how?
- 38) How do can the impact of alcohol on (i) Individual health and wellbeing? (ii) The health service be reduced?

⁹⁰ <http://www.walesonline.co.uk/news/wales-news/terrifying-drinking-levels-see-welsh-7170643>

⁹¹ <http://www.alcoholconcern.org.uk/campaign/statistics-on-alcohol>

⁹² <https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/effects-on-the-body/is-alcohol-good-for-the-heart>

⁹³ Chief Medical Officer for Wales Annual Report 2012-13, page 37

⁹⁴ <https://responsibilitydeal.dh.gov.uk/partners/partner/?pa=220>

Dental care

Wales has been deemed the worst country in the UK when it comes to children's dental care. Dr David Tuthill, a consultant paediatrician at the Noah's Ark Children's Hospital for Wales, has said that children as young as five in Wales are having to undergo surgery to remove rotten teeth because of poor diets and a lack of knowledge of tooth brushing. He put the problem down to a number of factors including diets consisting of sugary sweets and drinks. Wales isn't improving in the same way as other countries.⁹⁵

Nearly half of Welsh people did not receive any form of treatment from NHS dentists over a two-year period according to August 2014 Welsh Government Statistics. The statistics showed that 54.7% of the population - or 1.7 million patients - received dental treatment from the health service in the 24 months to March 31, 2014.⁹⁶

The Welsh Liberal Democrats have been campaigning for increased access to NHS dentists. They undertook a survey in 2012 which found that only 37% of dentists in Wales are accepting new NHS patients, according to the Welsh Liberal Democrats. They also criticised waiting lists for new patients wanting a dentist, which was six years at one practice.⁹⁷

They have highlighted that the Welsh Labour Government 2006 target for 100% of people in Wales to have access to an NHS dentist has been quietly dropped. This has led to many Welsh people being unable to access an NHS dentist. According to NHS Direct there's only one out of 61 dental practices in Cardiff, and one out of 42 dental practices in Swansea, accepting new NHS patients. There are similar stories right across Wales.⁹⁸

Impact of poor dental care

Regular checkups allows the dentist to identify any dental problems. A check-up allows the dentist to identify dental problems in order to keep mouths healthy. Leaving problems untreated could make them more difficult to treat in the future, so it's best to deal with problems early, or, if possible, prevent them altogether.⁹⁹

Poor dental hygiene can lead to loss and decay of teeth which can become very noticeable and impact on social interaction and possibly employment prospects. Therefore, poor dental hygiene can have a cyclical effect on those from lower income backgrounds.

Causes of poor dental care

The last Adult Dental Survey, which is carried out every 10 years, found that one in five people delayed having dental work carried out because of the cost of treatment. The survey, which was published in 2011 also found that 22% of people in Wales said the type of treatment they had was influenced by cost. The results of the survey, carried out in 2009 suggested even modest charges can prevent people seeking treatment and can widen dental health inequalities.¹⁰⁰

The findings also confirmed research by the British Dental Association (BDA) carried out in 2011 in England, which found concerns about the economic climate are leading patients to cancel

⁹⁵ <http://www.walesonline.co.uk/news/wales-news/rotten-teeth-shock-wales-children-4050846>

⁹⁶ <http://www.walesonline.co.uk/news/local-news/nearly-half-welsh-population-not-7651744>

⁹⁷ <http://www.bbc.co.uk/news/uk-wales-17518352>

⁹⁸ <http://www.walesonline.co.uk/news/local-news/nearly-half-welsh-population-not-7651744>

⁹⁹ <http://www.nhs.uk/Livewell/dentalhealth/Pages/Dentalcheckups.aspx>

¹⁰⁰ <http://www.walesonline.co.uk/news/wales-news/patients-putting-dental-treatment-because-1830529>

dental appointments and defer treatments they need. The BDA said an increasing number of patients need emergency treatment as a result.

Since NHS dental charges are considerably lower than in England it is unclear exactly why children's dental care is worse in Wales compared to the other UK countries.

39) How can we improve the dental health of people in Wales?

40) Does the Welsh Lib Dem health policy need revising to tackle the problem of dental care? If so, how?

Housing Inequality

It has been found that Wales has a significantly higher proportion of poor housing than England. A 2011 study jointly funded by Shelter Cymru and the Building Research Establishment (BRE) Trust found that 29% of homes in Wales have at least one Category 1 hazard, compared to 22% of homes in England. Category 1 hazards include the most dangerous hazards in the home, including unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding.¹⁰¹

Good quality housing is important to a country's well-being. Poor quality housing can also impact on people's opportunity to achieve educationally by contributing to physical illness, and negatively affecting student performance.¹⁰² Poor housing can make people across all generations suffer.

Whilst council and social housing is required to meet certain standards the private rental market is less regulated. As a result, the Welsh Government introduced the Housing (Wales) Act 2014 in September 2014. The aim of the Act is to improve the supply, quality and standards of housing in Wales by improving the private rented sector, having better standards in social housing, helping to meet people's housing needs and prevent homelessness, enhance communities and help prevent the difficulties and lack of opportunities often encountered by vulnerable people.¹⁰³

Fuel Poverty

There are many schemes in place which can be used to make a home more energy efficient. This includes assistance with new boilers, insulation and double glazing, as well as converting to solar power or using wind turbines to generate an amount of energy for the home. Many of the big energy companies now offer a "feed-in" tariff, allowing householder to sell any excess energy back to the National Grid.¹⁰⁴

Many of these measures are available for tenants as well as home owners, allowing tenants to sign up for solar panels (with the Landlords consent), and paying the cost back through the savings made on their energy bills. The benefit for the tenant is that the loan remains with the property, so they can invest in the property for the period of time in which they live in it, without losing out.

For many the cost of energy is debilitating. Even making the home as energy efficient as possible, for some, it is still only possible to heat one or two rooms, and lighting is kept to a minimum. Part of the reason for this is also that many people are not aware of the assistance that is available. With help available from so many different sources, it can be overwhelming and confusing even if people know help may be available. Some charities work with elderly people and families to help them overcome the mountains of paperwork to find the energy schemes for which they are eligible.

¹⁰¹ Shelter Cymru Policy Briefing: The cost of poor housing in Wales

¹⁰² World Economic Forum: Housing for all project

¹⁰³ <http://wales.gov.uk/topics/housing-and-regeneration/legislation/housingbill/?lang=en>

¹⁰⁴ <https://www.gov.uk/green-deal-energy-saving-measures/overview>

- 41) Why does Wales have a higher proportion of poor housing than England?
- 42) Does the Welsh Lib Dem housing policy need revising to tackle the problem of poor housing? If so, how?
- 43) How can it be ensured there is a good standard of private rented accommodation
- 44) How can the rental market be stabilised to ensure that people are able to access housing that is appropriate to their needs and within their budget?
- 45) How can it be ensured that everyone has access to the affordable energy?
- 46) How can it be ensure everyone can access the support and funding available to them regarding keeping energy bills low?

Transport Inequality

The sustainable transport organisation, Sustrans, believes that “transport poverty” exists for more than a million people across Wales. They argue that the rising cost of transport and inadequacy of the public transport system means people feel excluded and isolated, unable to access opportunities, from education, jobs to healthcare, that others take for granted. This can be a particular problem in rural areas, where jobs and services are more widely dispersed, but is also an issue in more built up areas too. The post-industrial make-up of the economy in parts of Wales can mean that many have to travel outside of their communities to find work. People also risk becoming socially isolated.

Car ownership can seem to be a lifestyle essential to overcome barriers to accessing essential goods and services. However, as fuel prices rise and become more volatile, many are being priced out of car ownership or forced into debt. About a quarter of households in Wales (over 300,000) already have no car, including half of all lone parents and two thirds of single pensioners, and many more people find public transport unaffordable, inaccessible and inappropriate to their needs. There are no Welsh Government targets to eradicate the challenges of transport poverty.¹⁰⁵

Areas with particular difficulties

Wales is a largely rural country with a majority of its population based in the urban areas along the southern coast and the valleys. This is also where a majority of the transport is concentrated. Many rural communities have no or very limited transport services. For example a rural community may only have one train every two hours, bus services which may only operate a few days a week and high prices when these services are available. Large scale road developments can damage social cohesion with a divide emerging between communities split in half by a road.

In his report on the state of the former coalfields, Prof Fothergill maintained that weak transport links were part of the reason for the lack of regeneration. He said, “South Wales has been hard to regenerate. The South Wales Valleys are a bit off the beaten track geographically, there are not the good transport links or flat ground for business and distribution centres that have gone to places like Yorkshire, for instance.

In poorer and rural communities there can be a disproportionate number car accidents. Over a quarter of child pedestrian casualties happen in the most deprived 10% of wards. In Wales, children and people aged over 65 are twice as likely to be injured by motor vehicles in deprived areas as in more advantaged areas.¹⁰⁶

The Welsh Liberal Democrats believe that to ensure Wales can compete within the UK, Europe and the world economies there has to be a transport system which allows people to work and enjoy their leisure at a reasonable cost. The overs 60s bus pass allows those over the age of 60 to access free bus travel across Wales. However, costs are increasing for everyone else. Whether travelling by bus or train, many journeys are faster and cheaper by car.

- 47) Does the Welsh Lib Dem transport policy need revising to tackle the problem of inequality? If so, how?
- 48) How can access to public transport be improved?
- 49) How do we ensure that travelling by public transport is the most cost effective option?

¹⁰⁵ http://www.sustrans.org.uk/sites/default/files/images/files/Access%20Denied_eng.pdf

¹⁰⁶ Environmental inequality in the United Kingdom, Wikipedia