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# Sustainable development in Wales and other regions in Europe – achieving health and equity for present and future generations







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## Abstract

The United Nations 2030 Agenda for Sustainable Development (2015), complemented by the WHO European policy framework and strategy for the 21st century, Health 2020, represents a milestone for human and planetary development. This publication proposes ways of maximizing opportunities to implement these agendas at the national and regional levels across the WHO European Region. Through the Welsh example and case studies from the Czech Healthy Cities National Network and the regions of North Rhine-Westphalia (Germany), Kaunas (Lithuania), Pomurje (Slovenia), and Västra Götaland (Sweden), it aims to enhance understanding of the key role of regions in translating global priorities into effective policies and actions, providing practical examples, which can serve as blueprints for others. The publication maps the sustainable-development journey in the United Kingdom (Wales) from the heart of its constitution to inclusion in Welsh legislation through the *Well-being of Future Generations (Wales) Act, 2015*. It describes the structure of the Act and experience gained in connection with its implementation, focusing on the health sector. It also identifies enablers, challenges and opportunities related to sustainable development in Wales. The activities described in the case studies are framed according to the *Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being*, recently adopted by the WHO Regional Committee for Europe. The key messages drawn from the common experiences of the regions reinforce the need to invest in improving the determinants of health.

## Keywords:

CONSERVATION OF NATURAL RESOURCES  
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## Foreword

*In September 2015, the 193 United Nations Member States took a truly historical step in endorsing the United Nations Sustainable Development Goals (SDGs), setting the global agenda until 2030. The SDGs have the potential to transform and ameliorate the health of our people and our planet.*

*As their name suggests, the key concept of each SDG is sustainable development. Why is sustainability the new mantra of our times? Because we need to ensure development meets the needs of present generations and does not compromise the ability of future generations to do the same. Promoting and implementing sustainable development is a responsibility that we have not only towards ourselves, but also – and most of all – to the many generations that will follow us.*

*The political commitment of all United Nations Member States is in place and evidence-based policies on the implementation of action to achieve the SDGs are also ready: we now need to keep up the momentum and translate them into practice.*

*Action to achieve the SDGs will be led by the countries and is, thus, reliant on national sustainable-development policies, plans and programmes. As always when dealing with global health policies, some countries and regions are ahead of the game and are already implementing what the international agenda is only starting to suggest. By identifying these pioneers, and gaining an understanding of the challenges they have encountered, and how they have overcome them by analysing their drivers for change, we can boost the implementation of similar processes elsewhere, and on a larger scale.*

*This is indeed the case in the United Kingdom (Wales) where the Well-being of Future Generations (Wales) Act 2015 was passed several months before the endorsement of the SDGs. The Act truly resonates with the SDGs and with the values and principles of Health 2020, the WHO European policy framework for health and well-being.*

*The aims of improving population health, tackling inequity (not only in the health domain), promoting inclusive and cohesive communities, and strengthening resilience at all levels are common to Health 2020, the*

*2030 Agenda for Sustainable Development and the Well-being of Future Generations (Wales) Act 2015. The Act is an evolution of the health-in-all-policies concept, promoting the inclusion of sustainable development in all policies, by all stakeholders and across all levels of society.*

*It is in this spirit that I am very proud to see this exceptional example featured in a publication of the Regions for Health Network series of case studies. The Network identifies, analyses, documents and disseminates outstanding practice related to the implementation of Health 2020 and the 2030 Agenda in Europe.*

*This publication is indeed very timely as, in September 2017, all 53 Member States in the WHO European Region unanimously adopted the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020.*

*I am convinced that this publication will provide the Welsh case study with the international exposure it deserves, and that it will be viewed as an example of how to implement sustainable development both within and far beyond the borders of the WHO European Region.*

Piroska Ostlin

Director, Division of Policy and Governance for Health and Well-being  
WHO Regional Office for Europe



## Foreword

*Health challenges, including persistent health inequity, are as evident in Wales as in regions across Europe, and we are fully committed to sustainable development to achieve improved well-being for our population. We have a proud history of placing sustainable development at the forefront of public policy in Wales, recognizing the complex blend of determinants that contribute to overall well-being. Wales' significant journey has spanned several decades; from being one of the first countries to have a legal duty in relation to sustainable development, to becoming one of the very first to legislate to place national well-being goals at the heart of government. We are delighted to share some of our experiences of this journey, and to provide an insight into how we will continue to make the most of our opportunities to place health and sustainable development at the centre of our services.*

*Wales' ground-breaking Well-being of Future Generations (Wales) Act 2015 enshrines in law its commitment to sustainable development and provides a unique opportunity for doing things differently. Its ambitious long-term goals, including goals for a healthier and more equal Wales – linked to the United Nations Sustainable Development Goals – provide the public sector with a legally binding common purpose, guided by common ways of working.*

*If we are to realize the full potential of the Act, the integration of and collaboration among services – through early intervention and a people-centred approach – will be essential for delivering improved long-term outcomes. We continue to recognize that this will challenge well-established ways of working, and will mean working differently with our partners to have a greater impact for citizens. Most recently, Wales demonstrated the principles of the Act and this different way of working in shaping the Welsh Government's new national strategy, Prosperity for All.*

*As well as the crucial role played by Government in providing national direction and setting the legislative framework, Wales' commitment to sustainable development is evident in the way that organizations, such as Public Health Wales, have set about meeting the requirements of the Act. As the national public health body in Wales, with a national remit to protect and improve health and reduce health inequalities, the work of the organization to establish*

*a health and sustainability hub has positioned it as an example of best practice in bringing to life the principles of the Act for the benefit of the population it serves. Similarly, local health boards and other public bodies are aligning their ways of working with the requirements of the Act.*

*We hope this publication will provide a strong testimony of Wales' continuing journey towards sustainability. Through the information it contains, it illustrates the indivisible nature of health, equity and sustainable development and contributes to the important sharing of lessons learnt from the experiences of European regions.*

Frank Atherton, Chief Medical Officer for Wales  
Tracey Cooper, Chief Executive, Public Health Wales

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## Executive summary

In a globalized world, the WHO European Region is facing significant health-, equity- and sustainability-related challenges and a substantial social, economic and environmental burden, which place the well-being of current and future generations in jeopardy. Governments at the national, regional and local levels can play a transformational role in driving positive change to ensure the health and well-being of people and communities. This, in turn, can enable countries to achieve inclusive and sustainable economic growth, prosperity, security and peace.

This publication provides practical examples of ways to address existing challenges and maximize opportunities to implement the United Nations 2030 Agenda for Sustainable Development across the Region, building on the European policy for health and well-being, Health 2020. Through the Welsh example and case studies from five other European regions, it promotes the Health-in-All-Policies, whole-of-government and whole-of-society approaches, offering cross-sector multiagency solutions to protecting and improving health and well-being, reducing inequity and driving sustainable development.

The experiences of the WHO Regions for Health Network (RHN) in tackling the health aspects of the United Nations Sustainable Development Goals (SDGs) and actively progressing the sustainable-development agenda are important for both technical actors and political decision-makers alike. The Welsh example describes historical development and commitment towards sustainable development, and underlines the importance of public participation, political debate and intersectoral work. It illustrates opportunities for implementation created through the innovative structure of the ground-breaking *Well-being of Future Generations (Wales) Act 2015* (WFG Act). It also provides details on ways in which key sectors prepared for and responded to the legislation: for example, the participation of local government in the Early Adopters Programme, the involvement of the health sector through the local health boards, and the experiences of Public Health Wales. Particular focus is placed on efforts made by the organization to raise awareness about sustainable development, develop resources to support implementation of the WFG Act, prioritize training and skills' development

to build capacity, and encourage openness to new ideas to facilitate change within the organization, the wider health service and the public sector in Wales.

The case studies illustrate a range of approaches taken in a variety of regional, political and policy contexts in five other regions in Europe.

The case study of the Pomurje region, Slovenia, describes the approach of the region to sustainable development and lessons learnt as the first pilot area for Slovenia's national intersectoral programme for the reduction of inequities, Programme Mura. By setting up a council of stakeholder representatives and identifying four development areas aligned to the SDGs, the Programme has helped key partners view health as an investment and development opportunity. There have been numerous challenges to cooperation, such as the lack of resources and a legal framework, but the key enabler has been capacity-building at the individual and institutional levels.

The example of North Rhine-Westphalia, Germany, shows the substantial efforts of the region to develop a local intersectoral public health action plan as a tool for use by the public health sector in optimizing participation in municipal policy-making and planning procedures. The action plan supports capacity-building for sustainable and healthy urban development, and can be used for the detection and assessment of social and health inequities and vulnerable population groups. It will be reviewed and further developed with regard to specific topics and its applicability at the subdistrict or even neighbourhood levels.

The approach of the Health Promoting Kaunas Region to implementing the Lithuanian health programme for 2014–2025 involved the development of an action plan on the reduction of health inequities at the regional level. Key to this was the engagement and active participation of politicians, a range of sectors and the local population in identifying the causes of and solutions to health inequities, with a focus on Health in All Policies.

Recognizing the interdependence of education and health, and the need to reduce the gap in health and living conditions, Västra Götaland region (VGR), Sweden, prioritized the reduction of school failures. VGR developed an action plan based on a whole-of-society approach through both universal

and targeted activities. There was a sense of ownership of the process among stakeholders, as well as recognition of the need to maintain momentum and introduce change in the existing structures and systems.

The case study of the Czech Healthy Cities National Network presents the experience of the Network in the transparent assessment, measurement and evaluation of activities carried out by cities towards sustainable health at the local level.

This publication reinforces the need to invest to improve the social, economic, political, cultural, commercial and environmental determinants of health and reduce health inequities. It offers the newly endorsed WHO *Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being* as a way of charting the responses of Wales and other regions to the 2030 Agenda.

Finally, a series of key messages are presented, which are drawn from the common experiences included in the Welsh example and the cases studies of the Pomurje, North Rhine-Westphalia, Health Promoting Kaunas and Västra Götaland regions and the Czech Healthy Cities National Network. They share practical, policy and legislative experiences that can be used to stimulate and sustain efforts elsewhere to improve health and well-being for all.



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## Setting the scene

### HEALTH AT THE CENTRE OF SUSTAINABLE DEVELOPMENT

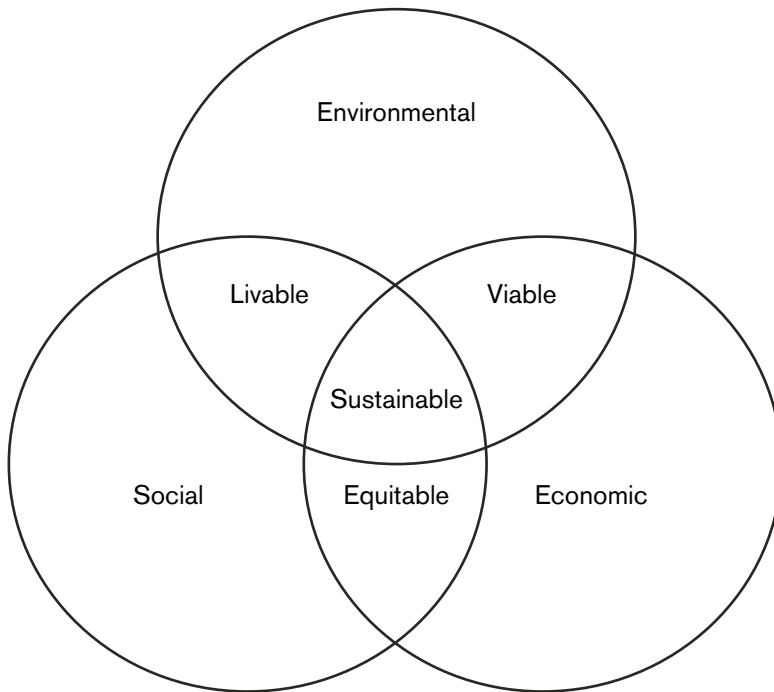
The world is rapidly changing with a direct and indirect impact on human health and well-being, and future prospects. Globalization processes (such as, migration, global trade and mobile communication), environmental decline (such as climate change, deforestation and soil deterioration), and extreme events, violence and conflict affect all countries, pushing the sustainability of systems to the limit (1). The Fourth Industrial Revolution (2) is creating a global transformation of unprecedented scale, scope and complexity, posing unknown challenges and opportunities. Social, environmental and economic imbalance threatens all, the poorest and disadvantaged often being those most affected.

The WHO European Region is facing a number of challenges: growing and ageing populations; youth unemployment and child poverty; widening social, gender and health-equity gaps within and among countries; epidemics of noncommunicable and communicable diseases; displaced and vulnerable populations living in disadvantage; environmental pressures; and tighter public budgets. In addition to human suffering, the economic and societal burden caused by ill health and inequity is significant and requires adequate, equitable and sustainable investment for health and well-being (3,4).

Clearly, more work is needed to address the global and emerging health threats, improve the wider determinants of health, achieve greater health equity, and protect both present and future generations. Driving positive change at the global, national and local levels requires a coordinated and coherent approach across borders, sectors and disciplines (5). The role of national and regional governments is crucial as they can have a major impact on all factors influencing health and well-being, such as the way people live and their everyday choices. In working together with people and communities in a participatory and inclusive way (whole-of-society approach) and across different governmental sectors and levels (whole-of-government approach), they can inform, develop and implement successful and sustainable policies and interventions that are conducive to health, well-being and equity, as well as to prosperity, security and peace (6,7).

The United Nations 2030 Agenda for Sustainable Development (8) represents a milestone for human and planetary development and integrates the three dimensions of sustainability – social, economic and environmental (Fig. 1). Grounded in peace, justice, inclusiveness, strong governance and global partnership, it represents a major shift from multiple, fragmented, parallel processes to a single comprehensive and universal agenda for the people, the planet and their prosperity.

**Fig. 1. Classic dimensions of sustainable development: social, economic and environmental**



*Source:* Tanguay et al (2009) (9).

The 2030 Agenda introduces 17 indivisible Sustainable Development Goals (SDGs) (10) with 169 targets. They recognize that eradicating poverty and inequity, creating inclusive economic growth and preserving the planet are inextricably linked, not only to each other but also to health and well-being; and, conversely, that achieving health is a prerequisite for and an enabler of reaching the goals in other areas (Fig. 2). Human health and well-being are interrelated with sustainable development (meeting current needs without compromising the ability of future generations to do the same) in a complex, bidirectional way. Investment for health for all leads to social, economic

and environmental sustainability, while investment in a healthy planet with inclusive and sustainable growth and fair and secure societies supports the health and well-being of individuals, families and communities (11).

**Fig. 2. Health – an outcome, a determinant and an enabler of the achievement of all the SDGs**



Source: Public Health Wales: nationally focused, globally responsible. Our international health strategy 2017–2027 (12).

In synergy with the SDGs (10), the WHO European policy framework and strategy, Health 2020, represents another milestone. It aims to support action across government and society to:

*...significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality (13).*

The WHO Regional Office for Europe has developed the *Roadmap to implement the 2030 Agenda, building on Health 2020, the European policy for health and well-being*, which has five strategic directions and four enablers (Table 1) (14).

**Table 1. Implementing the 2030 Agenda in the WHO European Region building on Health 2020: strategic directions and enablers**

Strategic directions	Enablers
1. Advancing governance and leadership for health and well-being	1. Investment for health
2. Leaving no one behind	2. Multipartner cooperation
3. Preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course	3. Health literacy, research and innovation
4. Establishing healthy places, settings and resilient communities	4. Monitoring and evaluation
5. Strengthening health systems for universal health coverage	

*Source: Roadmap to implement the 2030 Agenda, building on Health 2020, the European policy for health and well-being (14).*

The regional and local levels have a fundamental role to play in implementing the 2030 Agenda (8), which specifically acknowledges the importance of the regional and subregional dimensions in facilitating concrete action towards sustainable development. Regional governments were given the opportunity to feed into the process of developing the SDGs through the global Network of Regional Governments for Sustainable Development (15). They are also expected to contribute to the national monitoring reports on the implementation of the SDGs that serve as a basis for the regular reviews of the United Nations High-Level Political Forum on Sustainable Development (16).

RHN and the European Healthy Cities Network (HCN) are actively engaged in progressing the 2030 Agenda (8,17,18). Promotion of the principles of and approaches to sustainable development started in 2012 with the RHN's endorsement of the Göteborg Manifesto at its annual meeting in Milan, Italy (17,19). The Manifesto (19) highlights RHN's commitment to implementing Health 2020 (13) and, through its sharp focus on equity and a whole-of-government, whole-of-society approach, it anticipated the 2030 Agenda

(8). It also highlights the critical relevance of the social, economic and environmental determinants of health and of linking investment for health with sustainable development.

The range of experience gained in implementing Health 2020, which was launched in 2012, put the WHO European Region in a good position to act quickly during the initial stages of implementing the 2030 Agenda (8,13). The Agenda (8) provides an historic opportunity that will not recur; it should, therefore, be used to the fullest to share lessons learnt and strengthen existing networks. RHN (17) aims to do so by positioning itself as the leading technical network in Europe and advising technical actors and political decision-makers on how to tackle the health aspects of the SDGs (10), particularly at the regional level. As regional administrations are closer to their populations than their national governments, they are recognized as having a special role to play, using intersectoral mechanisms already in place at the regional level to implement policies on health and well-being. Their experiences in achieving progress can be used as examples to benefit work at the national level.

#### ADDED VALUE OF THIS PUBLICATION

The purpose of this publication is to:

- maximize the opportunities to learn from the implementation of the 2030 Agenda and Health 2020 (8,13) at both the regional and national levels across the European Region; and
- promote and support the utilization of these opportunities across sectors and agencies to improve health and well-being and reduce inequity across the life-course for present and future generations.

The Welsh example and case studies from five other regions in Europe constitute an attempt to enhance understanding of the SDGs (10) and suggest practical approaches towards their translation into practical and effective national, regional and local policies and actions.

The added value of this publication relates to the:

- recognition that countries, regions and localities can benefit from each other by sharing lessons learnt, providing understanding, and proposing

practical tools for, approaches to, and ideas of how to operationalize the SDGs (10), especially at the regional and local levels;

- emphasis placed on the crucial role of regional governments in implementing the 2030 Agenda (8), building on Health 2020 (13), and the practical examples included, which can serve as blueprints for others;
- reinforcement of the bidirectional link between sustainable development and health and well-being, supported by examples illustrating the role of health as a prerequisite for, and enabler and outcome of, achieving all of the SDGs (10);
- focus on the SDGs and their targets and indicators (10) as a universal priority for implementation in all countries.

# Sustainable development in Wales

## INTRODUCING THE 2030 AGENDA ON SUSTAINABLE DEVELOPMENT IN WALES

*“What Wales is doing today the world will do tomorrow...”*

Nikil Seth, Director, Division of Sustainable Development, Department of Economic and Social Affairs, United Nations, 30 April 2015 (20)

### Health and sustainability challenges

Wales is one of the four countries that make up the United Kingdom of Great Britain and Northern Ireland (United Kingdom); it has its own government (the Welsh Government) and democratically elected Parliament, the Senedd (the National Assembly for Wales). The Senedd can pass laws for Wales in areas, such as health, education, economic development, transport, agriculture, housing, planning and the environment. Other sectors, such as those for defence and criminal justice, remain the responsibility of the Government of the United Kingdom. Fig. 3 includes the map of and some facts about Wales.

Fig. 3. Wales: map and facts



Population	3 074 067
Population Density	148.3 people per km <sup>2</sup>
Capital City (population)	Cardiff (348 493)
Other major towns/cities	Swansea, Newport, Wrexham
Official languages	Welsh, English

Source: Facts about Wales (21).

As in other parts of the United Kingdom and regions across Europe, the health of the Welsh population is improving but there are still major challenges, including persistent health inequity. While life expectancy is projected to continue increasing, there is still a gap of as much as ten years between the most and least deprived areas in Wales. Only 6% of adults in Wales maintain healthy lifestyles, avoiding risk behaviours relating to diet, smoking, alcohol use and physical activity. Wales' steadily ageing population will undoubtedly increase the demand on its already stretched health and social services. A new publication on the burden of disease and state of health and well-being in Wales is about to be released (22).

### **Sustainable development at the heart of devolution – taking a new approach**

In 1998, Wales became one of the first countries in the world to make sustainable development a legal obligation, requiring Welsh ministers to develop and promote a sustainable-development scheme. In 2011, the Welsh Government dedicated legal and policy resources to developing new legislation that would enable public services to tackle “wicked” health and societal problems and mobilize civil society to serve and sustain future generations. It made a commitment to develop legislation that would make “sustainable development the central organizing principle of the whole of the public services in Wales” (23), including Welsh Government itself.





Wales developed its legislative proposals in parallel with the SDGs development process, mirroring the United Nations “The World we want” Dialogues (10,24), which enabled citizen participation in defining a new global development framework. The Welsh Conversation, “The Wales we want by 2050” (25), was an influential part of the legislative process, involving the Welsh public in decision-making by enabling them to give their views on what mattered to them, their families and their communities.

## A national conversation about the future



*No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly, make democracy work or address systemic injustices. The only way the world is going to address social problems is by enlisting the very people who are now classified as “clients” and “consumers” and converting them into coworkers, partners and rebuilders of the core economy.”*

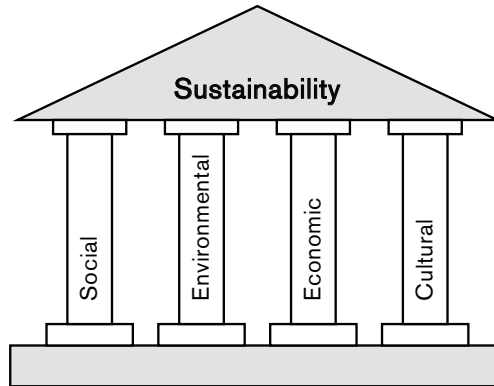
Edgar Cahn, former counsel and speech writer to Robert Kennedy and creator of Time Banking (26).

The Welsh Conversation involved over 7000 people through, for example, engagement with individuals and community groups, the recruitment of “future champions” to act as advocates of communities and organizations, and the organization of stakeholder workshops, involving public-service organizations (25).

The outcome of this dialogue with the Welsh public (25), led to significant policy and legislative changes and influenced the content and direction of the 2012 Sustainable Development White Paper to become the Well-being of Future Generations Bill, which was laid before the Senned in July 2014. After a period of scrutiny and review by the National Assembly Wales Environment Committee, the Bill was further amended to include a seventh goal (a globally responsible Wales) and a fourth sustainable-development pillar (cultural – in

addition to economic, social and environmental) (Fig. 4). The Bill received royal assent in April 2015 and became *The Well-being of Future Generations (Wales) Act 2015* (WFG Act) (27).

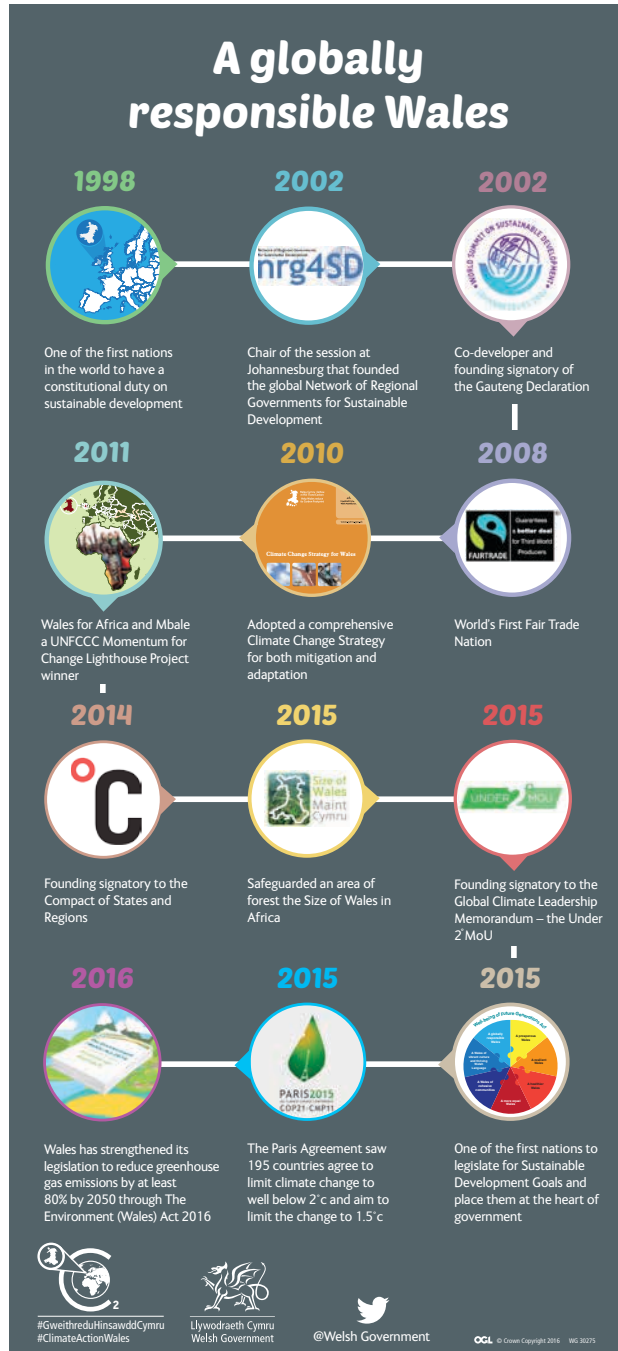
Fig. 4. Wales' four pillars of sustainable development: social, economic, environmental and cultural



The Welsh devolution journey is summarized in Fig. 5.



Fig. 5. Steps to making sustainable development a legal obligation in Wales



Notes. UNFCCC: United Nations Framework Convention on Climate Change; MoU: memorandum of understanding.  
 Source: The Welsh Government.

## Legislating for sustainable development in Wales: the WFG Act

The WFG Act (27), which enshrines Wales' commitment to sustainable development and seeks to strengthen efforts to tackle key intergenerational challenges, such as climate change and health inequity, was passed in 2015. It sets ambitious, long-term goals (Table 2), linked to the SDGs (10), providing Welsh Government and its 44 public bodies (including local government and the local health boards) with a legally-binding common purpose. The First Minister for Wales has stated that the WFG Act can be seen as a global model of how the SDGs are translated into action at the regional and local levels (10,27).

Table 2. Seven well-being goals for Wales



Goal	Description of the goal
A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
A resilient Wales	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
A healthier Wales	A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socioeconomic background and circumstances).
A Wales of cohesive communities	Attractive, viable, safe and well-connected communities.
A Wales of vibrant culture and thriving Welsh language	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
A globally responsible Wales	A globally responsible Wales. A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

Source: The WFG Act (27).

With a clear focus on improving social, economic, environmental and cultural well-being in Wales, the WFG Act places a statutory requirement on public bodies to prioritize and adhere to its sustainable-development principles by seeking “to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs” through “five ways of working” (Fig. 6) (27). These provide the public service with a consistent guide to working towards sustainable development, allowing for local discretion.

**Fig. 6. Applying the sustainable-development principles: five ways of working for public bodies**

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Long term		The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
Prevention		How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
Integration		Considering how a public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
Collaboration		Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
Involvement		The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

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Source: The WFG Act (27).

The WFG Act (27) introduced new duties for public bodies, established new structures, such as public services boards, and put accountability mechanisms in place through the creation of a new commissioner post and the delegation of powers to the Auditor General (Box 1).

## Box 1. Summary of the requirements of the WFG Act

### *Well-being duty*

All public bodies must develop and publish well-being objectives to maximize their contributions to achieving the well-being goals, and take all reasonable steps to meet their objectives.

### *Local partnerships*

The WFG Act (27) established public services boards in the local areas. A public services board includes representatives of the main statutory partners who are required to work together to collectively publish a report on well-being in their local areas (a well-being assessment), which will inform the development of their local well-being plans.

### *Future Generations Commissioner for Wales*

The WFG Act (27) established the post of Future Generations Commissioner to safeguard the interests of future generations and support public bodies in working towards achieving the well-being goals. The Commissioner can monitor, advocate, challenge and review the work of the public bodies and the latter must take all reasonable steps to follow the recommendations of the Commissioner.

### *Future Trends Report*

Welsh ministers are required to produce this report within 12 months of a National Assembly for Wales election. It looks at the likely future social, economic, environmental and cultural well-being trends of Wales to inform planning and priorities at the regional and local levels. It must take account of any action taken by the United Nations in relation to the SDGs (10) and assess the potential impact of that action on the well-being of Wales.

### *Audit*

The Auditor General for Wales has a duty to carry out examinations of public bodies.

### *National indicators*

Welsh ministers set out 46 national indicators to help assess progress towards achieving the seven well-being goals.

The key deadlines for responding to the legal requirements set out in the WFG Act (27) are summarized in Annex 1.

The 46 national indicators were established to measure progress in improving economic, social, cultural and environmental well-being towards a more sustainable Wales. The criteria used in setting the indicators included their ability to measure progress against a particular outcome, relevant to Wales or any part of Wales, over a period of time. Selected health-related indicators for

Wales are summarized in Box 2.

### **Box 2. Selected health-related indicators for Wales**

The health-related indicators established in response to the WFG Act (27) include:

- percentage of live single births with a weight of under 2500 g;
- healthy life expectancy at birth, including the gap between the least and most deprived;
- percentage of adults with fewer than two healthy behaviours (not smoking, maintaining a healthy weight, consuming five fruits or vegetables a day, not drinking above recommended levels, and meeting the guidelines for physical activity);
- levels of nitrogen dioxide (NO<sub>2</sub>) pollution in the air;
- percentage of children with fewer than two healthy behaviours (not smoking, eating fruits/vegetables daily, never/rarely drinking and meeting the physical activity guidelines).

The first annual statutory well-being report was published in September 2017. It outlines progress towards the seven well-being goals for Wales, based on the 46 national indicators (28). The development of the report included mapping the indicators against the 17 SDGs (10).

A public health outcomes framework for Wales has been developed to underpin the indicators. Further information about the indicators and the framework can be found in Annex 2.

### **Sustainable development in the context of Welsh policies on promoting health and equity**

Wales has a long-standing commitment to improving health, addressing social inequity and providing a responsible health and care system. This cannot be highlighted more clearly than it was in the principles of the United Kingdom National Health Service (NHS), which was launched in 1948 by the then Minister of Health, Welsh politician, Aneurin Bevan. The principles state that “the population should have access to comprehensive treatment,

universal access based on need and services should be free at the point of delivery” (29).

This political position remains true, as demonstrated by Wales’ commitment to prudent healthcare. In Wales, prudent healthcare was developed to help meet the challenges of rising costs and an increasing demand on health services, while seeking to improve the quality of care. It is part of an international movement to ensure that patients gain greater value from the health-care system. The four principles of prudent healthcare are to:

- achieve health and well-being with the public, patients and professionals as equal partners;
- care for those with the greatest health needs first, making the most effective use of all skills and resources;
- do only what is needed – no more, no less – and to do no harm;
- reduce inappropriate variation, using evidence-based practices consistently and transparently (30).

The WFG Act (27) complements a suite of legislation, which supports health and equity, such as the recently published *Public Health (Wales) Act 2017* (31), the *Environment (Wales) Act 2016* (32), the *Social Services and Well-being (Wales) Act 2014* (33), the *Planning (Wales) Act 2015* (34) and the *Active Travel (Wales) Act 2013* (35).

## PREPARING FOR THE WFG ACT

### The Early Adopters Programme

In 2014, the Welsh Local Government Association (WLGA) developed the Early Adopters Programme (36) to support some public bodies (early adopters), consisting of local authorities and national parks, in exploring how the then forthcoming WFG Act (27) would affect them. A programme was developed to support each of the participating public bodies in developing: a diagnostic tool; training modules for elected local authority members; officer briefings; a webinar on using sustainable development as a core part of management; and a website linking to resources.



## Learning from the experiences of the Early Adopters Programme

The key lessons learnt from the Early Adopters Programme (36) are summarized below.

### *The importance of strategic focus and coherence*

Developing and linking long-term strategies across local authorities and public services boards is likely to be a major challenge. There is a risk that local authorities and pre-existing local partnerships will see a well-being plan as a desk-based exercise to align existing plans to the requirements of the WFG Act (27), rather than a fundamental shift towards longer time horizons with a focus on economic, environmental and cultural needs, as well as the social and health agenda. The Act (27) should support public bodies and public services boards in developing strategies that refocus on a local “place-based” approach and, thus, shifts thinking to local communities. Long-term planning, which includes measures to safeguard the needs of future generations, must be a prerequisite for local-area strategies. The WFG Act (27) provides an opportunity to develop strategic coherence between organizations.

### *Governance and management arrangements*

Corporate governance and management arrangements need to be adapted to reflect the sustainable-development principles in relation to the needs of future generations. This would mean modifying, for example, corporate plans, decision-making, risk management, service planning, funding, overview and scrutiny functions, and performance management.

### *Embedding the WFG Act in everyday practice*

Tools and techniques that help staff explore the relevance of the sustainable-development principles to safeguarding the needs of future generations can help to increase capacity, facilitate thinking about how the WFG Act (27) will apply to daily practice, and support the cultural shift needed to embed the sustainable-development principles in a long-term approach.

### *Sustainable development shaping decision-making*

Rather than using the sustainable-development principles to justify priorities or activities after they have been decided upon, they should be meaningfully applied to shape strategic decision-making, for example, at the beginning of projects.

### *The WFG Act as a unique opportunity*

Instead of being an obstacle or additional burden, the WFG Act (27) provides a unique window of opportunity for tackling challenges, such as financial austerity. The sustainable-development principles can make it easier to reframe such responses and adjust ways of working in partnership.

### *Spectrum of capacity and response*

The Early Adopter Programme (36) developed a diagnostic tool and a spectrum of response to help local authorities assess their progress in complying with the WFG Act (27). A significant variation in the understanding of the local authorities about what was required of them, and in their capacity to respond, was identified. This is also likely to apply to the wider public sector.

### *Reshaping partnership working at the local and regional levels*

Revising ways of working in partnership as a result of the Act will need new governance arrangements, strategies and decision-making frameworks. This will provide an opportunity to embed the sustainable-development principles in the constitutions and terms of reference of new partnership agreements. Many authorities see the WFG Act (27) as a way of “fixing” elements of dysfunctional systems of working in partnership at the local and regional levels.



### *Engaging public services boards*

All public services boards need to be engaged in building capacity to foster joint understanding.

### *Future generations and competing agendas*

The Early Adopters Programme (36) was implemented in a dynamic environment of organizational and leadership change, discussion on the reform of local authorities, and management of cuts in services – all in the absence of specific guidance. Nevertheless, the level of engagement in the Programme (36) indicated that the WFG Act (27) was high on the agendas of many of the early adopters.

### **The response of national parks**

As a result of the participation of the national parks in the Early Adopters Programme (36), the unique contributions they could make to supporting public health for future generations were identified. These included providing a setting for increasing accessibility to outdoor recreation opportunities, supporting mental well-being, targeting disadvantaged groups through new activities, and developing new partnerships to engage more people in active enjoyment.

### **Translating learning for the health sector**

Leaders of the NHS in Wales expressed an interest in learning from the Early Adopters Programme (36), as they could see that its findings were potentially transferable to the health sector. Two workshops were convened to discuss these findings (36) and consider ways in which they could support the health boards and trusts of the NHS in carrying out their well-being duties either as individual public bodies or as members of public services boards.

During the workshops, health leaders were asked to: consider the nature of the challenge presented by the WFG Act (27); examine their roles in assessing well-being in their local areas and in setting well-being objectives and developing well-being plans for these areas; consider how they could respond effectively to the legislative requirements; and identify the main challenges to and opportunities for doing so.

Some of the points discussed at the workshops are listed in Box 3.

### **Box 3. Discussion points at health-sector workshops**

Discussion points included:

- using a longer-term planning horizon for all strategic activity, and developing a long-term culture (10–20–30 years) in organizations;
- assessing organizational preparedness;
- engaging with senior leadership on the ramifications of the WFG Act (27), and gaining an understanding of and addressing leadership and skills gaps;
- operationalizing new ways of working, for example, through new reporting templates, risk thresholds and procurement policies;
- strengthening collaboration, for example, through a joint-assets strategy, the co-location of organizations and services at the local level, and pooled budgets;
- the need for new performance frameworks;
- ways of working with key partners represented on public services boards to improve outcomes for individuals, families and communities;
- ways of shifting the emphasis to place-based well-being assessment, and capturing information at the local level via qualitative methods, personal narratives and case studies;
- developing a common language and definitions;
- ways of harnessing citizens' voices over and above the traditional medium of consultation.

The discussions helped to inform two official NHS guidance documents, which sought to capture the range of ideas put forward, making links to the relevant experiences and tools produced for the Early Adopters Programme (36) and detailing the support that was available, or identified as necessary for implementation.

### **Public Health Wales – responding to the well-being duty**

By placing sustainable development on a statutory footing, the WFG Act (27) provides the public health community with the possibility of helping to change the landscape for future generations.

Public Health Wales, a public body with a national remit to protect and improve health and well-being and reduce health inequity, recognized this as a unique opportunity. Following discussions at the health-sector workshops, the decision was taken to invest in a new hub (the Health and Sustainability Hub), comprising a team of people who would help both the organization and the wider NHS system meet the legal requirements of the legislation and act as catalysts for change.

Based on lessons learnt from the Early Adopters Programme (36), one of the Hub's first steps was to commission a baseline assessment of the corporate, cultural and collaborative readiness of Public Health Wales to meet the requirements of the WFG Act (27). Its results will be used as a baseline for measuring and assessing changes made in response to the legislation, for example, in the way in which Public Health Wales develops its strategic and corporate plans.

The Hub was also involved in the development of Public Health Wales' well-being objectives (Box 4). Working with staff across the organization, the Hub helped to identify areas in which the organization could maximize its contribution to the seven well-being goals and exemplify the sustainable-development principles. In practice, this involved: identifying objectives that contribute to positive outcomes in the long term; involving staff at all levels in their development; and ensuring that they required collaborative and preventive action, especially in tackling health determinants.

Published in March 2017, Public Health Wales' well-being objectives are supported by a statement, which clearly positions the organization at the start of its response to the WFG Act (27), building on and underpinning pre-existing priorities and actions. Annex 3 provides case reports of action taken by Public Health Wales to implement the Act (27).

From the results of the baseline assessment and through regular staff involvement, the key challenges were identified as "making the Act (27) real" and articulating how working to meet the well-being goals would not be business as usual. The Hub's programme of work, therefore, includes the development of a sustainable-development tool for use in assessing and identifying areas in which change is required at the individual, team and organizational levels. The intention is to pilot the tool in several settings and, based on the results, adapt it to the needs

of Public Health Wales and the different organizations that make up the health system. The results (both positive and negative) will be distributed to refine and develop thinking around sustainable development. Wales will also share the insights gained through this activity with other regions and countries to promote the sustainable-development principles beyond its borders.

#### Box 4. Public Health Wales' well-being objectives

##### Public Health Wales will work with others to:

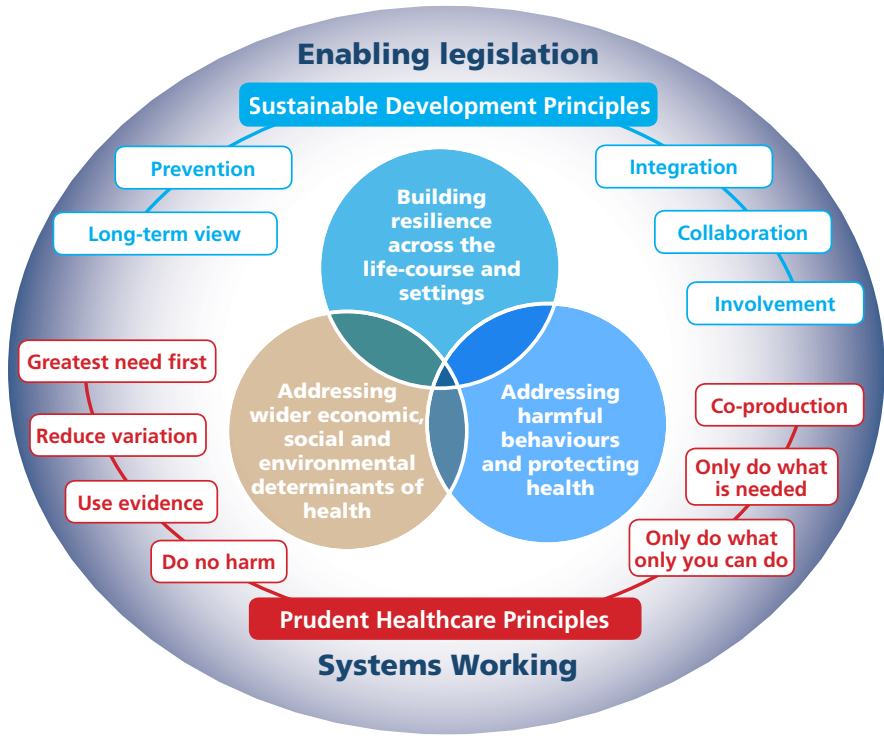
- 1** Build capacity and support system change, to protect and improve health and reduce inequalities
- 2** Give our children the best start in life including opportunities to grow, play and learn in a healthy and safe environment
- 3** Support the NHS to deliver high quality, equitable and sustainable services that meet the needs of citizens at every stage of their life
- 4** Minimise public health risks from current and emerging diseases, environmental hazards and emergencies
- 5** Influence policy, planning and design to create sustainable, culturally thriving and cohesive communities, to tackle the wider determinants of health and to break the cycle of poverty and disadvantage
- 6** Maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales
- 7** Strengthen our role in global health and sustainable development, realising the benefits of international engagement

Source: Public Health Wales website (37).

## Developing resources to support implementation of the WFG Act

Public Health Wales has developed resources to support partner organizations and public services boards in the implementation of the WFG Act (27). For example, the publication, *Making a difference: investing in sustainable health and well-being for the people of Wales* (38) points to the usefulness of combining the “investment-in-prevention” argument with steps to address the economic, social and environmental determinants of health, the principles of the Act (27) and prudent healthcare (30), and systems working to provide a common framework for improving health and well-being and reducing inequity in Wales (Fig. 7).

Fig. 7. A common and coherent framework for achieving health and equity in Wales



Source: *Making a difference: investing in sustainable health and well-being for the people of Wales. Executive summary* (36).

Public Health Wales has also developed a series of publications linking adverse childhood experiences (ACE) (traumatic experiences that occur before the age of 18) with health-harming and antisocial behaviours (39); mental well-being (40); and chronic diseases and health-service use (41). These resources are being used by public bodies and public services boards to identify evidence-based action to help inform their response to the Act (27).

### Health impact assessment as a tool to support sustainable development

Impact assessment, including health impact assessment (HIA)<sup>1</sup>, is a tool for use in supporting sustainable development; it helps to ensure that both the

<sup>1</sup> HIA is defined as “a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, programme or project on both the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects” (42).

short- and long-term impacts of policies, plans and projects are taken into consideration. HIA is a flexible and systematic process that supports open and transparent engagement, collaboration and partnership working, as well as preventive action and mitigation. In Wales, HIA is an integrated process, incorporating consideration of the economic, social and environmental determinants of health and well-being, thereby helping to place health at the centre of sustainable development. The Welsh Government recommends the use of HIA, numerous examples of which are included in its guidance. The introduction of the *Public Health (Wales) Act 2017 (31)* has further strengthened the role of HIA in the country; it obligates public bodies to undertake HIA in specific circumstances; these will be defined through regulations.

Public Health Wales has long advocated HIA as a tool to support the achievement of Health in All Policies (HiAP) (5) to which it is committed. The Wales Health Impact Assessment Support Unit, which is part of Public Health Wales, is dedicated to helping policy-makers and practitioners develop and implement HIA in Wales. The Unit provides guidance, training, facilitation services and capacity-building and has published practical guidelines and resources to support the practice of HIA by specialists and non-specialists in all sectors. Since the introduction of the WFG Act (27), the Unit has been supporting and developing the role of well-being impact assessments in demonstrating that the policies, plans and projects of public bodies and public services boards (among others) take the well-being goals into consideration.

### **Implementation of the WFG Act in the health sector – case studies from two Welsh health boards**

Wales has seven local health boards, which are responsible for taking a population-based approach to health care and well-being. Based on the needs of their communities, they work towards improving health by planning, designing, developing and securing the delivery of preventive-, primary-, community- and hospital-care services, and providing specialized and tertiary services. Health boards and NHS trusts are required to produce annual integrated medium-term plans, which establish their values, vision, key priorities and delivery actions, and describe how they will collaborate with the communities to deliver high-quality, targeted and appropriate care.



The health boards are statutory members of the public service boards in their areas, along with the local authorities, the fire and rescue services and Natural Resources Wales, the Welsh Government body appointed to manage Wales' natural resources. They are under a duty to act collectively to assess and publish a report on well-being in the area, which in turn will inform the development of a well-being plan. This presents an opportunity for the health boards to work in an increasingly collaborative way to ensure that services influence the whole life course, improving health and well-being outcomes, reducing health inequities and, ultimately, reducing the demand on services. The health boards are in a unique position to promote the understanding that health is more than the absence of disease or the result of treatment. They can reorient focus to the wider determinants of health and challenge other public bodies to recognize the contributions they can make to prevention and the improvement and protection of health.

By working closely with the local communities and embracing the involvement principle, the NHS and other public bodies can establish a common language



to facilitate an understanding among those working in the different sectors of their potential to contribute to achieving health and well-being for all. The health service is well positioned to lead this discussion, going beyond promoting information sharing to facilitating joint planning, commissioning and delivery. A report on reducing inequity published in 2013 by the Institute of Health Equity (London, United Kingdom) emphasized that, in collaborating with the local authorities, the police and fire services, the third sector, workplaces, communities and schools, it was important that the NHS intervene in ways that were holistic and recognized the wider context and interactions that shape people's lives (43). Boxes 5 and 6 provide case studies on the implementation of the WFG Act (27) by two health boards.

#### **Box 5. Case study: the Betsi Cadwaladr University (BCU) Health Board**

The BCU Health Board serves a population of nearly 700 000 people in North Wales.

Recognizing the challenges posed by the requirements of the WFG Act (27), the BCU Health Board identified opportunities for resolving those falling in areas under its responsibility, especially those that could only be resolved in partnership with communities and other public bodies.

Although health boards have had responsibilities related to sustainable development for several years, for example, in connection with recycling and reducing carbon footprints and energy consumption, their interpretation of the issues in question has been narrow. The broader interpretation of sustainable development presented in the Act (27) challenges them to extend their focus beyond "their business" and offers them an opportunity to actively engage more widely with the workforce and local communities.

Informed by the findings of recent well-being assessments, the BCU Health Board, along with partners across the region, are developing their approach to meeting the requirements of the Act (27). The Health Board understands the importance of introducing the five ways of working and of taking measures to reframe governance, for example, to include partnership governance. It is, therefore, in the process of reframing its local leadership role, demonstrating its willingness to make use of the opportunities of and take up the challenges presented by the legislation (27).

The Board recognizes that to fully realize the benefits of the Act, rather than using it to justify steps that are already underway, it must shape what it does and how it does it based on the requirements of the Act (27). This position forms the backdrop of its new strategy, "Living healthier, staying well".

### Box 6. Case study: the Aneurin Bevan University (ABU) Health Board

The ABU Health Board is responsible for promoting wellness, preventing disease and injury, and providing health care to a population of approximately 600 000 people in Gwent, South East Wales. It views the WFG Act (27) as a unique opportunity to tackle the social determinants of health and address health inequity across the communities that it serves.

As part of its integrated medium-term plan, the ABU Health Board has published ten well-being objectives that signal its initial priorities for improving the economic, social, environmental and cultural well-being of Gwent.

In line with the *involvement* way of working, these ten well-being objectives were developed, utilizing citizen and clinician engagement and the well-being assessment outcomes of the five public services boards in Gwent.

Acting in accordance with the *integrated* way of working, the ABU Health Board will refresh these well-being objectives in the light of further developments in the well-being objectives of the five public services boards and other individual public bodies in Gwent.

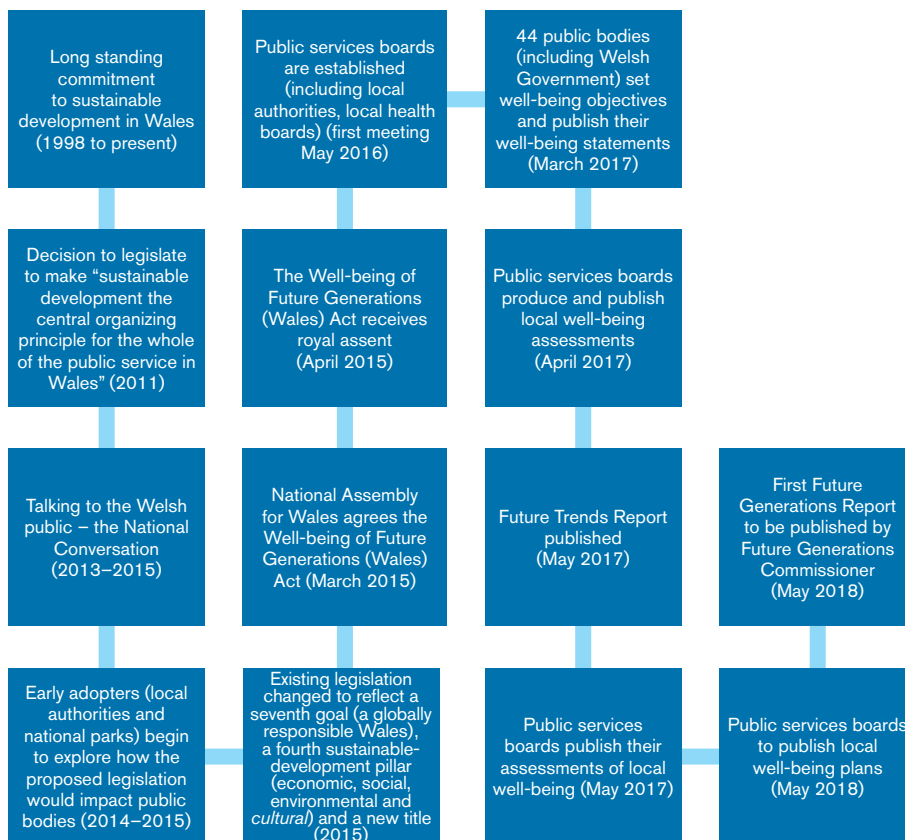
The ABU Health Board recognizes that embedding the five ways of working in its core business will require cultural change at all levels of the organization. To begin this process, it is currently working in three corporate areas (finance, workforce and facilities) to develop the Five Ways of Working Maturity Framework. The Framework applies the five ways of working to key functions of the ABU Health Board and describes five levels of organizational maturity in doing so, ranging from non-existent to fully embedded. The intention is that, ultimately, the Framework will articulate the ABU Health Board's ambitions for sustainable development and guide action towards achieving them.

Other examples of steps taken by the ABU Health Board to address sustainable development in the initial phase are the:

- incorporation of the five ways of working in business cases and pre-investment criteria to ensure that all future decisions regarding resource investment take the sustainable-development principles into account;
- inclusion of the principles of the WFG Act (27) in updated strategic-planning guidance, thus ensuring that they are integral to the Board's values, visions, key priorities and delivery actions.

Fig. 8 depicts developments leading to the introduction of the WFG Act (27).

Fig. 8. The WFG Act: the story so far



## Enablers, challenges and opportunities for sustainable development in Wales

### *Enablers*

Wales has been and still is undergoing a devolution process, which has included gaining *legislative competence* in a growing number of areas. Wales has become increasingly confident in developing policy and legislation that draws on its own unique culture, history and political philosophy, which differ from those in the rest of the United Kingdom. Wales' raft of new legislation highlights its different approach, which aims to strengthen and support its natural, cultural and community resources.

While factors, such as Wales' strong *tradition of developing sustainability*, the growing experience of its politicians and those in civil service and popular

understanding of issues related to sustainable development, are recognized as ground-breaking, they are also linked to devolution.

The strong and transparent *leadership* shown *at all levels* (political, government, commissioner, public bodies and other organizations) has been key in gaining in support of the Act (27). This has been exemplified by the willingness of public bodies to engage in its implementation by seizing the opportunities it presented to shape their actions. Political leadership and continuity and understanding across the Welsh Government have combined to create sustained efforts to translate ideals into tangible policy.

*Timing* has been fortuitous. The Welsh sustainable-development journey has taken place in parallel with the increasing global call for action in this area. The development and adoption of the SDGs (10) served as the catalyst for Wales' response to the global concern, and the introduction of WFG Act (27) provided an opportunity to align Wales' policy on sustainable development with international actions.

The explicit statement that the Act (27) is intended as an enabler of HiAP (5) has gained the *support of key stakeholders* (across sectors) in Wales who are keen to support legislation that will contribute to health and well-being. It has been welcomed and championed particularly by the public health community as “speaking their language”. It has also resonated with other key sectors in Wales in addressing health determinants.

*Large-scale public involvement* in shaping the Act (27) (led by the Sustainable Futures Commissioner) contributed to giving the Welsh people a sense of ownership towards it. This in turn strengthened political support and the view among public bodies that the Act (27) – in supporting a place-based approach to public services with a strong focus on delivery to, with and through communities – provides a way of connecting with them.

Articulating the sustainable-development principles through the five ways of working (collaboration, involvement, prevention, integration, long-term thinking) has provided a tangible means of identifying areas where change is needed, and determining ways of bringing it about. This *framework* enables the translation of the Act (27) into practice.

Making use of available evidence and tools, such as knowledge mobilization and synthesis (as described in the publication, *Making a difference: investing in sustainable health and well-being for the people of Wales* (38)) and existing HIA methods and practices, is a key enabler of translating the legislation (27) into action.

### *Challenges*

While the Act (27) was developed in a spirit of widespread public participation and community involvement, it can readily be seen as a *top-down approach* to solving “wicked” problems. As with any change, there have been questions about the need for it, for example, whether it enables action that could not have happened without it, or whether indeed legislation is the appropriate channel for bringing about cultural and behaviour change.

The legislation is transformative, requiring organizations to undertake *large-scale change*. This could lead to their being overwhelmed by implementation challenges, resulting in their not knowing how or where to respond. Unless organizations use the Act (27) to shape their thinking and action, there is a danger that they will shoehorn their activities to meet its requirements, or modify ongoing action, using the Act (27) as justification. It also means that organizations might focus on “easy wins”, or translate the sustainable-development principles to mean “environmental sustainability”, thereby, failing to take the breadth of the requirements into consideration. In addition, the broad scope of the Act (27) makes it difficult to develop a communications approach, for example, for use in developing key messages to staff or the public about the implications of the Act (27) for them.

The Act (27) requires a *broad range of responses* from public bodies, which present each of them with challenges that are unique to their communities (or the populations they serve), and to their functions, capacities and capabilities. For example, many public bodies view the Act (27) as an opportunity to tackle poverty and inequity, but meeting its requirements will depend on local needs and assets and the contributions of each public body to doing so. There are no single, simple, prescribed solutions or approaches to dealing with complex issues and the Act (27), as an enabler, requires organizations to identify their contributions and solutions in partnership with others.

Many of the challenges are linked to the *five ways of working* defined in the Act (27).

1. Long term thinking

Many public bodies are used to planning on an annual or 3-year basis, often as a result of national planning frameworks that are limited to the short and medium terms. Thinking long term, even for a period of 10 years let alone as far as the next generation, is a challenge for many organizations and requires a shift in mindset and approach.

2. Integration

The Act (27) challenges traditional thinking and necessitates breaking down silos. This relates not only to progressing collaboration between organizations (for example, partnership working among public services boards, as the Act (27) requires), but also within organizations. In addition, organizations need to consider how to integrate their different issues, for example, by making links between the well-being goals (for example, prosperity and health), which again challenges the common practice of thinking and working in silos.

3. Involvement

The Act (27) requires organizations to involve the people they serve in decision-making. While the engagement of the Welsh population, the workforce and stakeholders is common, their meaningful involvement in planning, developing and delivering services is relatively infrequent and difficult to achieve.

4. Collaboration

Organizations are required to work in partnership. While this is done routinely, the Act (27) pushes organizations to think about sharing resources.

5. Prevention

With ongoing austerity, organizations find it increasingly difficult to deliver services and allocate resources for preventive action. Very often, they are obliged to move funds from acute, response, or frontline services for these purposes. Evidence of the importance of investment in prevention helps to support such decision-making.

While there is considerable scope for national bodies to learn from each other, the *transferability of learning* from one sector to another is limited. For example, the experience of the Early Adopters Programme (36), which focused on local authorities and national parks, revealed that the lessons

learnt did not readily translate for use in other sectors, for example, by health bodies, nor did they always apply.

### *Opportunities*

The WFG Act (27) benefits the advancement of sustainable development in different ways, some of which are listed below.

Above all, the WFG Act (27) provides organizations with the opportunity to think differently, work in new ways and contribute to the well-being of the population.

For many who advocate the importance of achieving well-being for all, the Act (27) constitutes an opportunity to realize the ambition of HiAP (5). In Wales, this is being supported by HIA, which has recently become a statutory requirement through the *Public Health (Wales) Act 2017* (31). Work is already underway to introduce HIA to measure sustainable development, for example, through integrated impact assessments or well-being impact assessments.

Legislation that supports HiAP (5) makes it possible to address the spectrum of health determinants – social, economic and environmental. In addition, it facilitates addressing “wicked” issues, such as inequity, violence and obesity, that require multisector, whole-of-government and whole-of-society approaches.

The Act (27) promotes a preventive approach whereby all public bodies are required to demonstrate their methods of preventing problems from occurring. This could support a paradigm shift from addressing acute problems to taking a more upstream approach to preventive interventions.

Public bodies in Wales can now use the sustainable-development principles to develop new (creative) approaches to how they are structured, what they do and how they do it. Services shaped to the needs of their population could be developed, for example, by drawing upon the results of local well-being assessments.

The Act (27) presents an opportunity for organizations to look beyond their current activities and consider emerging areas. It also allows them to gain



an understanding of, and participate in, the global approach to meeting the challenges of, and finding solutions to, sustainable development. The Act (27) represents a direct connection between Wales and the world through the SDGs (10).

The Act (27) gives Wales the opportunity to take forward the *WHO Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being* (14).

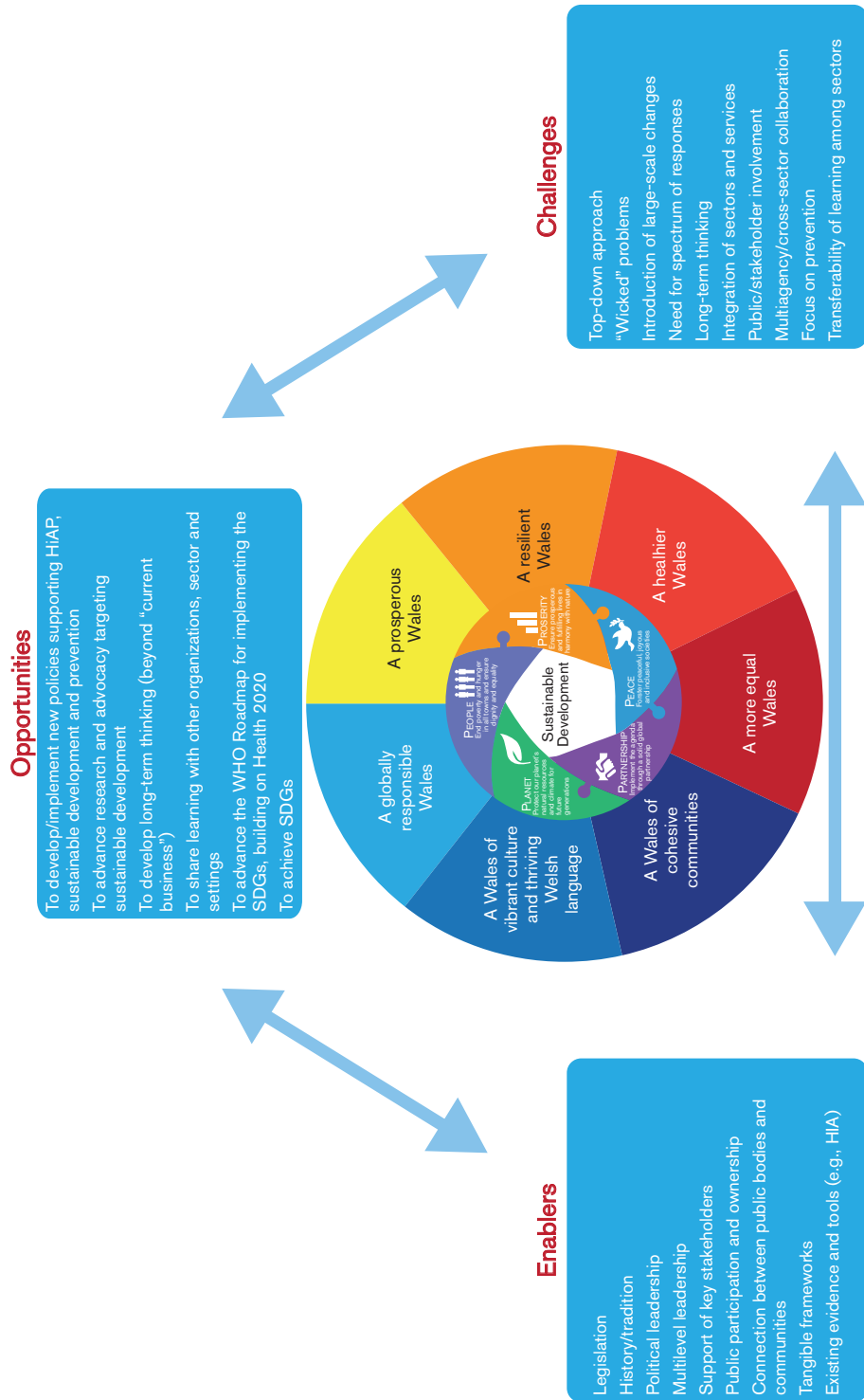
Another opportunity relates to targeting resources towards the development of new research, evidence synthesis, practical tools and other innovation, according to the sustainable-development principles, and to driving investment for sustainable development while leaving no one behind.

The transferability of learning between countries and regions with similar contexts, and between organizations and stakeholders, also provides opportunities.

Fig. 9 gives an overview of the opportunities, enablers and challenges related to the WFG Act (27).



Fig. 9. Sustainable development in Wales: enablers, challenges and opportunities



## Sustainable development in other regions in Europe

### TOWARDS SUSTAINABLE DEVELOPMENT THROUGH AN INTERSECTORAL APPROACH TO HEALTH AND DEVELOPMENT. THE EXPERIENCE OF THE POMURJE REGION, SLOVENIA

Since gaining independence, Slovenia has based its economic-development strategy on the sustainable management of resources and social cohesion, which has resulted in one of the most equal societies in the world (44). Alongside economic development, Slovenia has experienced a significant improvement in population health, though not with universal intensity. The publication, *Health inequalities in Slovenia* (45), makes a clear link between the different development stages of the regions in Slovenia and the different health outcomes of their populations.

The Pomurje region is the least developed in Slovenia and its health indicators have been the most unfavourable of all regions in the country. In 2002, based on the WHO investment-for-health concept, Programme Mura (46), the first national intersectoral programme for reducing health inequity between the regions, was launched, and Pomurje was chosen as the pilot region.

Health 2020 (13), in its first strategic objective, focuses on new forms of governance in which health and well-being are seen as a whole-of-society, whole-of-government responsibility. This paradigm was well promoted in Slovenia through the investment-for-health approach of Programme Mura (44). The importance of local and regional action is also acknowledged in the 2030 Agenda for sustainable development:

*...the importance of the regional and subregional dimensions, regional economic integration and interconnectivity in sustainable development. Regional and subregional frameworks can facilitate the effective translation of sustainable development policies into concrete action at the national level (8).*

### Action taken

The main task was to create a programme council, including representatives of important stakeholders across all sectors of the region. Government sectors

(and their policies) and relevant nongovernmental organizations and civil society have a high impact on inequity (47) and were also represented.

The next task was to identify specific key areas (47) where the potential was highest to develop the region economically, socially and sustainably and – simultaneously – reduce health inequity and increase the well-being of the population using available resources. This concept included the local community as part of the policy-making process, which brought very good results in terms of setting common goals for different sectors and local authorities towards population health, resilience and other health-related areas, as set out in Health 2020 (13). Intersectoral collaboration was supported by an interministerial project group for health and sustainable development in the Institute of Public Health Murska Sobota (now part of the National Institute of Public Health), Centre for Health and Development Murska Sobota, Pomurje (designated as WHO collaborative centre for cross-sectoral approaches to health and development in 2009) and the Regional Programme Council (which was reorganized and became the Regional Action Group in 2012).

Programme Mura (46) identified four key development areas that are still regional priorities. The targets of the Programme (46) in these areas are aligned with the SDGs (10) and action towards achieving them is being implemented through the Regional Development Programme for Pomurje 2014–2020, using an investment-for-health approach, as follows.

1. Promoting healthy lifestyle (aligned with SDG 3 (10))

In the new programming period (2014–2020), the focus has shifted towards social activation and tackling health and social inequity through: active and healthy ageing; social entrepreneurship; health promotion at work; deinstitutionalization of and community care for older people, people with mental illnesses, people with disabilities and vulnerable groups; and palliative care.

2. Increasing healthy food production and distribution (aligned with SDG 3 and SDG 12 (10))

The current aim is to (re)connect local suppliers with local demand, especially in schools, kindergartens and medical institutions, and thus create short food-supply chains to local food markets. This has multiple benefits

from the creation of jobs to the enjoyment of consuming locally produced fresh food. The Healthy Food Initiative in Slovenia is a practical example of this approach (Annex 4).

3. Developing healthy tourism products and programmes (aligned with SDG 3 and SDG 12 (10))

This target aims at enhancing the infrastructure for ecotourism and health-promoting recreation and creating tourism products for hiking and cycling (connected with the following target on preserving the cultural heritage of the area).

4. Preserving natural and cultural heritage and reducing the ecological burden (aligned with SDG 3, SDG 11, SDG 12, SDG 15 (10))

This target will involve activities related to environmental protection and the reduction of air pollution by promoting active mobility and the use of non-motorized transport in commuting to and from workplaces, kindergartens, schools, etc.

The implementation of the Regional Development Programme for Pomurje 2014–2020 will contribute directly to work related to the SDGs and targets (9) in the above-mentioned areas.

## **Lessons learnt**

The above efforts brought about significant changes in the way in which the local population, businesses and public institutions view health, namely, as an opportunity for development and investment and not just as a cost. The health sector has begun to see the potential of regional development programmes to reduce health inequity and increase the well-being of the population.

There are, however, still many challenges to cooperation among the different sectors of government, and between them and the private sector in addressing population health and health equity. This requires resources, both human and financial, that in many cases are not provided for in the budgets and management plans of the institutions participating in the regional action group

on reducing health inequities. In many cases there is no legal framework for intersectoral action, making it even more of an effort to gather the necessary resources. Such obstacles are also found in varying degrees in other countries and regions, but in the experience of the Pomurje region, there is always a way if there is advocacy and leadership capacity. The region found that building human and institutional capacity contributed to the sustainability of intersectoral cooperation for health, even when the legal framework changed, and funding became a challenge. Investing in capacity-building must be an ongoing process that is open to innovation, but also conservative regarding the prioritization and setting of goals for sustainable development, which are often much more long term than the usual political mandate.

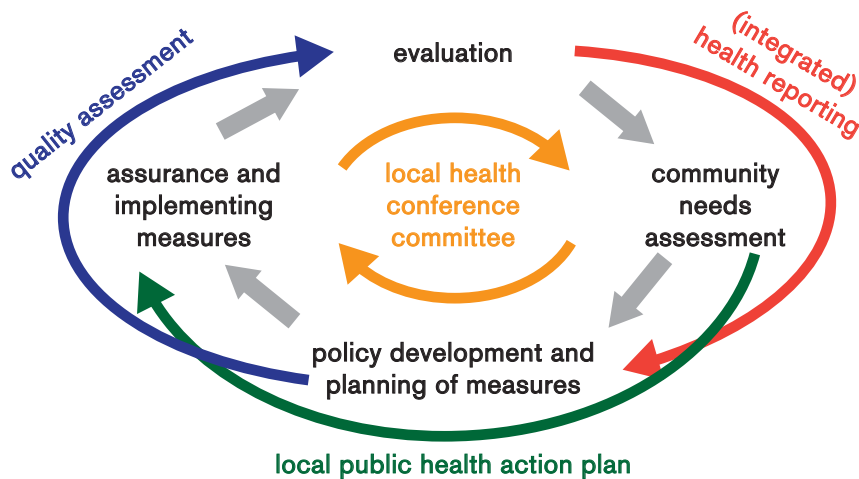
#### EMPOWERING LOCAL PUBLIC HEALTH AUTHORITIES AS KEY DRIVERS OF AN INTERSECTORAL MUNICIPAL PUBLIC HEALTH ACTION PLAN: THE EXPERIENCE OF NORTH RHINE-WESTPHALIA, GERMANY

### Background

In North Rhine-Westphalia (NRW), Germany, there are 53 local public health authorities at the district level. According to the NRW Public Health Services Act, these authorities are prompted to participate in the development of municipal and district policies, plans and proposals. The NRW Centre for Health supports the municipalities, especially the local public health authorities, in participating in the planning and implementation of health-oriented initiatives. This includes planning processes originating in the public health sector, as well as overall planning processes (urban plans, noise-action plans, etc.) in which health issues need to be considered.

Since 2009, the NRW Centre for Health has put substantial effort into the development and implementation of a local intersectoral public health action plan (Fachplan Gesundheit) on a municipal/district scale. The action plan is intended for use by the public health sector in optimizing participation in the municipal policy and planning cycle (Fig. 10). It should, thus, help integrate community needs assessment, policy development and the planning, implementation and evaluation of measures oriented to public health.

Fig. 10. Positioning a local public health action plan in the local policy and planning cycle



Source: adapted from Classen & Meikel (48).

## Goals and objectives

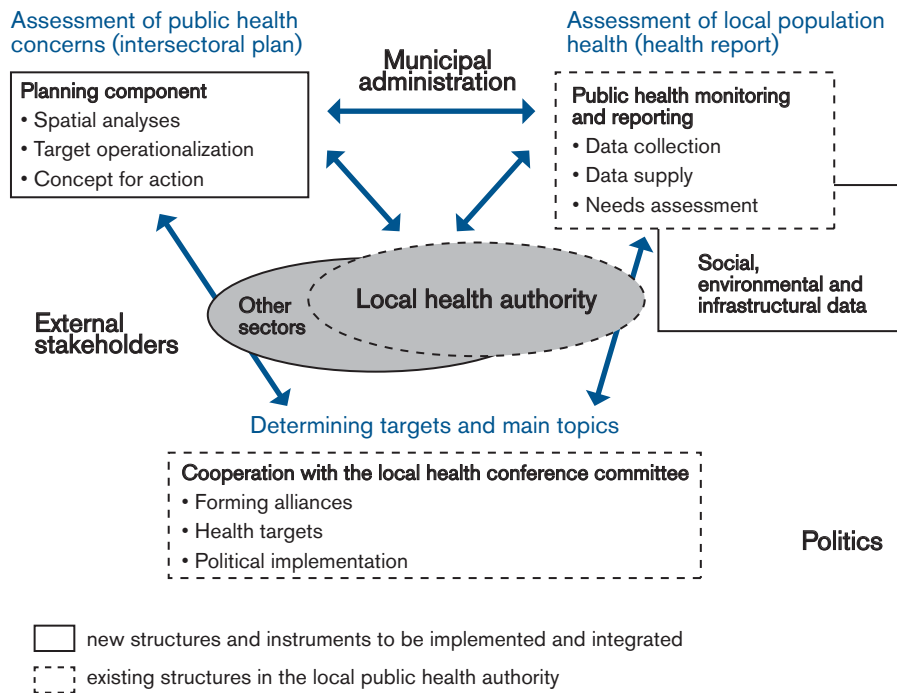
The action plan aims to:

- present the range of activities to be carried out by the local public health sector;
- assess current and prospective health-oriented concerns, specific sociospatial characteristics (including social and health inequities) and needs specific to the local area;
- initiate long-term, stringent and sustainable policy planning and development;
- prepare transparent, mandatory, health-oriented decision-making by consensus, for example, via council orders;
- consolidate and strengthen local health reporting and the range and effectiveness of the duties of health conference committees;
- raise awareness of the requirement to consider health-relevant issues in the light of the spatial distribution of the population and of health resources and burden;

- promote an integrated approach to administrative and planning procedures as a challenging but effective component of the sustainable development of a healthy city/district;
- support the sustainable implementation of the above-mentioned procedures at the local level (HiAP approach (5)).

Fig. 11 illustrates the existing and potential structures and processes of local public health administration in relation to the local public health action plan.

Fig. 11. Positioning the local public health action plan in structures and processes of local public health administration



Source: adapted from Baumgart et al (49).

## Action taken

After piloting the draft local public health action plan in 2010, and publishing two conceptual action plans (at the city and district levels) in 2012 (50), a second pilot phase took place in 2013–2014 with the cooperation of two early-



adopter districts. The choice of issues and procedures, as well as the teams involved, were defined by the local authorities. The two districts involved in the second pilot phase showed totally different approaches (49).

In one district (which included a large city of more than 240 000 inhabitants and several small- to middle-sized municipalities), a draft action plan was developed based on health-data reports on preschool children. The plan facilitated – on different spatial scales – assessment of the status quo regarding children’s health and dental-hygiene, as well as the preventive and promotive measures to be taken. The results of the assessment led to a better and focused assignment of public health services for schoolchildren, and a council order supporting the overall process of the action plan.

In the second district (comprising mainly middle-sized cities with 20 000–90 000 inhabitants), the focus was on an environmental health issue. The potential health risks of electromagnetic fields were determined and assessed in relation to the distribution of emitters, specific residential areas, and vulnerable population groups, and measures needed to deal with them were proposed.

### **Sustainability approach to improving health and well-being**

In developing the local public health action plan for NRW, the aim was its long-term implementation as a health-promoting tool for use in the everyday administrative procedures of the local public health authorities and other stakeholders involved in municipal planning and policy development. The integrated, intersectoral approach promoted in the action plan supports capacity-building for healthy urban development and fits very well with the WHO HiAP concept (5) and the Health 2020 whole-of-government approach (13). The action plan also reflects many of the SDGs, particularly SDG 11 “to make cities inclusive, safe, resilient and sustainable” (10). Moreover, the pilot exercise showed that the action plan is suitable for the detection and assessment of social and health inequity and inequity among vulnerable population groups.

### **Challenges and enablers**

Since the local public health action plan for NRW is still at the conceptual level, scaling it up to include more NRW municipalities and districts is a

challenge. Furthermore, the local public health authorities do not have the capacity to handle the municipal planning procedures required by the NRW Public Health Services Act, owing to a lack of staff and training. To retain the action plan as a long-term sustainable approach, intersectoral collaboration is a necessity. In this respect, the courage to introduce more informality into local governance could be the key to the success of the whole process.

## Lessons learnt

The different approaches taken during the second pilot phase broadened ideas for the implementation of the action plan. Especially implementing integrated procedures in municipal planning and administration practice proved to be a key component in developing healthy urban or district settings. On the other hand, the second pilot phase clearly demonstrated the current constraints related to the legal, administrative and resource-specific aspects of the draft action plan.

The draft action plan will be reviewed and further developed to reflect the experience gained in the pilot exercises and in consideration of its applicability at the subdistrict or even neighbourhood levels.

The NRW Centre for Health published (in German) an adapted version of the New South Wales *Healthy Urban Development Checklist* (51,52) for use by the local public health authorities in urban planning. It is closely linked to the draft action plan. In addition, to providing further support to the local public health authorities, the Centre will conduct a series of planning workshops and establish an NRW intersectoral working group of municipal stakeholders on health in local planning.

## NATIONAL HEALTH POLICY FOR THE SUSTAINABLE DEVELOPMENT OF REGIONS: THE EXPERIENCE OF LITHUANIA

### Background

The latest national health-policy document, the *Lithuanian health programme for 2014–2025* (53) was developed in accordance with Health

2020 (13) and adopted by the Lithuanian Parliament in 2014. The main aims of the Programme are to achieve a healthier, longer-living population, improve population health, and reduce health inequities by 2025. To this end, four objectives were formulated: (i) to create a safer social environment and reduce health inequities; (ii) to create healthy occupational and living environments; (iii) to develop a healthy-lifestyle culture; and (iv) to ensure high-quality and efficient health care for the needs of the population. The main aims and objectives of the Programme are very closely related to the goal of sustainable development in the whole country (53).

## Goals and objectives

The Health Promoting Kaunas region consists of eight municipalities around Kaunas city. They range in size from 4500 to 307 000 inhabitants, with total population of approximately 600 000 (more than a fifth of all Lithuanian inhabitants). The goals of the region are to implement the objectives of the *Lithuanian health programme for 2014–2025* (53), the reduction of health inequities at the regional level being a priority.

## Action taken

The Advisory Board of the Health Promoting Kaunas region, comprising well-known professors of public health and social and political sciences from universities in the region, proposed creating an action plan for the reduction of health inequities at the regional level. To start the process, local conferences were organized in each municipality to increase the awareness of local politicians, administrators and leaders in the different sectors, as well as the local inhabitants, about the causes of health inequity, and to discuss possible ways of reducing it at the local level. The Advisory Board suggested using a standard framework for the conferences, including two obligations: (i) to invite the participation of high-level politicians and administrators (mayors, vice-mayors, directors of municipality administration, etc.); and (ii) to include reports from the different sectors (education, culture, health and social care, environment protection and others) in the programme.

The conferences were organized by physicians and directors of public health offices in each municipality in consultation with the Vice-chair of the Advisory

Board and the Chair of the Working Group on Coordinating the Health Promoting Kaunas region. The participants in the conferences represented not only municipal authorities, but also different sectors, nongovernmental organizations and the Church. The heads of the departments were asked to present the main health-related activities of their departments.

The responsibility of the Advisory Board was to give an introductory presentation about each municipality, provide information about RHN (17) (aims, activities, etc.), and describe the main causes of health inequity (including international and national research data and examples of best practice in regions participating in RHN (17)). In describing the main strategies for reducing health inequity, the emphasis was always on HiAP (5).

### Challenges and opportunities

The conferences were held in five municipalities in 2015 and in three in 2016. In presenting the differences revealed in comparing the health statistics data of each municipality with the average national health indicators, the heads of the different sector departments realized how close the causal connections were between their work and the work of the health professionals to reduce health inequity.

The programmes for the conferences were organized so that, after each presentation, time was allocated for discussion in three or four working groups. The organizers had prepared one or two questions for each working group in advance. Summaries of their answers were presented in plenary (not more than five minutes) followed by questions from the floor (about half an hour), which provoked lively discussion. Questions included, for example: “What would you suggest municipal politicians and administrations do to facilitate healthy living?”; “What are the main obstacles to increasing physical activity in your municipality?”; and “What can be done at the municipal level to decrease alcohol consumption?”. The feedback from the working groups gave much food for thought, especially for politicians and administrators, on how the health situation could be improved at the municipal level.

## Lessons learnt

The activities of the Health Promoting Kaunas Region presented above could serve as an example of intersectoral multi-agency/multidisciplinary initiatives, which could be replicated across RHN (17).

The activities in each municipality are followed up on an annual basis, the main aim being to evaluate for change in the population's health status and for visible indicators of a reduction in health inequity at the regional and national levels. The most effective measures should be recorded in the evaluation report.

## REDUCING SCHOOL FAILURES – A COMPREHENSIVE ACTION PLAN FOR HEALTH AND REGIONAL DEVELOPMENT. THE EXPERIENCE OF REGION VÄSTRA GÖTALAND, SWEDEN

### Background

Education is one of the most central determinants of being able to establish an independent life, enter the labour market and earn an income. There is a strong link between education and health, but there is also a visible social gradient. The *Regional development strategy of Region Västra Götaland 2014–2020* (VG2020) (54) highlights that skills and competence are crucial to the future development and growth of its people, companies and institutions. Increasing the number of postgraduate students and reducing school failures are, therefore, priorities of VG2020. One of the main goals within the budget of Region Västra Götaland (VGR) is to decrease the gap in health and living conditions with a focus on combatting exclusion and segregation, and strengthening the connection between education and working life.

This clearly shows that VGR wishes actively to counteract the steep rise in school failures, one which it shares with other regions. According to the Organisation of Economic Co-operation and Development (OECD), the numbers of students who fail school have increased in almost all its Member States (55). School failures occur in all school systems. OECD reports that an average of 20% of people aged 25–34 years had not passed upper-secondary-school examinations, though the numbers vary among the countries (56).

OECD defines school failure from the systemic, school, and individual perspectives as follows.

*From a systemic perspective, school failure occurs when an education system fails to provide fair and inclusive education services that lead to enriching student learning. At the school level, school failure can be defined as the incapacity of a school to provide fair and inclusive education and an adequate learning environment for students to achieve the outcomes worthy of their effort and ability. From an individual perspective, school failure can be defined as the failure of a student to obtain a minimum level of knowledge and skills, which can at the extreme lead to dropping out of school (56).*

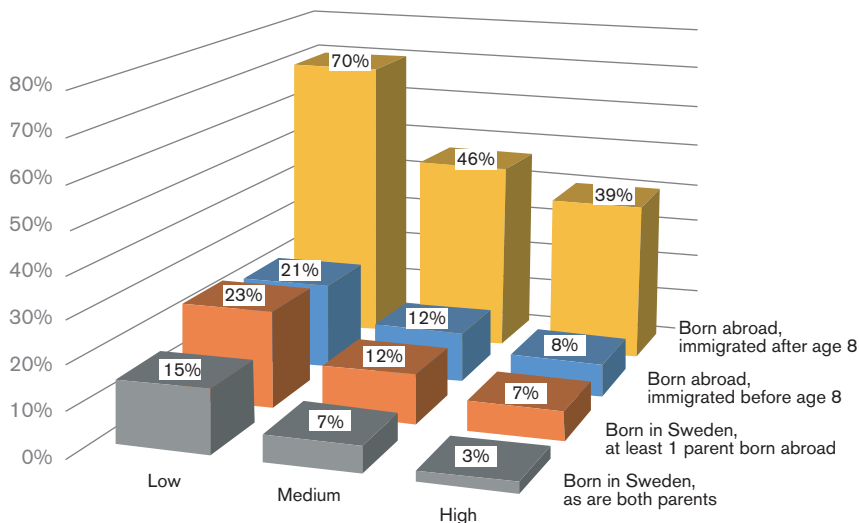
The Swedish Schools Inspectorate has concluded that 99% of all teenagers start an upper-secondary education, but only 2 out of 3 pass the school examinations after 3 years and only 3 out of 4 do so after 5 years (57). In VGR, 4000 leave compulsory school every year without the possibility of being admitted to further education.



The development of a comprehensive action plan for reducing school failures in VGR is a clear act of responsibility to focus on a multistakeholder goal and a joint process that will take a whole-of-society approach to tackling this very important and basic determinant of health, well-being, welfare and equity. A review of current knowledge on the subject was published in 2016 in which it was obvious that the solution does not lie solely within the municipal school system. VGR needs to be aware of its own responsibility, as a large health authority, a health-service provider and a leading partner of regional development.

Fig. 12 illustrates the distribution of children failing compulsory school, according to parental education and migrant background.

**Fig. 12. Percentage of students leaving compulsory school without being eligible for secondary school, by parental education and migrant background, VGR, Sweden, 2013**



Source: Västdatabasen.

## Goals

The overall goal of the action plan on reducing school failures is that “when leaving school, every student should be eligible to study further”. This requires activities that are both generic and specific; the generic activities are universal, addressing all children, while the more specific activities target children at risk and/or with specific problems.

The VGR Public Health Committee has been given the responsibility of coordinating and monitoring the implementation of the action plan (time frame 2017–2020), and of providing recommendations for further action and development. Every board, committee and department in VGR has its own responsibilities related to the action plan, which describes the VGR roadmap for reducing school failures. It also highlights the basis for this joint endeavor and breaks down the overall goal into five targets, namely, to:

- promote sustainable intersectoral cooperation
- promote mental health and tackle the consequences of mental illness
- stimulate a joy in studying
- reduce the negative impact of migration on school achievement
- reduce the impact of social determinants and risk-factors.

The action plan points to concrete activities linked to the overall goal and shows the added value of joint action. It clarifies links between different strategies and activities and creates the possibility of monitoring their effects by compiling the ongoing activities of various sectors and stakeholders in one document.

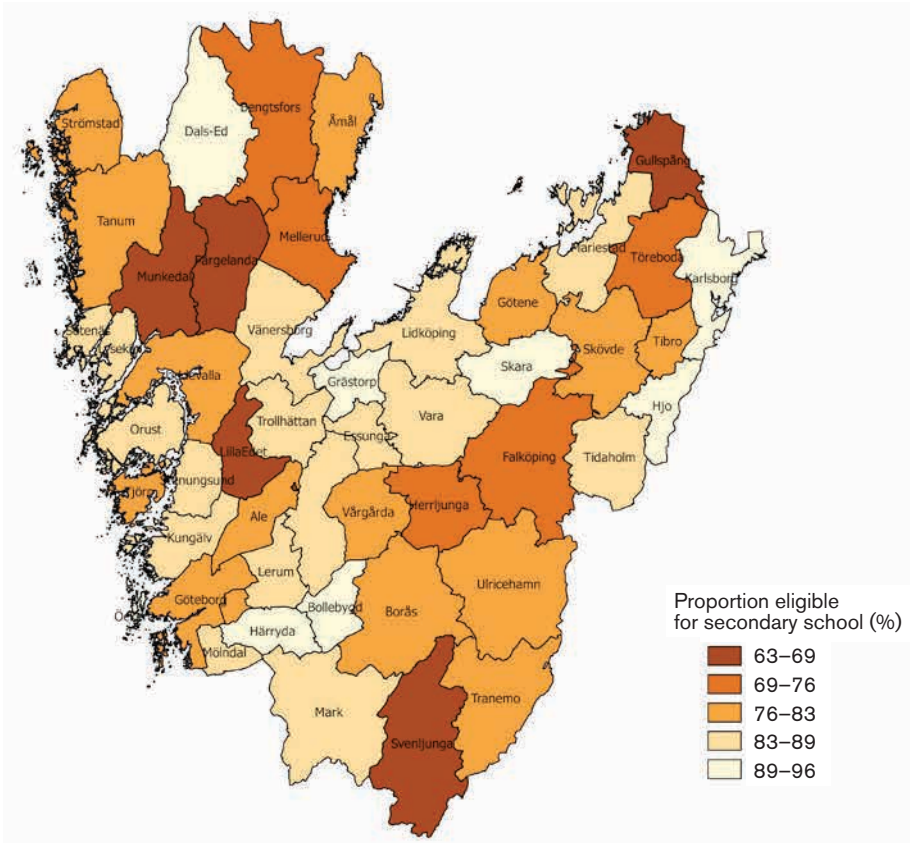
The well-being of children and teenagers in the region is dependent on the opportunities and preconditions available to them. These vary between the geographical parts of the region, between schools, and between different groups of children and teenagers and this is unacceptable. The overall goal of reducing school failures requires VGR to look into its own organization and ask itself the question, “What can we do better?”

The purpose of this joint action is, on the one hand, to highlight the activities in which VGR participates that contribute to the goal and, on the other, to create synergies that can be applied throughout the region. It will form a basis for continuous cooperation not only internally but also with other stakeholders, such as municipalities, nongovernmental organizations and the business sector.

Fig. 13 illustrates the percentage of young people admitted to upper-secondary schools in the 49 municipalities of VGR in 2015.



Fig 13. Percentage of students admitted to upper-secondary school, by municipality, Västra Götaland, Sweden, 2015



Source: The Swedish National Agency for Education.

## Achievements

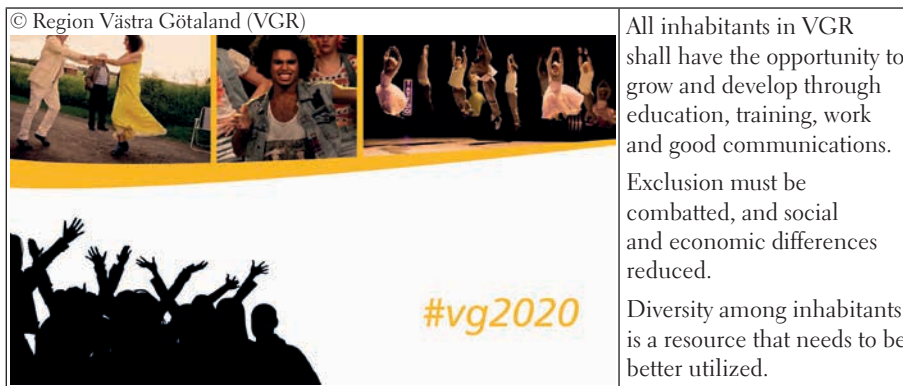
The process of developing an action plan for reducing school failures started in spring 2016. An initial conference, held in February of that year, was followed by the establishment of a working group, a reference group and a steering group. A background report on the subject was published in September 2016.

A clear message from this report is that reducing school failures is a very complex challenge. The preconditions for school failure are influenced by a child's socioeconomic and cultural background, how the education system works and how the school is organized. It is obvious that the solution does not

lie entirely within the municipal school system, which means that VGR, as a welfare institution, needs to raise awareness about its own responsibility both as a leading partner in regional development and as a health authority and a health-service provider. To achieve sustainable development, VGR has, as a starting point, to take present structures and ongoing activities into account, and to acknowledge the importance of intersectoral collaboration with all the relevant statutory and non-statutory stakeholders.

Through numerous meetings and discussions with politicians, managers, coworkers, external partners and stakeholders, the process so far has led to an agreement on five target areas for joint action. These priority areas have been scrutinized and evaluated for their achievements. Through external monitoring (national and international), follow-up surveys and discussions with different stakeholders, recommendations for further action in 2018 are now in place. VG2020 points to three important factors (Fig. 14).

Fig. 14. VG2020: important factors



Source: Region Västra Götaland.

Visions and statements in strategies and policies today very often seek to ensure commitment to developing social sustainability, creating health equity, building resilience and safeguarding human rights through a whole-of-society approach. This is also the case for VG2020. There are, however, very few strategies that include action plans and roadmaps on how to achieve these desirable changes. There are complex theoretical explanations on how different determinants are interlinked, and there are solid scientific facts on

the effectiveness of joint action towards a less segregated society – but, there is very little advice on how to go about it.

VGR has been brave enough to propose a common priority for itself and its partners, namely, to join forces for change with a focus on one of the most prominent determinants for health and well-being: education. The aim is to ensure that “when leaving school, every student is eligible to study further” by endorsing a joint action plan on reducing school failures. The process has started, and the lessons learnt so far have been positive. There is a strong will to focus on something tangible that is clearly understood and makes sense. All stakeholders and partners recognize their responsibilities and are willing to bring them to the table.

The challenge now, with everyone on board, is being creative and keeping up the momentum. It is important not to create yet another project, but to embed change in existing structures and management systems, evaluate and monitor progress and trust that there is common ground for, and ownership of, the process.

## THE EXPERIENCE OF THE CZECH HEALTHY CITIES NATIONAL NETWORK: ASSESSMENT OF HEALTH AND SUSTAINABILITY AT THE LOCAL LEVEL

### Context and background

The main aim of the case study was to make a transparent assessment of the strategic management and activities of the Czech Healthy Cities National Network (HCCZ) (58) towards health and sustainability at the local level. The Network (58) began benchmarking its cities in 1998; in 2006, it initiated the Local Agenda 21 Criteria (LA21), linking it with the WHO Healthy Cities Programme. The activities of the city/region, including the processes followed, are presented every year in the official LA21 Database, which is open to public. The goal of HCCZ was to create a specific tool for the cities in the form of guidelines on how to measure the outcomes of activities related to, and the real status of, sustainability (also as regards health) at the local level. Together with an expert team and four pilot healthy cities, HCCZ prepared a methodology of local sustainability evaluation, which was used for the first time in 2013 and updated in 2017.

The context of HCCZ is described in Box 7.

### Box 7. The context of HCCZ



Healthy Cities, Towns, Regions  
Czech Republic

HCCZ was established in 1994 as a legal association of 11 cities and towns. The Network's mission is to bring together municipalities and professional organizations to systematically support the development and implementation of policies and good practice in the areas of health, quality of life and sustainable development. HCCZ is the national municipal lead on sharing methodologies and good practice in health promotion and sustainability at the local level.

HCCZ membership is open to towns, cities, regions and subregions. This inclusiveness means that the Network also works with local action groups on rural development. Currently (September 2017), HCCZ has 130 members and, thus, an influence on more than 52% of the country's population.

The Network places high priority on providing its members with methodological support, consultancy, training, IT tools, evaluation and access to external experts and partners in:

- strategic planning and management towards health and sustainable development at the local and regional levels;
- active community planning and public engagement;
- networking (including projects, conferences and a minimum of three annual national events, and externally funded projects, which provide some funding for local activities);
- sharing good practice (for example, through networking events, web-based databases on good practice and media activities);
- providing education and training for coordinators and politicians;
- developing skills to promote, campaign for and advocate topics, such as healthy and active ageing, quality of public management, physical activity, healthy literacy, volunteering, youth involvement, fair trade, corporate social responsibility, sustainable production and consumption, social inclusion, ecoefficiency and sustainable transport.

## Action taken on aspects of sustainability

The objective of the assessment was the creation of a standardized procedure for measuring achievements in, and the state of the art of, sustainable development at the local level. The assessment touched on several topics. As a baseline, themes from *The Aalborg Commitments* (59) were chosen and adapted to the needs of the assessment. HCCZ strengthened the topic of health; the other topics were: local strategic management and urban planning; environment; sustainable consumption and production; transport and mobility; local economy and enterprising; education; culture and local traditions; social environment; and global responsibility.



For each of the topics, a national expert group prepared a set of indicators and guiding questions. For example, regarding health, three indicators were assessed:

- the integrated approach to health planning and decision-making
- health prevention as a whole
- the state of population health at the municipal/regional levels.

The municipality conducted a specialized sustainable development audit (self assessment) relating to the topics and indicators mentioned above. During the process, the experts continuously consulted with the cities, providing them with results and recommendations, as well as the criteria to be fulfilled in preparation for the next audit. On completion of the audit, the results were presented to individual national opposing experts – university representatives, researchers, representatives of expert national institutions, etc. – for review. Participation in the assessment procedure was open to all relevant local and national actors. HCCZ provided an internal web platform where experts and cities could benchmark the audits, as well as financial and management support.

In 2017, the healthy cities of Chrudim (one of the winners of the United Nations international competition, The LivCom Awards, in 2012), Jihlava, Koprivnice and Litomerice successfully completed self audits (which will be

repeated every three years). Approximately 20 other cities are testing this form of self assessment and have already chosen the topics of their audits. The results of the completed audits have been broadly presented at the national as well as the local levels.

### **Lessons learnt and next steps**

The whole assessment process (including the results) was, for the cities in question, a very useful lesson in how to tackle health and sustainable development in daily practice at the local level. At the national level, the benefit was not only guidance in how to bring diverse partners together in an endeavour to reach a compromise about what is sustainable or not, but also a lesson in how to bridge the opinions of experts and about the possibilities available to municipalities. A lot was learnt at both levels.

Clearly, audits of this kind constitute ideal background and analysis material for use in developing any municipal planning documents and strategies. Considering that sharing good (and bad) practice is crucial, HCCZ has prepared a system of displaying and benchmarking the data and other results of audits conducted by cities on one of its websites, “Gallery sustainable development”.

Currently, in cooperation with the Charles University (Prague), HCCZ is extending this approach by developing an expert database (MOSAIC) and gathering indicators and methodological approaches for measuring local sustainability through municipal programmes, initiatives, standards or methods (of OECD, the International Organization of Standardization, the European Foundation for Quality Management, Resilient Cities, SmartCities, and many others). HCCZ is also completing a set of approximately 20 headline indicators, with a focus on reportable data, for all Czech cities in the existing databases.

## Conclusions

This publication has provided an opportunity to gather and share learning from the experiences of different European regions and networks. It has two clear key messages:

1. health, equity and sustainable development are indivisibly and closely interrelated; and
2. the regional and local levels have a critical role to play in implementing and driving progress towards achievement of the SDGs (10).

### HEALTH AND EQUITY AT THE HEART OF SUSTAINABLE DEVELOPMENT

The United Nations 2030 Agenda (8), the WHO Health 2020 strategy (13), the Welsh Government's WFG Act (27), and the five case studies presented in this publication all illustrate that health and equity are at the heart of sustainable development.

Sustainable development provides a lever for focusing on the broader concept of health, linking it to its determinants rather than to the absence of ill health. The increasing public health, inequity, economic and environmental challenges across the WHO European Region require urgent and priority-focused investment if sustainable development is to be achieved and health and well-being ensured for present and future generations. Investment to improve the social, economic, political, cultural, commercial and environmental determinants of health, and to reduce health inequities, is critical for achieving population health and well-being. Similarly, there is good evidence to show that investing for health and well-being is a driver and an enabler of sustainable development, empowering people to achieve the highest possible standard of health for all (3,4,60).

The SDGs and the WFG Act both make explicit commitments to health – “good health and well-being” (SDG 3) and “a healthier Wales” (Welsh well-being goal), and to equality – “reduced inequalities” (SDG 3) and “a more equal Wales” (Welsh well-being goal). Other SDGs can readily be linked to the seven Welsh well-being goals (10,27).

Through policy development and action, Wales and other European regions have already taken steps to follow the WHO roadmap to implement the 2030 Agenda, building on Health 2020 (13). These include:

- pushing for investment for health by synthesizing and mobilizing evidence, and advocating for it at different levels, for example, through the report, *Making a difference: investing in sustainable health and well-being for the people of Wales* (38);
- promoting multipartner cooperation among players in the sectors for health, housing, sports, education, police and crime, with the involvement of players in the academic, third and private sectors;
- improving health literacy and investing in research and innovation (driven by the Welsh Government and Public Health Wales);
- ensuring monitoring and evaluation through the development and adoption of well-being indicators and monitoring mechanisms, such as auditing and reporting.

Table 3 lists elements and actions that have contributed to sustainable development in Wales and other regions so far. They are presented according to the five strategic directions of the WHO *Roadmap to implement the 2030 Agenda, building on the Health 2020, the European Policy for Health and Well-being* (14).

#### FROM GLOBAL TO NATIONAL TO REGIONAL TO LOCAL

This publication has provided practical examples of how global priorities can be translated into local action, using the experiences of Wales and other European regions.

Action at the regional and local levels is key to the implementation of the SDGs (10), as stated in the 2030 Agenda (8) and evidenced by the Welsh example and the European regional case studies included in this publication. The reasons for this are many. Regions enable the effective translation of sustainable-development concepts and goals into concrete action. They do so, for example, by building strong partnerships and collaboration, enabling joint goals and action and sharing capacity and resources. Regions also have



**Table 3. Elements contributory to sustainable development in Wales and other regions according to the five strategic directions of the WHO Roadmap to implement the 2030 Agenda**

Elements and action conducive to sustainable development						
Strategic directions	Wales	Pomurje Region, Slovenia	North Rhine-Westphalia, Germany	Kaunas Region, Lithuania	Västra Götaland Region, Sweden	Czech Healthy Cities National Network
1. Advancing governance and leadership for health and well-being leadership for health and well-being	<p>A longstanding strong political commitment to sustainable development.</p> <p>The WFG Act (27), developed through a participatory approach, involving a national conversation with over 7000 citizens.</p> <p>Health as an explicit goal of the WFG Act, a connection between the WFG Act and the 2030 Agenda, and an enabler of HiAP (5,8,27).</p> <p>Public services boards in local areas, and their development of well-being plans with the participation of their communities.</p> <p>Accountability through the establishment of a Future Generations Commissioner, the requirement that the Auditor General for Wales carry out examinations of public bodies, and the scrutiny of local plans by politicians at the local level.</p> <p>Monitoring progress against well-being goals through national indicators.</p>	<p>The creation of a Programme council, including representatives of cross-sector stakeholders, nongovernmental organizations and civil society.</p> <p>Regional priorities aligned with the SDGs (10).</p>	<p>The Public Health Services Act, prompting local public health authorities to participate in the development of municipal and district policies, plans and proposals.</p>	<p>The adoption by the Lithuanian Parliament of a national health policy on improving population health and reducing health inequities by 2025, aligned with Health 2020 (13).</p>	<p>A common goal, a whole of society approach, and a comprehensive action plan on reducing school failures.</p>	–

Table 3. contd

Strategic directions		Elements and action conducive to sustainable development				
	<b>Wales</b>	<b>Pomurje Region, Slovenia</b>	<b>North Rhine-Westphalia, Germany</b>	<b>Kaunas Region, Lithuania</b>	<b>Västra Götaland Region, Sweden</b>	<b>Czech Healthy Cities National Network</b>
2. Leaving no one behind	<p>The inclusion of “an equal Wales” as one of the seven goals of the WFG Act (27), and the other six goals enabling action to address the wider health determinants.</p> <p>The inclusion of the requirement in the <i>Public Health (Wales) Act 2017 (31)</i> that public bodies carry out HIAs.</p> <p>Intersectoral action to tackle areas, such as ACEs, housing and employment, providing a focus on equity.</p>	<p>The piloting of a national programme for the reduction of health inequities in the Pomurje Region, an area of Slovenia with the least favourable health indicators.</p> <p>The inclusion in the national programme of activities targeted at vulnerable groups.</p>	<p>A local public health action plan for detecting and assessing social and health inequities and vulnerable population groups.</p>	<p>National health policy and regional action plans to reduce health inequities.</p>	<p>Prioritization of school failures to help strengthen the connection between education and working life and decrease the gap in health and living conditions.</p>	<p>–</p>
3. Preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course	<p>The introduction, through the WFG Act (27), of a duty for all public bodies to collaborate on an integrated approach to achieving the well-being goals.</p> <p>The establishment of public services boards, enabling collaboration at the local level.</p> <p>Public Health Wales’ signing of memoranda of understanding with criminal justice and community housing, enabling intersectoral collaboration.</p> <p>Working in partnership enabled by initiatives, such as Cymru Well Wales, the Health and Sustainability Hub, and ACEs.</p>	<p>Intersectoral involvement in the Programme Council and in the delivery of the regional development programme.</p>	<p>The development and implementation of an intersectoral local public health action plan.</p>	<p>The active participation of different sectors in municipality conferences on the reduction of health inequities.</p>	<p>An action plan on reducing school failures that includes the activities of different sectors.</p>	<p>The development of a method of evaluating local sustainability, helping to bring diverse partners together.</p>

Table 3. contd

Elements and action conducive to sustainable development						
Strategic directions	Wales	Pomurje Region, Slovenia	North Rhine-Westphalia, Germany	Kaunas Region, Lithuania	Västra Götaland Region, Sweden	Czech Healthy Cities National Network
4. Establishing healthy places, settings and resilient communities	The establishment of public services boards in local areas, enabling a place-based approach and facilitating the involvement of communities and stakeholders in action to improve well-being.	–	Local public health action plans that are place focused (municipal/district levels).	–	–	A local sustainability evaluation that helped identify how health and sustainable development should be approached in everyday practice at the local level.
5. Strengthening health systems for universal health coverage	A national health service that ensures universal health coverage. A commitment to prudent healthcare (30) to improve the quality of care and the value of health-care systems.	–	–	–	–	–

strong connections with and understanding of communities, which enables them to contribute effectively to both the development and the translation of policy. The experiences of Wales, the regions of Pomurje (Slovenia), North Rhine-Westphalia (Germany), Kaunas (Lithuania) and Västra Götaland (Sweden), and the Czech Healthy Cities National Network demonstrate that action at the regional level is pivotal to taking forward the 2030 Agenda for sustainable development for all (8).

## Key messages on achieving sustainability in health and equity

Reflection on the lessons learnt through the experiences of Wales and the five regions in Europe included in this publication provokes the following key messages.

Innovative approaches, connecting social development with the social, economic, environmental and cultural determinants of well-being, are needed to achieve sustainable development in health.

Political support across portfolios is a key enabler of a whole-of-government and whole-of-society approach to sustainable development. This was explicitly noted in the Welsh example and the case study of the Pomurje region, Slovenia, which highlighted the need for interministerial involvement and support.

Intersectoral partnerships between stakeholders, including local communities, are key to embedding sustainable development. This enables broad participation in policy-making, including agreement on common goals. While the benefits of joint efforts are clear, evidence on how to carry them out is limited. Experiences included in the case studies highlight the importance of focusing on tangible, easily understood action, and defining the roles and contributions of the respective stakeholders.

Joint action plans facilitate the translation of sustainable-development policy into action at the local level. This is seen in the Welsh example (the joint action plans between Public Health Wales and the housing and criminal justice sectors), and in the case study of VGR (Sweden) (comprehensive action plan on the reduction of school failures). This approach enables joint ownership and responsibility, as well as concrete activities linked to a common goal.

Joint action also enables the identification of areas where investment can have an impact on the major determinants of health and well-being.

While there are challenges to intersectoral collaboration, such as the need for investing resources (human or financial), these can be overcome by ensuring capacity for advocacy and leadership.

The sustainable-development agenda can be used to empower communities, promote involvement and drive behavioural change.

Action does not necessarily require the creation of new projects, but can consist of embedding change in existing structures and systems.

Local areas are in a unique position to understand local communities and enable their participation in policy development, implementation and evaluation. They are also well placed for intersectoral action, as highlighted in the case study of North Rhine-Westphalia, Germany.

Building capacity, for example, through tools and training, can support intersectoral collaboration towards achievement of the SDGs (10).

The piloting of initiatives by, for example, early adopters can allow the identification of transferable learning and potential barriers and help to develop an understanding of the spectrum of capacity among involved stakeholders. However, transferring learning and upscaling initiatives may remain a challenge.

Monitoring, with the use of indicators agreed by all partners, enables transparency and helps to identify key areas of focus and common aims. It reveals progress towards these aims and facilitates the evaluation of change at the population level. The case study on the Czech Healthy Cities National Network highlighted the usefulness of a sustainable-development audit in evaluating activities and sharing the results, whether good or bad.

The sustainable-development agenda challenges organizations and citizens to think and work differently, and opens a discussion on the importance of investing for sustainability to reduce health inequities and improve well-being. As mentioned in the case study of VGR, Sweden, it provides an opportunity to be brave and ask the question, “What can we do better?”

## References<sup>2</sup>

1. The global risks report 2017. 12th edition. Geneva: World Economic Forum; 2017 ([http://www3.weforum.org/docs/GRR17\\_Report\\_web.pdf](http://www3.weforum.org/docs/GRR17_Report_web.pdf)).
2. Schwab K. The Fourth Industrial Revolution: what it means and how to respond. In: World Economic Forum [website]. Geneva: World Economic Forum; 2016 (<https://www.weforum.org/agenda/2016/01/the-fourth-industrial-revolution-what-it-means-and-how-to-respond/>).
3. Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K, et al. Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020. Copenhagen: WHO Regional Office for Europe; 2017 (Health Evidence Network (HEN) synthesis report 51; [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/345797/HEN51.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/345797/HEN51.pdf?ua=1)).
4. Saunders M, Barr B, McHale P, Hamelmann C. Key policies for addressing the socioeconomic determinants of health and health inequities. Copenhagen: WHO Regional Office for Europe; 2017 (Health Evidence Network (HEN) synthesis report 52; <http://www.euro.who.int/en/publications/abstracts/key-policies-for-addressing-the-social-determinants-of-health-and-health-inequities-2017>).
5. Health in all policies: Helsinki statement. Framework for country action. Geneva: WHO; 2014. ([http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf)).
6. Kickbusch I, Gleicher D. Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe; 2012:128 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf](http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf)).
7. Kickbusch I, Behrendt T. Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen. Copenhagen: WHO Regional Office for Europe; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf](http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf)).
8. Transforming our World. The 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (A/RES/70/1; (<https://sustainabledevelopment>.

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2 Unless otherwise indicated, all URLs accessed 15 October 2017.

un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).

9. Tanguay, GA, Rajaonson J, Lefebvre J-F, Lanoie P. Measuring the sustainability of cities: a survey-based analysis of the use of local indicators. Montreal: Center for Interuniversity Research and Analysis of Organizations (CIRANO); 2009 (Scientific Publications No. 2009s; <https://ssrn.com/abstract=1336649>, accessed 19 October 2017).
10. Sustainable Development Goals. In: Sustainable Development Knowledge Platform [website]. New York: United Nations; 2017 (<https://sustainabledevelopment.un.org/?menu=1300>).
11. Bell R, Grobicki L, Hamelmann C. Ensure healthy lives and well-being for all: addressing social, economic and environmental determinants of health and the health divide in the context of sustainable human development. Analysis of the project portfolio of the UNDP Regional Bureau for Europe and the Commonwealth of Independent States. New York: United Nations Development Programme; 2014 (<http://www.eurasia.undp.org/content/dam/rbec/docs/UNDP-RBEC-HIV-SEEDS.pdf>).
12. Public Health Wales: nationally focused, globally responsible. Our international health strategy 2017–2027. Cardiff: Public Health Wales NHS Trust; 2017 ([https://ihcc.publichealthnetwork.cymru/files/8114/9675/5797/PHW\\_International\\_Strategy\\_web\\_SM.pdf](https://ihcc.publichealthnetwork.cymru/files/8114/9675/5797/PHW_International_Strategy_web_SM.pdf), accessed 16 October 2017).
13. Health 2020. A European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013:180 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/199532/Health2020-Long.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1)).
14. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/345599/67wd09e\\_SDGroadmap\\_170638.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/345599/67wd09e_SDGroadmap_170638.pdf)).
15. Network of Regional Governments for Sustainable Development (NRG4SD) [website]. Brussels: NRG4SD; 2015 (<http://www.nrg4sd.org/who-we-are/>).
16. United Nations High-level Political Forum on Sustainable Development. In: Sustainable Development Knowledge Platform [website]. New York: United Nations; 2017 (<https://sustainabledevelopment.un.org/hlpf>).
17. About RHN. In: Regions for Health Network (RHN) [webpage]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/about-us/networks/regions-for-health-network-rhn/about-rhn>).
18. WHO European Healthy Cities Network [webpage]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/>



environment-and-health/urban-health/activities/healthy-cities/who-european-healthy-cities-network).

19. The Regions for Health Network Göteborg Manifesto. Copenhagen: WHO Regional Office for Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/176910/Regions-for-Health-Network-Goteborg-Manifesto.pdf](http://www.euro.who.int/__data/assets/pdf_file/0006/176910/Regions-for-Health-Network-Goteborg-Manifesto.pdf)).
20. “What Wales is doing today the world will do tomorrow” – United Nations. Press release, 29 April 2015. In: Welsh Government [website]. Cardiff: Welsh Government; 2017 (<http://gov.wales/newsroom/environmentandcountryside/2015/150429-future-generations-act/?lang=en>).
21. Facts about Wales. In: Official gateway to Wales [website]. Cardiff: Welsh Government; 2017 ([www.wales.com](http://www.wales.com)).
22. Public Health Wales. Health and its determinants in Wales. Cardiff: Public Health Wales.
23. Programme for Government, “creating the Wales of the future is something that involves all of us”. Cardiff: Welsh Government; 2011 (<http://gov.wales/docs/strategies/110929fullen.pdf>).
24. The World we want. Dialogues on the implementation of the post-2015 development agenda. In: United Nations Development Group [website]. New York: United Nations Development Group; 2017 (<http://www.un.org/millenniumgoals/pdf/UNDC%20nd%20dialogues.pdf>).
25. The Wales we want by 2050. A Welsh society’s commitment to a better quality of life for future generations. Cardiff: Welsh Government; 2014 (<http://gov.wales/docs/dsjlg/publications/140218-wales-we-want-en.pdf>).
26. Edgar Cahn. It’s the core economy stupid: an open letter to the non-profit community©. In: TimeBanks [website]. Washington DC: TimeBanks USA; 2017 ([https://timebanks.org/wp-content/uploads/2014/01/CoreEconomyOp-Ed\\_001.pdf](https://timebanks.org/wp-content/uploads/2014/01/CoreEconomyOp-Ed_001.pdf)).
27. Well-being of Future Generations (Wales) Act 2015. In: legislation.gov.uk [website]. Richmond: The National Archives; 2015 (<http://www.legislation.gov.uk/anaw/2015/2/contents>).
28. Statistics for Wales. Well-being of Wales, 2016–17. Cardiff: Welsh Government; 2015 (<http://gov.wales/docs/statistics/2017/170925-well-being-wales-2016-17-en.pdf>).
29. Principles and values that guide the NHS. In: NHS Choices [website]. London: United Kingdom Government; 2015 (<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx#>).

30. Making prudent healthcare happen [website]. Cardiff: Public Health Wales; 2014 (<http://www.prudenthealthcare.org.uk/>).
31. Public Health (Wales) Act 2017. In: [legislation.gov.uk](http://www.legislation.gov.uk) [website]. Richmond: The National Archives; 2017 (<http://www.legislation.gov.uk/anaw/2017/2/contents>).
32. Environment (Wales) Act 2016. In: [legislation.gov.uk](http://www.legislation.gov.uk) [website]. Richmond: The National Archives; 2016 (<http://www.legislation.gov.uk/anaw/2016/3/contents>).
33. Social Services and Well-being (Wales) Act 2014. In: [legislation.gov.uk](http://www.legislation.gov.uk) [website]. Richmond: The National Archives; 2014 (<http://www.legislation.gov.uk/anaw/2014/4/contents>).
34. Planning (Wales) Act 2015. In: [legislation.gov.uk](http://www.legislation.gov.uk) [website]. Richmond: The National Archives; 2015 (<http://www.legislation.gov.uk/anaw/2015/4/contents>).
35. Active Travel (Wales) Act 2013. In: [legislation.gov.uk](http://www.legislation.gov.uk) [website]. Richmond: The National Archives; 2013 (<http://www.legislation.gov.uk/anaw/2013/7/introduction>).
36. Netherwood A, Brown J. Well-being of Future Generations Act. Welsh Local Government Association Early Adopters Programme. Summary and Lessons Learnt. Cardiff: Welsh Local Government Association; 2015.
37. Public Health Wales has published its well-being objectives. In: Public Health Wales [website]. Cardiff: Public Health Wales; 2017 (<http://www.wales.nhs.uk/sitesplus/888/news/44435>).
38. Dyakova M, Knight T, Price S. Making a difference: investing in sustainable health and well-being for the people of Wales. Executive summary. Cardiff: Public Health Wales NHS Trust; 2016 (<http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20Making%20a%20difference%20ES%28Web%5F2%29.pdf>).
39. Bellis MA, Ashton K, Hughes K, Ford K, Bishop J, Paranjothy S. Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population. Cardiff: Public Health Wales NHS Trust; 2015 ([http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)).
40. Ashton K, Bellis PMA, Hardcastle K, Hughes PK, Mably S, Evans M. Adverse childhood experiences and their association with mental well-being in the Welsh adult population. Cardiff: Public Health Wales NHS Trust; 2016. (<http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d>

6d0c613e80256f490030c05a/9a2fe7f1e063c61b80257fdc003ab86f/\$FILE/ACE%20&%20Mental%20Well-being%20Report%20E.pdf).

41. Ashton K, Bellis MA, Davies AR, Hardcastle K, Hughes K. Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population. Cardiff: Public Health Wales NHS Trust, 2016 (<http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20Chronic%20Disease%20report%20%289%29%20%282%29.pdf>).
42. Quigley R, den Broeder L, Furu P, Bond A, Cave B, Bos R. Health impact assessment. International best practice principles. Special Publication Series Number 5. Fargo, ND: International Association for Impact Assessment; 2006 ([https://activelivingresearch.org/sites/default/files/IAIA\\_HIABestPractice\\_0.pdf](https://activelivingresearch.org/sites/default/files/IAIA_HIABestPractice_0.pdf), accessed 17 October 2017).
43. Allen M, Allen J, Hogarth S, Marmot M. Working for health equity: the role of health professionals. London: UCL Institute of Health Equity; 2013.
44. GINI index (World Bank estimate): Slovenia. In: The World Bank [Website]. Washington DC: The World Bank; 2017 (<https://data.worldbank.org/indicator/SI.POV.GINI?end=2012&locations=SI&start=1987&view=chart>).
45. Buzeti T, Djomba JK, Blenkuš MG, Ivanuša M, Klanšček HJ, Kelšin N, et al. Health inequalities in Slovenia. Ljubljana: National Institute of Health; 2011 (<http://czr.si/files/neenakostivzdravjuknjl-ang-web.pdf>).
46. Buzeti T, Maucec Zakotnik J. Investment for health and development in Slovenia: Programme MURA. Copenhagen: WHO Regional Office for Europe; 2008.
47. Brown C, Buze T. Positioning health equity and the social determinants of health on the regional development agenda. Investment for health and development in Slovenia. Copenhagen: WHO Regional Office for Europe; 2014 (Studies on social and economic determinants of population health, No. 6; [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0007/243178/Positioning-health-equity-and-the-social-determinants-of-health-on-the-regional-development-agenda.pdf](http://www.euro.who.int/__data/assets/pdf_file/0007/243178/Positioning-health-equity-and-the-social-determinants-of-health-on-the-regional-development-agenda.pdf)).
48. Classen T, Mekel O. Fachplan Gesundheit – ein neues Konzept für eine nachhaltige, gesundheitsförderliche Kommunalentwicklung [Public health action plan – a new concept for sustainable, healthy urban development]. Public Health Forum. 2016;24(4):275–277.
49. Baumgart S, Köckler H, Rüdiger A. Wissenschaftliche Evaluation, „Erprobungsphase Fachplan Gesundheit“ [Scientific evaluation of the second pilot phase of the Public Health Action Plan]. Bielefeld: Landeszentrum Gesundheit Nordrhein-Westfalen; (in press).

50. Fachplan Gesundheit [Public Health Action Plan]. In: Gesunde Planung [Planning for Health] [website]. Bielefeld: Landeszentrum Gesundheit Nordrhein-Westfalen; 2016 ([https://www.lzg.nrw.de/versorgung/ges\\_plan/fachplan\\_gesundheit/index.html](https://www.lzg.nrw.de/versorgung/ges_plan/fachplan_gesundheit/index.html)).
51. Leitfaden Gesunde Stadt [Healthy urban development guidelines]. In: Gesunde Planung [Planning for Health] [website]. Bielefeld: Landeszentrum Gesundheit Nordrhein-Westfalen; 2016 ([https://www.lzg.nrw.de/versorgung/ges\\_plan/gesunde\\_stadt/index.html](https://www.lzg.nrw.de/versorgung/ges_plan/gesunde_stadt/index.html)).
52. Healthy urban development checklist. A guide for health services when commenting on development policies, plans and proposals. North Sidney NSW: NSW Department of Health; 2009 (<http://www.health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx>).
53. Kisielienė I. Pagrindinės Lietuvos Sveikatos 2014–2025 Metų Programos Įgyvendinimo Sėkmės Prielaidos [Basic success preconditions for implementation of the Lithuanian health 2014–2025 programme]. Visuomenės Sveikata [Public Health]. 2014;(3):66 ([http://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2014.3\(66\)/VS%202014%203\(66\)%20RED%20Sveikatos%20programos.pdf](http://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2014.3(66)/VS%202014%203(66)%20RED%20Sveikatos%20programos.pdf)).
54. Strategi för tillväxt och utveckling i Västra Götaland 2014–2020 (RUP) [Strategy for growth and development in Västra Götaland 2014–2020 (RUP)]. Vänersborg: Region Västra Götaland; 2014 (<https://alfresco.vgregion.se/alfresco/service/vgr/storage/node/content/28389/V%c3%a4sta%20G%c3%b6taland%202020%20-%20strategi%20f%c3%b6r%20tillv%c3%a4xt%20och%20utveckling.pdf?a=false&guest=true>, accessed: 17 October 2017).
55. Organisation for Economic Co-operation and Development (OECD). Low-performing students: why they fall behind and how to help them succeed. Paris: OECD Publishing; 2016.
56. Organisation for Economic Co-operation and Development (OECD). Equity and quality in education. Paris: OECD Publishing; 2012.
57. Skolinspektionen [The Swedish School Inspectorate]. Kunskapsöversikt för studieavbrott i gymnasieskolan [Knowledge evaluation on school drop out]. Stockholm: The Swedish School Inspectorate; 2014 (<https://www.skolinspektionen.se/globalassets/0-si/01-inspektion/kvalitetsgranskning/studieavbrott-2014/kunskapsoversikt-studieavbrott.pdf>).
58. Healthy Cities of the Czech Republic [website]. Prague: Healthy Cities of the Czech Republic; 2017 (<https://www.healthycities.cz/>).
59. The Aalborg Commitments. In: Sustainable Cities Platform [website]. Freiburg: Local Governments for Sustainability; 2017 (<http://www.sustainablecities.eu/the-aalborg-commitments/>).

60. Hamelmann C, Turatto F, Then V, Dyakova M. Social return on investment: accounting for value in the context of implementing Health 2020 and the 2030 Agenda for Sustainable Development. Copenhagen: WHO Regional Office for Europe; 2017 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/347976/20170828-h0930-SROI-report-final-web.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0009/347976/20170828-h0930-SROI-report-final-web.pdf?ua=1)).

## Annex 1. Key dates for the implementation of the WFG Act

2015	
Well-being of Future Generations (Wales) Act 2015 became law	29 April 2015
The 17 SDGs adopted by the United Nations General Assembly	25 September 2015
2016	
Future Generations Commissioner duties and functions commenced	1 February 2016
<b>Statutory guidance, <i>Shared purpose: shared future</i>, published</b>	24 February 2016
Welsh national indicators published	16 March 2016
Well-being duties on public bodies commenced	1 April 2016
Public services boards established	1 April 2016
Auditor General's mandate to examine public bodies commenced.	1 April 2016
First meetings of the public services boards held (no later than 60 days after the board was established)	By 31 May 2016
Welsh ministers' first well-being objectives published	4 November 2016
2017	
Public bodies' first well-being objectives published	By 1 April 2017
Public bodies' annual reports on progress made in meeting their well-being objectives for the preceding financial year	
First future trends report published	5 May 2017
First public services boards' assessments of local well-being due	By May 2017
2018	
Public services boards' first local well-being plans due (thereafter no later than one year after each local-authority election)	By May 2018
2020	
First future generations report by the Future Generations Commissioner for Wales due	By May 2020
First report by Auditor General on examinations of public bodies to be submitted to the National Assembly	By May 2020

## Annex 2. Monitoring of the WFG Act: Welsh National Indicators and Public Health Outcome Framework

### WELSH NATIONAL INDICATORS

1. Percentage of live single births with a birth weight of under 2500 g.
2. Healthy life expectancy at birth, including the gap between the least and most deprived.
3. Percentage of adults with fewer than two healthy lifestyle behaviours (not smoking, maintaining a healthy weight, eating five fruits or vegetables a day, not drinking above guidelines and meeting the physical activity guidelines).
4. Levels of nitrogen dioxide (NO<sub>2</sub>) pollution in the air.
5. Percentage of children with fewer than two healthy lifestyle behaviours (not smoking, eating fruit/vegetables daily, never/rarely drinking and meeting the physical activity guidelines).
6. Measurement of development of young children.
7. Percentage of pupils who have achieved the “Level 2 threshold” (including English or Welsh first language and mathematics), including the gap between those who are eligible and those who are not eligible for free school meals (to be replaced from 2017 by the average capped points score for pupils).
8. Percentage of adults with qualifications at the different levels of the National Qualifications Framework.
9. Gross value added (GVA) per hour worked (relative to the average for the United Kingdom).
10. Gross disposable household income per head.
11. Percentage of innovation-active businesses.
12. Capacity (in MW) of installed renewable-energy equipment.
13. Concentration of carbon and organic matter in soil.
14. The ecological footprint of Wales.

15. Amount of waste generated and not recycled per person.
16. Percentage of people in employment on permanent contracts (or, on temporary contracts and not seeking permanent employment) and who earn more than 2/3 of the United Kingdom median wage.
17. Gender pay difference.
18. Percentage of people living in households in income poverty relative to the United Kingdom median (measured for children, those of working age and those of pension age).
19. Percentage of people living in households in material deprivation.
20. Percentage of people moderately or very satisfied with their jobs.
21. Percentage of people in employment.
22. Percentage of people in education, employment or training (measured for different age groups).
23. Percentage of people who feel able to influence decisions affecting their local area.
24. Percentage of people satisfied with their ability to get to/access the facilities and services they need.
25. Percentage of people feeling safe at home, walking in the local area, and travelling.
26. Percentage of people satisfied with local area as a place to live.
27. Percentage of people agreeing that they belong to the area, that people from different backgrounds get on well together, and that people treat each other with respect.
28. Percentage of people who volunteer.
29. Mean mental well-being score.
30. Percentage of people who are lonely.
31. Percentage of dwellings free from hazards.
32. Number of properties (homes and businesses) at medium or high risk of flooding from rivers and the sea.



33. Percentage of dwellings with adequate energy performance.
34. Number of households successfully prevented from becoming homeless per 10 000 households.
35. Percentage of people attending or participating in arts, culture or heritage activities at least three times a year.
36. Percentage of people who speak Welsh daily and can speak more than just a few words of Welsh.
37. Percentage of people who can speak Welsh.
38. Percentage of people participating in sporting activities three or more times a week.
39. Percentage of museums and archives holding archival/heritage collections meeting United Kingdom accreditation standards.
40. Percentage of designated historic environment assets in stable or improved conditions.
41. Emissions of greenhouse gases in Wales.
42. Emissions of greenhouse gases attributed to the consumption of global goods and services in Wales.
43. Areas of healthy ecosystems in Wales.
44. Status of biological diversity in Wales.
45. Percentage of surface-water bodies and groundwater bodies achieving good or high overall status.
46. The social return on investment of Welsh partnerships in Wales and outside the United Kingdom that are working towards the United Nations Sustainable Development Goals (1).

## PUBLIC HEALTH OUTCOMES FRAMEWORK

The Public Health Outcomes Framework for Wales (2) was developed to underpin the national indicators for the Well-being of Future Generations (Wales) Act 2015 (3), by providing a more detailed range of measures that reflect the wider determinants of health and well-being.

The Framework reflects a life-course approach and the wider economic, environmental and social factors that can positively or negatively influence the health and well-being of an individual, community or society. From birth to old age, these determinants can only be tackled by the concerted and collective action of a range of services working in partnership at the local and national levels. The Framework can help to inform and inspire the public services boards to work together to improve and protect health, including those who do not necessarily have health as their primary focus.

Being clear about the shared outcomes is a key step in helping to identify the most effective ways of collaborating on how to improve health. The Public Health Outcomes Framework is intended to help the public and professionals work together to address health challenges in Wales (4).

## REFERENCES

1. Sustainable Development Goals. In: Sustainable Development Knowledge Platform [website]. New York: United Nations; 2017 (<https://sustainabledevelopment.un.org/?menu=1300>, accessed 19 October 2017).
2. Public Health Outcomes Framework for Wales. In: Welsh Government [website]. Cardiff: Welsh Government; 2017 (<http://gov.wales/topics/health/publications/health/reports/health-framework/?lang=en>, accessed 12 October 2017).
3. Well-being of Future Generations (Wales) Act 2015. In: legislation.gov.uk [website]. Richmond: The National Archives; 2015 (<http://www.legislation.gov.uk/anaw/2015/2/contents>, accessed 12 October 2017).
4. How to measure a nation's progress? National indicators for Wales. Cardiff: Welsh Government; 2016 (<http://gov.wales/docs/desh/publications/160316-national-indicators-to-be-laid-before-nafw-en.pdf>, accessed 12 October 2017).

### Annex 3. Implementing the WFG Act: Public Health Wales case reports

#### CYMRU WELL WALES: ADDRESSING CHALLENGES THROUGH COLLABORATION

Cymru Well Wales is a collaborative undertaking involving different sectors of government. It was set up to address challenges, such as persistent health inequities and the financially unsustainable health and social-care system, with a focus on the broader determinants of health (1). Cymru Well Wales recognizes the opportunities offered by the WFG Act and aims to galvanize collective experiences in, and benefits gained from, its implementation in Wales (1,2). Three priority areas of work have been identified: the first 1000 days, ACEs (traumatic experiences that occur before the age of 18, which are remembered throughout adulthood), and employability.

The First 1000 Days Programme takes a whole-of-system approach to improving health outcomes on a large scale, focusing on the period from conception to 2 years of age. This period was selected based on a growing body of international evidence that investment in the first 1000 days of life had the greatest return for both population health and demand on services. The group identified an opportunity for greater impact through a more effective system alignment, focused on prevention, early intervention and strengthening protective factors.

Cymru Well Wales is committed to addressing ACEs and their impact in Wales. Its aim is to support public services in Wales in their efforts to prevent and mitigate harm from ACEs and to build protective factors for and resilience in the population to enable it to cope with ACEs that cannot be prevented (1).

There is strong evidence to show that employment provides the most sustainable route out of poverty and that being unemployed adversely affects both mental and physical well-being. Cymru Well Wales is supporting new, innovative, coordinated approaches across sectors to reshape employability support for job-ready individuals, and those furthest from the labour market, enabling them to acquire the skills and experience they need to gain and maintain sustainable employment (1).

Further information is available on the Public Health Wales website (1).

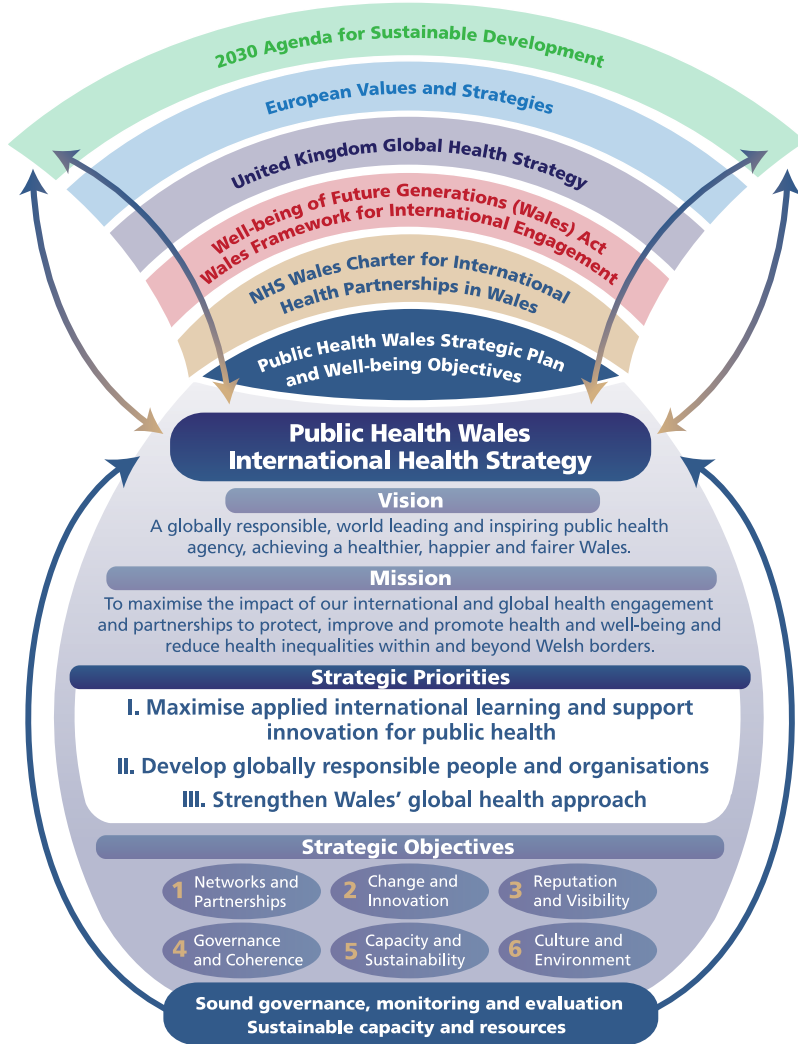
### PUBLIC HEALTH WALES INTERNATIONAL HEALTH STRATEGY

Public Health Wales has a vision of becoming a globally responsible, world-leading and inspiring public health agency. The organization's 10-year International Health Strategy, *Public Health Wales: nationally focused, globally responsible. Our international health strategy 2017–2027* (3), supports the successful delivery of its national role, strategic priorities and well-being objectives.

The Public Health Wales International Health Strategy has three priorities and six strategic objectives (Fig. A3.1), which were developed through a wide consultation process and collaboration across the organization. Both the Strategy and its implementation are built on the sustainable development principles of the WFG Act (2). In a long-term approach, Public Health Wales will work with its partners, capitalizing on international learning, and innovation and research, to achieve the maximum benefit for public health policy and practice in Wales. The organization will also work across the NHS to develop a globally responsible workforce and support an enabling, outward-looking organizational environment, and with partners and networks world-wide to strengthen Public Health Wales' contribution to global health security and sustainable development.



Fig. A3.1. Public Health Wales International Health Strategy Map



Source: Public Health Wales: nationally focused, globally responsible. Our international health strategy 2017–2027 (3).

## STRENGTHENING PARTNERSHIPS AND SHARING RESOURCES

Public Health Wales has strengthened its collaborative working by signing two Memoranda of Understanding (MoU) with partners organizations in the criminal justice sector (signed by the Police and Crime Commissioner and the Chief Constable of South Wales Police) and the housing sector

(Community Housing Cymru). The MoUs set out collaborative working arrangements with different organizations and provide frameworks for developing agreed programmes of work that align the strategic priorities of the signatory organizations. The development of the MoUs was underpinned by the principles of the WFG Act (2). These intersectoral activities have been strengthened by a commitment to build capacity for joint action, for example, through joint post holders, newly developed tools and training, and the linking of support functions, such as communications. Partnership working through MoUs has enabled the development of innovative approaches to tackling health issues. For example, working in collaboration with criminal justice has resulted in the Early Intervention Project, the aim of which is to break the generational cycle of crime.

#### STRENGTHENING ITS ROLE TOWARDS ENVIRONMENTAL SUSTAINABILITY

Public Health Wales is playing its part towards environmental sustainability. The “prosperous Wales” well-being goal requires transition to a low-carbon society. Public Health Wales is implementing an environmental sustainability strategy to reduce the organization’s carbon footprint. Early work included relocating around 500 staff from several smaller offices into one collaborative, social and learning-focused workplace, and establishing a “be sustainable” marketplace during working hours to provide staff with support and advice on adopting behaviours that minimize harm to the environment and encourage environmental sustainability. Public Health Wales was recognized for its leadership in this area at the 2017 NHS Sustainability Awards, which benchmark and reward action to create a more sustainable NHS across the United Kingdom.

#### IMPROVING THE ENVIRONMENTAL CONDITIONS FOR HEALTH

There are several programmes of work underway, focusing on partnership approaches to addressing the environmental determinants of health and well-being.

#### IMPROVING AIR QUALITY

Public Health Wales is conducting research on enhancing the Local Air Quality Management (LAQM) regime in Wales to maximize public health

integration, collaboration and impact. This multidisciplinary, intersectoral research project engages a broad range of experts from stakeholder agencies across Wales. The aim is to introduce new, more sustainable and effective ways of working, based on better collaboration and understanding, as well as the capacity to act on shared objectives to reduce air pollution, risks and inequities. An ecological data linkage study was carried out to assess associations between air pollution, deprivation and health, which demonstrated that problems related to air pollution, and possible solutions to these problems, need to be considered in the broadest possible public health context. Work is underway to achieve expert consensus on the role of public health in LAQM, and identify the opportunities and barriers connected with a more focused and supported air-quality-management process, as well as solutions and added value that could result from it. Public Health Wales is supporting the publication of guidance to facilitate integrated and collaborative action to reduce air pollution, risks and inequalities. This will summarize the evidence found on the effectiveness of interventions to tackle problems related to air pollution, and encourage the NHS in Wales to work with others to implement such measures.

#### HOME HAZARD REDUCTION – FALLS AND LEAD

**Falls** are life changing and life limiting; they place a significant burden on health and health services, but they are avoidable and preventable. A high proportion of falls, both among children under five and older people, occur in the home, and simple interventions are available to prevent them. With respect to children under five, using stair gates correctly, fitting window restrictors and using high-chair restraints will prevent the falls that are the leading cause of traumatic brain injury in children; the Keep Kids Safe project developed by Children in Wales supports community staff working with children in delivering this guidance. For older people, the evidence base clearly demonstrates that improved strength and balance, home-safety assessments and regular falls-history assessment can reduce falls by up to 30%. This is being taken forward under the Steady on Stay SAFE banner, a Welsh national programme that aims to support and standardize local delivery across community partners.

**Lead** is a persistent environmental toxin and, while its removal from fuels and paints has substantially reduced the environmental burden, there is

no safe level of exposure. Even at low levels of exposure, lead can cause significant health problems, including irreversible developmental delay. A 12-month scoping project is underway to assess the burden of lead on health in Wales and determine whether further action or awareness raising is needed to reduce exposure among the population. This includes the routine reporting of elevated blood lead levels by biochemical laboratories to Environmental Public Health, with the aim of producing public health reminders for adult patients and ensuring the capture and, if appropriate, treatment of child patients. To this end, a leaflet has been produced to provide parents and patients with more information about the significance of elevated blood lead levels. Work is underway to develop a programme to ensure that school drinking-water systems are lead free. This will be in conjunction with providers of drinking-water that also notify Environmental Public Health when elevated lead levels are detected in drinking-water samples. There has also been a review of in-patient records to determine the need for a more detailed analysis.

## REFERENCES

1. What is Cymru Well Wales? In: Public Health Wales [website]. Cardiff: Public Health Wales; 2016 (<http://www.wales.nhs.uk/sitesplus/888/page/87835>, accessed 12 October 2017).
2. Well-being of Future Generations (Wales) Act 2015. In: legislation.gov.uk [website]. Richmond: The National Archives; 2015 (<http://www.legislation.gov.uk/anaw/2015/2/contents>, accessed 12 October 2017).
3. Public Health Wales: nationally focused, globally responsible. Our international health strategy 2017–2027. Cardiff: Public Health Wales NHSW Trust; 2017 ([http://www2.nphs.wales.nhs.uk:8080/Communication-sGroupDocs.nsf/85c50756737f79ac80256f2700534ea3/58d939ea61eeb-5b48025813a00495104/\\$FILE/PHW%20International%20Strategy%20\(web%20SM\).pdf](http://www2.nphs.wales.nhs.uk:8080/Communication-sGroupDocs.nsf/85c50756737f79ac80256f2700534ea3/58d939ea61eeb-5b48025813a00495104/$FILE/PHW%20International%20Strategy%20(web%20SM).pdf), accessed 12 October 2017).



## Annex 4. The Healthy Food Initiative in Slovenia

Increasing population awareness about the benefits of healthy diet and the promotion of healthy lifestyles is creating a demand for healthier, locally produced food and raising the levels of self-sufficiency in households. The Initiative is supported by the National guidelines on healthy nutrition in kindergartens, and primary and secondary schools, and revised public procurement laws on access to such food in public institutions. It aims, through different projects and municipal initiatives, to strengthen the supply of locally produced high-quality organic food by providing information on and training in how to grow and sell it, and information on ways of creating food products that can last beyond their season. The Initiative receives support from the European Regional Development Fund.

Producer organizations and consortia have been established to enhance the visibility of products on the market. They do so by creating common trade marks or labels and through joint representation at different fairs and events. They are also helpful in submitting tenders for European Union, national and municipal funding.

To mitigate the lack of food-processing establishments in the region and avoid the high cost of transportation of grain to distant organic mills, Programme Mura established Ecological Centre SVIT. The Centre comprises a cooperation of organic farmers and producers who provide organic milling of organically produced grains, and pack and sell the different products under the same organic label.

These efforts have brought about significant changes in the way the local population, businesses and public institutions view healthier lifestyle and healthier diet, which benefits local industry in areas, such as agriculture and tourism. At the same time, more and more land is being sustainably farmed, which will hopefully provide for the safety of drinking-water and other natural resources in the future. The multiplier effect also needs to be considered, that is, the effect of putting more money into the local economy, which is usually spent by the public and tourism sectors (and the local population) on produce from overseas, or intensively farmed food produce from Europe. This increases local gross domestic product, creating jobs and wealth, which

are major social determinants of health. Larger companies have also started to invest in sustainable food production and the first results – such as growing tomato plants using geothermal energy – can already be seen. The smart specialization<sup>3</sup> of the Regional Development Programme for Pomurje 2014–2020 is food.

A special focus has been on ensuring sustainable outcomes by establishing a link between the tourism industries in the region and healthy food production. The goal was to orient tourist operators, restaurants, spas and service providers towards healthier, more active and more sustainable tourist products. An example is the infrastructure for cyclists and hikers, created through projects, such as Biking and Hiking and Mura Drava Bike, which can be combined with other initiatives, such as those promoting local healthy foods. Under the LEADER programme and cross-border-collaboration projects, such as Bioexperience, local tourist providers, restaurants and tourist farms have been provided with information on and training in how to create healthy menus and different souvenir articles and food products to complement the active-holidays offers. These activities have increased the demand for locally produced healthy food.

## REFERENCE

1. Smart specialization. In: #SmartRegions [website]. Brussels: European Union; 2017 ([http://ec.europa.eu/regional\\_policy/sources/docgener/guides/smart\\_spec/strength\\_innov\\_regions\\_en.pdf](http://ec.europa.eu/regional_policy/sources/docgener/guides/smart_spec/strength_innov_regions_en.pdf), accessed 13 October 2017).

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<sup>3</sup> Smart specialization is an innovative approach that aims to boost growth and jobs in Europe, by enabling each region to identify and develop its own competitive advantages (1).







## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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The United Nations 2030 Agenda for Sustainable Development (2015), complemented by the WHO European policy framework and strategy for the 21st century, Health 2020, represents a milestone for human and planetary development. This publication proposes ways of maximizing opportunities to implement these agendas at the national and regional levels across the WHO European Region. Through the Welsh example and case studies from the Czech Healthy Cities National Network and the regions of North Rhine-Westphalia (Germany), Kaunas (Lithuania), Pomurje (Slovenia), Västra Götaland (Sweden), it aims to enhance understanding of the key role of regions in translating global priorities into effective policies and actions, providing practical examples, which can serve as blueprints for others. The publication maps the sustainable-development journey in the United Kingdom (Wales) from the heart of its constitution to inclusion in Welsh legislation through the *Well-being of Future Generations (Wales) Act, 2015*. It describes the structure of the Act and experience gained in connection with its implementation, focusing on the health sector. It also identifies enablers, challenges and opportunities related to sustainable development in Wales. The activities described in the case studies are framed according to the *Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being*, recently adopted by the WHO Regional Committee for Europe. The key messages drawn from the common experiences of the regions reinforce the need to invest in improving the determinants of health.

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