## Welsh Government and Health Services Organisation 1965 – 2012

### Background

While debates had been ongoing about the future of public health and the reorganisation of the NHS, significant national developments were taking place within Wales and political governance was undergoing considerable change. The creation of the Welsh Office in 1964 together with the appointment of a Secretary of State for Wales was an important step in devolution.

In 1969, the government transferred responsibility for health and welfare services to the Welsh Office.[1] This brought to an end the Welsh Board of Health, which had administered health on behalf of Whitehall for the previous fifty years.

A new post of Chief Medical Officer for Wales was created, a role that included overall responsibility for health, including hospital services. The first Chief Medical Officer for Wales was Richard Bevan; having already been the senior officer at the Welsh Board of Health, he effected a fairly seamless transition to the new arrangements. He remained in post until 1977 when Dr Gareth Crompton was appointed. At this stage, the Chief Medical Officer for Wales was also responsible for the National Health Service in Wales and so had a very large budget and the tough role of defending that budget when annual decisions were taken about the distribution of funds by the Welsh Office. This meant that the first two occupants of this newly created position carried an onerous responsibility and were not simply in charge of public health matters.

The re-organisation of the NHS in 1974 coincided with a complete re-drawing of the boundaries of local authorities in Wales. The thirteen old counties disappeared and were replaced by seven new counties. At the same time, eight Area Health Authorities were established. This meant that there was a major reorganisation on several fronts. Besides bringing about a complete change at the management level, it also impacted on the day-today delivery of many of the public health functions that had traditionally been delivered in the community.

[1] Webster, 'Devolution and the Health Service in Wales', 264.

The geographical location of much of the work in infant welfare, for instance, moved from community-based clinics to doctors' surgeries.

**The Creation of the Welsh Assembly**

Following the 'yes' vote in the 1997 referendum on devolution, the people of Wales elected members to a Welsh Assembly, which has direct responsibility for education, health, social services and transport. As a result, Wales now has a greater opportunity than ever before to shape health policies designed specifically to meet the needs of the Welsh people. The key policy document adopted by the Assembly government was entitled Better Wales. The consultative document for health policies, ***Better Health - Better Wales***, laid out the need to improve the health of the Welsh people as a primary objective of the newly elected government.

The people of Wales did not share uniform expectations of life and there were wide differences both between areas and localities and also between members of different social classes. Such differences presented a formidable policy issue and challenge for the government of Wales. This was underlined by a policy paper prepared for the Nuffield Trust in 1999, ***entitled Freeing the Dragon: New Opportunities to Improve the Health of the Welsh People.***[2] This report indicated significant social class differences in life expectancy amongst the people of Wales. It demonstrated a five-year difference in life expectancy at birth between males in social class I and in social classes IV and V, the corresponding figure for females being three years[3]. It showed that for infants and children their life chances were dramatically. It found that infant mortality in Wales was 70 percent higher in social class V than in social class I. It also found that children in the manual social classes were more likely to suffer from chronic illness and tooth decay than those in non-manual classes.[4] ***Better Health - Better Wales*** stated that 'The Government wishes to tackle the underlying causes of ill-health through a new approach which

[2] Monaghan, S., Davidson, J. and Bainton, D. (1999), Freeing the Dragon: New Opportunities to Improve the Health of the Welsh People, London, Nuffield Trust.

[3] Monaghan, Davidson and Bainton, Freeing the Dragon, 13.

[4] Monaghan, Davidson and Bainton, Freeing the Dragon, 13.

recognises and addresses the factors which impact on health.'[5] It proposed promoting sustainable health and well-being through securing healthy workplaces, community safety and tackling social exclusion, promoting healthy lifestyles, healthy schools, improved housing and reduction of hazards. It promised to establish partnerships for health, involving individuals, community and voluntary organisations, as well as local authorities and the NHS.

In January 2001, the then Assembly Government Minister for Health and Social Services, Jane Hutt, launched a plan for the NHS with its partners for the next ten years, Improving Health in Wales. This set out an agenda to improve the health service in Wales, prevent disease and ill health, to promote and strengthen primary care and tackle health inequalities. It promised to modernise hospital services and promote patient involvement.

An additional £1 billion was to be spent on the NHS over the next three years. A programme of re-organisation was introduced, designed to enhance local involvement and planning, promote primary care and ensure greater co-ordination with social care.

The five health authorities were abolished and 22 local health boards created. The intention of this strategy was to bring health governance closer to the people, and to enable policy makers to reflect local conditions and needs. It also aligned the local health boards with the twenty-two unitary authorities created by the 1996 re-organisation of local government, making for a closer working relationship to be established between health and social care.

Recognising the considerable inequalities in health that exist within Wales, a Resource Allocation Working Party was appointed under the chairmanship of poverty expert Peter Townsend. Its final report, ***Inequalities in Health, the Welsh Dimension 2002-05***, indicated the magnitude of the problems. Mortality rates in Wales were amongst the worst in western Europe, with heart disease and cancer rates being a major concern. Rates of long term limiting illness are significantly

[5] Welsh Office (1998), Better Health, Better Wales, Cardiff: Welsh Office.

higher in Wales than England and are particularly concentrated in the south Wales valleys, in the old coal mining and industrial areas. All of this echoed similar Before leaving the post of Chief Medical Officer for Wales, Dr Ruth Hall warned of the huge challenge ahead for public health, stating that hitherto the 'sheer scale of the task to improve the health of the nation has been underestimated in Wales'.[6] Dr Tony Jewell, who took up the post of Chief Medical Officer for Wales in 2006, recognised the need to address the determinants of health, including economic, social and environmental factors.

His office has worked in close collaboration with other departments, such as Social Justice and Regeneration; Environment, Planning and Countryside; Transport; and Education. In Wales, there has been a clear recognition of the important role that can be played by the primary health care delivery system for achieving equity, effectiveness and efficiency and promoting the health of the people of Wales.

The years since devolution have been characterised by a strong political sense that Wales is pursuing its own independent policies and in no area has this been more clearly espoused than in relation to health services provision. A commitment to the principles of collective effort and universalism, and adherence to the principles of Aneurin Bevan, has been reiterated by many politicians and public servants, and on many occasions. Rhodri Morgan, when First Minister of the Welsh Assembly, gave a famous policy speech at a meeting in Swansea where he declared that a line of clear red water had been drawn between Wales and England. He spoke of 'the creation of a new set of citizenship rights' and of the provision of services which would be 'free at findings from ten years previously. In 2003, Jane Hutt announced a cash boost of more than £11 million to help reduce health inequalities in Wales and target funding to improve access to health services for those most in need. Neath-Port Talbot, Rhondda-Cynon-Taff and Torfaen were amongst the local health boards that benefited. Projects supported included initiatives for the elderly, children, and schemes targeted at mental health and coronary disease. These areas were also addressed in the setting of new health outcomes targets in 2004.

[6] Western Mail, 3 February 2005.

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The Welsh Assembly has also taken a strong stance against privatisation of health services and any further introduction of market principles. In the words of the Bevan

[7] Western Mail, 3 February 2005.

[8] Rhodri Morgan's 'Clear Red Water' speech to the National Centre for Public Policy at Swansea University, 11 December 2002.

Commission Report of 2011: 'At present, NHS Wales is travelling a different road from many countries. In particular, unlike the NHS in England, NHS Wales is avoiding the marketplace and competition in favour of an integrated system, where the assets of the health service in Wales are owned by its government and its people.'[9] The strong moral stance that has been taken in Wales strikes a chord with many people. In 2004, Bevan was voted Wales' most popular hero, and the words that he spoke are often cited, so that his speeches still serve to remind the people of Wales today that: 'Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community.'[10] Anyone of Aneurin Bevan's generation would be impressed with the improvements that have taken place in health services and last seventy-five years. They would be equally impressed by the skill and dedication of the people who work in our health services. The improvements that have come about as a result of public health measures are sometimes less visible, but equally important in securing longer and healthier lives for the people of Wales. This history of public health has often pointed to the social problems that are associated with threats to health. It has sometimes referred to the relative disadvantage of people living in Wales compared to England. Yet what is remarkable in the long run is the extent of the improvements that have taken place overall. People have gained in terms of the length and quality of their lives as a result of the progress that has been made.

Significant improvements have been achieved in such key areas as heart disease and stroke. Over the past forty years there has been a dramatic decline in male deaths from circulatory disease, from a rate of 774 per 100,000 in 1971 to 241 per 100,000 in 2008.[11] Circulatory disease is still the most important cause of death in Wales, (10,071 deaths in 2008) followed by cancers (8,681 deaths in 2008). Of these 2,032 deaths were caused by lung cancer.[12] Given that smoking is a major

[9] NHS Wales: Forging a better future. A report by the Bevan Commission 2008–2011 (2011), 14.

[10] Bevan, Aneurin (1952), In Place of Fear, London: Heinemann, 81.

[11] Welsh Assembly Government (2009), Chief Medical Officer for Wales, Annual Report 2009, 9.

[12] Welsh Assembly Government, Chief Medical Officer for Wales, Annual Report 2009, 8.

cause of lung cancer, a decision was taken to introduce new measures to reduced smoking in Wales. Taking advantage of its new law-making powers the Assembly government in April 2007 introduced a law banning smoking in public places in Wales. The law created three specific offences: failing to display no-smoking signs in premises covered by the law; smoking in a smoke-free place; and failing to prevent smoking in a smoke-free place.[13] This represented a significant new policy development towards smoking and protecting the health of the public.

In 2008, a new measure was introduced to protect women from cervical cancer. A routine vaccination programme was introduced to protect against the human papilloma virus, which is responsible for roughly 70% of cases of cervical cancer. This was offered through schools and colleges to all 12- and 13-year-old girls. The uptake of childhood vaccinations improved, after a decline which probably reflected some complacency as well as fears over its possible side-effects, and, in 2009, a 96% uptake of the vaccine was achieved.[14] There are concerns about the effect of certain health and lifestyle behaviours upon health. Wales has seen an increase in the rates of diagnosed sexually transmitted infections and, also, a rise in binge drinking has been recorded, leading to hospital admissions and potential long-term damage to health. A substance misuse strategy has been developed to tackle the problem of drug abuse. All of these issues present on-going challenges for public health in Wales. Overall, however, there have been substantial improvements in health. The increase in life expectancy in Wales over the last two decades has been remarkable. By 2008-10, men on average can expect to live for 77.6 years, and women for 81.8 years.[15]

In 2008, Health Minister Edwina Hart announced a major reorganisation of health service structures in Wales. The 22 local health boards were abolished and integrated with what were the NHS Trusts to form seven new health boards. This

[13] Jones, Richard Wyn Jones and Scully, Roger (2006), Wales Devolution Monitoring Report, September 2006, London, 19. See also Report for January 2007, 3.

[14] Welsh Assembly Government, Chief Medical Officer for Wales, Annual Report 2009, 13.

[15] Welsh Assembly Government (2012), Report of the Chief Medical Officer of Health for the year 2012.

was a significant reconfiguration. In north Wales, for instance, it meant that six separate local health boards and two NHS Trusts were replaced by one new organisation, the Betsi Cadwaladr Local Health Board. These new health boards would have control over all hospitals and community services, general practitioner and dental funding. This new structure was designed to abolish the old 'internal market' system of commissioning of services. In the following year, 2009, the Health Minister announced the establishment of Public Health Wales, for the purpose of providing 'the national resources for effective delivery of public health services at national, local and community level'. This involved the unification of three existing entities, the National Public Health Service for Wales, the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit and Screening Services Wales. The Chief Medical Officer has the role of advising the government 'on strategic direction for health in Wales, and acts as an advocate for health on behalf of the general public, including the most vulnerable in society.'[16]

The poor quality of some of the housing stock in Wales and its effect on the health of the population was a concern of the nineteenth century and it became a crucial issue during the 1930s. It has become a more prominent concern once again at the beginning of the twenty-first century. Wales has a significantly higher proportion of poor housing than England. A 2011 report for Shelter Cymru found that 29% of homes in Wales have at least one 'Category 1 hazard', as opposed to 22% of homes in England. A Category 1 hazard includes such factors as overcrowding, excessive cold, electrical hazards, unsafe stairs and steps, damp and mould growth, all of which have the potential to adversely affect health. The report also showed that homes in rural areas are more likely to be hazardous than those in urban areas.[17] Other reports show an acute shortage of affordable homes in Wales.

Tackling the problem of obesity is now one of the major challenges for public health. In Wales, 57% of the population were either overweight or obese in 2007.[18] How

[16] Jewell, Dr Tony (2006), Improving Public Health: the Agenda for Wales, Fifth Bevan Foundation Annual Lecture, 24 October 2006, 9.

[17] Shelter Cymru (2011), Policy Briefing: The Real Cost of Poor Housing in Wales, Swansea: Shelter Cymru, 1-2.

[18] Welsh Assembly Government, Chief Medical Officer for Wales, Annual Report 2009, 84-85.

best to tackle it, when so many factors and influences are involved, is a very difficult issue. It can be approached at the personal and individual level or, as with tobacco, it can be tackled through control of advertising and government regulations of the food industry.

Certainly, it needs to be tackled. As Julian Tudor Hart has argued, becoming overweight is one of the 'cascades of misfortune' that affect poorer people in Wales, and supporting and educating the mothers of young children, is probably still one of the most effective forms of anticipatory health care.[19] Creating more opportunities for exercise and sport is another way of approaching the problem, and one that has been a focus of Health Challenge Wales. Current evidence, however, shows that the problem is escalating, not diminishing, and so more attention will have to be paid to this difficult problem.

The slowdown in the international economy and the world banking crisis have signalled a downturn in the UK economy with potentially serious implications for the people of Wales. The cuts in public sector employment and the cuts in benefit will have a disproportionate effect on Wales, where a higher proportion of people are employed in the public sector or rely on state benefits than in England. Cuts in the budgetary allocation to the Welsh Assembly Government will inevitably lead to of reduction of services. A report by Cuts Watch Cymru in 2012 has warned that 'People in Wales face the toughest challenge to their well-being for decades from a combination of economic crisis, job losses, a squeeze on earnings and rising prices. They face, in addition, cuts to public services and a radical reform of social security benefits.'[20] Predictions such as these provide grave cause for concern.

The current economic outlook has potentially serious implications for the health and wellbeing of the poorer sections in Welsh society, for as the Bevan Commission report points out, 'Recessions are known to have their greatest negative effect on the poorest in society. It is almost certain that the societal inequalities that are

[19] Tudor Hart, The Political Economy of Health Care, 141.

[20] Cuts Watch Cymru (2012), Wales on the Edge: An overview of the current and predicted impact of welfare reforms on people and communities across Wales, Ebbw Vale: The Bevan Foundation, 2.

reflected in health inequities will be exacerbated.'[21] This comes at a time when already there is evidence that health inequalities are widening, as the gains in terms of better health and longevity are already favouring the more prosperous areas and sections of society. This can be seen from the statistics provided by the Chief Medical Officer for Wales in 2012. The difference in life chances can be seen most clearly in the figures for life expectancy; the difference between those living in the most prosperous areas and those in the most deprived in Wales being as much as ten years in some cases. These stark differences can exist amongst areas that are situated in relatively close proximity, as exemplified by the gap between life expectancy for those living in Dinas Powys and those living in Grangetown in Cardiff. In the former, men can expect to live, on average, until they are 81.8 years, whereas in the latter life expectancy stands at 71.5 years. Changes in life expectancy are shaped by many factors over the life course, and at all stages, but as public health practitioners have recognised for over a century, what happens in childhood plays an important role in shaping the lives of our future generation. Then, as now, the challenge of improving health for all social groups in our society goes beyond the role of health professionals. In the words of Dr Tony Jewell, 'Addressing health inequalities involves all aspects of government policy, and investing in our children, particularly the most disadvantaged'.[22] There have been many phases in the history of public health, from the early sanitary movement, to the infant and maternal welfare phase, the use of vaccinations and the improvement of housing. All of these have played their part and many are ongoing. The task of improving the health of the whole population has involved historic commitments to state intervention and to strategies of health education and health promotion. There will inevitably be new environmental threats to health in the future, new occupational hazards will doubtless arise, and new phases of economic adversity, all of which may adversely affect health. Securing the health of the people and maintaining a strong system of public health must remain one of the most important responsibilities of government.

[21] NHS Wales: Forging a better future, 4.

[22] Western Mail, 10 July 2012, 'The Big Welsh Divide: new report exposes health inequalities across Wales'.