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Healthier Future 3

Blaenau Gwent Health, Social Care & Well-being Strategy 2011-14

Health Challenge Blaenau Gwent Her Iechyd

Forward

It is with great pleasure that following an extensive community needs assessment process that Blaenau Gwent County Borough Council and Aneurin Bevan Health Board, on behalf of the Health, Social Care & Well-Being Partnership, present you with the third Health, Social Care and Wellbeing Strategy for Blaenau Gwent.

We have listened to you in relation to what you think about our services and what we need to do to meet your unique needs as a community and individuals. This has resulted in us being able to produce this statutory strategy to show you what we have done and what we will be doing over the next three years.

We would like to invite you again to 'have your say'. We believe that we have developed a clear statement of our intention and plans to improve health, social care and wellbeing in response to local needs and how we will work in partnership to deliver this. Therefore, we would welcome your views and comments to ensure that together, we are moving towards a healthier future.

This strategy is not only for the statutory partners but for private and voluntary sectors in partnership with the community to work together to make the changes to build a better future.

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Leader, Blaenau Gwent County Borough Council

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Non Officer Board Member Aneurin Bevan Health Board

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Who Are We?

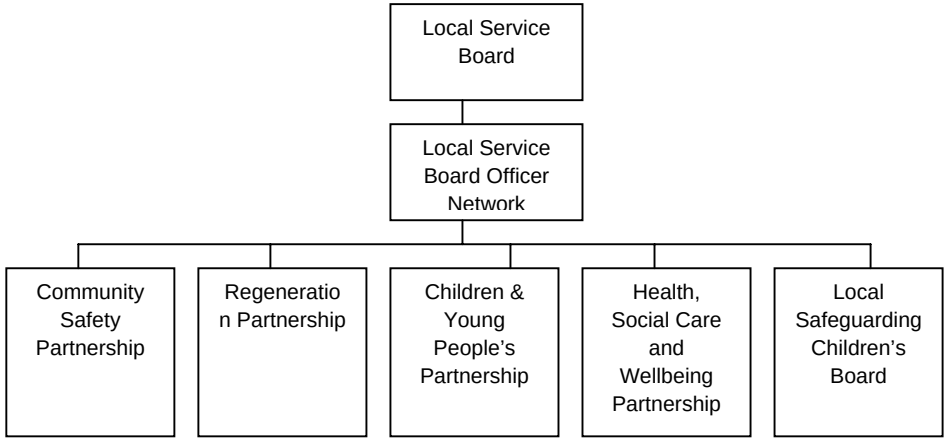
Blaenau Gwent's Health, Social Care & Well-being Partnership, known locally as the Healthier Future Partnership (HFP) provides the overarching strategic leadership, direction and management of the health, social care and well-being agenda within the County Borough. The HFP Board is made up of senior representatives from Aneurin Bevan Health Board, Blaenau Gwent County Borough Council and Gwent Association of Voluntary Organisations.

The HFP is one of four statutory partnerships within Blaenau Gwent, the others being:

- Children & Young People's Partnership
- Community Safety Partnership
- Regeneration Partnership

There is also a Local Safeguarding Children's Board (LSCB), which is a statutory board working to safeguard all children and young people within the Borough.
The delivery of improvements in health, social care & wellbeing cannot be delivered in isolation and therefore the HFP has established strong links with the other three statutory partnerships through the Local Service Board (LSB). The LSB is made up of leaders from the public and third sectors who work collectively to ensure public services are effective and citizen focussed. The LSB is there to make decision making, address difficult issues and manage the links across each Partnership.
These partnerships are shown clearly in the following diagram:

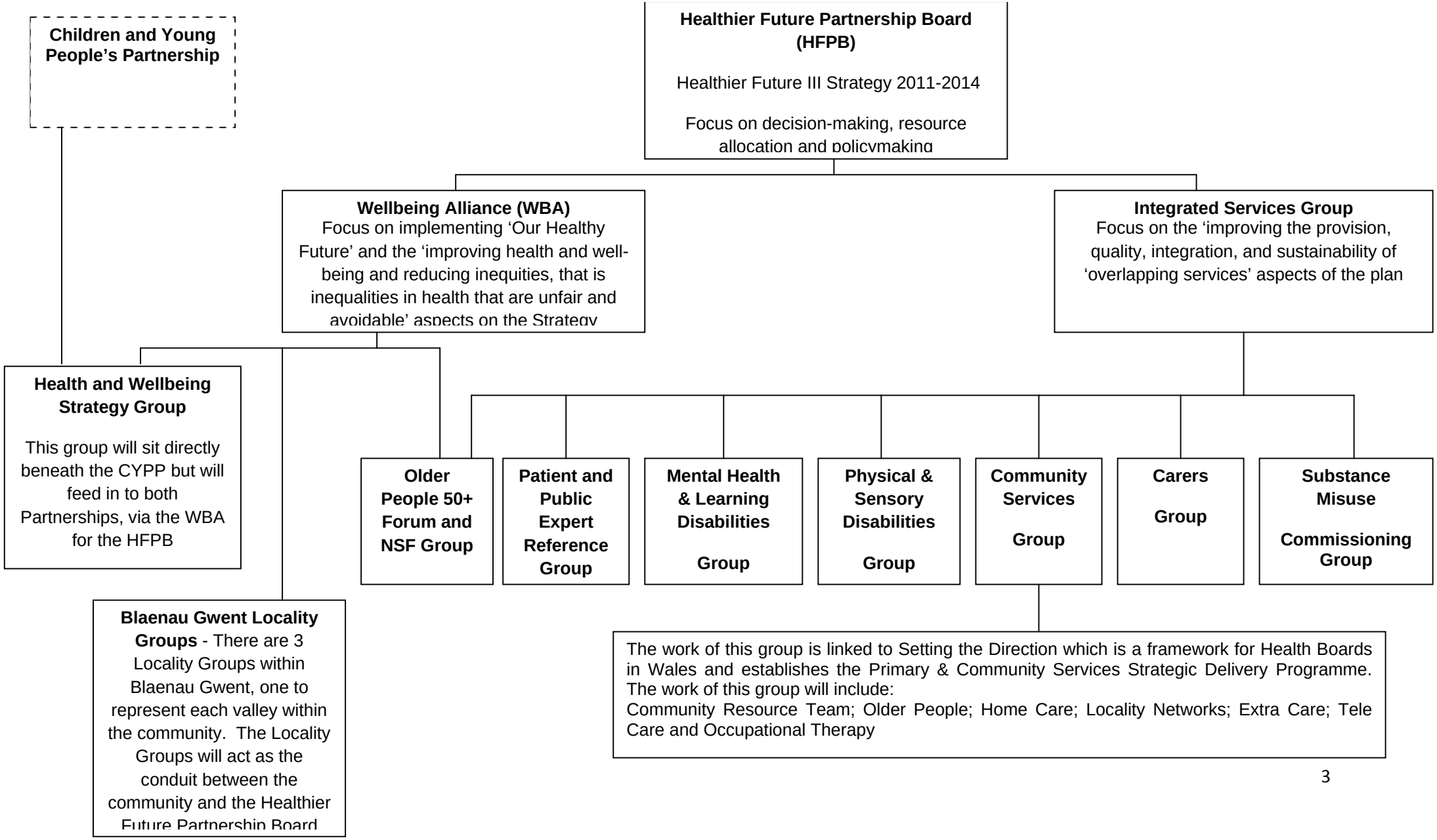
Blaenau Gwent's Strategic Partnership supporting Health, Social Care & Well-Being Strategy



The HFP links into a number of other groups which supports the direction and implementation of the Strategy. This recognises that there are cross cutting themes and dependencies in other strategic areas that affect the health, social care & well-being needs of the population.
Directly beneath the HFP sits the Integrated Services Group (ISG) and the Wellbeing Alliance (WBA).
The ISG is a new strategic decision making group that has been set up to focus on improving the provision of quality, integration and sustainability of overlapping services. The following diagram shows the direct accountabilities, service area and relationships.
The WBA supports the health and wellbeing aspects of the partnership and strategy and has a community focus. The aim of the group is to improve health and wellbeing and reduce inequities in health that are unfair and avoidable.

The Partnership Structure

In Blaenau Gwent there is a new structure in place to assist with the development and implementation of the Healthier Future III Strategy.



Relationship to Other Plans and Partnerships

The Local Service Board (LSB) is the overarching body which monitors the implementation of the Community Strategy as well as the 4 other strategic plans within Blaenau Gwent –

- Health, Social Care and Wellbeing Strategy
- Community Safety Plan
- The Local Development Plan
- Children and Young People's Plan

The Healthier Future Partnership will work closely with the other 4 strategic partnerships, their plans and the Aneurin Bevan Health Board 5 year plan, to ensure a consistent approach to the delivery of improved outcomes for the people of Blaenau Gwent and to avoid duplication of services. The Healthier Future Strategy is a statutory document and the relationship between this and other statutory plans and the strategic direction of strategy is shown below:

The Community Strategy is at the centre of all of the statutory plans as it is the overarching framework for all planning within the Borough. The Strategy covers a 20 year period and the 4 supporting strategies each identify the specific areas for implementation over a shorter period of time.

The Strategy identifies a number of key work areas for delivery over the next 20 years. The themes of the Community Strategy for the next 3 years are all interrelated and one theme will not be achieved without the input of another. The other 4 statutory plans will each contribute to the implementation of the Community Strategy priorities, which are:

- **Lively & Accessible Communities**
- **Thriving Communities**
- **Fair and Safe Communities**
- **Learning Communities**
- **Healthy Communities**
- **Green & Sustainable Communities**
- **Community Leaders**

What Do We Do?

This strategy is about improving the health and social well-being of local people; ensuring treatment and help is available when needed; having the skills to make changes in our own lives to prevent ill health; improving access to existing services and developing new models of delivery that have better outcomes for people receiving services.

Achieving this, means working closely together in partnership to share our expertise and resources, both financially and through a highly skilled and motivated workforce.

The Partnership works together to deliver continual improvements and sustainability to ensure that residents enjoy longer, healthier and inclusive lives; are physically fit and emotionally strong no matter where they live in Blaenau Gwent.

The HFP has responsibility to:

- Understand the needs of the population
- Identify solutions to address difficult problems with both health and social care systems
- Maintain links across all the partnerships

Under Section 40 of the National Health Service Wales Act (2006) the County Borough Council and Local Health Board also have a statutory duty to produce a Health, Social Care & Wellbeing Strategy and to cooperate across the range of functions to improve well-being.

How Do We Do This?

Knowing and understanding the needs of communities in Blaenau Gwent is essential to ensure planning and service delivery is beneficial and results in improved outcomes for local people. Throughout the development of this strategy, the HFP has worked in collaboration with communities to understand the issues and how best to address them.

Over the past five years much work has been undertaken within the community to understand local needs and prioritise services. Recently, a number of other activities have been undertaken to inform this strategy, such as:

- Interactive workshops with community members, leaders and workers
- Community focused engagement sessions
- Engaging with the Youth Forum, Children's Grand Council, Young Carers and Action for Children
- Seeking advice and support through the Older People's 50+ Forum and the Access for All 'Have Your Say' events
- Yearly 'Have Your Say' events specifically for individuals, carers, professionals, statutory and third sector in relation to understanding needs and priorities for those with a Learning Disability.

All these communication, engagement and listening events have produced some essential information to develop this strategy, identify needs and inform priorities for the future direction of the Partnership.

Here are some of the key issues that people told us:

The whole family should be involved in events and the planning of services

There needs to be more access to Health Visitors after the baby is born

Children need more support with their homework. Home work clubs should be developed

More needs to be done to work with both the young and old people together

There is a lot of parental stress and parents have a lot to do and have little support

Many older people are isolated within their homes as they don't have the appropriate support

There are not enough jobs or opportunities for people who want to work

The times of the buses are too limited and the routes are not right

Building on Strong Foundations within Blaenau Gwent

Achievements

Since 2003 Blaenau Gwent has had two Health, Social Care & Well-being Strategies, this will be the third. Strong partnerships and community involvement has enabled us over this period to achieve much to improve the health, social care and well-being within the community.

This section celebrates and demonstrates what these achievements are and provides a firm foundation to continue to sustain and develop services in line with need.

Ysbyty Aneurin Bevan

Blaenau Gwent is leading the way in health care with the development of Ysbyty Aneurin Bevan in Ebbw Vale. The hospital opened to the public in November 2010 and is the first of its kind to be built in Wales, providing all single en suite bedrooms, state-of-the-art equipment and a therapeutic environment. This will enable an increase in the range of services delivered locally and will provide the community with increased choice of provision. This hospital provides the community of Blaenau Gwent with accessible health provision locally and not needing to depend on out of county services.

Local Authority Partnership Agreement

The 'Local Authority Partnership Agreement' (LAPA) has the aim of increasing participation in sport, physical activity and active recreation. Over the past two years, progress made has included the development of new clubs within the community for young people and an increase in the number of volunteers used to sustain local activity e.g. Streetgames. Significant progress has been made with upskilling primary school teachers within the school foundation phase to improve provision and increase uptake in physical education. The number of adults participating in fitness classes has seen a large increase delivered at the authority's sports centres. Year 3 of the LAPA will look to enhance these achievements to ensure more Blaenau Gwent are active and healthy.

Supporting People to live independently in the community

Comprehensive housing support services have been delivered via the Blaenau Gwent Supporting People Team. Vulnerable people within the community have been given support to maintain independence and to aid recovery with their health or social problems. Working closely with a number of Housing Associations, BGCBC has developed a number of supported housing facilities for vulnerable people. The Supporting People Team has developed an action plan to be implemented over the next year which will see further improvements to the vulnerable community within Blaenau Gwent.

Primary Care Developments

Primary Care within Blaenau Gwent has seen some major developments that have benefited the local community. There has been an increase in the number of NHS dental practices available as well as improvements made to the prescribing of medicines. All GP Practices within the Borough now have Clinical Governance leads, which has been implemented toimprove the standards of care received by the public.

Domiciliary Care

The Borough has seen the modernisation of home care services, such as a focus on in-house services for reablement and complex care as well as the introduction of an electronic scheduling system to improve service delivery and increase security for staff. Providing a modern service model that delivers effective and efficient services within Blaenau Gwent.

High Quality Extra Care Housing

BGCBC in partnership with Linc Cymru have built an Extra Care sheltered housing facility in Ebbw Vale. This provides 41 self-contained apartments with shop, laundry room, hairdressing, communal space for social activities and a

restaurant to ensure older people are able to receive individually tailored care and support to maintain their independence and well-being.

Building on this success another Extra Care Housing Scheme is being developed in Nantyglo with completion in 2011. This facility will have 44 apartments, with 1 and 2 bedrooms. This scheme is in partnership with United Welsh Housing Association and BGCBC.

There are further plans for 2 more extra care housing facilities to be built in other areas of the Borough, providing support services for the older community within Blaenau Gwent.

Joint working with Registered Social Landlords

Throughout the life of this third plan there will be major developments made with local registered social landlords, which will benefit the vulnerable people in the Borough.

BGCBC is working in partnership with social landlords to establish a Register for both homelessness services and common housing and choice based letting. The registers will be developed to increase the number of appropriate and sustainable tenancies especially for vulnerable groups to promote independence.

Residential Care

BGCBC has increased the number of specialist residential elderly mentally infirm beds at Cwrt Mytton. Additional supported living opportunities have also been increased for people with learning disabilities to enable them to develop and maintain independence and social inclusion.

Community Options

There has been a review of community options within the Borough to ensure a more effective and efficient service. This has led to greater independence, access to mainstream services and opportunities in employment. This review has resulted in people with mental health problems having opportunities for work experience, voluntary work and self-management through Vision House.

Modernisation of third sector providers has enabled the Mental Health Drop-in service to be sustained and provide additional activities to support recovery through Torfaen Mind in collaboration with BGCBC and Health Board.

Major Developments

The following major developments have underpinned the partnership work over the preceding years.

Engagement with the Community - The Blaenau Gwent Partnerships have worked to increase their engagement with the community and encourage feedback and challenge. This has resulted in the development of 3 Locality Groups (one for each valley of the Borough), run by communities first to ensure there is a mechanism between the work of the Partnerships and what is needed within the community. This is a unique opportunity for all local people to have their voice heard.

Local Strategies - Throughout the life of the last 2 strategies there have been a number of service strategies developed that have worked to implement and improve services for the Blaenau Gwent people. These strategies have included Primary Care, Mental Health, Long Term Conditions Management, Learning Disabilities, Substance Misuse, Child and Adolescent Mental Health Services (CAMHS)

Specialist Palliative Care - Work has been completed to improve the access to Specialist Palliative Care for local people. This support has been provided by Hospice of the Valleys who provide expert help, support and clinical care for local people who have a life threatening illness

Respiratory Team and Oxygen Assessment Service - The Local Respiratory Team has improved their Oxygen Assessment Service within the Borough by enhancing the care of patients needing and receiving oxygen. The service has provided support and developed appropriate treatment plans for patients.

Delayed transfer of care and emergency medical admissions - There have been local developments with reducing delayed transfers of care and emergency medical admissions. This has been achieved through a whole system approach to making improvements within the service, by providing care within the community or home.

Rapid Response and Reablement Teams – In Blaenau Gwent community services have improved as patients are now able to receive a short term assessment for their conditions within the home or local community rather than being admitted to hospital.

Mental Health Crisis Resolution/Home Treatment Team – The Blaenau Gwent Team has provided services within the home or local community to enable people to live independently and make choices about what treatments they receive.

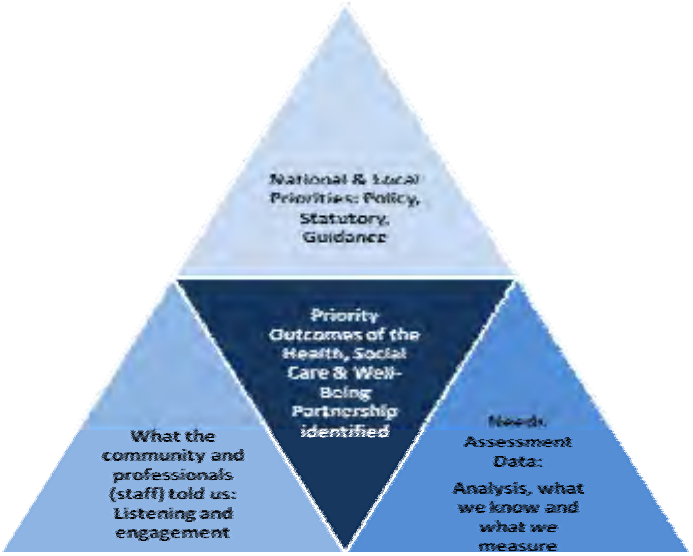
Understanding the Priorities

The HFP and Children & Young People's Partnership (CYPP) have worked to ensure that the comprehensive needs assessment carried out in 2007, has been updated with what we know and understand now.

As well as using what the community told us we also undertook the following:

- Data analysis – qualitative and quantitative
- Mapping services and identifying gaps
- Listening to staff, community and key partners
- Reviewing local and national priorities

The diagram below demonstrates how these processes link together to formulate priorities:



What are the Priorities?

Priorities have been set in relation to a person's whole journey - from conception to end of life. This recognises that everyone's journey is unique to them; at some points in their life they may experience good health and well-being, and at other times they may feel like everything is up against them. The approach we have taken is to look at 'outcomes throughout the life course'. This is a particularly important because it recognises that at any time someone can drop in or out of services and when one thing goes wrong it is inevitable that there are needs in another part of a person's life. It is because of this fact that action to improve health, social care and wellbeing requires a multi-agency approach.

The HFP has identified the following six outcomes as a focus for future sustainability and developments:

- **Babies are born healthy**
- **Pre-school aged children are healthy, safe and develop their potential**
- **School aged children and young people are healthy and equipped for adulthood**
- **Working age adults live healthy and independent lives for longer**
- **People age well into their retirement**
- **Frail People are safe and happily independent**

Special Population Groups

In all populations there are special groups, who for whatever reason have higher levels of needs for support, social care, healthcare and safeguarding. These groups include people with:

- Sensory impairment
- long-term conditions
- mental health problems
- learning disabilities
- physical disabilities
- substance misuse problems
- caring responsibilities

(This list is not exhaustive)

It is essential that all of the priorities set will include the specific needs of these special population groups. The HFP recognises that some of the difficulties and challenges that special population groups have is in relation to accessing services when they do not meet specific criteria or are defined by their disability or diagnosis.

Transition, seamless working and access for all are high on the agenda. Therefore, all these priorities include ensuring that equitable, quality and efficient services are also provided for these special population groups. It is equally important to recognise that these smaller groups can be better serviced by ensuring that the Partnership works collaboratively across the region to pool funding, integrate the planning and delivery of services and knowledge to ensure that quality and specialist services are available to meet need.

1. Babies are born healthy

How do we know if babies are born healthy?

Every parent is different, just as every baby is different. However, there are a number of things we associate with a healthy birth, and these include a full term pregnancy, lack of complications during labour and the baby being born a healthy weight. Healthy babies are also less likely to have physical health problems after birth.

The physical and emotional wellbeing of the mother during the period from conception to birth can have a huge impact on the baby's outcomes. For example good nutrition, high quality antenatal care, not smoking and not using alcohol or drugs during pregnancy are all ways to promote healthy births.

Are children in Blaenau Gwent born healthy?

The following information helps to tell us whether babies are born healthy in Blaenau Gwent:

- **Low birth weight**
- **Pre-term births**
- **Complications during labour**
- **Congenital anomalies**

What are main factors that affect healthy births?

There are a number of factors that influence whether babies are born healthy and these include the age at which a women conceives, smoking during pregnancy or exposure to passive smoking, maternal nutrition (including folic acid), alcohol and

drug use, young women being immunised at the right time (particularly against rubella) and access to high quality ante-natal care.

What are our priorities for sustaining and strengthening services over the next 3 years?

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that babies are born healthy. In particular, the partnership wants tackle the high levels of low birth weight babies born in Blaenau Gwent. The agreed priorities are:

- **Improve the health of women before pregnancy** (pre-conception health including nutrition, folic acid intake and immunisation against rubella).
- **Comprehensive ante-natal services** (reduce maternal smoking, drug and alcohol consumption, promote nutrition, ensure emotional support, address clinical conditions and improve access to screening)
- **Midwifery services** (help to **quit smoking** through assessment, brief interventions and referral to smoking cessation services)
- **Drug and alcohol agencies** (Working with the Community Safety Partnership to improve access to services for pregnant women)
- **Mental wellbeing of pregnant women** (provide opportunities for social support, advice and practical assistance).
- **Reduce teenage pregnancies** (combined efforts in education, the youth service, social services and sexual health services)
- **Alleviate the impact of poverty** (offer debt counselling, credit unions and access to well paid employment via engagement with the Strategic Anti Poverty Working Group)

How will we respond to these priorities?

The Children and Young People's Partnership has set up a multi agency planning group (Health & Well Being Strategy Group), linked to the Wellbeing Alliance which aims to improve health and ensure the integration of services for

pregnant women. This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

The development of Ysbyty Aneurin Bevan in Ebbw Vale offers the women of Blaenau Gwent a number of local maternity services that have never been available before, such as a Birthing Unit and ultra sound department, enabling women more choice about where and how they give birth.

2. Pre-school children are safe, healthy and develop their potential

How do we know if pre-school children are safe, healthy and develop their potential?

The first few years of a baby's life is very important. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years can have lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status.

Are pre-school children in Blaenau Gwent safe and healthy?

The following information helps to tell us whether pre-school children in Blaenau Gwent are safe, healthy and develop their potential ready for school.

- **Physical health**
- **Developmental milestones**
- **Communicable disease**
- **Reception baseline assessment**
- **Childhood mortality**
- **Dental caries**

What are the main factors that affects whether pre-school children are safe, healthy and develop their potential?

There are a number of factors that influence this including, whether children are immunised against serious preventable diseases; if they are breastfed which provides physical and emotional benefits; social skills, speech & language and cognitive developments; and receiving good parenting, childcare provision, early years education and a good quality home environment

What we plan to sustain and strengthen over the next 3 years

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that pre school children are safe, healthy and develop their potential. The agreed priorities are:

- **Universal Health Visiting Service** and **Flying Start** (Provide additional support for Post natal depression, Developmental delay and Emotional problems)
- **Immunisation** uptake (sustain and increase uptake to ensure whole population protection)
- **Parental smoking** (prevent passive smoking which is linked to childhood respiratory illness and sudden infant death syndrome. Support parents to stop smoking or ensure smoke free homes)
- **Drug and alcohol misuse** (Work with the Community Safety Partnership to reduce the impact that this has on children by ensuring robust preventative and treatment services are available)
- **Breastfeeding** (adopt UNICEF Baby Friendly initiative which provides an evidenced-based framework for maternity and community services)
- **Infant feeding** (implement the Oral Health Promotion Strategy to increase oral health through infant feeding)
- **Oral health** (Blaenau Gwent has the highest levels of dental caries in under 5 year olds in Wales. Implement programmes like Designed to Smile, which has seen great success in Blaenau Gwent, to increase oral health, dental care and tooth brushing)

- **Injury prevention** (prevent unintentional injuries through, safe homes, road safety and neighbourhood environments)
- **Early years development and childcare** (helping to ease poverty through high quality and affordable childcare, benefit uptake and employment)

How will we respond to these priorities?

The Children and Young People's Partnership has set up a planning group (Health & Well Being Strategy Group), linked to the Wellbeing Alliance which aims to improve health and ensure the integration of universal and enhanced services for pre-school children. This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

3. School age children and young people are safe, healthy and equipped for adulthood

How do we know if school age children and young people are safe, health and equipped for adulthood?

The school-age years are an important time when children and young people develop the knowledge and skills needed to make a successful transition into adulthood. Children and young people need the social, emotional and behavioural skills to make informed life choices and fulfil their aspirations for future education and work opportunities. We also expect that well equipped young people will adopt lifelong patterns of behaviour which enable them to maintain their independence, avoid preventable illness and disease and actively participate in home and community life.

Are school age children and young people in Blaenau Gwent safe and healthy?

The following information helps to tell us whether children and young people in Blaenau Gwent are safe, healthy and have the personal and social resources which equip them for adulthood:

- **Mental well-being**
- **Physical health**
- **Childhood illnesses**
- **Childhood mortality**
- **Educational attainment**
- **Socially inclusion**

What are the main factors that affect whether school age children and young people are safe, healthy and equipped for adulthood?

Self-esteem, emotional resilience and social skills will affect whether young people are able to cope with the challenges of adult life. They also affect their response to peer pressure in relation to alcohol, drug misuse and unsafe sex.

Smoking and other risk behaviours (drug and alcohol misuse, reckless driving, etc.) can cause serious injury and death and are a major cause of long term health problems.

Physical inactivity and poor diet are the main causes of childhood obesity and can lead to other health problems. The physical and social environment – home, school and local neighbourhood – are all major influences.

Children and young people need education and advice which enables them to enjoy positive and caring relationships and good sexual health. Being a teenage parent often results in poor outcomes for both parent and child.

Poor quality and inappropriate housing (e.g. dampness and overcrowding) affects psychological well-being and can cause or worsen childhood illnesses. The design built environment (including transport links) affects access to services, physical activity and the availability of healthy food.

Education affects future employment opportunities and helps develop the practical, social and emotional resources to achieve a full and healthy life. It prepares children to participate fully in society and their rights and responsibilities.

Parenting has a major impact on the behaviour of young people and their social and emotional development. Poverty and low household income is also a major determinant of health and wellbeing.

What we plan to sustain and strengthen over the next 3 years

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that school age children and young people are safe, healthy and equipped for adulthood. The agreed priorities are:

- **Mental wellbeing** (ensure all programmes and services prevent risk and strengthen protective factors)
- **Mental health and emotional problems** (provide prevention and early intervention through to specialist treatment, including school based counselling)
- **Personal and social education** (improve health literacy and emotional intelligence including development of the Social and Emotional Aspects of Learning (SEAL) programme)
- **Healthy Schools Scheme** (ensure a 'whole school approach' to promote healthy lifestyles, prevent risky behaviours, tackling bullying, improve attendance and prevent school exclusion)
- **Risky behaviours** (engage with young people to create safe environments, provide education and channel risk taking to reduce harm associated with smoking, binge drinking, reckless driving and the rise of sexually transmitted infections (STIs) from unsafe sex)
- **Reduce teenage pregnancies** (combined efforts in education, the youth service, social services and sexual health services)
- **Empower children and family** (ensure families are at the centre of decisions to identify issues early, prevent problems escalating and are enabled to take greater responsibility for factors that affect their health)
- **Access and quality of services** (ensure coordination and integration of services for children with mental health problems, learning disabilities and substance misuse problems and planning their Transition into adult services)
- **Vulnerable young people** (provide enhanced services which engage and empower young carers, looked after children, young offenders, those excluded from school and young people not in employment, education or training)
- **Healthy and active lifestyles** (ensure that schools provide opportunities for sport and active recreation and good nutrition. Reinforce healthy lifestyle through the design of the environment (e.g. road safety, access to parks, open green spaces, access to healthy food, etc), voluntary sector provision (e.g. sports clubs) and opportunities for walking and cycling)
- **Smoking** (Work with the British Heart Foundation and Smoke Free Blaenau Gwent Project to reduce smoking by children and young people)

How will we respond to these priorities?

The Children & Young People's Partnership in partnership with Health, Social Care & Well-Being Partnership aim to improve health and ensure the integration of universal and enhanced services for school age children and young people via the Health and Wellbeing Strategy Group, linked to the Wellbeing Alliance.

This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

The major transitions during this life stage will be between primary and secondary education and school and adulthood. Effective co-ordination of services at these points will be vital to ensure all young people receive the appropriate support for their specific health and wellbeing needs.

4. Working age adults live healthier lives for longer

How do we know if working age adults live healthier lives for longer?

The health and wellbeing of working age adults is important to perform key social role such as parenting, working and caring. Similarly, engaging in meaningful work and earning a living wage is important for physical and especially mental wellbeing. For people under the age of forty the most common cause of death is from external causes such as an accident or self harm. In those over forty years there is an increased incidence of cancers and heart disease, conditions that may reduce the quality and length of life and whose causes can often be traced to earlier life influences.

Are working age adults in Blaenau Gwent healthy?

The following information helps to tell us whether working age adults in Blaenau Gwent are healthy.

- **Disease mortality rates (e.g. heart disease, cancer)**
- **Morbidity – incidence and prevalence of communicable disease and other illnesses**
- **Injuries**
- **Mental health and well-being**

What are main factors that affect whether working age adults live healthier lives for longer?

Unemployment is bad for health and in the current recession the health consequences of worklessness and the stress associated with economic uncertainty needs to be addressed. The workplace and working conditions can affect physical health (including risk of injury) and mental wellbeing.

Behaviours such as smoking, alcohol and drug misuse, physical activity and diet are all important determinants of health and social wellbeing. The reasons why individuals adopt one form of behaviour rather than another are complex.

The environment in which a person lives, how inclusive and cohesive it is, has an impact on health and wellbeing. It is often better when people live in a safe neighbourhood, without a fear of crime and where people trust and rely on each other.

Physical activity, nutrition and obesity affect the health of adults. Some people will develop risk factors for chronic disease which are inherited or lifestyle related (e.g. high blood pressure, high cholesterol, obesity).

There are a range of factors that affect mental health and social well-being including social and family influences, personal and economic circumstances, the physical environment (e.g. housing) and other settings (e.g. the workplace).

What we plan to sustain and strengthen over the next 3 years?

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that working age adults live healthier lives for longer. In particular, the partnership wants to tackle premature mortality from chronic conditions and improve mental wellbeing within Blaenau Gwent. The agreed priorities are:

- **Lifestyles and life circumstances** (empower people with the skills and knowledge to improve their health and prevent avoidable illness and disease)
- **Poverty and debt** (ease the health consequences of the economic downturn)
- **Healthy Working Wales** (provide support to employers, employees and health professionals to improve health at work and prevent ill health to maintain people in employment and to return to work following ill health).
- **Economic inactivity** (enlist local support to help patients remain in or return to work e.g. Chronic Conditions Management Programme, Wellbeing through Work, Workboost Wales and the Health and Work Advice Line for Wales)
- **Neighbourhood Care Networks** (ensure integration of local support for smoking, mental health, alcohol and drug misuse, physical activity, obesity, musculoskeletal problems, occupational health and rehabilitation)

- Social care support for individuals with care needs, supporting them to live healthy and independent lives.

- **Public sector organisations** (ensure positive and healthy environments through policies and programmes that positively influence employee behaviour, management style and the physical environment. Set standards in relation to corporate social responsibility through sustainable development in energy use e.g. green travel plans, procurement, facilities management, capital builds, employment, skills and community engagement).

- **Workplace health** (support small businesses and SMEs that may have limited resources for occupational health and corporate health programmes. Engaging small businesses in the Small Workplace Health Awards scheme and facilitate efforts to look after the health and well-being of their staff in the workplace).

- **Mental health** (training of front line staff in ways to identify early signs of mental distress and provide support to individuals and families. Primary care counselling and psychological services to promote mental well-being and ensure appropriate referral to specialist services when required)

- **Empowering patients** (ensure patients take greater responsibility for their own health. Provide vascular risk assessment and support for people with chronic conditions e.g. Expert Patient. Support behaviour change through assessment, advice, brief interventions and support for smoking cessation, alcohol, weight management and exercise).

- **Chronic disease** (ensure effective clinical management of diabetes, hypertension, hypercholesterolemia, coronary heart disease and other long term conditions)

How will we respond to these priorities?

Blaenau Gwent HFP recognises the importance and cross cutting issues for working age adults. In responding to this, an Integrated Services Group (ISG) supported by a Community Services Group (CSG) has been set up which has multi agency and partnership membership to ensure that all areas of work are linked and monitored to maximise the use of resources. This process will reduce duplication, identify gaps and maximise opportunities for funding. It will help to provide seamless services and accessibility. It will prioritise local need, whilst ensuring consistency and compatibility with ABHB and regional planning and commissioning processes.
This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

5. Older people age well into their retirement

How do we know if older people age well into their retirement?

Good health is not just about the absence of disease and illness. As people get older it is important that the added years of life are accompanied by good health and social wellbeing. Healthy aging is associated with a good quality of life, more opportunities to remain active in family and community life and a reduced demand for health and care services. Older people should feel valued and included within society. They should be able to work and learn for as long as they want, and make an active contribution once they retire. Aging well into retirement is about adding life to years, not just years to life.

Do older people in Blaenau Gwent age well into their retirement?

The following information helps to tell us whether older people in Blaenau Gwent age well:

- **Premature mortality rates (including excess winter deaths)**
- **Morbidity – incidence and prevalence of communicable and other illnesses**
- **Injuries**
- **Mental health and well-being**
- **Social well-being**

What are main factors that affect whether older people age well into their retirement?

The increased likelihood of physical ill health, disability and associated loss of independence later in life coupled with the reduction in the size and quality of social networks can have a negative impact on mental wellbeing.

Community safety and the physical environment can impact negatively on maintaining independence and being apart of social networks.

A lack of access to opportunities for socialising, lifelong learning and leisure can have a negative affect on mental and physical health and wellbeing

Poor health, reduced mobility and not being able to live in your own home can lead to a loss in independence, a decline in health and a loss of control and choice over housing and transport.

Access to primary care services is important to maintain health, prevent illness and disease. This includes, high quality general medical services, convenient access to pharmaceutical care, dental care, optometry and podiatry.

Screening and vaccinations for seasonal influenza and pneumococcal disease. Early identification and intervention for chronic conditions and other preventable diseases. Good access to screening services for cervical cancer, breast cancer, bowel cancer and dementia.

Early identification of the risk of falls and other causes of injury and hospitalisation which are associated with older age.

What we plan to sustain and strengthen over the next 3 years?

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that older people age well into their retirement. In particular, the partnership wants to tackle the factors that influence the maintenance of independence, physical and mental health and social wellbeing. The agreed priorities are:

- **Mental and social wellbeing** (provide more opportunities and a wider range of wellbeing services, facilitate active family and community life through support to maintain independence)
- **Promoting independence** (growing older often leads to increasing dependency, especially when physical and mental health declines which often results from chronic conditions. Empower and support older people to eat well, stop smoking and be physical active)
- **Screening, prevention and early intervention** (increase uptake of services to identify early signs and symptoms of dementia, cancer, chronic conditions and carer isolation. Promote uptake of vaccinations for seasonal influenza and pneumococcal disease)
- **Personal circumstances** (influence transport policy, financial security and community safety to ensure older people are able to maintain their social and community networks, thus reducing social isolation, sedentary behaviour, poor diet and poor housing conditions).
- **Participation and inclusion** (increase opportunities for life long learning to increase skills, confidence and facilitate community participation to reduce social isolation and community participation to promote mental well-being and reduce risk of early on-set of dementia. Approaches to promote community involvement enabling older people to feel valued, included and cared for in the community)
- **Social care housing and housing services** (meet the demands of an growing older population to support older people to remain independent and in their own homes for longer).

How will we respond to these priorities?

Blaenau Gwent HFP recognises the importance and cross cutting issues for older people to ensure they age well into their retirement. In responding to this, the Integrated Services Group (ISG) supported by a Community Services Group (CSG) which has multi agency and partnership membership to ensure that all areas of work are linked and monitored for prioritisation and maximisation of resources. This process will ensure that links are robust enough to reduce duplication, identify gaps, maximise opportunities for funding. It will help provide seamless services and accessibility. It will also prioritise local needs, whilst ensuring consistency and compatible with ABHB and regional commissioning and planning in line with ABHB's Five Year Plan.
This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

6. Frail people are safe and are happily independent

How do we know if frail people are happily independent?

Frailty is a difficult term to describe. It is associated with a high level of dependency and limitations on activities of daily living. Frail people will have one or more functional, cognitive or social limitations linked to a chronic condition. Frail people are particularly vulnerable and are less resilient to external factors that may affect their independence.

For most frail people being happily independent means being able to remain in their own home with support, receive services at home, be listened to by people who are responsible for providing services to assist them and having health and social care problems solved quickly and considered as a whole rather than individually.

Frail people are not happily independent if they are regularly being admitted to hospital with urgent medical problems. Similarly a decline in independence can result in an admission to a residential or nursing care home. However, being happily independent is not just about remaining in your own home. We also want to empower and enable frail people to improve their quality of life and social wellbeing.

Are frail people in Blaenau Gwent happily independent?

The following information helps to tell us whether frail people in Blaenau Gwent are happily independent.

- **Hospital admissions and re-admissions**
- **Proportion of frail people in institutional care**
- **Level of dependency**
- **Health-related quality of life**
- **Social well-being**

What are main factors that affect whether frail people are happily independent?

Frail people need to feel empowered to make decisions about the care and assistance they receive. Having access to care and assistance to maintain or regain the optimum level of control, physical, mental and emotional wellbeing to prevent or delay the onset of illness and support activities of daily living

Contact with friends, family and involvement in the local community are all important for mental and psychological functioning. It is also important that frail people live in dignity and security. They should be protected from crime (including the fear of crime) and be free of exploitation and physical or mental abuse.

Ensuring appropriate housing to support frail people live in an environment that is safe and adapted to meet personal needs and changing capacities.

Careful neighbourhood design and the built environment (buildings, roads, transport, pavements and amenities) will support frail people to participate in community life.

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Careful neighbourhood design and the built environment (buildings, roads, transport, pavements and amenities) will support frail people to participate in community life.

Ensuring access to and support of financial security that impact on social and lifestyle patterns, home safety, material comfort, care and assistance to promote peace of mind.

Making available and access to appropriate levels of day care, leisure and recreational facilities for protection, rehabilitation, social and mental stimulation in a secure environment.

Influencing transport to maintain family and social networks, access leisure, recreational opportunities and to facilitate independent access to essential services such shops and GP surgeries.

Promoting personal, social and environmental services/partnerships to reduce the impact of cognitive decline, mental and psychological function and exacerbations of chronic conditions (these factors can also increase the risk of falls which have a devastating affect on frail people and can lead to long-term health problems and a loss of independence).

Functional and physiological factors affect whether a frail person in happily independent. These include:

- physical fitness
- body weight
- skin integrity
- sensory impairments
- continence
- musculoskeletal problems
- mental wellbeing)

Smoking and poor nutrition directly affect the health of frail people and can exacerbate existing health problems.

Providing access to well coordinated, holistic and timely primary care and community services are vital for frail people. The focus of this care should be on them to remain happily independent.

Providing access to preventative services (e.g. falls) and vaccination against influenza and pneumococcal disease.

Providing opportunities for effective engagement with planners for frail people to actively participate in formulating and implementing policies that directly affect the are and services they receive.

Providing quality and accessible end of life and palliative care. It is important that this care is appropriately planned and coordinated so that frail people do not experience pain or symptoms and be in unfamiliar surroundings in the close company of family or friends.

What we plan to sustain and develop over the next 3 years?

The HFP has agreed the main priorities for the next 3 years to help ensure that frail people are happily independent. In particular, the partnership wants to reduce hospital admissions, institutional care, dependency levels to improve quality of life and social wellbeing in Blaenau Gwent. The agreed priorities are:

- **Social networks, physical activity and daily living** (ensure care and assistance is provided to maintain social networks and activities of daily living including keeping well and remaining independent. This should include access to transport, shops, amenities, leisure and recreational activities.
- **Physical environment** (ensure the design of the built environment takes account of the changing needs of frail people)
- **Home conditions** (action will be taken on home safety, fuel poverty, assistive technology, which together can help prevent falls, reduce excess winter deaths and support activities of daily living. This will be supported by action to maximise uptake of benefits and financial management which are important for material comfort and quality of life)
- **Primary Care and Community Services** (access to high quality, well coordinated and responsive primary care and community services (e.g. general medical services, rapid response, reablement, home care, assistive technology, respite, etc) is essential to tackle the causes and consequences of frailty. A comprehensive frailty service should address cognitive decline, falls, malnutrition, smoking, physical fitness, osteoporosis, sensory impairments, carer burden, polypharmacy, pressure sores skin ulcers, musculoskeletal problems, continence and chronic conditions, mental health and social wellbeing. Frail people should also be offered vaccination against seasonal influenza and pneumococcal disease).
- **Reassurance and community safety** (influence other Partnerships to consider how issues such as fear of crime and community safety can affect mental wellbeing and quality of life).
- **Support and recognition for carers** (carers of frail individuals are highly valued, not only to those receiving their care but also in supporting statutory and third sector services to meet the needs of frail people. Caring, although a rewarding role, can have its difficulties. Carers strain is well recognised as well as the strain it puts on frail individuals when they see their loved ones becoming unwell from the strain of caring. Respite needs to be accessible and meaningful, support needs to be tailored to individuals needs and listening to carers is essential. Carers are integral to supporting all vulnerable/frail individuals and supporting them is a top priority.
- **End of life and palliative care** (finally, it is essential that all people are treated with dignify and respect in relation to palliative and end of life care. This needs to extend to all conditions recognising the high levels of respiratory and cardiac disease in Blaenau Gwent. Appropriate care planning and coordination is important to ensure that people do not unduly experience pain or symptoms, and, wherever possible, are in familiar surroundings and the close company of friends and family. High quality care should be available wherever the person may be: at home, in a care home, in hospital, in a hospice or elsewhere).

How will we respond to these priorities?

Blaenau Gwent HFP recognises the range of needs of frail people - health, social care, housing, leisure, financial. In responding to this, the Integrated Services Group (ISG) supported by a Community Services Group (CSG) has multi agency and partnership membership which ensures that all areas of work are linked and monitored for prioritisation and maximisation of resources.

This process will ensure that links are robust enough to reduce duplication, identify gaps and maximise opportunities for funding. It will help to provide seamless services and accessibility. It will also prioritise local needs, whilst ensuring that developments are consistent and compatible with the rest of Gwent, regional commissioning and planning and alignment with ABHB's Five Year Plan.

This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

Accountability and Measuring Outcomes of this Strategy

The HFP has a statutory responsibility to delivery this strategy and measure outcomes in relation to the impact it has made on the health and social well-being of the community.

The approach taken recognises that there are critical points in the life course where a number of factors can affect a persons journey, this could include, ill health, economic and environmental factors and family networks. Therefore, the approach taken has enabled the partnership to identify that no one service or organisation alone can prevent, protect or provide support to individuals and communities by working in isolation. These critical points are all related and therefore linkages and integration are necessary to ensure that the whole population benefits from this strategy.

Making Linkages and Integration

The Health Board and County Borough Council have recently undertaken a review of all their structures which are represented within this strategy. This will provide greater integration and linkages which will ensure that our joint delivery plans are specific, measurable, achievable, relevant and time bound.

Monitoring and Evaluation

The HFP is committed to using the Results Based Accountability framework.

Monitoring progress towards outcomes requires a number of indicators, i.e. rates of low birth weight, premature mortality, hospital admissions, etc. These indicators cannot be

addressed by one organisation working alone. Whereas, the causes that underpin these indicators can be aligned to one particular organisation.

RBA recognises the important difference between measuring the conditions of well being that can affect everyone or certain groups and have a multi agency approach (population accountability) compared to the impact an individual project or service has to create specific improvements to the lives of the service users as a result of their interventions (performance accountability).

Working together in this way means that we can collectively change knowledge, skills, behaviour and personal circumstances to address the needs and priorities which have come out of the needs assessment.

Principles of partnership working to build on our success and measure outcomes

The Partnership has adopted 'Our Healthy Future' (OHF) approach which is a strategic framework for Public Health Wales. This approach has two main goals:

- To improve the quality and length of life, and;
- Achieve fairer health outcomes for all.

The ten priority outcomes which are known to be the biggest causes of preventable ill health are as follows:

- Reducing inequities in health
- Improving people's mental health
- Improving health in the workplace
- Reducing the level of smoking
- Increasing physical activity
- Reducing unhealthy eating
- Stopping the growing harm from alcohol and drugs
- Reducing the number of teenage pregnancies
- Reducing the number of accidents and injuries
- Increasing immunisation rates

The Partnership will be using Results Based Accountability as a means to embed outcome based thinking in planning, delivery and accountability for both partnerships and services.

The following Planning Principles have been adopted by the Partnership:

- Sustainability and Wellbeing
- Outcome Based Planning
- Needs Based Planning
- Relationships with other Partnerships and Plans
- Accountability and Responsibility
- Integration of Planning and Delivering including Joint Commissioning and Pooling of Budgets
- A Commitment to Equality and the Welsh Language

Glossary

Antenatal Care
Routine care and information given to all pregnant women

Assistive Technology
Devices to assist people with disabilities to promote independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing

CAMHS
Child and Adolescent Mental Health Services

Childhood Mortality
The death of children under the age of five

Chronic Conditions / Diseases
A disease that is long-lasting or recurrent

Chronic Conditions Management Programme
A programme to help health communities with changes to services and developing improved care such as self-management, reducing hospital admissions and developing care facilities within the community

Clinical Management
improving organisational delivery, management skills and implementing change within health care services

Cognitive Decline
A normal part of the ageing process where there can be an increase in memory loss and the speed that information can be processed

Communicable Diseases
Infection that can be transmitted from person to person

Community Paediatrics
A service responsible for helping children with a disability, long-term illness or learning difficulty

Complex Care
A person at any age that required intensive input from a variety of services

Congenital Anomalies
A condition which is present at the time of birth which can be slight or severe and complex

Continence
The inability to retain urine and/or faeces until a proper time for their discharge

Coronary Heart Disease
Condition that describes what happens when your heart's blood supply is blocked or interrupted by a build-up of fatty substances in the arteries

Delayed Transfer of Care
Experienced by hospital inpatients who are ready to move on to the next stage of care but is prevented from doing so

Dementia
A loss in memory that is beyond what might be expected from the normal aging process

Developmental Milestones
The growth of a baby and the things they should achieve by age 3 such as crawling, standing and talking

Disease mortality Rates
The number of deaths caused by a disease

Domiciliary Care
Care provided by a health professional within a patients home

Electronic Scheduling System
An electronic system used instead of a paper based system to book appointments
EMI
Elderly and mentally ill
Exacerbations
An increase in the severity of a disease or its signs and symptoms
Expert Patient
A self-management programme to increase confidence and improve quality of life for people living with a chronic condition such as arthritis or diabetes
Extra Care
Self-contained homes with design features and support services available to enable self care and independent living for those who have disabilities, are frail or have health needs
EYDCP
Early Years and Development Childcare Partnership
FIS
Family Information Service
Floating Support
Housing related short term support for vulnerable adults to enable them to maintain their independence in their own home
Flying Start
A programme targeted at 0-3 year olds living in the most deprived areas
Folic Acid
Vitamins needed during early pregnancy to reduce the risk of the baby being born with a defect
Fulfilled Lives and Supported Communities
A Welsh Assembly Governmane strategy for social services in Wales to move towards delivering world-class social services
Health at Work Advice Line for Wales
A service providing small businesses with easy access to professional occupational health advice over the telephone
Health Visiting
Registered nurses who work in the community to promote health and the prevention of illness in all age groups and supporting families
Home Treatment Team
Provides assessment and treatment to mental health sufferers in crisis to prevent hospital admission and long-term illnesses
Hypercholesterolemia
The presence of high levels of cholesterol in the blood
Hypertension
High blood pressure
Immunisations
Injections needed to protect babies from diseases such as measles, diphtheria and tetanus
Institutional Care
Where people with disabilities where they receive 24-hour monitoring, personal care, skilled nursing and rehabilitative services
Learning Disabilities
Problems that affect the brain's ability to receive, process, analyze, or store information

Living Independently in the 21st Century
A Blaenau Gwent Strategy to develop community based support to allow older people to live as independently as possible, for as long as possible

Long Term Conditions
A condition that can not be cured but can be managed through medication and/or therapy

Low Birth Weight
Babies born weighing less than 5 pounds, 8 ounces are considered low birthweight and are at increased risk for serious health problems as newborns, lasting disabilities and even death

Mental Health Crisis Resolution
A service that provides urgent assessment and intervention for adults aged 16-70 who are experiencing a mental health crisis

Morbidity
An incidence of ill health

Musculoskeletal Problems
Pain that affects the muscles, ligaments and bones

Neighbourhood Care Networks
A project to bring together local services that provide support to older people to enable them to remain independent in their own homes

Optometry
Eye related health care

Osteoporosis
A disease of the bones that leads to an increased risk of fracture

Oxygen Assessment Service
Service providing patients with different models of oxygen therapy and a tailored, patient-centred service

Palliative Care
Any form of medical care or treatment that concentrates on reducing the severity of disease symptoms

Pharmaceutical Care
Providing medication for patients on an individual basis and to provide advice

Pneumococcal Disease
A very serious illness that is caused by a bacteria which can invade the lungs, bloodstream and/or the tissues and fluids surrounding the brain and spinal cord which can cause meningitis

Podiatry
A specialised area that deals with foot care and the mechanics of walking

Polypharmacy
The use of multiple medications by a patient

PreTerm Births
The birth of a baby of less than 37 weeks

Pressure Sores
Ulcers that occur when the skin and underlying tissue becomes damaged. Because of being unable to move some or all of the body due to illness, paralysis or advanced age

Psychological Function
The way a person thinks

Rapid Response and Reablement
Provides short term, intensive treatment to people living at home or in a residential home to prevent them being admitted to hospital.

Reception Baseline Assessments
An assessment for reception school children for their abilities in basic literacy, numeracy and social development

Rehabilitation
For people to restore their health through therapy and education after illness, injury or drug misuse

Respiratory Illness
Also known as a Lung disease, are conditions that occur within the lungs including asthma, pneumonia, tuberculosis and lung cancer

Respiratory Team
Support for patients with respiratory illness empowering them to manage their own condition

Respite
Provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home

Risky Behaviour
Risk-taking behaviors, usually by teenagers, such as drinking, smoking, and taking drugs

Rubella
Commonly known as German measles which is particularly harmful to unborn babies

SEAL
Social and Emotional Aspects of Learning

Seasonal Influenza
A viral infection that spreads easily from person to person that often peak during winter and can cause severe illness and death for the young and the elderly

Sedentary Behaviour
Activities that do not increase energy levels such as sleeping, sitting, lying down, playing computer games and watching television

Sensory Impairment
When one of the senses; sight, hearing, smell, touch, taste and spatial awareness, is not functioning as normal

Sheltered Housing
Housing that offers a range of services to help people live independently with the added security of having someone to call on in emergencies

Small Workplace Health Awards Scheme
A national mark of quality for health and well-being in the workplace, for businesses and organisations employing fewer than 50 people

SMEs
Small and medium enterprises or businesses

Smoking Cessation
Programmes aimed at the discontinuing of smoking

Specialist Palliative Care
Provides help and support to people with serious progressive illnesses such as cancer and heart disease

Sudden Infant Death Syndrome
Cot death is the sudden unexpected death of an apparently well infant, for which there is no explanation

Supported Housing
Housing for people who are disabled or vulnerable with a wide range of care and support needs, to support them to live independently

Supported Lodgings
Provides young people aged 16-21 with a form of independent living within a family setting

Sure Start
A programme which provides services for pre-school children and their families by bringing together early education, childcare, health and family support

Transition
The movement between different services or age related provisions i.e primary to comprehensive school

UNICEF Baby Friendly Initiative
A global programme working with health services to improve practice so that parents are supported to make informed choices about how they feed and care for their babies

Vascular Risk Assessment
Guidelines for assessing and managing cardiovascular disease, diabetes and chronic kidney disease

Wellbeing Through Work
An approach to help people with, or at risk of developing work limiting problems to remain in employment

Whole Population Protection
95% of the population needs to be immunised for the whole population to be protected

Workboost Wales
A service providing confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return to work issues

Workforce Development
Reducing gaps in services and the development of skills and knowledge of both volunteers and paid staff to ensure effective delivery and improvement to services in health and social care, this can include: training; qualifications; induction; work shadowing; supervision; appraisals; reading and mentoring