

CYNGOR SIR YNYS MÔN	
COMMITTEE:	County Council
DATE:	8 th March 2011
TITLE OF REPORT:	Health, Social Care and Well Being Strategy 2011-14 <i>(There is a copy of the Strategy in the Department for anyone who wishes to see it)</i>
PURPOSE OF REPORT:	To present the HSCWB Strategy for approval and adoption for a period of 3 years from 01.04.11 – 31.03.14 with annual reviews.
REPORT BY:	CORPORATE DIRECTOR OF HOUSING & SOCIAL SERVICES

1. Introduction

- 1.1 Good health cannot be delivered and supported by the National Health Service alone. This service is primarily to deal with illness and disease, which is to try to ensure that people who become ill, or whose illness is exacerbated, are appropriately treated by health and social care professionals so that they can carry on with their lives. However, it is becoming more evident that some of the long term diseases currently being suffered by people are preventable, and that ill health may be caused by wider factors and determinants of health such as the environment, economic activity, housing quality, social isolation, social deprivation, and everyday lifestyles.
- 1.2 This is the third HSCWB Strategy to be published which will be implemented for a period of 3 years from 2011-14. This Strategy builds on the previous strategies published in 2005 and 2008. The guidelines produced by the Welsh Assembly Government in 2010 placed a statutory responsibility on Regional Health Boards to collaborate with Local Authorities in order to produce Health, Social Care and Well-being Strategies in partnership with other key stakeholders, namely:
- Public Health Wales
 - Medrwn Môn
 - Community Health Council
 - The Private Sector
- 1.3 Following a review of the local needs assessment, 'Anglesey Life 2010' was published in order to inform the identification of priorities for this Strategy. As a result, the HSCWB Partnership has confirmed 3 Priority Themes to prioritise services which reflect those chosen in the second Strategy (2008-11). The 3 Themes are:
- Promoting Healthy Lifestyles
 - Managing Long Term Conditions
 - Promoting Independence amongst vulnerable people

The HSCWB Partnership has identified service areas and priorities under each of these 3 Key Themes in order to plan, commission, develop and deliver quality services in order to improve outcomes for the citizens of Anglesey.

- 1.4 As the HSCWB Strategy for 2011-14 builds on the work over the previous 3 years, a summary version of the Strategy, including the Strategic direction for 2011-14, was published as part of the statutory 3 month public consultation period between November 2010 and January 2011. Therefore, this Strategy is the product of:
 - Data analysis and findings from the needs assessment – ‘Anglesey Life 2010’
 - Detailed discussions with staff and key stakeholders during the planning process
 - Feedback obtained from the public and stakeholders during the consultation period
 - An Equality Impact Assessment conducted on the content of the draft Strategy in order to ensure that due regard was given to promoting equality in our services
 - A realisation of areas where collaboration will result in most health gain, as opposed to working as individual organisations
- 1.5 In its meeting on 22.02.11, this Strategy was approved by the HSCWB Partnership Board so that it could be presented to the Full Council and Betsi Cadwaladr University Health Board for formal adoption, to be implemented for a period of 3 years starting on 1st April 2011.

2. Key issues

- 2.1 Chapter 3 in this Strategy presents the key messages that became evident during the review of the local needs assessment in ‘Anglesey Life 2010’. The themes, service areas and priorities that have been identified reflect the national policy priorities in Wales and it is recognised that these areas represent the priorities where progress can be achieved through effective partnership working.
- 2.2 Chapter 4 in this Strategy reports on the progress achieved in the key service areas under the 3 priority themes in the 2nd HSCWB Strategy between 2008-11.
- 2.3 Chapter 5 identifies the wider determinants that influence the health and well-being of individuals, their choices and way of life. It is recognised that education, housing, the economy and the environment are all factors that contribute to the condition of health and well-being within the population in general.
- 2.4 Chapter 6 sets out the strategic framework and direction for the delivery and development of more integrated primary and community health and social care services at the local level in order to address the needs of the whole population.

- 2.5 Chapter 7 in the Strategy (see Appendix I to this report) sets out the strategic direction for improving the health and well-being outcomes for the citizens of Anglesey in the key service areas identified under the 3 themes. We have developed a methodological approach known as Results Based Accountability (RBA) in order to structure the direction for developing the key service areas. We are in the process of developing a more detailed performance management framework for each key service area and the HSCWB Partnership Board will be monitoring and reviewing progress during the 3-year operational period of this Strategy. The Strategy will also be subject to an annual review.
- 2.6 In developing this Strategy, we have worked in close collaboration with other key partnerships on the Island which include the Children and Young People's Partnership and the Community Safety Partnership. We will continue to work in close collaboration with these partnerships during the lifespan of this Strategy in order to ensure continuity, reduction in duplication and the realisation of additional value.
- 2.7 This Strategy will also be presented to the Betsi Cadwaladr University Health Board on 23.03.11 for formal approval and adoption for implementation from 01.04.11 onwards.
- 2.8 **Full copies of this Strategy will be made available on the websites of the Council, Betsi Cadwaladr University Health Board and other key partners from 01.04.11 onwards.** There is no intention to publish hard copies of the Strategy in the current financial and economic climate, but paper copies will be made available in accordance with need.

3. Recommendations

- 3.1 That the County Council adopts the Health, Social Care and Well Being Strategy 2011-14 for implementation jointly with the Betsi Cadwaladr University Health Board from 01.04.11 until 31.03.14 with annual reviews.
- 3.2 That the County Council authorises the Health, Social care and Well Being Partnership Board to monitor and review progress against this Strategy during the next 3-year operational period up to the end of March 2014.

Appendix I

Section 7: Strategic Outcomes for the 2011-14 Priority Themes

This section details the 3 Priority Themes for Anglesey's 2011-14 HSCWB Strategy, namely:

1. Healthy Lifestyles
2. Chronic Conditions
3. Promoting Independence

As highlighted previously, these themes reflect:

- local and national priorities
- main messages from the Anglesey Life 2010 need assessment document
- areas where the HSCWB Partnership can add value to single-agency delivery
- promotion of healthy lifestyles and community integration
- a focus on promotion of independence, re-abllement, and early prevention of ill-health
- a focus on helping people manage their own health conditions in their community
- a focus on setting and achieving positive outcomes for Anglesey residents and communities, and reducing inequalities and inequities in health

These 3 Priority Themes are the same as the ongoing 2008-11 HSCWB Strategy. However, the Priority Areas within them have been rationalised further. We need to ensure that the Partnership resources available are targeted on areas where most 'health gain' can be achieved, and that resources are targeted efficiently within the constraints of the current challenging financial climate.

Whilst this rationalisation process has resulted in an overall reduction in the number of Priority Areas within the themes, the HSCWB Partnership has collaborated closely with other related partnerships on Anglesey, such as the 'Children and Young People' and 'Community Safety' Partnerships, to ensure that important work-streams are not duplicated or lost.

The Priority Themes are structured utilising the Results Based Accountability (RBA) methodology, and therefore detail the following:

- Population Outcome
- What the outcome would look like if we could see /or had achieved it
- Key measures of success
- The services we will develop to achieve the outcome

More detailed service-level performance measures are being developed to sit with this Strategy. These will be used by the HSCWB Partnership Board to monitor progress against the outcomes stated below.

HSCWB Priority Theme 1: Healthy Lifestyles

Outcome: People of all ages living on Anglesey are healthier

What would this outcome look like if we could see it?

The population on Anglesey will:

- not be harmed by smoking tobacco
- be more physically active
- have a healthier diet and a positive attitude towards food
- will enjoy good mental health and well-being

What are the key measures of success?

- A decrease in the % adult smoking rate
- An increase in the % adults who meet physical activity guidelines (5x30)
- A decrease in the % of adults who are overweight or obese
- An increase in the % adults eating more fruit and vegetables (5 a day)
- An increase in the % mothers breastfeeding at 1, 3 and 6 months
- An increase in the SF-36 Mental component summary score (a higher score indicates better mental health)

What services will we develop to achieve the outcome?

- **Smoking** – Further promotion of the Stop Smoking Wales service; further promotion of school and community based smoking prevention initiatives such as Smoke Bugs, ASSIST, and the Fire and Rescue Service; further development of Smoking Cessation services in different settings (GP Surgeries, Hospitals and Community Pharmacies), continued enforcement of the Smoking in Public Places legislation; reducing harm from smoking especially amongst people living in deprived communities, families, pregnant women, and people with mental health needs.
- **Physical Activity*** – Focus on promoting more physical activity opportunities for children and young people in schools; encouraging more people of all ages to join sports clubs and become members for life; further promotion of sustainable mass-participation activities such as walking and cycling. thereby promoting active transport and commuting; further development of community based activities for older people; helping people with chronic illnesses to maintain and improve health via physical activity.
- **Healthy Eating*** – Promoting a healthy start in life by improving breastfeeding rates; encouraging children and young people to eat more fruit and vegetables inside and outside of school; supporting people of all ages, especially in deprived households, to improve knowledge and skills around healthy eating; supporting vulnerable people such as people with learning disabilities and older people in care settings to improve their diet.,

- **Mental Health and Well-being** – helping people of all ages to maintain and improve social capital (quality and quantity of social interactions); helping vulnerable individuals to maintain independence and avoid isolation; community services that promote good mental health and reduce incidence of alcohol and substance misuse, self harm and suicide.

*Promoting Physical Activity and Healthy Eating are important to help people maintain a healthy weight. Reducing Obesity will therefore be addressed by services delivered in these two areas.

The following themes and service areas were highlighted as priority areas within the Healthy Lifestyles Theme of the 2008-11 HSCWB Strategy. However, whilst we recognise that they are important themes, they have not been included in this current partnership strategy since they are being addressed by single organisations. The table below summarises their future direction:

	Theme	Future Direction
1	Substance misuse and Alcohol	Key areas to be led by Anglesey's Community Safety Partnership, supported by Public Health Wales.
2	Sexual Health	BCUHB will take the lead on the Gwynedd and Anglesey Sexual Health Network, as a sub group of the North Wales Sexual Health Group. The work will be supported by Public Health Wales.
3	Corporate Health	It is the responsibility of each employer to ensure that they protect and improve the physical and mental health of their employees. This is especially important in the challenging economic climate where jobs are at risk. The agencies within the Anglesey HSCWB Partnership all have their individual focus on improving Corporate Health through attaining the Corporate Health Standard. They also have a responsibility as large employers to practice Corporate Social Responsibility within the community and support smaller local employers with their Corporate Health activities.
4	Infection Control	Includes areas such as childhood immunisations and flu vaccinations for older people and those individuals of all ages who are identified as "at risk" To be led by BCUHB, and supported by Public Health Wales.
5	Oral Health	To be led by BCUHB.
6	Injury Prevention	Preventing injuries amongst children and young people will be led by the Children and Young People's Partnership; Preventing Falls in Older People will be led by the Older People's Strategy and Community Falls Prevention Service.

HSCWB Priority Theme 2: Chronic Conditions

Outcome: People on Anglesey with Chronic Conditions are supported in line with their needs to maintain an optimum level of health and wellbeing

What would this outcome look like if we could see it?

The population of Anglesey will:

- be aware of the risks associated with the development of Chronic Conditions
- have access to preventative information and services relating to Chronic Conditions

People with Chronic Conditions on Anglesey will:

- be in control of their own situation
- be enabled to take preventative measures to improve and maintain a healthy lifestyle
- receive earlier interventions and appropriate care in a community setting
- access a single point of contact who facilitate delivery of care to meet their needs
- have access to a range of integrated services to promote recovery, independence and community living
- receive an equitable level of care regardless of their location

What are the key measures of success?

- An increase in the number of people attending self management programmes
- Improved effectiveness of medication
 - (e.g. reduction in poly-pharmacy and improved compliance)
 - Increase in the number of Medication Use Reviews (MURs)
- A reduction in emergency hospital admissions
- A reduction in multiple admission rates within 30 days and within 12 months
- A reduction in lengths of stay associated with emergency chronic condition admissions
- A reduction in Delayed Transfers of Care (DToC)
- Improved utilisation of out of hospital services

What services will we develop to achieve the outcome?

- **Self Management** services to promote independence, e.g. Expert Patient Programme and Telecare / Telehealth
- **Preventative services** such as 'Falls Prevention' and 'Exercise by Invitation' schemes

- **Pharmacy** intervention in community hospitals and GP Practices reviewing prescribing practices to ensure safe and effective use of medications
- **Single point of access** for patients to access care
- **Intermediate Care** at home and within an alternative care setting, e.g. community hospital, care home or extra care housing to support admission avoidance and facilitate early discharge
- **Care co-ordination** via a multi-disciplinary team to support patients with complex needs
- **Outreach outpatient and therapy services** bringing services closer to the patients
- **Diagnostic services** including x-rays and ultrasounds
- **Respite Care** supported by the Local Authority

HSCWB Priority Theme 3: Promoting Independence

Outcome: Vulnerable adults living on Anglesey are empowered to live independent, safe and fulfilled lives in the environment of their choice

What would this outcome look like if we could see it?

Vulnerable adults on Anglesey will have:

- Their risks and needs identified early by a local multi-disciplinary team and they will receive co-ordinated support with complex care needs
- Support to live in their own homes for as long as possible
- Timely access to information on the range of care and support services available across all agencies
- Timely access to services that promote independence and reduce dependency on long term health and social care services.
- Access to services which treat them with dignity and respect
- Opportunities to engage in social and leisure activities
- Access to volunteering, training and employment opportunities
- Fulfilled lives by maximising income & benefits
- Access to a range of appropriate and affordable housing
- Access to accessible and appropriate transport
- More control and choice in the services they receive and the way they live their lives
- A sense of living safely in an environment of their choice.

What are the key measures of success?

- An increase in the number of people supported to live in their own homes / community
- A reduction in discharge times from hospital to the care environment (Delayed Transfers of Care)
- A reduction in waiting times from referral to initial contact and assessment
- An increase in the number of people accessing community based social and leisure opportunities
- An increase in the number of adults from vulnerable groups participating in volunteering, training and employment activities
- An increase in the satisfaction of service users with the services they receive

What services will we develop to help achieve the outcome?

- **Telecare** – Utilising technology in the home to help people live safely and more independently in their communities, and reduce early admission and re-admission to care settings
- **Reablement** - provision of a dedicated reablement service which is therapy led and outcome focused. The service enables individuals to recover from a period of illness, injury and surgery or adapt to a disability and aims to improve individual's functional ability, independence, confidence and well being. Regular reviews are an integral feature of the service and in doing so prevents dependency on long term services. The spectrum of reablement covers community reablement, residential Intermediate Care (Step Up/Step Down facility), crisis/rapid response, early intervention and preventative services.
- **Carers** – A number of services designed to support carers to continue in their caring role, and to take up opportunities in their life outside of caring. Services include information and advice, support in the caring role, respite care and meaningful breaks from caring, support to remain or return to education, training and/or employment, and support to live fulfilled lives.
- **Equipment, Adaptations and Home Safety** - Modifications to a person's home environment can aid independent and safer living as well as supporting the carer in their practical caring arrangements. They also have a significant role in facilitating discharge arrangements and preventing potential hospital and care home admissions e.g. support rails, stair-lifts, ramps, hoists, perching stools, bathing and toileting aids.
- **Social and Leisure Activities** – A range of activities in the community which promote good physical, mental and social health and well-being. These include activities in AgeWell and Over 50's Clubs, Walking Groups for people with Mental Health needs, and sport activities for people with physical, sensory, and learning disabilities.

- **Economic Activity** – Services which provide vulnerable adults with opportunities to access volunteering, training and employment opportunities. Key services which will help to deliver this include the AgeWell network and the ‘Taith i Waith’ project.
- **Accommodation and Housing Related Support** – Develop a range of appropriate accommodation, care, and support options for vulnerable adults. Examples include accessible and affordable housing, sheltered accommodation, community warden support services, assisted living and supported tenancies, and extra care housing.